State of New Jersey Notification of Asbestos Abatement

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

Date of Notification (1) 12/06/16					Name of Buil	ding O	wner/O	perato	(2)	7	/ E	1
Agencies Notified		Notification X Initial no	tification	1	North Brunswick of Street Address 1970Brusnwick Av			wal,LLC	(E) La	U		
☑ EPA □ DCA ☑ DOL ☑ DEP ☑DOH		O Amende O Emerger O Cancelle	ncy notif	ication	City, State. Zip Coo Lawrenceville NJ (Name of Contact: Mark Issa	de	(***	Telenhon	west of the same	C.	.115 TBOL	1 2
				FACILITY IN	NFORMATION			HUDDE	:a1U3	MPHAC	IMUL	×
Name of Facility Where At Commercial Building	patement is	Taking Place	(3)		Type of Facility (4) ☐ School (K-12)							
Street Address 1500 Oak Tree Drive					X Others (i.e. private		- 5	inas, hom	es etc			
Township	County (6) Middlesex			ty Code (7) Use Only)	Sf 10,000 Floor Current Use (prior if	s 2 .Age:	:30					
Name of Monitoring Firm H N/A	lired by Bldd	2. Owner (8)	ASCIV	/ No.	Name of Contractor BL Contracting .Inc	<u>(9)</u>						
Street Address					Street Address 5 Marquerite Lane							
City. State, Zip Cod	48				City State, Zip Code Towaco 07082							\exists
Projec Manager for Monito	oring Firm	Telephone 1	Number		Telephone Number 973-901-0153			icense N 01265	umber			
Scheduled Start Date (10) 12/20/16		Scheduled (12/27/16	Complet	ion Date (11)	Name of OSHA Mon BL Contracting Inc.							-
Occupancy Status During A Facility Closed/Vacate Abatement Performed O Describe	d During En	tire Period of	Ahatem	ent	Street Address 5 Marguerite Lane							
□Other - Describe:					City, State, Zip Code Towaco, NJ 07082	II.						
Source of Work (Check all t	hat apoly)											
□ ≥ 3 sf or ≥ 3 lf ⊠ ≥ 160 sf or ≥	-			⊠ Renovation □ Demolition		I Mini-En Blove bag	impted and closure Procedure itainment w					
Location of Asbestos- Containing Material (ACM) i Facility (13)	n Used Maint	cation Normal Solely by /Custodial Sta		Description of As (ACM) (i.e. them surfacing, VAT, or	sbestos Containing Mat		Amount (Specify S or LF)	SF Aba	tement ove Repa	Гуре	Enclose	
Outside	(12) YES	NO	NA 🕱	Window Caulk			320					
		-					320	X				
									+	-	+-	-
Name of Reg. Waste Hauler Waste Management of Penns	sylvania	NJDEP Wast 32604	e Haule	r ID#	Cubic Yards of Waste 90 bags			ame of Re R.R.F	egistered	Landfi	<u> </u>	
		Ø =		y v			osal Date 27/16		City, S Tullyto	itate wn, PA		
Completed by (Print or Type Nedo Vasilic		<u>Title</u> President			Signature Nede V		<u>Da</u>	ate :/06/2016				
							12	. 50/2010				

10 10 10 10 10 10 10 10 10 10 10 10 10 1				ABOR NOTIFICATION OF ASB	E P		7.8	F	71
Date of Notification (1) 11/25/2016	311 525 534 - 5.5.55 - 1			Name of Building Owner/Operator Massimo Forte					
	Type of Notifica	2 2		Street Address 1701 Kerrigan Ave	III DEC	1 =	2016		-
(X) NJDEP (X) NJDOL (X) DOH	() Amende Amendi	ed	ng	City, State, Zip Code Union City, NJ 07087			13		
() DCA	justifica () Cancell	ition)		Name of Contact Massimo Forte	,	Tel.	Number		
		F	ACILIT	Y INFORMATION					
Name of Facility Where Abatement is Residential parking garage		(3)		Type of Facility (4) () School (K-12) () Subchapter 8 (other than k	(-12)				
Street Address 1701 Kerrigan Ave				(X) Other (i.e. private & comm			tc. Age <u>8(</u>)_	
Union City	unty (6) udson	County Code (State Use Or		Current Use (if being demolish	ed): abandoned				
Name of Monitoring Firm Hired by BI ISES, Inc.	dg. Owner (8)	ASCM No. N/A		Name of Contractor (9) Industrial Safety & Envir	onmental Solu	itions	s, Inc.		
Street Address 3300 Hudson Avenue				Street Address 3300 Hudson Avenue		Late and transport in constant			
City, State, Zip Code Union City, NJ	-			City State, ZipCode Union City, NJ 07087					
Project Manager for Monitoring Firm David Camacho	Telephone No. 201 325-0			Telephone Number (201)325-0055		100000	nse N 1124	umber	
Scheduled Start Date (10) 12/06/2016	Scheduled C 12/10/201	ompletion Date	(11)	Name of OSHA Monitor ISES, Inc.					
Occupancy Status During Abatement (X) Facility Closed/Vacated During () Abatement Performed Outside	Entire Period o	of Abatement		Street Address 3300 Hudson Avenue					
() Other - Describe:				City, State, Zip Code Union City, NJ 07087					
Source of Work (Check all that apply)_ (X) Demolition	1	() Renovation					
() Minor Project (< 25 SF or () Small Project (>25 <160 S (X) Large Project (>160 SF or	F or >10 <260	0 LF ACM)		() Full Containment with () Mini-Enclosure with N () Glove-bag Procedure (X) Non-Exempted (*) ar	legative Pressure and Wrap and cu	e ut prod			
	ls Location Non		(i.e.	Description of ACM thermal systems insulation, surfac-	Amount (Speci- fy SF or LF)	/	Abateme	ent Type	9
To be Abated in Facility (13)	todial Staff			g, VAT, or other miscellaneous.)	, /	Re mo val	Rep air	Enca psula te	En clo sur e

Roof Built-up roofing 8 car garage	X	Roof	~ 1600 SQ FT
Name of Reg. Waste Hauler Atlas Disposal Options, Inc.	NUDEP Waste Hauler ID # 50452	Cubic Yards of Waste ~ 30	Name of Reg. Landfill Grand Central Sanitation 1963 Pen Argyl Road
City State 311 East Blackwell Street,	Dover, NJ 07801	Disp. Date 12/10/2016	City. State. Pen Argyl, PA 18072
Name of Reg. Waste Hauler Newark Carting	NJDEP Waste Hauler ID # 04509	Cubic Yards of Waste ~ 30	Name of Reg. Landfill Grand Central Sanitation 1963 Pen Argyl Road
City, State 311 East Blackwell Street,	Dover, NJ 07801	Disp. Date 12/10/2016	City. State Pen Argyl, PA 18072
Completed by (Print or Type) David Camacho	Title Project Supervisor	Signature Haman	Date 11/25/2016



UC# 1411503089

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

			,,					9 		111-			U	127	브	, 1
Date of Notification (1) 12/06/2016					Building Core King		perator	(2)			n.c.	n 5	0	0.04/		
Agencies Notified	Type Notification			Street Ac	dress					e oc.	UE	J	_	CUR	,	,
× EPA	× Initial															
× DEP	Amended				te, Zip Co						EEST	T2 (C.	17.3	OLI	
X DOL	Amendment Emergency				ock, NJ	07452						CEN	31	13	-	
DOH DCA	justification)			Name of						Tele	ephone N	Numbe		,		
DCA	Cancellation				ore King							45	_			
N	AL-1	- DI (2)		FACIL	LITY INFO	RMATI	NC	Time	of Facility (4)						
Name of Facility Where House	Abatement is Takin	g Place (3)							of Facility (4							
									School (K-1) Subchapter		ar than K	(_12)				
Street Address								× C	Other (i.e. p etc.)	rivate 8	& comme					es,
City (5)								Name of the second	e Feet	(III) 754 \$30	Floors			dg. A	ge	
Glen Rock								N/A		N/A			N/	Α		
County (6) Bergen				County C	Code (7) ISE ONLY)			Currer Hous	nt Use (Prid se	or if bei	ng demo	lished))			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.				ement Con		(9)					
N/A							D&S	Abate	ement, In	C.						
Street Address								Addres								
									ren Aver	nue						
City, State, Zip Code							100000000000000000000000000000000000000	State, Zij								
									J 07512							
Project Manager for Mor	nitoring Firm			Telephor	ne No.			hone No 345-86			License 01311					
Start Date (10)		Schedule	d Con	npletion [Date (11)				A Monitor							
12/16/2016		12/17/2	016				D&S	Abate	ement, In	C.						
Occupancy Status Durin	g Abatement (Ched	k Only On	e)					Addres								
Facility Closed/Vac	ated During Entire	Period of A	baten	nent					ren Aver	nue						
Abatement Perform Other – Describe:		nal Facility	Hours				(50.7)	State, Zi								
						7	Toto	wa, N	J 07512							
Scope of Work (Check A	All That Apply)						-	-								
× ≥3 sf or ≥3 lf			enova				>		Containme		n Negativ	e Pres	sur	е		
≥160 sf or ≥260 lf			emolit	ion			>		i-Enclosure vebag Prod							
							Ľ	Nor	n-Exempted	d (*) an	d Non-Fi	riable f	Proc	edur	9	
		Is	Locati	on									,	Abate Ty	ment	
Locatio	n of		lormal			De	scription	n of						ıy	he	
Asbestos-Containing			d Sole ntena			tos Cont thermal					mount Specify		,		E	ш
TO BE AB In Faci		Cust	odial S	Staff?	(1.6.	surfa	cing, VA	AT, or	idori,		or LF)		Remova	Repair	cap	ndo
(13)			(12)			other n	niscella	neous)					oval	air	Encapsulate	Enclosure
		Yes	No	N/A											е	
Basem	nent		Х			pipe	insula	ation		1	0 LF		X			
		+ +									MI					
		-											-			
													_			
Name of Registered Wa	ste Hauler		1.0	JDEP W		Cubic of Wa	Yards		Name of							
D&S Abatement, Inc	D			lauler ID 0996	INU.	TBD			Waste I		gemen	t of P	Α			
City, State Totowa, NJ				7		Dispos TBD	sal Date	9	City, Stat Tullytov		4					
Completed by		Title				5	Signatur	e/3 /	/			Date				
Oliver Hegedis		Proje	ct Ma	anager		1000	7	TIX			-	12/0	6/2	016		
				- 45 (0)			1/	1		_						

QV# 2	0/02		NOT	IFICATIO	State of N ON OF AS nt to NJAC	BESTOS	SARATE	EME	NT		E G	Ē		Ŵ	Ēi
Date of Notification (1) 12-2-2016				Name	of Building	g Owner									
Agencies Notified	Type Notification	n		Street	Address					10	ħΕΙ	1	2 2	008	
EPA DEP	X Initial Amended			City	tate 7:- C										
⊠ DOL	Amendme	nt #			State, Zip C ey City, N		06			į A	ASEID	U.C. 1	4	10-	_ =
⊠ DOH	× Emergenc justification	٦)	ng	Name	of Contact	l				₹ Tel	ephone N	umbel	-		
DCA	Cancellation	on			ıs Browr					4	55	umber			
Name of Facility Where	Abatement is Tak	ing Place	(3)	FAC	CILITY INF	ORMAT	TION	TTV	pe of Facility	(4)					
Residential								П	School (K-						
Street Address									Subchapte	r 8 (Othe	er than K-	12)			
City (5)								×	Other (i.e. petc.)			cial bu	ilding	s, hon	nes,
Jersey City, NJ 073	306							1000	uare Feet 100	# of	Floors		Bldg.	Age	
County (6) Hudson					Code (7)				rrent Use (Pri		na demoli	- 1	70+		
010, 54 45 4 100 500	12 11 5 00				USE ONLY	0				01 11 0011	ng demon	sileu)			H
Name of Monitoring Firm	i Hirea by Building	Owner (8)	ASC	M No.		Name	of A	batement Cor	ntractor	(9)				
Street Address			<u> </u>				Street		nvironmen	tal Ser	vices, L	LC			
Cit. Old Till	C.						1 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		inia Avenu	е					
City, State, Zip Code									Zip Code					-	
Project Manager for Mon	itoring Firm			Telepho	one No				City, NJ 073	304					
				releptic	one ivo.		Teleph 201-3		No. -8855		License I	٧٥.			
Start Date (10) 12-3-2016		Schedu	led Co	mpletion	Date (11)				SHA Monitor		01177				
Occupancy Status During	Abatement (Cho	12-3-2		2			re-to-seatement		above	5					
Facility Closed/Vaca				mont			Street	Addr	ess	- 6-11					
Other – Describe:	ed Outside of Norr	mal Facili	ty Hou	rs		_	City, St	tate,	Zip Code						
Scope of Work (Check Al	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renov Demol				×	G	ull Containme lini-Enclosure llovebag Proc on-Exempted	edure					
		71	s Loca		1					() dire	Tron-I nat	1		ement	
Location Asbestos-Containing I			Norma	-		Des	scription	of				2	Ty	pe	
TO BE ABA In Facilit (13)	TED		aintena stodial (12)	Staff?	Asbest (i.e.	thermal surfac	aining Ma systems sing, VAT niscellane	insu I, or		(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
D		Yes	No	N/A								-		ate	ė
Baseme	nt 	-	X			Pipe	insulati	ion		95	LF	Х			
Name of Registered Waste	e Hauler		IN	JDEP W	aste	Cubic	/ards		Name of D	ogists	od I and the				
Green Environmental	Services		H	lauler ID 034889	No.	of Was			Name of R			H			
City, State Jersey City, NJ						Disposa			City, State		Lanun	ut.			
Completed by		Title				12-3-2	gnature		Morrisvile	e, PA					
iliana Serrano		Office	e mar	nager			griature 2 1	Ce	w See	RU) Dai	e -2-20	16		

nr #1190		NO	TIFIC <i>A</i> (Purs	State of ATION OF suant to N	of New Je ASBEST	TOS ABA	ATEME 2:120)	ENT			E C			7 [
Date of Notification (1)				ame of Bu	ilding Ow	ner/Oper	rator (2	2)		HS.	ili.				
12-05-2014 Agencies Notified	Type Notification			treet Addre	ess						DEC		_ =		
X EPA X DEP X DOL	Initial Amended Amendment Emergency (justification)		_ V	ity, State, /erona N ame of Co	NJ 0704					100000000000000000000000000000000000000	phone Numb			3	-
DOH DCA	Cancellation		E	Bill Nitto	Y INFOR	MATION	J			_			- 5		\dashv
Name of Facility Where PRivate Dwelling Street Address	Abatement is Takin	g Place (3)		PACILIT	TINION	MATION	Land toward hance	Sub Othe	ool (K-12 chapter 8 er (i.e. pri	:) 3 (Othe ivate 8	r than K-12) commercial	buildi	ngs, h		
City (5) Verona NJ 07044								Square F n/A	eet	N/A		N		Ü	
County (6)			C	County Cou	de (7) E ONLY)				Jse (Prio Dwelli		ng demolishe	ed)			
Name of Monitoring Firm Bioterra Slution	m Hired by Building	Owner (8)		ASCM N	lo.			of Abatem x Contra			(9)			8	
Street Address 1130 W Chestnut	St	-						Address BOX 734	1						
City, State, Zip Code Union NJ 07083	<u> </u>							tate, Zip (0742	4				
Project Manager for Mo	nitoring Firm		1000	Telephone		- 1	0.5	one No. 692-629	98		License No 01266).			
Start Date (10) 12-16-2016		Schedule		pletion Da	ate (11)	17.5		of OSHA x Contr		LC					
Occupancy Status Duri	ng Abatement (Che							Address							
Facility Closed/Va Abatement Perfor Other – Describe:	cated During Entire med Outside of Nor	Period of A mal Facility	batem Hours	ent			City, S	30X 73 state, Zip odland F	Code	0742	24				
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti				×	Mini-l	Enclosure	e cedure	n Negative F		cedur		
			Locati	3.893/~-									Abate Ty	ement pe	Š
Locati Asbestos-Containir TO BE A In Fa (1:	ng Material (ACM) <u>BATED</u> cility	Use Mai	lormall d Sole intenar odial S (12)	ly by nce/	Asbesto (i.e. t	os Conta thermal s	system ing, VA	Material (A s insulation	ACM) on,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
D	t	Yes	No	N/A		nine	e resid	due			00 LF	Х			
Base	ment					Pipo									
				LIDES 141		Cubic `	Varda		Name of	Renie	tered Landfi	1			
Name of Registered W Amax Contracting			H	NJDEP Wa Hauler ID I 036184	No.	of Was			Grows	60 - 85 50 2	J. Od Editali				
City, State Woodland Park N						Dispos 12-28		253	City, Sta Morris		PA				
Completed by	0 0/ 121	Title	act M	lanager		S	Signatur	re /	/		/	ate 2-05	-201	6	

Project Manager

Tome Maslarkov

		NOTIFICAT	ION OF	ASBE	Jersey STOS ABA :60 and 12:	120)									
* 1 + 110	10	(Pursu	alle to	100					1.4 (47)						
11 # 110	1	Nar	ne of B	uilding (Owner/Opera			1 1		- 1 C	1115				
e of Notification (1)		Da	avid B	urgess						# FE 1 8					
-06-2014	Type Notification	Str	eet Add	ress					and imposes			-			
encies Notified	Type Notification			7:- (ode										
EPA	Initial Amended	Ci	ty, State	e, Zip C 1 NJ 07	7044				Tolenho	ne Number					
DEP			erona	Cantac	1				Telepite		53			-	
DOL	Emergency (include	ing N	ame of	Contact	SS				_		ž.		_	+	
DOH DCA	justification) Cancellation	l	Javid	LITYIN	FORMATIO	N	Type of Fa	acility (4))						
DCA		. (2)	FACI	L11 1				. 11/ 17	2\						
f Facility Where	e Abatement is Taking Pla	ce (3)					H Sub	chapter	8 (Other t	han K-12) ommercial b	uildings	, hon	nes,		
PRivate Dwelling					1992		Oth	er (i.e. p	livate a o		Bldg.	Δne	_		
Street Address							Square F	eet -	# of F	loors	N/A				
Street Address					3		2.7732		N/A	11 1- 01	1 3			\neg	
C:h. (5)							Current	Use (Pri	or if being	g demolished	u)				
City (5) Verona NJ 0704	4		Count	y Code E USE C	(7) N/ Y)		Drivat	e Dwe	lling						
County (6)			1000000			Nam	- of Ahate	ment Co	ontractor ((a)					
FsseX	Duilding Ov	mer (8)	AS	CM No.		Am	nax Cont	racting	LLC						
Name of Monitoring	Firm Hired by Building Ov	***********				Stre	et Address	S							
Bioterra Slution						PC	BOX 7	34							
- Address						City	y, State, Zi	p Code	110742	Δ					1
1130 W Chestr	iut St					W	y, State, Zi Ioodland	Park	13 0142	License N	١٥.				1
City State, Zip Coo	de			1.000	No	Te	lephone N	0.		01266					4
N	1.7		Tele	ephone	-3762	9	73-692-6	5298	itor						1
Project Manager for	or Monitoring .	Scheduled	91	otion Da	ate (11)	Na	ame of OS Amax Co	HA MOII	na LLC		597				-
Rick Eustaqui	3	Scheduled	Comple	ellon be		P	Amax Co	IIII aou							
Start Date (10)		12-19-2	010			S	treet Addre	734		1000					
12-16-2016	s During Abatement (Che	ck Only One	;)					Zin Cod	ie						
Occupancy State	s During Abatement (Seed/Vacated During Entire	Period of A	bateme Hours	TIL		10	City, State, Woodla	nd Par	k NJ 07	424			_		_
		mai Facility	100												
Other - De	SCHOO!						×	Eull Con	tainment	with Negativ	ve Press	sure			
Scope of Work	(Check All That Apply)	তো :	Renovat	ion									4.150		
	lf .	P F	Demoliti	ion			H	Non-Ex	ag Proced empted (*	lure) and Non-F	riable F	70C6	hater	nent	
≥3 sf or ≥3 ≥160 sf or	≥260 lf							14011					Typ	e	_
1-			s Locat	ion			100000000000000000000000000000000000000	,	13.4	707 THE SOMEONY				m	
		1	Norma	lly			scription of taining Ma		CM)	Amount (Specify	,	Re	R	Encapsulate	T. S.
	Location of	, Us	sed Sol	ely by	Asbest	therma	l systems i	insulatio	n,	SF or LF	=)	Removal	Repair	psul	1
Asbestos-	Centaining Material (ACIVI	CI	ustodial	Staff?	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		acing, VAT miscellane					/al		ate	1
	TO BE ABATED In Facility		(12	.)		other	1111300		1				_	+-	+
	(13)	Ye	e No	o N/	A					170 L	F	Х		-	+
		16	-			pip	e insulat	tion							
	Basement			+									1		
	Duccini											-	1		
											11 5 7 451	1			_
						T 2	bic Yards		Name o	f Registered	Landill				
				NJDE	EP Waste	of	Waste		Grows		- 0				
Name of R	egistered Waste Hauler			Haul	er ID No. 6184	3	су	/	City, St						
Name of	ontracting LLC		1-1	003	0104	Di	isposal Da	te //	Morri	sville PA					_
1 1-04 00	**************************************					1:	2-28-201	10 //	1010111	1		Date		016	
								11	27						
	nd Park NJ 07424		Title				Signat	ure //	1.			12-0	16-2	010	_

State of New Jersey

95.7		_								OS AB			7	h o					nì
N	0 (X	(Pι 	ırsı						30 and		20)							
Date of Notification	(1) 12-07	-2016								/ Operator				DE	0 1	2 2	016		
Agencies Notified	Туре	Notifica	ation		Str	eet	Add	ress					1						
⊠ EPA		1 = 141 = 1			_	_				Box 897				7,50				_	
☐ DEP ☐ DOL		Initial	nded (Start Dat	2)					Code	10									
□ DOH			gency	C)				ontac	08562			Ţ.			Tol	onho	nne M	lum	hor
DGA DCA			ellation		J-7117774		Buk		L										bei W
					F	AC	ILIT	Y INF	ORMA	ATION									
Name of Facility Wh Skate Park	nere Al	oateme	ent is Taking Pl	ace	(3)				Тур	e of Facili School (k									
Street Address			1		-				一百	Subchap	305	Other tha	an K-1	2)					
									\boxtimes	Other (i.e					lings,	hom	es, e	tc.)	
										are Feet		# of Flo	ors		1	. Age	9		
City (5)			County (6)	C	ount	y C	ode ((7)		000		1			56				
McGuire, AFB 086	341		Burlington							rent Use (nicle Mair				shed)					
Name of Monitoring	Eirm I	lirod h	v Building Own	or (8	1		TASC	CM No.		ne of Abat				\			-		
Health & Safety S				161 (0)		117			source M									
Street Address									Stre	et Addres	S								
PO Box 365 City, State & Zip Co	al a									5 Hamilton			e 202						
Berlin, NJ 08009	ae									, State & 2 enton, NJ									
Project Manager for	Monit	oring F	irm				Numl	ber		ephone Nu				License			E		
Mr. Jim Proctor Scheduled Start Da	te (10)	T	Scheduled Con	_		_	432)		9-977-615 ne of OSF		nitor				0118	0		
12/14/20	16			12/18	3/20		- (11	,		S Environ			atorie	s Inc					
Occupancy Status I Facility Clos			ment (Check or During Entire P			Δha	teme	ent		eet Addres 33 Route		act							
			uring Normal H		017	IDC	CITIC	are		, State & 2									_
Describe:									- 22	ion, NJ 07	211								
Facility Occ	upied l	During	Abatement																
Scope of Work (Che	eck all	that ap	oply)									Full Car	4-1	ماغان د د هم م	Nam	-6i:	Dran		
≥3 sf or ≥3 l	£					000	ovatio	25			H	Full Cor Mini-En			i iveg	ative	Pres	sure	
≥3 sf or ≥3 l ≥160 sf ≥26				\boxtimes			ovalio				\boxtimes	Glove B			00				
	0 11				_	7011	iontio	11			H	Non-Exe	-			riable	Pro	edu	re
Lo	ocation	of		Is	Lo	cati	on	F		Description	of			Amount			teme		
Asbest			g				Jsed		Asbe	estos-Con	taining	1	(Specify					71-
	erial (A				Sole					laterial (A0			S	F or LF)	Z	_	Enc	E
	BE AB/						ce or staff?			thermal sy ion, surfac						Remova	Repair	Encapsulate	Enclosoure
	(13)	ity		Ous	(1		nan:			er miscella						oval	함	sula	our
	1400000			Yes	N	lo	N/A		50/8 (55 50)			2.50						e	Œ
Skate Park							\boxtimes	Pipe	Insul	ation				SF		\boxtimes			
Skate Park							\boxtimes	Asso	ociate	d fittings			35	SF		\boxtimes			
		enca oesa																	
					Ţ	Ш	Ш		1		1								Ш
Name of Registered	i Wast	e Haul	er		- 1			Waste D No.	Cubic of Wa		Nam	e of Reg	stere	d Landfi	11				
Resource Manageme	ent Gro	up, LL(- 1		5218		TBD			s Landfil	l						
City, State Hamilton, NJ 08619									Dispo	sal Date		State sville, PA						10 10 10 10 10 10 10 10 10 10 10 10 10 1	
Completed By (Prin	t or Tv	pe) Bri	an Hanev		-	Title	e: Pre	sident	Signa	ture					Ιr	ate :	12-07	-201	16
	19	,				- 161		3.3011	J.g.,a	1					-				
₩ E					-				1	#_					-				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification							Owner / Operato			5.50	4 = 01	· (C		
Agencies Notified	11-18-2016 Type Notific					struction dress	on Services, Inc).		ULU	1	Jiv		-
⊠ EPA	Type Nounc	Cation	- 1				et, PO Box 897							
□ DEP	☐ Initia	al (Courtesy	-			e & Zip				5335			-	
	Noti	fication)		Oity,	0000	J 01 2.10								
⊠ DOL	9330000	ended (Start Date	○ +				08562				Marian II.			
□ DOH		ergency	1			Contac	t			j	Telenho			1.172.201.1
☐ DCA	☐ Can	cellation	1	Man	di Bu	ker				1	Carrier S	6,000	the man	源"
					CILI	TY INF	ORMATION							
Name of Facility Wh	nere Abatem	nent is Taking Pla	ace (3	3)			Type of Facil	ity (4)						
Skate Park							School (
Street Address								oter 8 (Other t						
							- Contract of the Contract of	e. private & co					tc.)	
City (5)		County (6)	10-		C-1-	/7\	Square Feet	# of F	loors		Bldg. Age	9		
McGuire, AFB 086	2.1.1	County (6)	100	unty	Code	(1)	12,000	Dries if bains	domali		56		77.7	
MicGuile, AFB 000	041	Burlington						(Prior if being ntenance Sh		snea)				
Name of Monitoring	Firm Hired	by Building Own	er (8)	-	IAS	CM No	THE RESERVE OF THE PARTY OF THE	tement Contr	-)	-	-	-	_
Health & Safety S			GI (0)		11			lanagement						
Street Address					1		Street Address		Oloup,		-			
PO Box 365							2115 Hamilto	n Avenue, Su	uite 202					
City, State & Zip Co	de						City, State &							
Berlin, NJ 08009							Trenton, NJ							
Project Manager for Mr. Jim Proctor	Monitoring		Telep 856-				Telephone No			License N		-		
Scheduled Start Da	to (10)	Scheduled Com	THE REAL PROPERTY.	THE PERSON NAMED IN	THE REAL PROPERTY.	and the latest designation of the latest des	609-977-615 Name of OSH				0118	0		
12/1/201			2/09			1)		mental Labo	oratorie	es Inc				
Occupancy Status D		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	and the same of	-		Total Control of the	Street Address		0.0.0					
		During Entire Pe		of Ab	atem	ent	2333 Route	22 West						
		during Normal Ho	ours				City, State &	171						
Describe:							Union, NJ 0	7083						
Scope of Work (Che		g Abatement												
ocope of work (One	scr all that a	abbia)						☐ Full Co	ontainm	ent with N	Vegative	Pres	sure	
≥3 sf or ≥3 l	f			Re	novat	ion			nclosur		9			
≥160 sf ≥26	O If		\boxtimes	De	moliti	on		Glove	Bag Pro	ocedures				
								Non-E	xempte	d and No				
	ocation of			Loca			Description		71 52	Amount	Aba	teme	ent T	уре
	tos-Containii erial (ACM)	ng		nally	Used		Asbestos-Con Material (A			Specify F or LF)			m	
	BE ABATED				nce of	-	(i.e., thermal s		3	ii Oi Li')	Re	Z	nca	Enc
	n Facility		Custo	odial	Staff	?	insulation, surfac	cing, VAT	1		Remova	Repair	apsı	Enclosoure
	(13)			(12)	L 5.1.14	_	or other miscell	aneous)			/ <u>a</u>	=	Encapsulate	ure
01			Yes	No	N/A								- W	
Skate Park			<u></u>	닏			Insulation			SF		Ц	Ц	Ш
Skate Park			님	4		Asso	ciated fittings	;	35	SF		Ц	Ц	Ш
			Ц									Ш	Ш	
			님	H					-			Щ	Ц	
Name of Registered	I Mosto Her	lor		LAI		Machin	Cubic Vasts	Name of D	mints	11 2011				
maine of Registered	vvaste mau	IIEI		0.000000		vvaste ID No.	Cubic Yards of Waste	Name of Re	gistered	і гапатііі				
Resource Manageme	ent Group, LL	.c		100	35218		TBD	Grows Landi	fill					
City, State							Disposal Date	City, State						
Hamilton, NJ 08619							TBD	Morrisville, P	PA					
Completed By (Print	t or Type) Br	rian Haney		Tit	le: Pr	esident	Signature //,				Date 1	1-18	3-201	6
							1	1~						
				1			/)/	V			1			1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

MM CV.			(1-1	ii Suaii	L LU NUA	C 8:60 and 5:16)					
Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	DEC 1	1 20	/ <u></u>		-5
12/	6 / 10	6		St F	rancis N	ledical Center	-	UED I				
Agencies Notified	Type Notification	i		Street	Address						-	
☐ EPA				601	Hamilton	n Ave						
☑ DOLWD ☑ DHSS	Amended Amendment #	41_12/7	/16	City, S	tate, Zip C	ode						
□ DCA	⊠ Emergency (i			Trei	nton NJ (08629						
(NJAC 5:23-8)	justification)			Name	of Contact			Telephone Numl	per			
	☐ Cancellation			Rita	Gelli			E. C. S.				
				FAC	ILITY IN	FORMATION					200-71-5	
Name of Facility Where A	batement is Takir	ng Place	(3)				Type of Facility ((4)				
St Francis Medical	Center						School (K-12) I (Other than K-12	Ň			
Street Address								rivate and commer		ilding	S,	
601 Hamilton Ave							homes, etc.)					
City (5)							Square Feet	# of Floors	Bio	dg. Ag	е	
Trenton							70,000	3	(60+		
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
MERCER							Hospital			de-010		
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Environmental Con	nection					BRISTOL EN	VIRONMENTAL	_, INC.				
Street Address			1			Street Address						
120 North Warren S	treet					1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co						
Aston, PA 19014						BRISTOL, PA	19007					
Project Manager for Moni	toring Firm		1 200	ephone		Telephone No.		License No.				
Rollie Jones				09-392	0.0000000000000000000000000000000000000	215-788-6040		00509				
Start Date (10)				etion Da		Name of OSHA N						
//		12 /	8	_ / -	16	BRISTOL EN	VIRONMENTAL	_, INC.				
Occupancy Status During						Street Address						
☐ Facility Closed/Vacate						1123 BEAVE			oome .			
					cribe	City, State, Zip Co						
-						BRISTOL, PA	19007					
Scope of Work (Check all	that apply)					☐ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			enovat			☐ Mini-End	losure					
☐ ≥160 sf or ≥260 lf			emoliti	on			g Procedure mpted (*) and No	n-Friable Procedu	re			
		1	s Loca	tion					-	ateme	ent T	vpe
Location	of		Norma	ally		Description of	of					
Asbestos-Containing I			ed Sol ainten:	ely by	Asbe	stos Containing Ma	iterial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	nclo
TO BE ABA IN Facilit			stodial	Staff?	(1.6	., thermal systems surfacing, VAT	, or	SF or LF)	oval	=	psu	Enclosure
(13)		Cus	/40	1		other miscellane	ous)				ate	CD
(.0)			(12)	1	1		.69					
(,0)		Yes	No	N/A							-	
Mechanical Space			T	N/A	Pipe In:	sulation		22 LF				_
, , ,			No		Pipe In:			22 LF				
, , ,			No		Pipe In:			22 LF				
			No		Pipe In:			22 LF				
Mechanical Space	ty		No			sulation						
Mechanical Space Name of Registered Was	ty te Hauler	Yes	No	U U	Vaste	sulation Cubic Yards of	Name of Regis	stered Landfill				
Mechanical Space	ty te Hauler	Yes	No		Waste	Cubic Yards of Waste 1 Cu Yd	G.R.O.W.S					
Mechanical Space Name of Registered Was BRISTOL ENVIRON City, State	te Hauler MENTAL, INC.	Yes	No	U U U U U U U U U U U U U U U U U U U	Waste	Cubic Yards of Waste 1 Cu Yd Disposal Date	G.R.O.W.S City, State	stered Landfill . NORTH LAND				
Mechanical Space Name of Registered Was BRISTOL ENVIRON	te Hauler MENTAL, INC.	Yes	No	U U U U U U U U U U U U U U U U U U U	Waste	Cubic Yards of Waste 1 Cu Yd Disposal Date 12/7/16	G.R.O.W.S City, State	stered Landfill				
Name of Registered Was BRISTOL ENVIRON City, State	te Hauler MENTAL, INC.	Yes	No	U U U U U U U U U U U U U U U U U U U	Waste	Cubic Yards of Waste 1 Cu Yd Disposal Date	G.R.O.W.S City, State	stered Landfill . NORTH LAND	FILL			
Name of Registered Was BRISTOL ENVIRON City, State BRISTOL, PA 19007	te Hauler MENTAL, INC. ype) Ti	Yes	No S	U U U U U U U U U U U U U U U U U U U	Waste	Cubic Yards of Waste 1 Cu Yd Disposal Date 12/7/16	G.R.O.W.S City, State	stered Landfill . NORTH LAND				

APPROVED: TOM VOORHEES, NJDOL

NOCK		NC			N OF A	SBESTOS ABA JAC 8:60 and 5:		CLF	312	9:		
Date of Notification (1)	c ,	4.0		0.000		ling Owner/Operator	(2)					
	6 / -	16		5	Francis	Medical Center						
Agencies Notified EPA	Type Notifica ☑ Initial	ation			et Address 01 Hamil	manasa ana		EES TE	ZL TC		Today 11	
⊠ DOLWD	Amended			City	State, Zip	Code	- I					
☑ DHSS □ DCA	Amendme Emergence		ina	Tr	enton N	J 08629	A .			- 7		
(NJAC 5:23-8)	justification	cy (iliciaa on)	iiig	Nam	ne of Conta	act		Telephone Nu	umber			
	Cancellat	ion		Ri	ta Gelli		and the second	1. 20	_	r		
				F	ACILITY	INFORMATION						
Name of Facility Where At		aking Pla	ce (3)				Type of Facilit	50.00 50				
St Francis Medical C	enter						School (K-		40)			
Street Address								r 8 (Other than K- private and comn		buildi	nas.	
601 Hamilton Ave							homes, etc				3-1	
City (5)							Square Feet	# of Floors	1	Bldg.	Age	
Trenton							70,000	3		60+	•	
County (6)			50 W.V.	Cou	inty Code	(7)(STATE USE ONLY)	Current Use (F	rior if being demo	olished)			
MERCER							Hospital					
Name of Monitoring Firm H	lired by Build	ing Owne	r (8)	ASCN	No.	Name of Abatem	ent Contractor (9	9)				
Environmental Conn	ection					BRISTOL EN	VIRONMENTA	AL, INC.				
Street Address						Street Address						
120 North Warren Str	reet					1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C	ode				-	
Aston, PA 19014						BRISTOL, PA						
Project Manager for Monito	ring Firm		Te	lephone	No.	Telephone No.		License No.				
Rollie Jones			6	09-392	2-4200	215-788-6040)	00509				
Start Date (10)	Sc	cheduled	Compl	etion Da	ate (11)	Name of OSHA N	Monitor					
12 / _7_ / _	16	12	/	7/	16	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During A	batement (Cl	heck only	one)			Street Address						
☐ Facility Closed/Vacated	During Entire	Period o	f Abate	ement		1123 BEAVE	R STREET					
Abatement Performed O						City, State, Zip Co	ode					-
Time of Abatement: 7:0	<u>U</u> AM- <u>3:30</u> PN	/I/F	PM	AM		BRISTOL, PA	19007					
Scope of Work (Check all th	at apply)					□ Full Cont	tainment with Ne	native Pressure	135			
≥3 sf or ≥3 lf		⊠ R	enovat	ion		☐ Mini-Enc		gative Fressure				
≥160 sf or ≥260 lf			emoliti	on		☐ Glovebag	g Procedure	F::: 6				
				41	1	□ Non-Exe	mpted () and No	n-Friable Procedi	10 200			
Location of			s Loca Norma			Di-ti			Ab	atem	ent T	уре
Asbestos-Containing Ma	terial (ACM)	Us	ed Sol	ely by	Asbe	Description o estos Containing Ma		Amount	Re	Repair	En	E
TO BE ABATE			aintena	ance/ Staff?		e., thermal systems i	insulation,	(Specify	Remova	pair	cap	Enclosure
IN Facility (13)		Cus	(12)			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(13)		Yes	No	N/A		other miscellane	ous)		8		ite	
Mechanical Space					Pipe In:	sulation		22 LF		П	П	П
-		-										
		ᆜᆜ		Н					\perp \sqcup			Ш
								id Tarangan				
								199				
Name of Registered Waste H	łauler		1000	JDEP V		Cubic Yards of	Name of Regis	tered Landfill				
BRISTOL ENVIRONME	NTAL, INC		H	auler ID 18706		Waste 1 Cu Yd	G.R.O.W.S.	NORTH LAND	FILL			
City, State		C		10100		Disposal Date	City, State					
BRISTOL, PA 19007						12/7/16	1 3	LE, PA 19067				
completed By (Print or Type)	Т	itle				Signature	0	. / Da	1te /6	1,1		
Gino Pizzigoni		Estimat	10.			I U		1.0 1	016	110		

State of New Jersey APPROVED: TOM VOORHEES, NJPOUL
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:40)

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

CQ#3129

									C		0210	01			
Date of Notification (1) 12 / 6	/	16				of Building		r/Operator (i I Center	2)						_
	oe Notificat Initial	ion				Address Hamilto	n Ave			- 10		161	Ē		
The state of the s	Amended	775242			City, S	state, Zip C	Code		- T	楊				-	1
	Amendmer				Tre	nton NJ	08629	** de		3.	DEC 12	2016			
DCA (NJAC 5:23-8)	Emergency	y (inciu n)	laing		Name	of Contac	ot .		1	1	Telephone Numb				+-
11255	Cancellatio				Rita	Gelli			I	10.0	v98	一种			
		10000					IEODM	ATION		-A	DECTO DE		21 /		+
Nome of Equility Miners Abets	amont in To	dia D	N /	21	FAC	CILITY IN	NFORM	IATION	T	-11:E - / 41	LICENSI	V/J			
Name of Facility Where Abate St Francis Medical Cen		iking P	riace (.	3)					Type of Fa	(K-12)					
Street Address											Other than K-12) ate and commer		ilding	10	
601 Hamilton Ave									homes		ate and comme	Ciai Di	inding	13,	
City (5)									Square Fe	et	# of Floors	В	dg. A	ge	
Trenton									70,000		3		60+		
County (6)					Coun	ty Code (7	7)(STATE	USE ONLY)	Current Us	se (Prior	if being demolis	hed)		W. 1000	1
MERCER						,	**		Hospita		•	nescent.			
Name of Monitoring Firm Hire	ed by Buildin	na Ow	ner (8))	ASCM	No.	Name	of Abateme							
Environmental Connec	1.7				. 100111			ISTOL EN			INC				
Street Address			4				1	Address		,					
120 North Warren Stree	nf.							3 BEAVE	DOTDEET	-					
City, State, Zip Code		-						State, Zip Co							
Aston, PA 19014								ISTOL, PA							
Project Manager for Monitorin	na Firm		- 1	Tele	phone	No		hone No.	. 10001		License No.				-
Rollie Jones	.9				9-392			-788-6040	1		00509				
Start Date (10)	Sc	chedule	ed Cor		tion Da	anterman and	Amileo	of OSHA M							
12 / 7 / 1				17.5	/	30.000	10000000	ISTOL EN		NTAL,	INC.				
Occupancy Status During Aba	atement (CI						Street	Address							
☐ Facility Closed/Vacated Du					ment			3 BEAVER	STREET	3					
Abatement Performed Out						cribe	00,1100,000	State, Zip Co					7 - 77/2		_
Time of Abatement: 7:00	AM- <u>3:30</u> PN	W/	_PM-	_	AM			ISTOL, PA							
Scope of Work (Check all that	t apply)							□ Full Cont	ainment wit	h Negat	ive Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Rend Dem					Mini-Enc Glovebag	losure g Procedure	ı					
						,		☐ Non-Exe	mpted (*) ar	nd Non-l	Friable Procedur	_		-	
				ocaí rma								Ab	atem	ent T	ype
Location of Asbestos-Containing Mate	erial (ACM)		Used			Ashe		escription ontaining Ma			Amount	Re	Repair	En	En
TO BE ABATED			Main					al systems		, l	(Specify	Remova	pair	cap	Enclosure
IN Facility			Custo	dial (12)	Staff?			facing, VAT,			SF or LF)	la la		Encapsulate	ure
(13)		Y	/es	No	N/A		otner	miscellane	ous)					ite	
Mechanical Space				\boxtimes		Pipe In:	sulatio	n			22 LF	\boxtimes			
] [
		I	7	7	П							$\overline{\Box}$	П	П	П
Name of Registered Waste Ha	auler			IN	JDEP V	Vaste	Cubic	Yards of	Name of	Register	red Landfill				
BRISTOL ENVIRONMEN		C.		200	auler IC	No.	Waste)			NORTH LAND	FILL			
		719) 			18706			u Yd							
City, State BRISTOL, PA 19007								sal Date 7/16	City, Stat		E, PA 19067				
Completed By (Print or Type)		Title						Signature			, Da	te /	/		
Gino Pizzigoni			imato	r					P	٠.	1.0 1	2/6	/16	,	
Jiii Ligoili								Lens,	was	gone	11	1			

					Abateme	nı	尼瓜	12 11 21	
			. ation	of Asbe	stos Abateme	115			111 111
	. 1	reev - Notif	ication			111)			41711
State of	New Je	ersel			120-7)	1100	M.		116
State		N T A	C. 8:60	.7 and 12.	120 -	111	DEC) 1 5 6	0.2
	(Pu	rsuant to N.J.A.	<u>.c.</u>	0.15=	g Owner/Operator	(2)			
105	(1 -		T Nan	ne of Buildin	o Owne				
01(#12495			SI	ne of Building	Ollitaro	1		FFS CU	
() () () ()							1.5		2
5 Notification (1)		2	1 3						
Date of Notification 7 December 7, 2016 Notific	ation Typ	Notification	0:4	y, State, Zip	0000	9-1-10	1/2/2015	-1	
December X	Initial I	a :: Fication	1 5	ingwood	. NJ	TT	elephona Nii	mnei	
Agencies Notified	nended (Certification	R	ingwood	ract	181	San	CONTRACT OF THE PARTY OF THE PA	
	merdel	ICY (N	ame of Cont Suzanne Mo	linaro	100			
X EPA \ \\	ustificat	ion)	1 8	Suzanne Mo	100.05				1
DCA	Cancelle	ed	= INIE OF	RMATION Type of Facili	-10		3		\
X DOL	Jancen	FACIL	TYTO	Type of Facili	ity (4)			· e	1
X DEP				School (K	-141)	01	etc.)	1
Name of Facility Where Abatement is Taking F	lace (3)			□ Subchapte	er 8 (other than K-12 er 8 (other than K-12 er (i.e. private & comr	nercial bu	ildings, homes s: 2 Bldg. /	Nae: 80)	years
Facility Where Abatement is re-				Othe	er (i.e. private & com	of Floors	s: 2 Bldg. /	400.	
Name of Facility			1	- root.	Ullkiio				1
Residence				Sq. Fect.	se (prior if being der	malished)):		
Street Address		Code (7)			se (prior if being der	Monore			
		County Code (7) (State Use Only)		Current	Je (i			1010	
County (6)		(State Use Oins		\	entractor (9)	C	ONSULTA	INTS, INC	
City (5) Passaic				Name of C	Contractor (9) WOOD ABATE	MENIC	,01100	5 5 5	
<u> </u>	10)	ASCM No.		GREEN	WOODA				
I by Bldg. Ov	ner (8)	00079							
Name of Monitoring Firm Hired by Diese EnviroVision Consultants In	nc.	- 001		-44 801	AIN SIII				
								Lambar	
Enviro visio	35E				N.J UITT		License N	Number	
Street Address Street Address Road, Bldg #	002			- la 0	and Mullipor		00840		
20-21 Wagaras									1
City State. Zie	- lan	ne Number		973-4	of OSHA Monitor				
Fairlawn, NJ 07410 Project Manager for Monitoring Firm	073-6	36-9145	- (11)	Name	01 001 11				
a right Manager to:	9154	336-9145 Ned Completion Date The Part 11, 2016	<u>e1111</u>		L inc.				
Fred Larson	Scheuc	mber 11, 2016)						
Cabaduled Start Date	Dece	11150		Street	Address Stelton Road				
Scheduled Start December 8, 2016	1	anly one)	200	1056	Sterion				
Occupancy Status During Abatemen Facility Closed/Vacated During Facility Closed/Vacated Outside	t (Check	oriod of Abatemen	t		State, Zip Code	-054			
Occupancy Status During	g Entire P	al Eacility Hours -		City.	State, Zip Code cataway, NJ 0	8854			
Facility Closed/Vacated Outside	e of Norm	ai i dell',		Pis	Calavia				Dracelife
Abatement						100 100	o -toinmen	t with Negat	tive Pressure
Describe Other - Describe: 7am-7pr	n			- L		x Full	Contaillino		tive Pressure
Other - Describe: 1 a						Min	i-Enclosure	J. Iro	dure
Source of Work (Check all that apply)			etion		Glov	vebag Proced	*\ and Non-	Friable Procedure ent Type
Caurse of Work (Check all that age	5		Ren	ovation		Nor	n-Exempted (Abateme	ent Type
500100			Den	nolition	Mahari	-1		1,000	Repair Encap Encio
≥ 3 sf or ≥ 3 lf				of Achest	os Containing Materi systems insulation, su l.)	irfacing,	(Specify SF	Remove	NGPS.
≥ 3 st of = 260		-th Used	Descript	ion of Asbess	systems insulation, sc		or LF)		T
	Is Locati	on Normally Used	(ACM)	other miscell	1.)		1 4 0 15	X	
Location of Asbestos-Containing	Calely D	A Michigan	I VALUE	Our			18 lf	X	
Location of Asbestos-Conton Material (ACM) in Facility (13)	Staff!	12) NO NA	1	e Eitting l	nsulation		4 sf	1	
Materia	YES	T X					20 sf	5 Bog	istered Landfill
					****	1		Meadowfill	Landfill
Basement			Furn	ace Insula	Cubic Yards of Wa	ste.	1	Meadowiii	
Dasonie		1150	ler ID#		2			G.R.O.W.S	City State
	1-	NJDEP Waste Hau	10.				Disposal Date	2016	- 40 7 HOX 00
Name of Reg. Waste Hauler		See Below			27405	1	Disposar Date December 11	, 2010	I pridgenoll VVVI
Name of Reg. Waste Trade See Hauler Below # 1 & 2	\	Netters (1945)	Inc F	Sutler, NJ	01400		77W 99350		304-842-2784
See Hauler Don		nt Consultants	Inc L	25					
Name of Reg. Waste Hauler See Hauler Below # 1 & 2 Hauler #1) Greenwood A NJ DEP # 124	bateme	SED#	T T	EP # 19551				Date	- 0016
Hauler #1) Greenw# 12!	561 NY L	Nowark, NJ 045	09, NJ D	ED A				Decemi	per 7, 2016
Hauler #1) Greenwood A NJ DEP # 12! Hauler #2) Newark Carti	ng, Inc	Newarm			Signature	0	m 0	5500	
Hauler #2) Newark Care				_	Signature Marin	grau	re		
110-		PROJECT MA	NAGE	K	11000000				
Completed by (Print or Type)	1	PROJECT I							
Marin Graure									
Watti									

#251 P.002/004

December 7, 2016

From:GREENWOOD ABATEMENT

19764920133

12/08/2016 17:04

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Suzanne Molinaro Date of Notification (1) December 7, 2016 Street Arthress Nathication Type Agencies Notified Initial Notification City State Zin Code Amended Certification X EPA Ringwood, NJ El Emergency (Including X DOL Talaphone Number Name of Contect Justification) DEC Buzzanne Molinero K DEP ☐ Cancelled FACILITY INFORMATION K DOH Type of Padilly (4) Name of Facility Where Abuttoment is Teltina Pioce (3) ASBESTOS □ School (K-12) TROL & Residence Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Street Address Sa. Feet: Unknown Fof Floors: 2 Bida. Age: 80 years County Code (7) County (8) Current Use (prior if being demofished): City (8) (Blate Use Only) Passaic Ringwood Name of Commodel (9) Name of Montpoine Pin Hand by Side, Owner (8) ASCM NO. GREENWOOD ABATEMENT CONSULTANTS, INC. 00079 EnviroVision Consultants Inc. Street Address Street Address 611 MAIN STREET 20-21 Wagaraw Road, Bidg # 35E City State ZinCode City, State, Zip Code Butler, NJ 07405 Fairlawn, NJ 07410 License Number Telephona Number Telaphone Number Protect Menager for Mantioring Firm 00840 273-492-0477 973-636-9146 Fred Larson Name of OSHA Manilor Solvenia de Completion Della (11) Scheduled Start Date (10) December 11, 2016 December 8, 2016 EMSLING. STEEL AGGRESS Occupancy Bletus During Absternant (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -CIN. State, Zip Code Describe Piscataway, NJ 08854 Other - Describe: 7em-7pm Source of Work (Check all that apply) E Full Contekement with Negative Pressure Mini-Endosure Renovation Glovebag Procedure > 3 ef or > 3 ff Demolition Non-Exempted (*) and Non-Frieble Procedure \$\\ 160 of or ≥ 265 Absternent Type hnucant Description of Asbestos Containing Material Is Location Normally Used (Specify SF Location of Asbestos-Containing (ACM) (I.e. thermal systems insulation, surfacing. Remove Repair Prosp Ecopies Solety by Meint/Custodial Staff? (12) Material (ACM) in Facility (13) BILFI VAT, or other miscell.) MA YES. 18 11 Pipe & Fitting Insulation 130 Besement 团 A st Tank Insulation 02 20 sf Furnace Insulation Name of Recistered Landfill Cubic Yards of Wante: NJDEP Waste Hauler ID & Mendowfill Landfill Name of Real Works Harden Sas Balow See Hauler Below # 1 & 2 B.R.O.W.S City State Disposel Date Hauler #1) Greenwood Abstement Consultants, Inc. - Butler, NJ 07405 Routs 2, Box 88 December 11, 2016 Bridgeport, VAVA NJ DEP & 12661 NY DEP # 904-842-2784 Heuler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551

Sonatura

Maria Grauss

PROJECT MANAGER

GAC # 2016-590

Marin Graure

Completed by (Printor Type)

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

Date of Notification (1)				Name of	Building C	wner/O	perator (2)		E	E		Lin.	1-			
Decem	ber 07, 2016		F	. W. W	ebb Co			la l								
Agencies Notified	Type Notification			Street Ad	dress				DE	0 4	201	2)				
⊠ EPA	M Initial		1	80 Cer	tennial /	Ave.			L 1.	9 :	i iv	J.				
DEP	Amended		(City, Sta	te, Zip Cod	de										
□ DOL	Amendment #		_ P	iscatav	vay, NJ	08854			.5.			VL :				
DOH DOH	Emergency (in justification)	ncruaing		Name of	Contact			4	Telep	hone N	lumber					
DCA	Cancellation		P	roject I	Manager	Г			٠-							
				FACI	LITY INFO	RMATI										
Name of Facility Where A	Abatement is Taking	Place (3)				Ту	pe of Facility (4	4)	4						
building								School (K-1)			4.01					
Street Address								Subchapter Other (i.e. p				dinas	home	es		
180 Centennial Ave.							\boxtimes	etc.)	mate a	001111110	roidi bui	amgo	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	501		
City (5)						24	Sc	uare Feet	# of F	loors		3ldg. /	Age			
Piscataway								96,000		1		4	4 yrs			
County (6)		11		County C			Cı	ırrent Use (Pric	or if being	g demo	lished)					
Middlesex				(STATE C	ISE ONLY)	-			(Office						
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM	No.		Name of A	Abatement Con	tractor (9	9)						
AET, Inc.							The MAC	K Group, LI	LC.							
Street Address				***************************************			Street Add	dress					r =0.00			
907 Doolittle Drive							1500 Kin	gs HWY N,	STE 20	09						
City, State, Zip Code							City, State	e, Zip Code								
Bridgewater, NJ 0880	07						Cherry H	ill, NJ 08034	4							
Project Manager for Mon		Telephor	ne No.		Telephone	hone No. License No.										
Eric Houseknecht	(9	908) 21	8-1108		(973) 759	9 - 5000	0	0781								
Start Date (10)		Schedule	-		Date (11)		Name of 0	OSHA Monitor								
12/21/1	6			3/30/17 The MACK Group, LLC.												
Occupancy Status During	g Abatement (Check	Only Or	ne)				Street Add									
Facility Closed/Vaca	ated During Entire P	eriod of	Abatem	nent			1500 Kin	gs HWY N,	STE 20	09						
Abatement Perform	ed Outside of Norma	al Facility	Hours				City, State	e, Zip Code					331			
Other - Describe: _							Cherry H	ill, NJ 08034	4							
Scope of Work (Check Al	ll That Apply)									25-1111117-01						
≥3 sf or ≥3 lf		X F	Renova	tion				Full Containme	ent with I	Negativ	e Pressi	ıre				
≥160 sf or ≥260 lf			Demolit	ion				Mini-Enclosure	9							
								Glovebag Prod Non-Exempted	cedure (*) and N	lon-Fria	ble Proc	edure				
				6222					() =				temen	it		
			Locati Normal			_						Т	уре			
Location Asbestos-Containing		Use	d Sole	ly by	Ashest		scription of aining Mate	erial (ACM)	Ап	ount			m			
TO BE ABA			intenar todial S	27000		thermal	systems in	sulation,		ecify	Re	R	nca	Enc		
In Facil (13)	ity	Cus	(12)	otan:			cing, VAT, niscellaneo		SF	or LF)	Remova	Repair	psu	Enclosure		
(13)		-		_		Other I	mscenarico	us)			val	ai-	Encapsulate	ure		
		Yes	No	N/A		3100-0100										
through	X			Va	at/Mastic		14,6	80 s/f	· X							
"	X			resid	lual Mast	ic	56.6	85 s/f	- X							
n	$\langle \rangle$			Wind	low glazir	na		15 l/f	X							
	\Diamond		laint C					-	: <		1					
perimeter		1	Joint Compound perimeter walls 15,050 s/f													
Name of Registered Waste Hauler				lauler ID		of Wa		, sunto of	0910101							
Newark Carting / Spartan Environmental				222	:53		896.3	Cumberl	and Co	o./ BF	I/GRO)WS	/TR	RF		
City, State						Dispo	sal Date	City, Stat	е							
Newark, NJ / Donora, PA				ž		3	3/30/17	Newburg	g / Impe	erial /	Morris	ville,	PA			
Completed by Title						1 6			77	Date						
Completed by		Title				5	Signature	11/1/			Date					

1,000,000	1	Locatio	/	Description of		Abatement Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solely intenan todial S (12)	y by ce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Eliciosure		
	Yes	No	N/A					Ф			
throughout		X		Pipe fittings	315	X					
"		X		Flashing	1,135 s/f	X			L		
					3	25					
						W					
								1			
									T		
									T		
									t		
							1		+		
		-					-	+	T		
						+	+	-	+		
	_	-				-	-	+	+		
		-	-			-			+		
						-	-	-	+		
					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-	+	+		
		-							+		
				7		-	-		+		
						-	-		+		
							-	-	+		
							-		1		
							-		1		
									1		
			1								
							+				
							-	-			
									+		

page 1

ND.432 8882

12/08/2010 11:56

			310	of No	ew Jereby				1	9	
- 1-00	NOTI				BESTOS ABAT			200	1		
F(2/1)/	17.	(Pu	reuant	I to NJA	.C 8:60 and 8:16)		-1	1		
Date of Motification (1)			Nama	of Building	Owner/Operator (2)			-1		
12//	40			Tamel					/		
Agencies Notified Type Notifi	cation		Inenie.	Addmas				. /	1.		i.
S EPA S Initial	es ar										-
S DOLWO Amande			City, 8	lete. Zip (oda			EC :	1 - 2	20	10
Ø DOH Amendr	uch (lucingjad		WIII	amston	m, NJ 08094		*				
□ DCA ⊠ Emerge (NJAC 5:ZI-B) Justifican			Name	of Contac	1		Telephone Numb	ef	-		
Candali	1377		Ella	n			The state of the s	7	1	INC	R
1 . () . ()	-	-	FAC	ILITY IA	FORMATION			Live	175	i vi	
Name of Facility Where Abatement Is	Yakını Biare	131				Type of Facility	(4)		-	10. 10	
Tamofaky Residence	(GMIR 4 INCO	107				☐ School (K-1)					
The last						Gubchapler	6 (Other than K-12) private and commer	1			
Street Address						Domer (I.B., p	orivato and commer	cial bu	ilding	3,	
	. , , ,				150 150	Square Fast	B of Floors	Mic	ig. As	Tim .	-
City (d)						1,500	3	1	30 30	e.50	
West Orange			18	N. D. d 1	T)(STATE USE ONLY)	The second second	rior II being demolis			_	_
County (B)			Coun	th Code (()(STATE USE UNLY)	Residence	tipt if holing neitigus	neuj			
Essex	[m]) e e eige		1 80 000	-	Nema of Abatem		A		_		
Name of Monitoring Flom Hired by Bu			A9CM	No.							
Mgmt. & Environmental Cons	Ivies builin	085				onmental, LLC					_
Street Address					Etres Address						
PO Box 341					823 Cutler A						
City, State, Zip Code					City, State, Zip C						
ChesterNeld, NJ 08615			Francisco		Maple Shade	, NJ 08052	0.4				_
Project Manager for Monitoring Firm		1000000	phone i		Talaphona No.		License Mo.				
Bill Walagarber		1	19-298		856-758-00B		00842	-			
Sign Date (10)	Schedulod C				Name of QBI IA R						
12 / 9 / 18	12/	_ 13	_ / .	15	EMSL Analyt	ical, inc.					
Occupancy Status During Abatement					Street Address						
E Papility Closed/Vacated During Er	tire Feriod of	Abate	ment		200 Routs 13	10 North					
Abatement Performed Outside of	Normal Facilit	y Hou	a - Des	criba	City, State, Zip C	pde					
Time of Abatement:AM	PM/	-PIVI		AIVI	Clonaminson	1, NJ 08077					
Scope of Work (Check of that apply)		person and	111					14.41			
KT = 0 = 2 = 1 + 1 16	197 ba	novel	lon.		Full Con	tainment with Ne	IGSDAS FIRSHALD				
≥3 af or ≥3 if ≥1 so af or ≥280 if		molitic	λn		☐ Glovebe	g Procedure					
		1100 01 100100			⊠ Non-Exe	impled (") and N	on-Friable Procedu	re			_
1967		Loca						Abi	atem	ent Ty	rpe
Lecation of	1 11-	Norma Ed Edi		a-1-	Description : sates Containing Ma		Amount	R	30	9	En
Asbestos-Containing Material (AC	Mis	inten	inos/		thermal systems	Insulation,	(Specify	Remova	Repair	100	Enclosure
IN Facility	Gue	todial (12)			auracing, VAT		SF or LF)	1 of		Encapsulate	an
(13)	Yas	No	N/A	1	other misecilane	cons)				Pa	
		1 1494	-	Flear	Pht.		633 BF	×	П		-
Throughout				Floor	110		933 ST		L	Ш	_
							1	ID			
		111		-		•		+	1		F
q1 W. Z							1		Щ	Ш	-
Name of Registered Waste Hauter	-		JDEP V		Cubic Yards of Waste		island Landfill	ien			
Freehold Cartage		1	1003		5	Cumberts	ind County Land	14181			
City, State					Disposal Date	City, State			APP. PALS	13-1	
Freehold, NJ					12/13/2018	New burg,	, PA				*
Compisted By (Print of Type)	Titla		-		Signatore	-	Da	ate			
Christina Lynch	100000000000000000000000000000000000000	resid	ant of (Operatio	1/3 - 9	The state of the s					

ASB-41 JAN 13

[&]quot; Do not use this form for asbestus floansure exampled activities.

12/86/2016	11:27			sti				HO,438	5882		C		1
or the appropriate	71	NOTI	FICA (Pu	TION (OF ASB	w Jersey ESTOS ABAT C 8:80 and 5:16	EMENT_		-		DEC	, 1	2.
ate of Notification (1)	1 1		7	Name o		Owner/Operator (<u> </u>	177		T . ASE I	<u></u>	C.S.	1
12 /		18				CI				-1			-
gencies Nolflod	Type Nettheat	iioग		Street A	ddraaa			\$ 5		/			
EPA	Islandad				ata, Zip C	an lite			F, +	1		OLIGA (1)	
DOH DOFMD	Amendme	nt#				n, NJ 08094				V			ĺ
DCA	⊠ Emergens		1		of Contact		* n	Telepha	ne Nomo	Br			
(NJAC 5:23-8)	jugtificatio				ra Katzir								
	Cancanari	un.				FORMATION					****	555	1
		[n]	(2)	FAC	ILLI Y III	DIGENTION	Type of Fa	chity (4)				1 - 111	
ame of Facility When	e Abstement to I	RKING LINGS	(9)				School	(14-12)					
Residence			-				Subcha	pter 8 (Other I	han K-12) I commen	cial bull	dinas		
ires Address							homas						
ity (5)							Square Fo	The state of the s	6100	1	g. Agi	p	
Algiemafoau						i i	2,000	3		8	0		_
ounty (8)			man 4=+1 1 1	Coun	ly Code (7) (STATE USE ONLY)	VI = 0.49	e (Prior il boin	g demolu	ned)			
Gloudester						1.01	Realds				***		
ama of Manitaring F	irm Hired by Build	Ing Owner	(8)	ARCM	Na.	Name of Abatem							
Mgmt. & Environ	mental Consu	iling Berv	ces			Shade Envi	ronmanual,		19-		_	-	$\overline{}$
Irees Address						623 Cutter A	Administra						
PO Box 341						City. State, Zip (-		* 1-
lly, Slare, Zip Code						Maple Shad		2					
Chesterfield, NJ	Daoro		Yel	enongel	No.	Telephone No.			NO.				
100 to 10	doaltoring Parm		5753	109-298		858-755-009	9	00	042				
Rad Dain (10)		Scheduled				Neite of OSHA	Monker		dia not 11 W				
12 / 6	100			1 /		EMSL Analy	tical, inc.						
Coupancy Status Du		Check anly	ons)			Street Address		# 0 H					
PI Famility Closed/VS	cated During Enti	re Pariod 5	I Abat	ament		200 Route 1	30 North						_
Abetement Parton	mad Outside of N	omal Facil	ily Ho	ure - Des	icribe	Olly, Blate, Zip							
Time of Abeleme	nt:AM	FM/	PA	A	AM	Cinnamina	n, NJ oso7	17		10 12			
Scope of Work (Chao ⊠ ≥3 sfor ≥3 lf ⊠ ≥>00 sfor ≥200 lf			Senova			☐ Mini-E	nclosura	ith Negative Pr and Non-Friabl		_			
			is Loc				225			Ab	-	ons Ty	-
Asbeston-Contail TO BE IN F	ABATED	N)	Aginle	olely by nancel al Staff?	deA (i.	estos Containing i es, thermal system guracing, Vi atter miscolla	Asiansi (ACA so incustion, LT, or	(6	mount peolity or LF)	Removal	Repair	Encapeuale	Endosure
1	101	YB	BN	0 NA							_		
Lower Level			×		Flaor	Tila		5	DO SF	N			
DWAL FRAGI													
				-					- Combr. I		П	П	П
											1 [1
											П		
Name of Registered Freehold Caria		`		MJDEP Muuter 1583	ID No.	Cubic Varda of Waata B	Cum	Registered L berland Cou		dfill			
City. State		1111	V.1-17-11.		7	Diaposal Date	City, St	burg, PA					
Freshold, NJ						12/21/2018	Means	PRIMILM	علا، ا	ate	90		
Completed By (Prin	(OF TYPE)	Tille			(De 11	Signatura	725		100		,40 4	120	
Christina Lync	h	Vice	Pres	ident at	Operati	OUR CHAN	Vigor Jan	<u> </u>		21	1	P	

ASE-AL El MAL

^{*} Do not use this form for asbestos ficensure exempled activities.

Print Form



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

Date of Notification (1) 11/10/2016		Name of Building Owner/Operator (2) Sheila McCraith Cheney													
Agencies Notified Type Notification Initial DEP DOL Mended Amended Amendmen Emergency justification Cancellation	t # (including	_	City, St Sumn	Address tate, Zip Co nit, New of Contact	ode				Tel				л. В		
Name of Facility Where Abatement is Takin Private Residence Street Address			Sheila FAC	ELITY INFO	ORMATIO	ON		School (K-12)		7 1441(41)	MAN HOSE	A. C.			
City (5) Summit County (6)			County	Code (7)			Squa 3000	Other (i.e. priv etc.) re Feet	# o	& commer f Floors	cial bu	Bldg.		ies,	
Union Name of Monitoring Firm Hired by Building AESL Street Address	Owner (8)			USE ONLY)		ProSe	of Aba ervic	itement Contra e Environme	ctor	(9)	sileu)				
2200 Paterson Plank Rd Unit 7 City, State, Zip Code North Bergen, NJ 07047	-		Telepho			3143 City, St	Boro ate, Z	lentown Ave	9		-				
Carmelo Altomonte Start Date (10)	art Date (10) Schedule						56-2	900		License 01304	No.				
11/26/2016 Occupancy Status During Abatement (Chec	11/26/2016 11/27/20 Occupancy Status During Abatement (Check Only One						Byr Addres	ant ss	-C.						
Abatement Performed Outside of Norm Other – Describe: Scope of Work (Check All That Apply)	nal Facility F	Hours			_)				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	December 1	novat molitic	50.7E 600			×	Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home of Abatement Contractor (9) roservice Environmental eet Address 43 Bordentown Ave y, State, Zip Code arlin, NJ 08859 ephone No. 18-456-2900 me of OSHA Monitor thur Byrant eet Address 43 Bordentown Ave y, State, Zip Code arlin, NJ 08859 ephone No. 18-456-2900 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatemen Type Abatemen Type Abatemen Type Abatemen Type Anount (Specify SF or LF) Name of Registered Landfill Waste Management Grows N.Landfill Waste Management Grows N.Landfill								
Location of	No	ocatio	/		Desc	cription o	of				cense No. 1304 Cense No. 1304				
TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used Maint Custod					ystems ng, VAT	insula , or	(ACM) tion,	(S	pecify	Removal	Repair	Encapsulate	Enclosure	
Basement	No	N/A X		VAT F	Floor T	ile	3	00	Sq. Ft.	x					
Name of Registered Waste Hauler Republic Services	10300000	DEP Wa	No.	Cubic You							N.L	andfi			
City, State 5 Industrial Drive New Brunswick, N.	J.	1			Disposa 11/28/2			City, State							
Completed by Thomas Re				Sig	nature				100000		Abatement Type Enclosure Repair Repair				

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

(2120000

Date of Notification (1)	2011			Name (of Building	Owner/Operator	(2) Hockenbur	ar DEC	8 -		1	
ACCUPATION OF THE PERSON OF TH	2/9/16 Type Notificatio	in.	_	Street	Address		Hockelloul	y				=
Agencies Notified	I Initial	111		Street	Addiess	New Year and the State of the S						_
DEP	Amended			City, St	ate, Zip C	ode						
⊠ DOL	Amendment Emergency			- 100 	12 5		lingboro, NJ	08046				_
⊠ DOH	justification)		Name	of Contact			Telephone Numb		II a		
DCA	Cancellation		-		Ton	n Hockenbur	У					_
	<u> </u>			FAC	ILITY INF	ORMATION					*	
Name of Facility Where							Type of Facility	(4)				
	Re	sidentia	1				School (K-1	2) 8 (Other than K-12)			
Street Address					7.500		Other (i.e., phomes, etc.	orivate & commercia	al build	000000		
City (5)				100 5000			Square Feet	# of Floors	Blo	g. Ag		
200 100 100 100 100 100 100 100 100 100	Willingb	oro, NJ	080				2400			50-	-/-	
County (6)	rlington			Coun USE	ty Code (7 ONLY)	7) (STATE		rior if being demolis	shed)			
Name of Monitoring Firm	n Hired by Buildin	g Owner	_	ASCM I	No.		nent Contractor (9					
(8)	MECS		_ .			Stev	vens Environ	mental Service	es, In	c.		
Street Address				- F- AC-		Street Address	DO I	222				
	PO Box 3	41						Box 322				_
City, State, Zip Code	magazzialea NI	T 00515				City, State, Zip C	Allentow	n, NJ 08501				
	rosswicks, N	1 00313		phone I	No.	Telephone No.	7 HIGHTO W	License No.				
Project Manager for Mo	eisgarber				8-4070		59-9688		0493			
Start Date (10)		heduled C	-	eletion Date (11) Name of OSHA Monitor								
12/22/16			/10/		50 X. 01	Sir in the second secon	N	IECS				
Occupancy Status Dur	ing Abatement (C					Street Address						
▼ Facility Closed/Vaca	ated During Entire	Period of	Abate	ment			PO I	Box 341				_
☐ Abatement Performed ☐ Other - Describe:	ed Outside of Norr	mal Facilit	y Hou	rs		City, State, Zip 0		ks, NJ 08515				
Scope of Work (Check	all that apply)					_						
	. , . ,	₩ Da	novat	ion	*		ntainment with Ne nclosure	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			molitic			☐ Gloveb	ag Procedure					
			4*	7		Non-E	rempted (*) and N	lon-Friable Procedu T		bate	ment	
			_ocatio						"	Тур		
Location			Solei Solei		Ashan	Description of stos Containing Ma		Amount			_	
Asbestos-Containing TO BE AB		Ci	ustodia	al		, thermal systems	insulation,	(Specify	Re	Z	Enca	Enc
IN Facil	ity		Staff? (12)			surfacing, VAT other miscellane	or ous)	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		other missesiane	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		a	_	late	lie
Atti	C		×			Vermicul	ite	150 sf	×			
Atti		-	^			, crimour						
		_		1								
		-		-								
Name of Registered W	laste Hauler			NJDEP '	Vaste	Cubic Yards	Name of Reg	gistered Landfill				
100000 April 10000 10000		ces Inc	11	Hauler II		of Waste 2 CU		GROWS La	ndfill			
Stevens Environmental Services, Inc.					272	Disposal Date	City, State					
Allentown, NJ						1/10/17/	<u> </u>	Morrisville	, PA			
Completed By		Title		27020-70		Signature Date						
Mahlon E. S	tevens	_ P	rojec	t Mar	nager		<u> </u>		12/	9/16		

CK#25359

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

Date of Notification (1)		Name	of Building) Owr	ner/Operator	(2) Property Man	agemet	nt				=0		
Agencies Notified	2/9/16 Type Notificat	tion	+	Street	Address						. EU			
⊠ EPA	Initial						77	Lakeridge I	rive					
DEP DOL	Amended Amendme		. [City, S	tate, Zip C	ode	Ma	atawan, NJ 0	7747	4		-		¥
⊠ DOH	☐ Emergence justification	on)	+	Name	of Contact	1				ne Numbe	r			
□ DCA	☐ Cancellation	on			Lec	onar	d Brokaw		9					_
				FAC	ILITY INF	ORM	ATION							
Name of Facility Where		aking Place dential/R						Type of Facility School (K-1)						
Street Address	Resid	dential/N	Clair					Subchapter Subchapter Other (i.e., p	8 (Other the rivate & co			ings,		
City (5)								Square Feet	# of FI	oors	Blo	ig. Ag	ge	
	Highland	d Park, N	IJ 08	904				3500		2	_	90-	+/-	
County (6)	iddlesex				ty Code (7 ONLY)	7) (S	TATE	Current Use (Pr	rior if being	g demolish	ned)			_
Name of Monitoring Firm		ing Owner		ASCM	No.	Nar		nent Contractor (9		O a musica a	. T.			
(8)	MECS		_			Stre	Stev eet Address	ens Environi	mental	Services	s, In	C.		=
Street Address	PO Box	341							30x 322					
City, State, Zip Code	rosswicks, l	VI 08514	5			City	, State, Zip C	ode Allentow	n. NJ 0	8501				
Project Manager for Mo		NJ 0051.		phone	 No.	Tele	ephone No.	7 11101110 11		se No.				
	eisgarber			(609) 298-4070 (609) 259-9688 0)493			_
Start Date (10) 12/27/16	S			npletion Date (11) Name of OSHA Monitor .5/17 MECS									đ	
Occupancy Status Duri	ing Abatement (1 /		Stre	eet Address							_
☐ Facility Closed/Vaca	ited During Entir	e Period of	Abate						30x 341					_
☐ Abatement Performe ☑ Other - Describe:			y Hou	rs		City	, State, Zip C	Crosswick	cs, NJ (08515				
Scope of Work (Check	all that apply)							ntainment with Ne	gative Pre	essure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitio				Mini-En	closure ag Procedure empted (*) and N	on-Friable	Procedure	е			
			Location				THOMES	omptou () and it	011 1 110010			bate		
Location	of		ormally Sole				Description of	f				Тур	e —	
Asbestos-Containing TO BE ABA	Material (ACM)		ntenar ustodi:				ontaining Mar mal systems		Amo (Spe		ן ע	_	Enc	ш
IN Facili			Staff? (12)		(su	rfacing, VAT er miscellane	, or	SF or		Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		Otric	si misociiano	043)			/al	=;	ılate	ure
Basem	nent	×			Th	erm	al Pipe In	sulation	110	1f	×			
Crawl S			Th	erm	al Pipe In	sulation	20	lf	×					
Basem				Во	iler Insula	ation	50) sf		×	×			
										- 15"				
Name of Registered Waste Hauler					Waste D No.	110000000	bic Yards Waste	Name of Reg			4611			
Stevens Environmental Services, Inc.				182	292	Die	2 CU posal Date	City, State	GKUV	VS Lan	uilil	3		_
City; State Allentown, NJ						No control	1/15/17 /	Sity, State	Morr	isville,	PΑ			
Completed By		Title		9 6			Signature	17	Date					
Mahlon E. St	tevens	P	rojec	t Mai	nager		1111		12/9/16					_

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

Date of Notification (1)	9 /	4	16				ling Owner/Operator		Table 1				
					٧	vayne Se	nior Citizens Rui	nnymede Cor	Job #1502	-1959	Chl	(. 45	34
Agencies Notified EPA	Type Notif	icatio	n		Stre	et Addres	S		T.V.				-
⊠ DOLWD	☐ Initial	107201			1	00 Runny	mede Drive			3 4			
⊠ DHSS	☐ Amend		.tr			, State, Zip			112-1	-	90	-	_
□ DCA	Amend			_	1000	/ayne, N.							
(NJAC 5:23-8)	☐ Emerge justifica			ing		ne of Cont						-	
5 (\$1.0000550 NO.00078854) 	☐ Cancell					incy Bru		Į.	Telephone Nur	mber			
								Z					
Name of English Mile					F	ACILITY	INFORMATION						
Name of Facility Where	Abatement is	Taki	ng Pla	ce (3)		1111		Type of Facili	ty (4)				_
Edward Sisco Sr. 0	itizens Vil	lage	<u> </u>					School (K-	12)				
Street Address								Subchapte	er 8 (Other than K-1	2)			
100 Runnymede Dr	rive							homes, etc	private and comm	ercial	buildi	ngs,	
City (5)								Square Feet	# of Floors	1.	21.1		
Wayne								9000		1	- 33	Age	
County (6)					ICo	unty Code	(7)(STATE USE ONLY)		1		40		
Passaic					00	arity Code	(1)(STATE USE UNLY)	Control of the Control of the	Prior if being demol	lished)			
Name of Monitoring Firm	Hired by D.	ildina	0	- /0\	1000	4.11	1	R-2					
Criterion Laborator	ioo	липд	Owne	(8)	ASCI	VI No.	Name of Abatem						
Street Address	162						Asbestos an	nd Mold Service	ces, Corp.				
	20.0						Street Address						
3370 Progress Driv	e, Suite J						3859 Sylon B	Boulevard					
City, State, Zip Code							City, State, Zip C		1				
Bensalem, PA							Hainesport,						
Project Manager for Moni	toring Firm			Te	ephone	e No	Telephone No.	110 00000	11:				
Mike Panepresso				- 3		4-1300	609-702-0400		License No.				
Start Date (10)		Sche	duled i			ate (11)			00862				
12 /23 /	16				3 /		Name of OSHA N						
							EMSL Analyt	tical, Inc.					
Occupancy Status During	Abatement (Chec	k only	one)			Street Address						_
□ Facility Closed/Vacated □ Abatement Performed □ Aba	During Enti	ire Pe	riod of	Abate	ement		200 U.S. Rou	te 130 North					
Abatement Performed Time of Abatement:	Outside of N	orma	I Facili	ty Hou	rs - De		City, State, Zip Co	ode					_
111:3311111 7 11 1	DHIFT IN	000	M/_	PIV	21.16	_AM	Cinnaminson						
Scope of Work (Check all	that apply)		1		JUN DE			.,	*				
≥3 sf or ≥3 If				2000 M	0		☐ Full Cont	tainment with Ne	gative Pressure				
☐ ≥160 sf or ≥260 lf	27		⊠ Re	enovat emoliti	ion			losure	94470110000410				
				SITIOIILI	OH		☐ Glovebag	g Procedure					
			ls	Loca	tion	1	M MOII-EXE	impled (") and No	on-Friable Procedu				
Location o	f		1	Norma	lly		Doggri-ti-	£		Ab	atem	nent T	ур
Asbestos-Containing M	aterial (ACM	1)	Use	ed Sol	ely by	Asbe	Description of estos Containing Mat	terial (ACM)	Amount	R	Re	Ш	
TO BE ABAT IN Facility			Cus	intena	ince/ Staff?	(i.e	, thermal systems i	nsulation,	(Specify	Remova	Repair	ıca	
(13)			000	(12)	Otali :		surfacing, VAT,	or	SF or LF)	va	=	Encapsulate	
			Yes	No	N/A	1	other miscellaned	ous)				late	13
nits 814,914,813,913,	812 012 04	1 0			La pressanta	-						1	
	012,012,91	104				Popcor	n Ceiling (1 " str	rip per unit)	approx. 5 SF				Г
11					\boxtimes				per unif	1			-
AME UNITS AS ABOV	/E				-	FI -					Ш		L
			Ц	Ш		Floor T	ile & Mastic (14 S	SF per unit)	140 SF				1
										П			-
ame of Registered Waste	Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Regis	torod Landell		Ш		L
0- 1 -				H	auler II	No.	Waste						
Carnevale Disposal					17297		5	GROWS La	andilli				
							Disposal Date	City, State					
y, State								1 CAS 57					
Carnevale Disposal ty, State Hamilton, NJ							12/23/16	Morrisville	PA 19067				
ty, State		Title					12/23/16 Signature	Morrisville	, PA 19067	.0			_

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

		State of New Jersey FICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 5:16)	
Date of Notification (1	12/9/16	Name of Building Owner/Operator (2) Kaufman	T. DEC 1 2 20
Agencies Notified	Type Notification	Street Address	
EPA DEP	Initial Amended	City, State, Zip Code	
⊠ DOL	Amendment # Emergency (including	Edison, NJ 088	
DOH.	justification)	Name of Contact	Telephone Number

CF-725361

Agencies Notified	Type Notific	ation		Street	Address					-		Ş.,
EPA DEP	Initial Amende	d								_	4	_
DOL DOL	Amenda	nent#		City, St	ate, Zip Co		dison, NJ 08	817				
⊠ DOH	☐ Emerger iustifica	ncy (including	-	Name	of Contact		, 113 OO	Telephone Numb	er			=
DCA	Cancella			Name		ael Kaufma	n	Telephone reamb	er er		1.56	
				EAC	ILITY INFO						-	-
Name of Facility Where	Abatament is	Taking Place	(3)	FAC	ILIT INFO	KIVIATION	Type of Facility	(4)				
Name of Facility Where		Residentia					School (K-12					
Street Address							Subchapter 8 Other (i.e., p	3 (Other than K-12 rivate & commercia) al build	ings,		
City (5)							Square Feet	# of Floors	Blo	lg. Ag		
	Edi	son, NJ 0	8817				3600	3		70-	-/-	
County (6) M	iddlesex				ty Code (7) ONLY)	(STATE	Current Use (Pr	ior if being demolis	hed)			_
Name of Monitoring Fire	m Hired by Bui	lding Owner	T	ASCM I	Vo.		nent Contractor (9		-			
(8)	MECS						ens Environr	nental Service	s, In	c.		_
Street Address	202	2.43				Street Address	DO E	Ox. 222				
	PO Bo	x 341				01. 01.1. 7:- 0		322 Sox 322				-
City, State, Zip Code	rosswicks.	NI 08515	5			City, State, Zip C		n, NJ 08501				
Project Manager for Mo		113 00512		phone I	No	Telephone No.	License No-					_
	'eisgarber		200.000		8-4070	(609) 25	259-968800493					
Start Date (10)		Scheduled C	omple	tion Da	te (11)	Name of OSHA						
12/19/16			2/22/	16	.		M	ECS				
Occupancy Status Dur	ing Abatemen	t (Check only	one)			Street Address	DO T	0 241				
Facility Closed/Vaca								341				_
☐ Abatement Perform ☐ Other - Describe:	ed Outside of I	Normal Facilit	у нои	rs		City, State, Zip C		s, NJ 08515				
	all that analy	,					CIOSSWICE	3, 117 00515				_
Scope of Work (Check	all that apply)						ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic				closure ag Procedure					
□≥160 St 01 ≥260 H			arionac	,,,		Non-Ex	empted (*) and No	on-Friable Procedu	9.6			
			Location or ally						Α	bater Typ		
Location		Used	Sole	y by		Description of	f	¥1.000000000000000000000000000000000000	-	.,,		
Asbestos-Containing	A DESCRIPTION AND ADDRESS OF THE PARTY OF TH	1)	ntenar ustodia	120070	Asbesto	s Containing Ma hermal systems	iterial (ACM)	Amount (Specify	l z	_	Enc	Щ
TO BE AB	ity		Staff?			surfacing, VAT	, or	SF or LF)	Remova	Repai	apsi	nclosure
(13)			(12)	т		other miscellane	ous)		val	Ŧ.	Encapsulate	ure
		Yes	No	N/A								
Ground Flo	Ground Floor Utility ×						sulation	100 lf	×			
Apt. A 1s	st Floor		×		The	ermal Pipe I	nsulation	10 lf	×			
Name of Registered W	laste Hauler			JDEP V		Cubic Yards	Name of Reg	istered Landfill				
Stevens Enviror	nmental Se	rvices, Inc	<u>.</u> '	lauler II 182	292	of Waste 2 CU	_/	GROWS Lan	ndfill			
City, State						Disposal Date City, State						
	Allento					1/10/17						
Completed By		Title		135		Signature	\'/	Date	12/0	2/16		
I I I T C	tevens	P	rojec	t Mar	nager	/1/1/	\	12/9/16				

State of NJ

2016-172 B & G proj. #:

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 8146

						NEG	2 [-					
Date of Notification (1)	Name of	Building Own	er/Operator (2)			A E G			- 1					
11 12 1/10 19 1/11 16	Arline	Fusco				maril .								
Agencies Notified Type Notification	Street Ad	dress				DEC	15	6						
EPA Initial										1				
DEP DEP		e, Zip Code	7000			70								
X DOL Amendme		gston, NJ 0	1/039		Telephone Number									
▼ DOH	Name of	Contact			i	le Nulfibel								
☐ DCA ☐ Cancellati	^{on} Livin	gston, NJ (07039					_			_			
		FAC	ILITY INFORM	IATION										
Name of facility where abatement is	taking place (3)					Type of Facility	(4)	Alberta en A						
	taking place (e)						ol (K - 12)	a a Alexa	- V 1	2/				
Arline Fusco							napter 8 (Oth (Private/Co			∠)				
Street Address					2.5	Bldgs	/Homes, etc). D.						
						Square Feet	# of Floors		Bldg	J. Age	е			
City (5)	County (6)				nty Code (7)				linhor	1)				
	Essex			(Stat	te use only)	Current Use (F	rior it being	demic	Mished	')				
Livingston, NJ 07039			ASCM No.	-	Name of Abatement									
Name of Monitoring Firm Hired by B	ldg. Owner (8)		n/a		B & G Restorat									
			11/4	_	Street Address	1011, 1110.								
Street Address					105 Ryerson F	Road				-				
City, State, Zip Code					City, State, Zip Code									
City, State, Zip Code					Lincoln Park,									
Project Manager for Monitoring Firm		Phone Num	nber		Telephone Number (973)696-686	30		Numb 378	er					
					Name of OSHA Mor			010						
Scheduled Start Date (10)	Sched. Com	pletion Date (11)		B & G Restora									
12/19/2016	12/20/20	16			Street Address									
Occupancy Status During Abatemen				_	105 Ryerson F	Road								
Facility closed/vacated during	entire period of a	batement.			City, State, Zip Code	9								
Abatement performed outside	of normal facility	hours-				1107025								
Describe:					LincolnPark, N	17 07035				1				
Scope of Work (check all that apply	()						_		-					
☐ Demolition 🔀	Renovation				Full Containment w/ne	egative pressure	Glovel							
▼ >3 sf or > <u>3</u> lf	≥160 sf or ≥260	If		X	Mini-enclosure		☐ Non-fr				1			
Location of	Is location norm	nally used sol	200					R	R	E n	E			
asbestos-containing	by maintenance staff(12)	e/custodial			asbestos-containing	Amount (Specify		m	p	ca	n			
material to be abated in facility (13)		NO N/A		al (ACM))	LF)		v	i	p	L			
abates in terms, (12)	103			1 (1	(9 out)	40 lf		e X						
basement		X			(wrap & cut)	80 lf		X						
basement		×	pipe sur	bstrate	(wrap & cut)									
				-		-								
			=		22									
Registered Waste Hauler	NJDEP H	auler ID#	Cubic Yards	of Waste	Name of Registere	ed Landfill	D	Con	tor					
B & G Restoration, Inc.	1956	3	11		The second secon	n Resource &	Recovery	OUI	ile!		-			
City, State		Disposi	al Date 2/20/2016		City, State Tullytown	n, PA					v			
Lincoln Park, NJ	Legist		Signature)			Date		92					
Completed by (Print or Type) Gordana Luna	Title Secretary/T	reasurer			Gordana Luna		12/0	9/20	16					

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

B & G proj. #: 2016-174

Check # 8144

						Sub 8	5								
Date of Notification	1 (1)	Nar	ne of Build	ing Owne	er/Ope	erator (2)				TE IS	= 1				
11 12 1/10 19	[/[1]6]	1 1	lillsdale F												
Agencies Notified	Type Notification	Stre	et Address	3			-							1	
	Initial	11	2 Ruckm		ad					DEC	12	ATTA.			
X DOL	Amendme		, State, Zip Hillsdale,		642					Lestin	- 001				
X DOH	100.000	Nar	ne of Conta	act						Telephone	Number	G _	- U		
☐ DCA	Cancellati	on	Lirca Ga	rcia						1 6 TEXT					_
				FACI	LITY	INFORMAT	ION								
Name of facility w	here abatement is	taking plac	e (3)						Тур	e of Facility (4)) (K - 12)				
George G W	hite Middle Sch	iool								Subcha	oter 8 (O			2)	
Street Address											rivate/Co lomes, e		Giai		
120 Magnoli	a Avenue						- 1-22		Sq	uare Feet #	of Floor	S	Bldg	g. Age)
City (5)		Count	y (6)					nty Code (7) te use only)	- Cı	irrent Use (Pri	or if bein	g demo	olished	4)	
Hillsdale, N.	J 07642	Berg	jen				(0		sc	hool					
	ng Firm Hired by B	ldg. Owner	(8)		100000	CM No.		Name of Abatement							
T&M Assoc	iates				01	45	_	B & G Restora Street Address	tion,	Inc.					
Street Address	th Dork Highw	av Suita	2					105 Ryerson	Road						
City, State, Zip Co	uth Park Highw	ay, Suite					=	City, State, Zip Code							
West Long	Branch, NJ 07	764					Lincoln Park,								
Project Manager f	or Monitoring Firm		1	one Numl				Telephone Number (973)696-68	378	OI .					
Kevin Burn	S			32-676)U		Name of OSHA Mo							
Scheduled Start D	Date (10)	Sched.	Completio	n Date (1	1)			B & G Restora		Inc.					
12/23/2016	3	12/3	0/2016					Street Address							
	s During Abatemen							105 Ryerson I						-	
Abatement	ed/vacated during performed outside	entire perio of normal f	d of abater acility hour	ment. s-				City, State, Zip Cod		005					
Describe:	cribe: un-occupie	ed					-	LincolnPark, I	NJ 07	035					_
	check all that apply		-							-	_				
☐ Demolition	X	Renovatio	n					Full Containment w/n	egative	e pressure [_	bag pr			
> 3 sf or > 3	If 🗶	≥160 sf or	≥260 If					Mini-enclosure			Non-	friable			
Location of			normally u		ly					Amount	12	е	R	E ·	E
asbestos-c	ontaining	staff(12)	nance/cust	Joulai	_	Description material (A		asbestos-containing		(Specify S	F or	o	p a	ca	С
material to abated in fa	MODEL CONTRACTOR OF THE PROPERTY OF THE PROPER	Yes	No	N/A		material ('	- 1	LF)		v e	i	р	L
			TES NO			actic tar	nar	per, cork, wood fl	oor	6,000 sf		X			
Gym				X	╬	iastic, tai	par	& asbestos		0,000					
					╬		-	a aspested	191						
_					┿										
					╬										
Registered Waste	Hauler	INJDI	P Hauler I	D#	Cubi	c Yards of W	Vaste	Name of Register	ed Lan	dfill	/i V= 2		tor		
B & G Restor			19563		Data	12	_	Tullytow City, State	n Kes	source & Re	coven	/ Cen	lei		_
City, State Lincoln Park	NI			Disposal 12/2	3/16	: 5 - 01/02/1	7	Tullytown	n, PA	N				<u> </u>	
Completed by (P		Title				Signature		Gordana Luna			Date	09/20	16	1,22	
Gordana Lui			rv/Treasu	irer				znaana Zuna			12/	J312U	10		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NO Cr	,,,,	(Purs	uant to	NJAC 8:60	and 12:120))		· 10 /6	E I					
Date of Notification (1)		Na	me of Bu	uilding Owi	ner/Operator	(2) enaissa	nce Scho	ool Facilities	3			=		
12-9-16 Agencies Notified Type Notification		Str	eet Add	ess			1 1	DEC	1 2	2	11.6			
EPA Initial		1 228		Zip Code	et, Suite 1	40						5.75.75		
EPA Initial Mended Amendment #3		1 2233	-	, NJ 081	03	8		15111	F = 15					
Emergency (inc justification) DOA Cancellation	cluaing		ame of C				1	Telephone 1	Number	1	-		-	
X DCA Cancellation				TY INFOR	MATION						92 (74)			
Name of Facility Where Abatement is Taking I	Place (3)						f Facility (4				5			
Kipp Cooper Norcross Academy at \	Whittier						chool (K-12	8 (Other than h	(-12)					
Street Address 740 Chestnut St.						IT O	ther (i.e. pr	ivate & comme	ercial bu	uildin	gs, h	omes	1	
City (5)							e Feet	# of Floors			g. Ag	е		
Camden						200,0		2		+/-	50			
County (6)			ounty Co	ide (7) E ONLY)		200000000000000000000000000000000000000		r if being demo	olished)					
Camden		(3			Nom	vaca	nı ement Con	tractor (9)						
Name of Monitoring Firm Hired by Building On Pars Environmental	wner (8)		ASCM I	NO.				ntal Service	s, Inc					
Street Address						et Addres								
500 Horizon Drive, Suite 540					The second second		y Street						_	
City, State, Zip Code						State, Zi		1127						
Robbinsville, NJ 08691		1-	of a share	- No		phone No	ia, PA 19		se No.					
Project Manager for Monitoring Firm Chris		- 0	elephone		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5-533-5		0116						
	Scheduled			The second second second		Name of OSHA Monitor								
	1-31-17		į.			ars Environmental								
Occupancy Status During Abatement (Check	Only One)				et Addres		Suite 540						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma	eriod of Ab	ateme	ent			State, Z								
Other – Describe:	ar r donity r						lle, NJ 08	3691						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf	- Inches	novat moliti					II Containm ni-Enclosur	ent with Negate	tive Pre	ssur	е			
≥160 sf or ≥260 lf		HOHL	OH			Glo No	vebag Pro	cedure d (*) and Non-	Friable	Proc	edure	e		
	1					ino	r-Exemple	a () and recir	1110010		Abate	ment		
	0.70	_ocation	(4000)		Descripti	ion of			-		Ту	ре		
Location of Asbestos-Containing Material (ACM)		Solel		Asbest	os Containing	g Materia	I (ACM)	Amount (Specify		2		Enc	П	
TO BE ABATED In Facility		odial S	40.030.0	(i.e. 1	hermal system surfacing,	VAT, or		SF or LF)	Remova	Repair	Encapsulate	Enclosure	
(13)		(12)	т		other misce	llaneous)				val	=	ulate	e	
	Yes	No	N/A					200of		x		3000 1000 1000 1000 1000 1000 1000 1000	-	
1st floor			X		vat & m			300sf					-	
3rd & 4th fls (7 separate areas)			Х		vat & m	nastic		63sf		X				
under radiators - 9sf ea area		22.2.2	X		920			F00 5		**			-	
throughout		1.2	X		mastic gl			500sf f Registered L		X		1		
Name of Registered Waste Hauler		1 1 1 1 1 1	IJDEP W lauler ID		of Waste	13	20,000,000	va Landfill						
Service Transport					Disposal D	ate	City, Sta							
City, State Newark, DE					Disposal D	ale	Libson							
INGWAIN, DL	Tiata				Signa	iture _			Date	e -9 - 1	^			
Completed by	Title				/ - 3	1								

740 Chestnut St.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

			4											
Date of Notification (1)			1000		uilding Owne Baker, Jr.	r/Operator (2)			BEG	12	201	E	
12-9-16	T blatification		3.8	treet Addr										T
gencies Notified	Type Notification		100		erican Met	ro Blvd., S	Suite	e 154	144					-
EPA DEP DOL	Initial Amended		1		Zip Code									
DEP DOL	Amendment				n, NJ 0861	9								
	Emergency (i	ncluding	N	lame of C	ontact				Teleph	one Numb	er			
DOH DCA	Cancellation		(Gilberto	Bosque			1 2						
				FACILI	TY INFORMA	ATION	T	Foolity (4)						-
Name of Facility Where							Туре	e of Facility (4)						
County Route 530	Improvement Pr	oject					H	School (K-12) Subchapter 8	(Other t	han K-12)				
Street Address		4:					×	Other (i.e. pri	vate & c	ommercial	buildir	ngs, h	omes	,
County Route 530	(various lot loca	tions)		1050-000			-	etc.) are Feet	# of FI	oors	Bld	g. Age	-	_
City (5)								000	2	0013		100	2	
Pemberton							1000	rent Use (Prior		demolishe				_
County (6)				County Co				artments	II being	demonstro	۵,			
Burlington						Name	7.0	atement Contr	actor (9)				
Name of Monitoring Firm		Owner (8)		ASCM N	NO.			Environmen			c.			
Health and Safety	Services					Street								-
Street Address								aley Street						
P.O. Box 365				(a				Zip Code					-	
City, State, Zip Code								phia, PA 19	137					
Berliin, NJ 08009				T 1	- NI-	Telepi		St. Married Land Co. Co.		icense No		0.20.2		_
Project Manager for Mo	nitoring Firm			Telephone 609-839		100		-5155	4.3	1166				
Jim Proctor		0.1.4.4.4						SHA Monitor						
Start Date (10)		Scheduled 3-31-17		ipietion D	ate (11)			nd Safety S	Service	S				
12-13-16	an Abstamant (Cha					L. Marie Valla	reet Address							
Occupancy Status Duri						P.O	. Bo	x 365	5					
Facility Closed/Va	cated During Entire med Outside of Nor	Period of At	oatem Hours	nent :		City, S	State	Zip Code						
Other – Describe:		nair donny .						NJ 08009						
Scope of Work (Check	All That Apply)	^ hale	h = 100	1+11	·stode	mo of								
Scope of Work (Orlean		4.1000	enova	tion /	21 1-00		×	Full Containme	ent with I	Negative P	ressur	е		
	/	Do		HUUH		3-	×	Mini-Enclosure						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	/	L Re	emolit	ion		E	= ਂ						4	
	/	L Re		iion			×	Glovebag Prod	edure (*) and	Non-Friab	le Prod	cedure		
		☐ Re	emolit				×	Glovebag Prod Non-Exempted	edure I (*) and	Non-Friab	le Prod	cedure Abate	ment	
		Is I	emolit	ion				Glovebag Prod Non-Exempted	(*) and	Non-Friab	le Prod	Abate Ty	ment	-
≥160 sf or ≥260 lf	on of	Is I	emolit Locat	ion	Ashestos	Descriptio	on of	Non-Exempted	I (*) and	Non-Friab		Abate	ment pe	
≥160 sf or ≥260 lf	on of Material (ACM)	Is I	Locat orma d Sole	ion lly ely by ince/	(i.e. the	Descriptio Containing ermal system	n of Mate	Non-Exempted rial (ACM) sulation,	An (Sp	nount pecify		Abate Ty	ment pe	
Locati Asbestos-Containir TO BE A In Fa	on of g Material (ACM) BATED cility	Is I	Locat orma d Sole	ion lly ely by ince/ Staff?	(i.e. the	Descriptio Containing rmal system surfacing, V	n of Mate ns ins	rial (ACM)	An (Sp	nount		Abate Ty	ment pe	
≥160 sf or ≥260 lf Locati Asbestos-Containir TO BE A	on of g Material (ACM) BATED cility	Is I No Used Main Custo	Locat orma d Sole ntena odial :	ion lly ely by ince/ Staff?	(i.e. the	Descriptio Containing ermal system	n of Mate ns ins	rial (ACM)	An (Sp	nount pecify	Proof Removal	Abate	ment	
Locati Asbestos-Containir TO BE A In Fa	on of g Material (ACM) BATED cility	Is I	Locat orma d Sole ntena	ion lly ely by ince/ Staff?	(i.e. the	Description Containing Frmal system Surfacing, V her miscella	on of Mate ns ins AT, c	Non-Exempted rial (ACM) sulation, or us)	An (Sp	nount pecify		Abate Ty	ment pe	and the second second second
Locati Asbestos-Containir TO BE A In Fa	on of g Material (ACM) BATED cility	Is I No Used Main Custo	Locat orma d Sole ntena odial :	ion lly ely by ince/ Staff?	(i.e. the	Descriptio Containing rmal system surfacing, V	on of Mate ns ins AT, c	Non-Exempted rial (ACM) sulation, or us)	An (Sp	nount pecify		Abate Ty	ment pe	000000000000000000000000000000000000000
Locati Asbestos-Containir TO BE A In Fa	on of g Material (ACM) BATED cility	Is I No Used Main Custo	Locat orma d Sole ntena odial :	ion lly ely by ince/ Staff?	(i.e. the	Description Containing Frmal system Surfacing, V her miscella	on of Mate ns ins AT, c	Non-Exempted rial (ACM) sulation, or us)	An (Sp	nount pecify		Abate Ty	ment pe	
Locati Asbestos-Containir TO BE A In Fa	on of g Material (ACM) BATED cility	Is I No Used Main Custo	Locat orma d Sole ntena odial :	ion lly ely by ince/ Staff?	(i.e. the	Description Containing Frmal system Surfacing, V her miscella	on of Mate ns ins AT, c	Non-Exempted rial (ACM) sulation, or us)	An (Sp	nount pecify		Abate Ty	ment pe	
Locati Asbestos-Containir TO BE A In Fa	on of g Material (ACM) BATED cility	Is I No Used Main Custo	Locat orma d Sole ntena odial :	ion lly ely by ince/ Staff?	(i.e. the	Description Containing Frmal system Surfacing, V her miscella	on of Mate ns ins AT, c	Non-Exempted rial (ACM) sulation, or us)	An (Sp	nount pecify		Abate Ty	ment pe	
Locati Asbestos-Containir TO BE A In Fa (13)	on of ig Material (ACM) BATED cility 3)	Is I No Used Main Custo	Locat orma i Sole intena odial i (12)	ion lly ely by ence/ Staff?	(i.e. the	Description Containing Frmal system Surfacing, Volume ther miscellates the attache	mn of Mateens ins AT, canneous	rial (ACM) sulation, or us)	An (Sp SF	nount pecify or LF)	Removal	Abate Ty	ment pe	
Locati Asbestos-Containir TO BE A	on of ig Material (ACM) BATED cility 3)	Is I No Used Main Custo	Locat orma i Sole intena odial (12)	ion lly ely by ence/ Staff? N/A	(i.e. the	Description Containing Frmal system Surfacing, V her miscella	mn of Mateens ins AT, canneous	rial (ACM) sulation, or us)	Am (Sp SF	nount pecify or LF)	Removal	Abate Ty	ment pe	
Locati Asbestos-Containir TO BE A In Fa (13)	on of on Material (ACM) BATED cility 3)	Is I No Used Main Custo	Locat orma i Sole intena odial (12)	ion lly ely by ence/ Staff?	(i.e. the	Description Containing system surfacing, Venezing the miscellate attache	mn of Mateens ins AT, canneous	rial (ACM) sulation, or us)	Am (Sp SF	nount pecify or LF)	Removal	Abate Ty	ment pe	
Locati Asbestos-Containir TO BE A In Fa (13) Name of Registered W Service Transport	on of on Material (ACM) BATED cility 3)	Is I No Used Main Custo	Locat orma i Sole intena odial (12)	ion lly ely by ence/ Staff? N/A	(i.e. the	Description Containing system surfacing, Venezing the miscellate attache	nn of Mate ns ins AT, c anneou	rial (ACM) sulation, or us) eet Name of A & L & City, Star	An (Sp SF	nount pecify or LF)	Removal	Abate Ty	ment pe	
Locati Asbestos-Containir TO BE A In Fa (13) Name of Registered W Service Transport City, State	on of on Material (ACM) BATED cility 3)	Is I No Used Main Custo	Locat orma i Sole intena odial (12)	ion lly ely by ence/ Staff? N/A	(i.e. the	Description Containing Firmal system Surfacing, V Ther miscella The attache Cubic Yards of Waste	nn of Mate ns ins AT, c anneou	rial (ACM) sulation, or us) eet Name of A & L S	An (Sp SF	nount pecify or LF)	Removal	Abate Ty	ment pe	
Locati Asbestos-Containir TO BE A In Fa (13) Name of Registered W Service Transport	on of on Material (ACM) BATED cility 3)	Is I No Used Main Custo	Locat orma i Sole intena odial (12)	ion lly ely by ence/ Staff? N/A	(i.e. the	Description Containing Firmal system Surfacing, V Ther miscella The attache Cubic Yards of Waste	nn of Mate Mate Mate Mate Mate Mate Mate Mate	rial (ACM) sulation, or us) eet Name of A & L & City, Star	An (Sp SF	nount pecify or LF)	Removal	Abate Ty	ment pe Encapsulate	

Property #1 - Block 101, Lot 13	LOCATION OF MATERIAL	Amount Code** Code***	* Code ****
	flot roof about motal rooms (under O.S. B. board)	REM	IPCM I
	mat 1001 above Hotel 1001118 (under C.C.D. Board)		PCM
	small parapet 1001	10000 V	NO.
NF2 rolled shingle	roof parapet wall		2 2 0
NF2 roofing material	sub-roof below motel room flat room	9000 SF KEIW	FC⊠
Bronnertv #2 - Block 101 1 OT 3	a a		
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount Code** Code***	* Code ****
FRI naster	throughout the building	1400 SF REM	PCM
	Basbemane	10 LF REM	PCM
Property #3 - Block 101. Lot 10			
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	de**	
FRI linoleum	back porch		PCM
	first floor -kitchen		PCM
2000	2nd floor - kitchen		PCM
	2nd floor - kitchen		POM
	main house roof	1400 SF REM	IPCM
Property #4 - Block 101, LOT 8			Î
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	de**	
NF1 9x9 brown floor tile	office and bathroom	152 SF REM	PCM
	exterior	500 SF REM	JPCM
Dronarty #5 - Block 100 01 1 OT 5			
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	de**	
NF1 floor tile and mastic	kitchen	144 SF REM	PCM
Property #7 - Block 100, LOT 16			Ī
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	de**	Code
FRI plaster skim coat	Apartment #2 throughout	6000 SF REM	POM
NF2 window glazing	exterior		
Property #8 - Block 100, LOT 11.01		ľ	ſ
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Code""	T
INF2 Itransite wall board	furnace room	100 SF KEM	IPCIM
1		L AS	

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

Date of Notification (1)				e of Bu idenc	ilding Owne	er/Operato	or (2)		n Frî	, 122	016						
Agencies Notified Type No	tification	S	Stree	et Addre	ess													
Am	ended endment #	_ 1	Nev	vark,	Zip Code NJ 07441	1			1. 1.3.									
DOH Just	ergency (including lification) ncellation		Mic		Colon				}		' and Num	iber _						
			F	ACILIT	Y INFORM	ATION		Type of F	acility (4)		-							
Name of Facility Where Abatemen Residence Street Address	it is Taking Place (3)							Sch	ool (K-12) chapter 8 (er (i.e. priva	Other	r than K-12 commercia	l) al build	ngs,	homes	s.,			
City (5)							- -	Square F)		Floors		dg. A					
Newark County (6)	6)		Cou (STA	inty Co	de (7) E ONLY) _			Current \	Jse (Prior it	f bein	g demolish	ned)						
Essex Name of Monitoring Firm Hired by N/A	Building Owner (8)		A	SCM	No.	Na Br	me o	of Abaten s Tank	nent Contra Services	ctor	(9)							
Street Address						12	256		Avenue									
City, State, Zip Code						Н	illsi	tate, Zip (de, NJ (Code 07205		License N	lo.						
Project Manager for Monitoring F				ephone		84	44-4	one No. 462-746			01316	vo.						
Start Date (10)	Schedule	ed Cor	mple	etion D	ate (11)	Ir	is E		monitor nental La	bs								
Occupancy Status During Abater			man	ıt		2	333		Route 22									
Facility Closed/Vacated Dur Abatement Performed Outs Other – Describe:	ide of Normal Facility	y Hour	rs					state, Zip on, NJ 0										
Scope of Work (Check All That A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renov Demol						Mini-	Containmer Enclosure ebag Proce Exempted	dure				ure _				
		1						Non-Exempted (*) and Non-Friable Proce						atemer Type	t			
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	al (ACM) Us	Norma ed So ainten stodial (12	ally lely nanc Il Sta	by e/ aff?	(i.e. th	Descri s Contain nermal sy surfacing other mis	ning l stem g, V	Material (ns insulat AT, or	ACM)	Amount (Specify SF or LF)			Neball	m m	Enclosure			
	Yes	No		N/A		pipe-	مالہ	0\4/			15lf	X	+	+	1			
Basement		X	+			pipe	-eib	OW			1011							
														-	+			
		1	NII	DEP W	Vaste	Cubic Ya	ards		Name of I	Regis	stered Land	lfill						
Name of Registered Waste Hau Newark Carting			На	uler ID 509	50 SS	of Waste	е		Waste !	Man	agement		fill					
City, State East Orange, NJ						Disposa 12/22/2	201	6	City, State Penn A	e rgyle	e, PA	Det-						
Completed by Ron Brink	Title Pre	eside	nt			Sig	gnati	ire			7	Date 12/9/	201	6				

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 16-364 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 1 12 1/10 16 1/11 16 SAMCO Realty LLC Agencies Notified Type Notification EPA X Initial P.O. Box 142 Amended DEP City, State, Zip Code DOL Emergency Hillsdale, NJ 07642 DOH. (including Name of Contact Telephone Number justification) DCA Scott Florio Cancellation FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) SAMCO Realty LLC Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 1931 Kennedy Boulevard Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) North Bergen Hudson Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Telephone Number License Number Phone Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 12/19/16 01/02/2017 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \boxtimes >3 sf or >3 lf Mini-enclosure □ Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of by maintenance/custodial n asbestos-containing Amount Description of asbestos-containing m staff(12) p C (Specify SF or material (acm) to be material (ACM) C a а abated in facility (13) LF) Yes No N/A ٧ р Basement Boiler Room Pipe Insulation 30 LF 10 LF Pipe Insulation X Basement Hallway Above Gas Meter Basement Electrical Room X Pipe Insulation 20 LF Basement Laundry Room Pipe Insulation 45 LF X 35 LF Basement Storage Room Pipe Insulation Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# D & S RESTORATION, INC. TULLYTOWN, RESOURCE RECOVERY 13506 1 yd. Disposal Date City, State City, State

Do not use this form for asbestos licensure exempted activities ACR_A1

PRESIDENT

PATERSON, NJ 07503

Completed by (Print or Type)

BOGDAN JOLDZIC

12/22/2016

Signature

TULLYTOWN, PA

Date

12/06/2016

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

4年1510	101	Pi	ursua	ant to	NJAC 8	3:60 and	5:16)								
C WILL			Nan	ne of Bu	uilding Ov	wner/Opera	ator (2)				WE	1			
rate of Notification (1)	09 / 16					mmuniti			41-42-1						
agencies Notified	Type Notification		Stre	eet Add	ress						A = 1 =				
BPA	☑ Initial		5	17 Ro	ute One	South, S	Suite #	5500			2117-				
DOLWD	☐ Amended		City	y, State	, Zip Code	е									
☑ DHSS	Amendment #	_			NJ 0883			Telephone Number VIPIOL 9							
] DCA	☐ Emergency (inclu	ding	Na	me of C	Contact				Te	elephone Number					
(NJAC 5:23-8)	justification) Cancellation		100	Jeff Pe					1.6	-		-			
	☐ Cancellation		-		100 Sept.	ORMATIC)N			_					
		(0)	1	AGILI	II IIII C	JI (IVI)		Type of Fac	cility (4)	1	7				
Name of Facility Where	Abatement is Taking F	Place (3)						□ School	(K-12)						
Former Museum								= 0 L-L-	-4 0 11	Other than K-12)	al buildin	as.			
Street Address								Other (in homes,	.e., priva	ate and commerci	ai bailair,	2-1			
1775 Windsor Roa	ad							Square Fe		# of Floors	Bldg. A	ge			
City (5)								22,000		2	50+				
Teaneck							O SH M		e (Prior	if being demolish	ed)				
County (6)			(County	Code (7)(8	STATE USE	ONLY)	Vacant			54				
Bergen										****					
Name of Monitoring Fi	rm Hired by Building O	wner (8)	AS	CM No				ent Contract							
Environmental H	ealth Investigations	s, Inc	1	29737				atement In	10						
Street Address						Street Add									
655 West Shore	Trail					2 Hend									
City, State, Zip Code						City, State									
Sparta, NJ 07871								ell, NJ 070	106	T. N.			_		
Project Manager for N	Monitorina Firm	-	Teleph	none No	o	Telephon	e No.			License No.					
Jean Paul Von D				9) 704-		973-80				00411			_		
	Sched	uled Cor				Name of									
Start Date (10) 12 / 19	/ _16	1_ / -	6	_ / _	17			atement l	nc .						
Occupancy Status Du	uring Abatement (Check	only on	e)			Street Ac		n Drive							
M Facility ClosedN/a	cated During Entire Pe	riod of A	batem	ent											
C Al Dorfor	med Outside of Normal	Facility	Hours	- Desc	M M	City, Stat	te, Zip (Caldw	ell, NJ 07	006						
						-	1217072		. ith Noo	ofive Pressure					
Scope of Work (Chec	ck all that apply)	-	800				Full Co	ntainment v nclosure	with Neg	ative Pressure					
≥3 sf or ≥3 lf		☐ Ren					Clavat	an Procedi	ıre						
≥160 sf or ≥260 lf		M Del	TOTALO	.,		\boxtimes	Non-E	xempted (*)	and No	n-Friable Procedu	Abot	emen	+ Tv		
		1	Locati										T		
Loca	ation of	1713	ormal Sole		A = E =	Des	scription	n of Material (AC	CM)	Amount	Ren	Repair	nca		
Asbestos-Contain	ning Material (ACM)		ntenai	15 (S)	ASD6	e thermal	system	ns insulation	1,	(Specify	Remova	air -	Encapsul		
	ABATED Facility		odial S	Staff?	(surfa	cing, V	AT, or		SF or LF)	<u>m</u>		Encapsulate		
6,000,0	(13)		(12)	NI/A		other r	niscella	neous)					CD		
	en 15	Yes	No	N/A	Roofin	ng Materi	als			22,000 SF					
East Roof		10				0.00		Joint Cau	lking	12 LF / 800 L	F 🛛				
	outh Side Exterior					Tile/ Mas				1,250 SF	\boxtimes				
	age, USDA Rooms					t Mastic				4,200 SF	\boxtimes				
	Hall N.W. Corner			NJDEP		Cubic \	Yards o			istered Landfill					
Name of Registered				Hauler I		Waste		Mit	nerva E	Enterprises		messes.			
Service Transp	port Group Inc			SW2		250	al Date	City.	State						
City, State New Castle, D	E			19 3		1/09	/2017	Wa		urgh, OH	Data		-		
		itle				S	ignatur	9/	11		Date	0	1		
Completed By (Prin	it of Type)	Presid	ent			-	//	And	11	hun	12-	9-	/		
Nick Petrovsk	1	, , , , ,					110	100	1						

ASB-41 MAY 11

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