State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT OV# NUKR

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Date of Notification (1)			N	ame of Building Own	er/Operator	(2)		E.C.	13	204	5
Agencies Notified Type Notific	ation			Allala 1		17 ment	Growla				
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oject Manager for Monitoring Firm			Telep	hone No.	Telephon	ne No.	License	No.	2/3		_
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NOTIFICATION OF ASBESTOS ABATEMENT Check#2665 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 / 09 / 16 Dana Thompson Agencies Notified Type Notification Street Address ☐ EPA M Initial ☑ DOLWD Amended City, State, Zip Code DHSS. Amendment # T DCA Summit. NJ 07901 Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Dana Thompson FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Summit, NJ 07901 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 19 / 16 __12__ / __20__ / __16 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/ PM___AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure Renovation Mini-Enclosure > 160 sf or >260 lf Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Removal Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) No Yes N/A Basement X Pipe insulation 35 LF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Teutre Wenad Owner 12/09/16 ASB-41

State of New Jersey

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lame of Monitoring	ering & Env. Services		INIA		Street Address	ctroot					\neg
Langan Engine	ering a m				494 East 4	1st Sileet					
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200 Kimball Dr	., 4th rioor				Paterson,	NJ 07504	Lic	cense No.			
Oity State Zip Cod	e			11-	Telephone No).		00507			
- NI	11/(1)4	Tele	phone	No.	973-345-0	022					
Parsippany, NJ Project Manager fo	MOUNTAIN	9	73-56	0-4900	1001	AA Monitor					
Vijay Patel	Schedule	d Comple	etion D	ate (11	0	above					
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Date of Notification (1) 12/07/2016				Building Owner/ Fatchett	Operator	(2)		1978	DE	C 1	3	2016	
Agencies Notified Type Notification		S	Street Add	iress				1					
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			FACILI	TY INFORMAT	ION	T =	- 5 F 184 - / 4)					Amr.	
Name of Facility Where Abatement is Taking House	g Place (3)					1 yp	e of Facility (4)						
Street Address						H	School (K-12) Subchapter 8	(Oth	er than K-12)				
Street Address						×	Other (i.e. pri	vate 8	& commercial	build	ings,	home	5,
City (5)						Squ	etc.) Jare Feet	# 0	f Floors	Bl	dg. A	ge	
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Street Address					500000000000000000000000000000000000000		ngren Avent	ue					
City, State, Zip Code							, Zip Code						
100 A 18 A					Toto	owa,	NJ 07512						
Project Manager for Monitoring Firm			Telephon	e No.	Telep		No. -8685		License No 01311).			
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Start Date (10) 12/20/2016	Scheduled 12/21/20		npletion D	ate (11)	12/34/04/20		atement, Inc						
Occupancy Status During Abatement (Chec					Stree	t Add	ress						
Facility Closed/Vacated During Entire			nent		11 F	Rose	engren Aven	ue			-		
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D&S Abatement, Inc.		0.00	Hauler ID 0996	No. Of V	Vaste D		Waste N	Mana	agement of	PA			
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Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Audrey Fellenberg 12/07/2016 Street Address Type Notification Agencies Notified × EPA Initial City, State, Zip Code Amended DEP Berkeley Heights, NJ 07922 Amendment # DOL Emergency (including Telephone Number Name of Contact iustification) DOH Lynn Boyer Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) House School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) # of Floors Bldg. Age Square Feet City (5) N/A N/A N/A Berkeley Heights Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Union Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. D&S Abatement, Inc. N/A Street Address Street Address 11 Rosengren Avenue City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01311 973-345-8685 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) D&S Abatement, Inc. 12/20/2016 12/19/2016 Street Address Occupancy Status During Abatement (Check Only One) 11 Rosengren Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Occupied City, State, Zip Code Totowa, NJ 07512 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf X Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Encapsulate Asbestos-Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation, (Specify Remova Repair TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) No N/A Yes 60 LF X pipe insulation X Basement

Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste Waste Management of PA D&S Abatement, Inc. TBD 20996 Disposal Date City, State City, State Tullytown, NJ TBD Totowa, NJ Date Signature Completed by 12/07/2016 Project Manager Oliver Hegedis

CK# 1064

Date of Notification (1)		Na	ame of l	Building Owne	er/Operator	(2)			EGE		W	Εį	
2/8/2016	Exceptions are consistent			a Builders								-	-
gencies Notified Type Notification	n	1		derdale Av	е		1		050	- 2 - 2	616		
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City (5)						Square 5000	Feet	4	Floors	+50	g. Age)	:	
Piscataway County (6) Middlesex		(County (Code (7) USE ONLY)					ng demolish	ed)			_
Name of Monitoring Firm Hired by Buildin N/A	ng Owner (8)	-	ASCN N/A	∕l No.	ACI	of Abate	ons Serv	ractor rices	LLC				
Street Address N/A					143	t Address 5 51st S	street						
City, State, Zip Code N/A					Nor	State, Zip th Berge	en NJ 07	047	License N	0.			_
Project Manager for Monitoring Firm N/A			N/A	one No.	-201	phone No. -552-96 le of OSHA	85		01320				
Start Date (10) 12/19/2016	Scheduled 12/23/20	16	npletion	Date (11)	Iris	Environ et Address	mental l	_abor	atories				
Occupancy Status During Abatement (C					233	et Address 33 Route	22 We	st					
Facility Closed/Vacated During En Abatement Performed Outside of N Other – Describe:	tire Period of Ab Normal Facility H	dours	nent s		City	, State, Zip ion NJ 0	Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova	ation ition			× Min	i-Enclosur	e cedur	th Negative e and Non-Fria			ē	
											Abate Ty		
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	Yes	No	N/A			1.0	** - \	-	150SF	x			
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Name of Registered Waste Hauler Newark Carting Inc			Hauler 04509	ID No.	of Waste	V-110	1		ehem Rd	Landf	iil		
City, State Po Box 5670					Disposal [City, St 2335	Apple	ebutter Ro	Bethl Date	eher	n PA	1
Completed by Marcos Regato	Title Presi	ider	nt		Sign	lane	eur o	hee		12/9/2	2016		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Name of Building Owner / Operator (2) Date of Notification (1) Wells Fargo Bank 11/29/16 Street Address Type Notification Agencies Notified One South Broad Street EPA City, State & Zip Code DEP Initial Amended R#1-12/9/16 Philadelphia, PA 19107 DOL Telephone Number Name of Contact Emergency DOH Steve Colton Cancellation DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Wells Fargo Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 451 White Horse Pike # of Floors Bldg. Age Square Feet 3500 45+ County Code (7) County (6) City (5) Current Use (Prior if being demolished) Atco Camden **Banking Offices** Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Bristol Environmental, Inc. **Environmental Connection** Street Address Street Address 1123 Beaver Street 120 North Warren Street City, State & Zip Code City, State & Zip Code Bristol, PA 19007 Trenton, NJ 08010 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 00509 (215)788-6040 609-392-4200 Rollie Jones Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) Bristol Environmental Inc. ON HOLD Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street City, State & Zip Code Abatement Performed Outside of Normal Hours - 7am to 3pm X Bristol, PA 19007 Describe: 6:00 PM - 2:30 AM Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ≥3 sf or ≥3 lf Glove Bag Procedures Demolition ≥160 sf ≥260 If Non-Exempted and Non-Friable Procedure Amount Abatement Type Description of Is Location Location of Asbestos-Containing (Specify Normally Used Asbestos-Containing Material (ACM) SF or LF) Solely by Encapsulate Material (ACM) Enclsoure Remova Repair Maintenance or (i.e., thermal systems TO BE ABATED insulation, surfacing, VAT Custodial Staff? in Facility or other miscellaneous) (12)(13)Yes No N/A 10 SF X Plaster Above Drop Ceiling 100 SF Plaster Debris Above Drop Ceiling Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste Minerva Landfill 1/2 CU YD 20990 Service Transport Inc. City, State Disposal Date City, State Waynesburg, Ohio 12/10/16 New Castle, DE Date Signature Completed By (Print or Type) Title 11/29/16 Project Gino Pizzigoni Manager

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Date of Notification (1)		lding Owner / Opera	ator (2)	Ang m	DEC 1 3 2016
11/29/16	Wells Farge			to in	while it had a
Agencies Notified Type Notification	Street Addres				
□ EPA		Broad Street			
□ DEP □ Initial □ Amended	City, State &				
		ia, PA 19107			Te 1 1 11 1
☐ DOH 2330 ☐ Emergency ☐ DCA ☐ Cancellation	Name of Con				Telephone Number
☐ DCA ☐ Cancellation	Steve Colto	on			
	FACILITY	INFORMATION			
Name of Facility Where Abatement is Takin	g Place (3)	Type of Fac	cility (4)		
Wells Fargo	50 2027 	School	I (K-12)		
Street Address		Subch	apter 8 (Other t	than K-12)	
451 White Horse Pike		○ Other ((i.e. private & c	ommercial build	dings, homes, etc.)
		Square Fee	et # of F	loors	Bldg. Age
City (5) County (6)	County Code (7)	350	0	2	45+
Atco Camden		Current Use	e (Prior if being	demolished)	
7.00		Banking (
Name of Monitoring Firm Hired by Building (Owner (8) ASCN	THE RESERVE TO SHARE THE PARTY OF THE PARTY	atement Contr	actor (9)	
Environmental Connection	, , , , , , , , , , , , , , , , , , , ,	하기 위한 경영하다 그 이 이번 사람이 되었다. 그런 하는 것이다.	vironmental.	S. O. C.	
Street Address		Street Addr			
120 North Warren Street		1123 Beav	er Street		
City, State & Zip Code		City, State 8			
Trenton, NJ 08010		Bristol, PA			
Project Manager for Monitoring Firm	Telephone Numbe			License	Number
Rollie Jones	609-392-4200	(215)788-6	040	00509	
Scheduled Start Date (10) Scheduled (Completion Date (11)	Name of OS	SHA Monitor		
12/9/16	12/12/16	Bristol En	vironmental	Inc.	
Occupancy Status During Abatement (Check	only one)	Street Addre	ess		
Facility Closed/Vacated During Entire	e Period of Abatement		White Street Control of the Control		
Abatement Performed Outside of No	rmal Hours - 7am to 3	3pm City, State 8	Zip Code		
Describe: 6PM -2:30AM		Bristol, PA	19007		
Facility Occupied During Abatement					
Scope of Work (Check all that apply)					N " D
	- ·				Negative Pressure
≥3 sf or ≥3 If	Renovation			nclosure	
≥160 sf ≥260 lf	Demolition			Bag Procedures	
	Is Location	Descriptio		Amount	on-Friable Procedure
Location of Asbestos-Containing	Normally Used	Asbestos-Cor		(Specify	Abatement Type
Material (ACM)	Solely by	Material (A		SF or LF)	
TO BE ABATED	Maintenance or	(i.e., thermal s		,	Enclsoure Incapsulat Repair
in Facility	Custodial Staff?	insulation, surfa			ncapsula Repair Remova
(13)	(12)	or other miscel	laneous)		Enclsoure Encapsulate Repair Removal
	Yes No N/A				
bove Drop Ceiling		Plaste	r	10 SF	
bove Drop Ceiling		Plaster De	bris	100 SF	
		,			
ame of Registered Waste Hauler	NJDEP Was	ste Cubic Yards	Name of Reg	istered Landfill	
and of magnetoral rectangles	Hauler ID No	o. of Waste			
≥rvice Transport Inc.	20990	1/2 CU YD	Minerva La	ndfill	
ty, State		Disposal Date	City, State		
∋w Castle, DE		12/10/16	Waynesbur	g, Ohio	
impleted By (Print or Type)	Title	Signature			Date
ino Pizzigoni	Project	Di D	migori	/ A.	11/29/16
	Manager	I Mus Cu	myon	1-10	

Check	_
2014	/

Date of Notification	(1)		Na	ame o	of Build	ing Ov	wner / Operator	(2)	NEW T					
	12/6/2016		C	arme	n Bet	ances	3							
Agencies Notified	Type Notifica	tion	St	reet A	Addres	S			UE	16)	9	016		
			C	h. C+	ate & Z	7in Co	da							
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⊠ DOL		gency			of Cont	act		Ĺ	L	Telepl	hone	Nur	nber	
☑ DOH ☐ DCA		ellation	1		n Bet		S						_	
П рох														
		ti- Takina Dia	200 (2)		ILIIY	INFO	RMATION Type of Facility	(4)						
Name of Facility W	here Abateme	ent is Taking Pla	ace (3)				School (K-							
Residence Street Address							Subchapte	er 8 (Other tha	an K-12)					
Street Address							Other (i.e.	private & con		lings, ho	omes	s, etc	:.)	_
							Square Feet	# of Floo	ors	Bldg. A				
City (5)		County (6)	Cou	nty C	ode (7)	2000		2		6	0+		_
Trenton		Mercer					Current Use (F	Prior if being d	emolished)					
Henton							Residence						-	_
Name of Monitoring	Firm Hired b	y Building Own	er (8)		ASC	ΛNo.	Name of Abate	ement Contrac	ctor (9)					
							Alpha Enviro		ervices					-
Street Address							Street Address PO Box 829							
							City, State & Z							
City, State & Zip C	ode		20				Trenton, NJ	p oodo						
Project Manager fo	r Monitoring F	Firm	Telepi	none	Numbe	er	Telephone Nu	mber	License	e Numb				
Project Manager IC	n Monitoring i		,,	2250			609-847-295			01	1222		-	
Scheduled Start Da	ate (10)	Scheduled Con	npletio	n Dat	e (11)		Name of OSH							
12/16/20		12/19/2016					EMSL Analy					-		
Occupancy Status	During Abate	ment (Check or	nly one)			Street Address							
Facility Clo	sed/Vacated	During Entire P	eriod o	of Aba	atemen	7	City, State & 2							
	t Performed C	utside of Norma	al Hou	irs – i	am to	Зрт	Westmont,							
Describe:		Abatamont					westmont,	45 00 100						
	cupied During													
Scope of Work (Cl	neck all that a	(ppiy)							ntainment wit	h Nega	tive I	Pres	sure	
≥3 sf or ≥3	lf .			Ren	ovatio	n		100000000000000000000000000000000000000	nclosure					
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		ng		nally l			Asbestos-Con Material (A		(Specif SF or L				Ш	
	Location of Asbestos-Containing Material (ACM)			olely l	by ice or		(i.e., thermal s		0. 0	,	Rer	Re	ıca	ncl
10	in Facility				Staff?	i	insulation, surfac	ing, VAT			Remova	Repair	Encapsulate	Enclsoure
	(13)			(12)			or other miscell	aneous)			<u>m</u>	7.5	ate	re
			Yes	No	N/A									
Basement				\boxtimes			VAT		550sf			ш	ш	ш
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				10000	auler II		of Waste	Carrier I or	dfill					
ALPHA ENVIRO	ONMENTAL			00	00333	30	3	Grows Lar	IUIIII					
City, State							Disposal Date	City, State						
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	Trenton, NJ Completed By (Print or Type)						Signature				ate			
Rod Richardso				100000	tle r oject		Rod Rich	nandenn		1	2/6	/20	16	
Nou Monardso	**				anaq		NOU NICK	MUCNIN						

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Date of Notification (1) 12/9/16			15.00		Building C Pirrmar		perator	(2)							-	
Agencies Notified	Type Notification			Street Ad	ddress						150	13 :	100	Â		
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× DOH	Emergency (i	including	1000		Contact	190000				-Jel	ephone N	Vumber		TUL	Ö,	
DCA	Cancellation				Pirrmar	200	ON	,	L	+_			-			
Name of Facility Where A	Abatement is Taking	Place (3)		1 ACII	LITT INTO	Kinati		Туре	of Facility (4)						
home									School (K-12		N 14	(40)				
Street Address								X	Subchapter (Other (i.e. pr etc.)				uildi	ngs,	nome	≥S,
City (5) Wyckoff								Squar 1500	e Feet)	# o	Floors		BI6	dg. A	ge	
County (6)				County (Code (7) USE ONLY)			Curre	nt Use (Prio	r if bei	ng demo	lished)			8	
Bergen Name of Monitoring Firm	Code			ASCN	No.		Name	of Abat	tement Cont	tractor	(9)					
9	, ,						ABS	Envir	onmental	Serv	rices, L	LC				
Street Address								Addres	s 33, 4 E Ga	ate D	rive					
City, State, Zip Code	eet Address /, State, Zip Code ject Manager for Monitoring Firm rt Date (10) Sche								p Code				_			
	5 V. 25 V.								, NJ 074	18						
Project Manager for Mon	itoring Firm			Telepho	ne No.		973-	none No -764-2	276	ď	Licens 703	e No.				
Start Date (10) 12/19/16		Schedule 1/19/17		npletion l	Date (11)		Name	of OSH	A Monitor							
Occupancy Status Durin	g Abatement (Chec	k Only On	e)				Street	Addres	SS							
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norm	Period of A nal Facility	batem Hours	nent			City, S	State, Z	ip Code		1125				7 7 -	
Other - Describe: Scope of Work (Check A						_		2							-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	и тнаг Арргуј	THE REAL PROPERTY.	enova emolit					Mir Glo	l Containme ni-Enclosure ovebag Proc	edure						
)	No.	n-Exempted	l (*) an	d Non-F	riable P		edure		t
Lacation			Locati Iormal			Do	scription	a of							ре	-
Location Asbestos-Containing <u>TO BE AB.</u> In Facil (13)	Material (ACM) <u>ATED</u> lity	Mai Cust	(12)	nce/ Staff?		os Con therma surfa	taining I I system icing, VA miscella	Material is insula AT, or		(mount Specify F or LF)	Koniova	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		1 1 4		and the second		2	00.05		7=			-
north ro				X			compo				00 SF	X				-
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Name of Registered Was	ste Hauler		TN	JDEP W	/aste	Cubic	Yards		Name of F	Regist	ered Lan	ıdfill		+		
Name of Registered Waste Hauler Freehold Cartage				lauler ID 5939	No.	of Wa			Western	n Birl	ks Land	dfill				
City, State Freehold, NJ						Dispo TBD	sal Date	9	City, State Birdsbo		A					
Completed by		Title			-	3	Signatur	e 1				Date				
A. Scott Higgins		Presi	dent					1	12/9/16							

			- III - 60					-		
Date of Notification (1) 12-10-	16		Building Owner C	an Bi	205.	Contro	رر-	to	RS	,
Agencies Notified Type Notification		Street Ac	ddress 28	Maple	F (1)					
☐ EPA		City, Stat	te, Zip Code			NJO	<u>.</u>	45	÷	
DOL Amendment #		Name of	Contact	a DKI	age	Telephone Num		ررر	7	area.
DOH justification) Cancellation		Mike						- 110		-11
Name of Facility Where Abatement is Taking	Place (3)	FACIL	LITY INFORMATI		of Facility (4)	, 0			
Single family Di			Vaccunt)		School (K-			201	6	14
Street Address 50 BRook	side "	DIL			Other (i.e. p	8 (Other than K-12)	l build			s,
City (5)	A 1		*-		etc.) re Feet	# of Floors ICE				8
	NJ		3872	Curre	nt Hee (Pri	or if being demolished	(he	50) t	_
County (6) Middle Sex		County C	JSE ONLY)			family.		ell	ing	,
Name of Monitoring Firm Hired by Building Cv	wner (8)	ASCM	No.	Name of Aba	OTHER DESIGNATION OF THE PERSON OF THE PERSO	A 18	ea e			a.
Street Address	3162		r/n	Street Addres	SS_	chnolog	166	\$ 6	So li C	1
P.O. Box 33	37			P.O.	CONTRACT CON	337				
City, State, Zip Code	NJ	80	533	City, State, Z	Equ	DI 14	0		13	
Project Manager for Movit ril gr-irm	100	Telephor	ne No. 758- 3365	Telephone No.	4000 0	License No		9	4	
Ottait Date (10)	Scheduled Co	mpletion l	Date (11)	Name of OSF		haalaadaa	7			
Occupancy Status During Abatement (Check		30-1	9	Street Addres	ss	hnologies	-	ıc		
Facility Closed/Vacated During Entire Pe	eriod of Abate	ment		P.O., City, State, Z		337	_			
☐ Abatement Performed Outside of Norma ☐ Other – Describe:	II Facility Hou	rs		New 1		NJC	183	53	3	
Scope of Work (Check All That Apply)		33			0 (1					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demoi			☐ Mir	ni-Enclosur ovebag Pro	cedure				
	Is Loca	tion		NO NO	n-Exempte	d (*) and Non-Friabl	1	Abate	ement	
Location of	Norma	ally		scription of	10200		-	Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Used Sol Maintena	ance/	(i.e. therma	taining Materia I systems insula		Amount (Specify	Re	R	Enca	Enc
In Facility (13)	Custodial (12)			icing, VAT, or miscellaneous)		SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes No	Ņ/A				347			ie e	Ф
Exterior Walls		×	Siding	Shingle	es "	2000 SF	X			
-			J	J			-			
-		-					-			
Name of Registered Waste Hauler		NJDEP W	Vaste Cubic	Yards	Name of	Registered Landfill				
EPC Technologies		Hauler ID		12		teManager	nen	t o	F {	A
City, State	NJ.	- 1 -	Dispo	sal Date 12-30-16	City, Sta	te visuille f	A			
Completed by	Title	۸ ،		Signature	CI) Da	te	-	12	
Steve Schenker	Presid	*n+		Sleve	DCK	oka 1	9-1	0-	16	

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City (5)			as so a visit affects	Pë lass ^h atarararararar		- i de die a de	a , vilent-sitt ann e ta e e e e	Gruare Fool	We Floors		Bloke	O'I C	J 3"	NG NG
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Check # 9848

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Date of Notification (1)	2-10-11	Q	Nar	ne of B	uilding Owner/Ope EKShi Re	perator (2)	nawai	Realto	es	16		
Agencies Notified	Type Notification	Total	Str	et Add	Iress New 1	Jensey PR	operfici	s Rel	LU	10		1
· · · · · · · · · · · · · · · · · ·	Initial Amended Amendment #		City		Zip Code		NJ	08836		ROL	. 3.	
 DOH	 □ Emergency (inclination) □ Cancellation 	uding	Na	me of C	1	ädlo-	F	Telephone Number				
i i		(0)		FACILI	TY INFORMATIO	ON Type o	of Facility (4)					-
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City (5) (1)	1.000	17	7	<u> </u>	1884		tc.) e Feet	# of Floors	Bld	g. Ag	е	
County (6) M. A.	losex	10		unty Co	ode (7) SE ONLY)	Сиптел	nt Use (Prior	if being demolished	i)			
Name of Monitoring Firm	Hired by Building Ow	ner (8)		ASCM	No.	Name of Abat		actor (9)	es	Own O	In	
Street Address	33 33	7				Street Addres	Box	337				
City, State, Zip Code	vat /	VJ	(18	533		Equ		08	5	3	
Project Manager for Moni	henked		6	elephon	758-3365	Telephone No.	3-336	License No.	3	9		
Start Date (10)		cheduled (Comp	2-11	Date (11)		Tect	mologies	T	<u> </u>		
Occupancy Status During	Abatement (Check (Street Addres	Box	337				
Facility Closed/Vaca	ated During Entire Pe ed Outside of Normal	riod of Aba Facility H	iteme ours	nt 	,	City, State, Z			85	3	3	
Other - Describe: _	17 -1 Ak-)					1400	-34br	NO 0	0-			
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Location Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Used : Maint Custoo	Solely	by æ/	Asbestos Cor (i.e. therma surf	escription of ntaining Materia al systems insul acing, VAT, or miscellaneous)	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Basement		×			Pipe I	nsulatio	^	100 LF	x			
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Name of Registered Wa	ste Hauler			IDEP V auler ID	No. of W	ic Yards /aste	400000000000000000000000000000000000000	Registered Landfill	nen	f .	e f	49
EPC Tec City, State New E Completed by Charles School	nnologies	A 1 T		1/0		osal Date - 23-16	City Stat	e	A			
New E	sypt	NJ Title	` .			Signature	C.	A Da	te	10	-1/	
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Date of Notification (1)			Name of	Building O	wner/O	s 25000290000	V.1.500			E	E		17 17	
12/9/16 Agencies Notified Type Notification			Street Ac							n.e	0 4	2 0	020	
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X DOL Amendment Emergency				on Plain	s, NJ (07444	1			ASSET				
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DCA Cancellation			non-secondo sono	LITY INFO	RMATIC	ON			1					
Name of Facility Where Abatement is Takin	g Place (3)		I AGIL	11111110	TOWN TO	J14	Туре	of Facility (4	4)					
Private House								School (K-1		u Almana IV di	2)			
Street Address								Subchapter Other (i.e. p				dings,	home	es,
City (5)							€	etc.) re Feet	# of	Floors	T E	lldg. A	ae	
Pompton Plains, NJ							Oqua	0 1 001				-3	3-	
County (6)				Code (7) ISE ONLY)			Curre	nt Use (Prid	or if bein	ng demolis	ned)			
Morris Name of Monitoring Firm Hired by Building	Owner (8)	Т,	ASCM			Name	of Abai	tement Con	tractor ((9)				
Competent Supervisor	Owner (o)		7.00.0					Construc						
Street Address					100.	Street	t Addres	SS						
				1,0				46 Wes	t Suite	14				
City, State, Zip Code							State, Zi owa, N	p Code IJ 07512						
Project Manager for Monitoring Firm			Telephor	ne No.			hone No -832-4			License N 01155	lo.			
Start Date (10) 12/19/16	Scheduled		pletion (Date (11)			of OSF	Above		U2-11-11-11-11-11-11-11-11-11-11-11-11-11				
Occupancy Status During Abatement (Chec														
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:						City, S	State, Zi	ip Code						
Scope of Work (Check All That Apply)														
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	ls L	ocatio	on					- Dompto	, / J G 110	7101111101		Abat	emen	t
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair Custo	ntenar idial S (12)	nce/		thermal surfac	system cing, V	Material ns insula AT, or ineous)		(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
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Boiler Room			X		Ceili	ng Pla	aster		15	50 sf	X	-	X	
Name of Registered Waste Hauler		178 17553.0	JDEP W	27/2		Yards		Name of	Registe	red Landfil	<u> </u>			
Academy Construction Inc		3 6537	auler ID 34422	No.	of Was	ste		GROW	Land	Character of the control of the cont				
City, State Totowa, NJ					Dispos	sal Date	е	City, Stat Tullyto		4				
Completed by	Title	Signature			re/ A	911	7 1	D	ate					
John Geleski	PM					1	The	1/2/2	1	1	2/9/1	6		

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	☐ Cancellatio)[]				- 25							-		
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Name of Facility Whe	re Abatement is Ta	king Place	(3)					Type of Facilit					1		
Bissinger Reside	ence							Subchapte	12) r 8 (Other than K-12	2)					
Street Address								Other (i.e.,	private and comme	rcial bui	Idings	3,			
								homes, et	c.)						
City (5)								Square Feet	# of Floors	Bld	g. Ag	е			
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County (6)				Count	ty Code (7)(STATE	E USE ONLY)	Current Use (Prior if being demoli	shed)					
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Name of Monitoring F	irm Hired by Buildi	na Owner (8)	ASCM N	No.	Name	e of Abateme	ent Contractor	(9)						
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Street Address	Illiental Consult	ing oci vi	000				et Address								
							3 Cutler A	venue							
PO Box 341						100	State, Zip C								
City, State, Zip Code								, NJ 08052	F2						
Chesterfield, NJ	-				*	:, 140 00002	License No.	***							
Project Manager for N			100000000	phone I			ohone No.		00842						
Bill Weisgarber		9		9-298-			6-755-0099		00042						
Start Date (10)	A 1000000	cheduled C					e of OSHA N								
12 / 19	/ 16	12/	_20)_/_	16	EN	ISL Analyt	tical, Inc.							
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☐ Facility Closed/Va				ment		20	0 Route 13	30 North							
Abatement Perform	med Outside of No	rmal Facility	y Hou	rs - Des	cribe	City,	State, Zip C	ode							
Time of Abatemer	nt:AM	PM/	_PM-		AM	1000		n, NJ 08077							
Coops of Mark (Choo	ok all that apply)							•							
Scope of Work (Chec	K all that apply)								Negative Pressure						
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≥160 sf or ≥260 lf		∐ De	moliti	on			☐ Non-Exe	g Procedure empted (*) and	Non-Friable Proced	ure					
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Christina Lynch	1	Vice P	resid	ent of	Operation	วทร	MAR			10/19	110	X			

CK# 3579

State of New Jersey

Otato	01 11011 00.00
NOTIFICATION OF	ASBESTOS ABATEMENT
(Pursuant to	NJAC 8:60 and 5:16)

Date of Notification (1)	ŧ			T	Name o	of Building	Owner/	Operator (2)	1							
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Name of Facility Where	Abatement is Ta	king Pl	ace (3)					Туре	of Facility (4	4)						
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Mgmt. & Environm	ental Consult	ing Se	ervice	s				de Enviro	nme	ntal, LLC							
Street Address								Address									
PO Box 341		2						Cutler Av									
City, State, Zip Code							11.11.10.11.11.11.10.10.10.10.10.10.10.1	State, Zip Co		20052							
Chesterfield, NJ 08								ole Shade	, NJ U	18052	License No.						
Project Manager for Mor			phone I			none No.			00842								
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≥3 sf or ≥3 if ≥160 sf or ≥260 if] Dem					Gloveba	a Prod	cedure	E	or see					
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Completed By (Print or	Type)	Title						Signature—	<u></u>	_		Date					
Christina Lynch	173.50	Vic	e Pre	sid	ent of	Operatio	ons	(marc	(a)	>	>	12/	9,	11	(

NOTIFICATION OF ASBESTOS ABATEMENT Initial Non-Friable (Pursuant to NJAC 8:50-7 and 12:120-7) Notification / Check #: 6825

Initial Non-Friable

Pacality	Celephone Number- Cility (4) hool (K-12) bchapter 8 (Other her (i.e., prival al buildings, hoot # of Floors 1 The (Prior if being the Family Resident actor (9)	r than te & comes, e Bldg. 50g demo	K-12) ommer- itc.) Age O plished)									
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Staff(12) Yes No N/A												
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GROV	V.S., Inc.											
Four Strong Builders, Inc. [12005 Disposa] Date City. S												
City. State												
Clifton, NJ	n PA	Dat	te									
Completed By (Print of Type)	n, PA		10146									
Bilyana Kulakovska Office Administrator &	rn, PA	40										
ASB-41 JUN 95	m, PA	12	/6/16									

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page 1 DEC 1 3 2016 Print Form

Date of Notification (1) 12-08-2016			\neg	Name of	Bullding	achooria aloofia	2000 II 000 00 pe		and with	1 .		Chil	<u></u>	4Rt	7
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DOH -DCA	justification) Cancellation	_		Name of Al Mar	Contact chione				1	Tale	ighthe iv	umb=-			1
Name of Facility Where A	batement is Takir	ng Pisce (3)		FACI	LITY INFO	ORMATIO	N		of Facility (4						
Stront Address 1270 Van Houten A	ve .								School (K-12 Subchapter I Other (Le. pr etc.)	6 (Othe			dings	honi	CS.
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Name of Monitoring Firm Ahers Consultants,		Owner (B)		ASCM	No.		Name of Abatement Contractor (9) Lilich Corporation								(16. 46.1.1
Street Address PQB 385							Street Address 606: McBride Ave								***
The state of the s	Oceanville, NJ 08231							isto, 2 diand	ip Code Park, NJ	0742	4				
Project Menager for Moni John Smoyer	taring Firm		Telephor	ne No. 2-1833		Teleph 973-2	one N 225-8			D1104				Kito op 11 o	
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Lilich Corporation		Line II		301er ID 3724	No.	of Weste	GROWS, Landfill								
City, State Woodland Park, New	Jersey					Disposs	Spossi Date City, State Morrisville, PA								
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county (6)	WAY			USE ONLY)		VAC	ANT				-
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City, State, Zip Code					MAPL	E SHADE	License No.	52			
Project Manager for Monit	toring Firm		Telep	hone No.	Telephone No.	79-0472	0044	14			_
Project Manager for Moral					_						
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NOPEN Print Form
NOTIFICATION"

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Agended Notified SPA	Date of Notification (1)				Building Owner/0	Operator	(2)						
City, State, Zip Code Amendment of Amend			1 2			D							
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Abatement Performed Outside of Normal Facility Hours City, State, Zip Code SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 if ≥ 160 sf or ≥ 260 if Renovation Demolition Pull Containment with Negative Pressure Mini-Enclosure Rion-Exempted (*) and Non-Friable Procedure Non-Exempted (*		Only Or	né)	1/0	100/-								
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CK# 7606

Date of Notification (1)			lame of I	Building Owner/	Operator	(2)							
Agencies Notified Type Notification		1.1	Street Ad 4000 H	dress ADLEY ROA	.D				120				
EPA Initial Amended Amendment #_			City, Stat	e, Zip Code H PLAINFIEL	D, NJ 0	7068							
□ Emergency (inc justification) □ DCA	aluding	1	Name of	Contact JARD - 1	-AM	u La	Ro	Telepl	hone Num	ber			
Name of Facility Where Abatement is Taking F	Place (3)		FACIL	ITY INFORMA	TION	Туре	of Facility (4) School (K-12		F.72				
Street Address 1801 TONNE!	E	AV	E.				Subchapter 8	Other			lings,	home	s,
NORTH BER					,	Squar	Feet 600	# of F	loors		ldg. A		11.0
County (6)	6-8	1	County C	Code (7) USE ONLY)		Curre	nt Use (Prior	r if being	demolish	ed) '	2px	00	YRS
Name of Monitoring Firm Hired by Building Ov ENVIRONMENTAL TACTICS	vner (8)		ASCM 0045				tement Cont	ractor (9	9)	000			
Street Address 64 BROAD STREET						Addres WHIT	ss EHEAD A	VE.					
City, State, Zip Code MATAWAN, NJ 07747		-		•		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER			Telephor	ne No. 90-2217	0.0000000000000000000000000000000000000	hone N 432-8		1.00	License No 01111	Э.			
Start Date (10) 8	Schedule	- /	pletion [Pate (11)			HA Monitor SYSTEMS	OF A	MERICA	ί.			
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Scope of Work (Check All That Apply)		T									- seuna		
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TO BE ABATED In Facility (13)		intenar todial S (12)		(i.e. therm sur		ns insula AT, or		(Sp	ecify or LF)	Remova	Repair	Encapsulate	Enclosure
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City, State ELIZABETH, NJ				lo isp	osal Date	9	City, State MORRIS		E, PA				
Completed by CAROL RAIMO	Title OFFI	CEN	IGR		Signatur	9	Rain	12	Da 11	te /22	11		

CK# 7528

Date of Notification (1)		Name o	of Building Owner/	Operator	(2)		1FC 1						
Agencies Notified Type Notification			Address HADLEY ROA	D									
EPA Initial Amended Amendment #			ate, Zip Code "H PLAINFIELI	D. NJ 0	7068								
Emergency (ir justification) DCA Cancellation	ncluding	Name o	FARD F		77	Tele	phone Nun	nber					
			ILITY INFORMAT		almo					-			
Name of Facility Where Abatement is Taking	Place (3)				Type of Facility (W. C.							
Street Address 7801 FONNELL	IE A	VF.			Subchapter Other (i.e. petc.)				dings,	home	es,		
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County (6)	.001	County	Code (7) USE ONLY)		Current Use (Pri	or if bein		ed)	ffx.	00	DYR		
Name of Monitoring Firm Hired by Building O	wner (8)	ASCI	M No.	Name	of Abatement Cor		ATIC	N					
ENVIRONMENTAL TACTICS Street Address		0045		UNIC	QUE SYSTEM			٩					
64 BROAD STREET						Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747					City, State, Zip Code SOUTH RIVER, NJ 08882								
Project Manager for Monitoring Firm TOM GEIGER	Telepho 732-2	one No. 90-2217		relephone No. License No. 01111									
Start Date (10)	Scheduled C	ompletion	Date (11)	1	of OSHA Monitor	S OF A	MERICA	(
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ROOF			ROOFING 1		1/2		SF	×					
RooF	-	4	1		iNgs		SF	×					
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City, State ELIZABETH, NJ		1123	Hispo	al Date	City, Stat	e							
Completed by CAROL RAIMO	Title OFFICE	MGR		B D Signature		-	I Da	te ///	/,				