Date of Notification (1)					I Minima	- 6 D. 21-11-	- 0	10	Charle	The state of the s	70 F	1	11/7	E
	14 /	16					- G	ner/Operator (y W. Sipe	2)	10,5	U E	<u>. U</u>	1	<u></u>
Agencies Notified	Type Notifica	ation			Stree	t Address					0.50	-	0040	1
⊠ EPA											DEC '	5	2016	1
⊠ DOLWD	☐ Amended	700			City,	State, Zip (Code							
☑ DOH ☐ DCA	Amendm	-	aludine		Un	ion, NJ (708	3		ASBE	STOS	CON	VTR	OL &
(NJAC 5:23-8)	☐ Emergen justificati	on)	auding	3	Name	of Contac	t			Telephone Nu				
	☐ Cancellat				Do	uglas G S	Sipe			The second secon				
					FA	CILITY IN	IFOF	RMATION						
Name of Facility Where A	Abatement is 7	Taking	Place	(3)					Type of Facility (4	4)				
Sipe Residence									School (K-12)					
Street Address									☐ Subchapter 8 ☐ Other (i.e., pri			uildin	ıs	
		- Selection							homes, etc.)			anami	, ,	
City (5)									Square Feet	# of Floors	E	ldg. A	ge	
Union									1500	3		75		
County (6)					Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (Price	or if being dem	olished)			
Union									Residence					
Name of Monitoring Firm		ding O	wner	(8)	ASCM	No.	Nai	me of Abateme	ent Contractor (9)					
Health & Safety Ser	vices				117		C	Controlled E	nvironmental S	ystems				
Street Address							22322	eet Address						
PO Box 365							1	121 N. Beth	lehem Pike - Su	ite 60				
City, State, Zip Code							1	y, State, Zip Co				-17/		
Berlin, NJ 08009				use see			S	pring House	e, PA 19477				- /2.53	
Project Manager for Moni	toring Firm				ephone		Tel	ephone No.		License No.				
Jim Proctor					09-839		2	15 542 7000		00847				
Start Date (10)	0.000					te (11)		me of OSHA N	Ionitor					
//					<u> </u>	16	С	ES						
Occupancy Status During				50			Stre	eet Address						
☐ Facility Closed/Vacate						9	1	121 N. Bethl	ehem Pike - Su	ite 60				
Abatement Performed Time of Abatement: 7:						scribe	1	, State, Zip Co						
							S	pring House	e, PA 19477					
Scope of Work (Check all	that apply)							☐ Full Cont	ainment with Nega	ative Pressure				
≥3 sf or ≥3 lf			⊠ Re	novat	ion			☐ Mini-Enc		2017011033010				
≥160 sf or ≥260 lf			∐ De	moliti	on				g Procedure mpted (*) and Non	-Eriable Proce	dura			
		T	Is	Loca	tion		-	□ NOII-EXC	Impled () and 140h	- Hable Floce	7	oatem	ont T	ivno
Location	of		1	Vorma	ally			Description o	f		-	-	T	-
Asbestos-Containing N		1)			ely by ance/			Containing Ma	terial (ACM)	Amount	Rem	Repair	inca	incl
TO BE ABA	THE RESIDENCE OF THE PERSON OF				Staff?	(i.e		rmal systems surfacing, VAT,		(Specify SF or LF)	Removal	air	psu	Enclosure
(13)	,			(12)				her miscellane		Of Of Lify	=		Encapsulate	l e
			Yes	No	N/A									
Basement					\boxtimes	Pipe &	Fittii	ngs		30 LF				
							40.00							
										W.				
Name of Registered Wast	e Hauler			1000	JDEP 1		1	oic Yards of	Name of Registe	ered Landfill				
Geppert Recycling				H	łauler II	O No.	Was	ste	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	rks Commu	ntiy La	ndfill		
City, State								posal Date	City, State					
Hatfield, PA							1:	2/30/2016	Birdsboro, I	PA 19508				
Completed By (Print or Ty	pe)	Title						Signature	11	T	Date	1	1	
Patricia Visco		Of	fice I	Mana	ger			Palucu	r Viece	-	12	114	/16	

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO N.IAC 8:60-7 AND 12:120-7

Date of Notification (1)			(FURSUA	and the second second	C 8:60-7 AND 12:120		U. Ho			600
12 / 14	/ 16					Building Owner / Op AMES STREET LLC	erator (2)		1_5_	U 15	I V E
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Agencies Notified	Type of N	Votifica	ation		The second secon	BURN AVE			-	150 4	F 0040
☐ EPA	V	Initia	ıl			te, Zip Code		111		HEG I	5 2016
☐ DEP		Ame	nded			RN, NJ 07041			1		
☑ DOH			ndment			Contact		Telepho	ne Num	ber	0.01.177.01
☑ DOL	H			v/ justification	KRIS LU	KOWITZ					CONTROL
		Cano	ellation		-4011 1777 11	I CORRESPONDE	- A=W			LICEN	SING
				1	-ACILITY II	NFORMATION					
Name of Facility Whe	re Abaten	nent is	Taking	Place (3)		Type of Facility (4)					
15-17 JAMES STREET		none io	raking	race (5)		Type of Facility (4)					
						☐ School (K-12)			,	2
Street Address							ter 8 (Othe	r than K-1	2)		
15-17 JAMES STREET	Г					✓ Other (I.)	e., private 8	cmmerci	al		
City (5)	County (C	.,		10	/m		omes, etc.)				
	County (6 ESSEX)		County Code	(7)	Square Feet	# Of Floo	rs 4	Buildir	ng Age	
	LOOLX					200,000 Current Use (Prior			+	40	
				1		CHURCH/OFFICE	i being den	nonsneu)		40	+
Name of Monitoring F	irm Hired	by BI	dg. Own	er (8)	ASCM NO					-	
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BIOTERRA ENVIRON	MENTAL S	SOLUT	IONS			NORTHSTAR CONT	RACTING (GROUP, IN	IC.		
Street Address	IT 075	_				Street Address					
1130 WEST CHESTNU	JISIREE	:1				00.14535					
City, State, Zip Code UNION, NJ 07083						32 Williams Parkway					
Project Mngr. For Mor	nitorina E	irm		Telephone Nu	ımhar	City, State, Zip Cod	е				
RICK EUSTAQUIO	intorning i	11111		973-494-3762		East Hanover, NJ 07	036				
Sheduled Start Date (1	10)	Sche	d. Comp	letetion Date (Telephone Number	330	License	Number		
12 / 26	/16		12	30	16	. c.epiiene maniber		Liociisc	reallibol		
// /			_/	/		973-884-8682			(00860	
Occupancy Status Du	ring Abat	ement	(Check	Only 1)		Name of OSHA Mor					
		ted Du	ring Ent	ire Period of		NORTHSTAR CONT	RACTING C	GROUP, IN	IC.		
Abatement Abatement		-1 Ot				Street Address					
Hours - Des			side of N	ormal Facility		32 Williams Parkway					
			- FRI - 7	00AM - 3:30PN	1	City, State, Zip Cod					
				0.001 10		East Hanover, NJ 07	936				
Scope of Work (Check	All That	Apply)			- 1000 1000						
Demolition			✓	Renovation		Full Containment w		Pressure	9		
≥3sf or ≥3lf≥160 sf or ≥						Mini - Enclosure					
	200 11					Glovebag Procedur Non-Exempted (*) a		hla Proce	dura		
						Hon-Exempled () a	14 14011-1 116	ible i loce	uuie		
Location of			ls		Descript	ion of	1	Abateme	nt Type		
Asbestos Contair	ning		cation	As	sbestos - C	ontaining		R		E	E
TO DE 1017-			rmally		Material	*C	Amount	E	R	N	N
TO BE ABATED In Facility	ט		sed		e., therma		(Specify	M	E	C	C
in Facility (13)			olely Main-			facing, VAT, ellaneous)	SF or LF)	O V	P	A	L
(13)			ance/	Or	other misc	elianeous)		l v	A	P	o s
			todial					l î	R	Ü	U
			ff (12)					_		L	R
		_	NO N/A								
SANCTUARY			-	PIPE INSULAT	ION		20 LF	V			
Name of Registered W	aste Hau	ler l		NJDEP Waste	Cubia	Name of Decisters	l andfill				
NEWARK CARTING	uote Haul	161		Hauler ID No.		Name of Registered GROWS	Landill				
					of Waste						
City, State						City. State					
NEWARK, NJ						MORRISVILLE, PA					
							1	7			
Completed by (Print or	Type)			Title		Signature	1/	0		Date	
Steve Stiles				Project Manage	ar.	Xta	A WAT			1 4	0/14/40
ASB-41		-		Ojeet Manage			-1-20			1.	2/14/16

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	N			N OF ASBEST t to NJAC 8:60				EGE	1	// [S I	
Date of Notification (1) . 2/14/2016			Name o	of Building Owr	er/Operat	or (2)			U	1		And the second second
Agencies Notified Type Notification EPA Initial	1	14.3		Address HADLEY R	DAD			DEC 15	20	16		1
DEP Amended Amendmer Emergency				ate, Zip Code ΓΗ PLAINFI	ELD, NJ	07080	LA	SBESTOS CO LICENS	DNT	ROL	8	
DOH justification Cancellatio)			of Contact	'AN	66/6	5	Telephone Nui	nber		_	-
Name of Facility Where Abatement is Taki	ng Place (3)		FAC	ILITY INFORM			Facility (4)				
PSEAG Street Address							nool (K-12		٦١.			
155 RAYMON	ΛC	BI	_ V I	7		Oth etc	ner (i.e. pr	3 (Other than K-12 ivate & commerci	z) al buil	dings	, hom	es,
City (5)	- 0					Square	Feet	# of Floors	1.50	Bldg. /	_	
NEWARK County (6)			County	Code (7)		ggs 2. Current		r if being demolish		Px	92	YRS
ESSEX		(USE ONLY) _			Su	TCH		TAT	1,0	a
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)		0045	M No. 5		e of Abater IQUE SY		ractor (9) OF AMERICA	A			
Street Address 64 BROAD STREET						et Address WHITE	HEAD A	VE.				
City, State, Zip Code MATAWAN, NJ 07747					111	State, Zip (UTH RIV		08882				
Project Manager for Monitoring Firm TOM GEIGER			17	one No. 90-2217		hone No. -432-835	0	License N	0.			
Start Date (19)	Scheduled	Com	pletion		Nam	e of OSHA	Monitor	OF AMERICA				
Occupancy Status During Abatement (Che	/	30	10	701/	Stree	t Address			`		-	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: **TICLASALY**	nal Facility_F	lours		Le.	City,	WHITEH State, Zip (ode			-		
Scope of Work (Check All That Apply)	7			7	50	UTH RIVI						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,	novati molitic				Full Co Mini-E Glovel	nclosure pag Proce	nt with Negative P				
	Is L	ocatio	n		•	-No 14011-L	xempted () and 1401-1 habi		Abate	ement	
Location of Asbestos-Containing Material (ACM)	Used		by	Asbestos C	Descriptio		200	Amount		1 9	rpe	
TO BE ABATED In Facility (13)	Custoo	tenand dial St (12)		(i.e. therr		ns insulation AT, or		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								te	
OUTSIDE VAUITS		X		WIRE	: 50	cR		252 LF	X			
Name of Registered Waste Hauler		I NI	DEP W	lasto I C	oic Yards	150	ame of 5	alata di Sore				
WASTE MANAGEMENT		На	uler ID 25		Vaste 9			egistered Landfill NORTH				
City, State ELIZABETH, NJ		1			posal Date	1 3/2	ty, State	VILLE, PA				
Completed by CAROL RAIMO	Title OFFICI	E MA	NAG		Signatiur)	Λ	Dat	е			
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Print Form

15 Date of Notification (1) Name of Building Owner/Operator (2) 12/14/16 DePetris Family, LLC c/o Legend Properties, Inc. Agencies Notified Type Notification 580 W. Germantown Pike, Suite 103 × **EPA** Initial DEP City, State, Zip Code Amended × DOL Amendment # Plymouth Meeting, PA 19462 Emergency (including Name of Contact X Telephone Number DOH justification) DCA Steve DePetris Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Village of Taunton Forge School (K-12) Street Address Subchapter 8 (Other than K-12) 208 Tuckerton Road Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Medford 35,000 40 County (6) Current Use (Prior if being demolished) County Code (7) Camden (STATE USE ONLY) Unoccupied Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Vertex ecoservices, LLC Street Address Street Address 700 Turner Way, Suite 105 407 W. Lincoln Hwy, suite 500 City, State, Zip Code City, State, Zip Code Aston, PA 19014 Exton, PA 19341 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. David Turotsy 610-322-0076 610-755-7563 001161 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/3/17 **EMSL** Occupancy Status During Abatement (Check Only One) Street Address 200 Route 130 North Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Cinnaminson, NJ Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Enclosure (i.e. thermal systems insulation, (Specify Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Retail Area X Floor tile and mastic 19.000 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Waste Management **GROWS Landfill** 60 City, State Disposal Date City, State Trenton, NJ TBD Morrisville, PA Completed by Signature Date Jack Bally Sr. Project Manager 12/14/16

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

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Date of Notification (1)				Building C)wner/C	perator	(2)				DE	C	15	201	5
12-10-2016				Dorante											
Agencies Notified Type Notific	ation	3	Street Ac	dress						ASI	BES	TOS	00	NTF	108
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X EPA X Initial X DEP Amend X DOL Amend	led iment#			e, Zip Cod on NJ 07											
I I Emero	ency (including		Name of						Tele	ephone	Num	per			
X DOH justific		1 .		Dorante					•						
			FACIL	ITY INFO	RMATI	ON			7				-		
Name of Facility Where Abatement is PRivate Dwelling	Taking Place (3)							of Facility (4 School (K-12	50						
Street Address							1 S	ubchapter	(Oth						
								Other (i.e. pr tc.)	ivate 8	& comm	ercia	build	ings,	home	s,
City (5)								e Feet	# 01	Floors		BI	dg. A	ge	
Caldwell NJ 07006							n/A		N/A	A		N	/A		
County (6)			County C					nt Use (Prio		ng dem	olishe	d)			
Passaic		(STATE U	ISE ONLY)	-			ate Dwelli	_						
Name of Monitoring Firm Hired by Bu	lding Owner (8)		ASCM	No.				ement Con		(9)					
Bioterra Slution							and a second	tracting L	LC						
Street Address 1130 W Chestnut St							Addres								
City, State, Zip Code							30X 7 State, Zi								
Union NJ 07083							13	Park NJ	0742	4					
Project Manager for Monitoring Firm			Telephor	ne No			none No		0112	Licens	se No				_
Rick Eustaquio				4-3762			692-6			0126					
Start Date (10)	Schedule	d Com	pletion D	Date (11)		Name	of OSH	A Monitor					-		
12-21-2016	12-23-2	2016				Ama	x Con	tracting L	LC						
Occupancy Status During Abatement	(Check Only On	e)					Addres								
Facility Closed/Vacated During E	ntire Period of A	batem	ent			St. 20. 25-20.	30X 7								
Facility Closed/Vacated During E Abatement Performed Outside o Other – Describe:	f Normal Facility	Hours			_		State, Zi odland	Park NJ	0742	4					
Scope of Work (Check All That Apply))					7									
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TO BE ABATED In Facility		odial S		(i.e.		system cing, VA		tion,		Specify or LF)		Remova	Re	Encapsulate	Enclosure
(13)		(12)				miscellar			O.	OI LI)		evol	Repair	sula	osur
	Yes	No	N/A									=		ate	œ
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(A)															
Name of Registered Waste Hauler		100.000	JDEP W auler ID	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Cubic of Wa	Yards		Name of I	Registe	ered Lar	ndfill				
Amax Contracting LLC		100000	036184	Section 2	2 cy	.5.0		Grows							
City, State Woodland Park NJ 07424					Dispo	sal Date	4.1	City, State Morrisv		Α					
Completed by	Title				137.00	Signatur	11	Morrisv		*	Dat	e		-2-14)11	
Tome Maslarkov		ct Ma	anager		'		Me		/		1000		2016		

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Date of Notification (1)			Name of B.	Building Owner/	Operator (2)		bras ba				
Agencies Notified Type Notification			Street A	ddress		- 0		AS			CO	
□ EPA □ Initial □ DEP □ Amended Amendment □ Emergency (injustification) □ DOH □ DOA			0.	te, Zip Code OG F WO Contact	OD	· N	~	745C)		NSII	VG
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Name of Facility Where Abatement is Taking P	lace (3)		TACI	LIT F INTORNE	111011	Type of Fa	cility (4)					
Street Address					× **		ol (K-12) hapter 8 (Othe	r than K-12)				
offect stadiess /								commercial t	ouildir	igs, ho	mes, e	tc.)
City (5).	62					Square Fee	et # 0	of Floors		Ildg. A		
RIDGEWOOD							2			10)	185	Ê
County (6) BERGEN			County (Code (7) USE ONLY)		_	e (Prior if beir	ng demolished) -		1		
Name of Monitoring Firm Hired by Building Or	wner (8)		ASCN	1 No.	Name	1 . 1	t Contractor (9		20 4 1971			
2					В	est Remo	val Inc					
Street Address						Address						
City, State, Zip Code	-					50 South State, Zip Coo	River Str	eet				
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Project Manager for Monitoring Firm			Telephor	ie No.		hone No.	7444	License No.				
Seed Date (10)	Cahadala	d Comm	oletion Da	sta (11)		201-329-		003	888			
Start Date (10) 12 - 22 - 2616				2016			vironment	tal				
Occupancy Status During Abatement (Check Or	-			-010	Street	Address						
☐ Facility Closed/Vacated During Entire Per ☐ Abatement Performed Outside of Normal ② Other – Describe: ☐ ☐ ☐ ☐ ☐ ☐					City, S	80 Huyle State, Zip Cod	le	NJ 07606				
Scope of Work (Check All That Apply)							- Kerisaek,	113 07000				-
2 ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		Renovat Demoliti			ار اب	Mini-EnGloveba	closure g Procedure	Negative Press		ure		
		s Locati									ement /pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Usi M Cus	Normall ed Solel (aintenar stodial S (12)	y by nce/ taff?	Asbestos Co (i.e. thermal sy		Material (ACM ulation, surfac r	ing, (Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
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BASEMENT			×	THERMA	L TW	x/CATION))	75 LF	X			
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Best Removal Inc		100000	auler ID 171(No. of W	aste 12 y			rva Enter	orise	es, L	LC	
City, State Hackensack, NJ 07601			. / 1	Disp	osal Date	Cit	y, State					
Completed by	Title			116	Signature		waynesot	irg, OH 44	e			11
Robert Veldran	F	stima	tor		P	Volde	an	12	-1	2-	201	6

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Date of Notification (1) 12/09/2016					f Building (urtechal		Operator	(2)		bed les		EU	10	Z(10	I
Agencies Notified	Type Notification			Street A	ddress					-	ASBES	STOS	S C	ONT	RO	- &
× EPA	× Initial										,,,,,,,,,,	LICE	NS	ING	ì	
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L BOA					LITY INFO	-	ON					_				
Name of Facility Where	Abatement is Takir	ng Place (3	3)	V.				Ty	pe of Facility (4)						
House									School (K-1			(40)				
Street Address								×	Subchapter Other (i.e. p	8 (Oth) rivate 8	er than K & comme	(-12) ercial b	ouild	ings,	home	es,
								-	etc.)							
City (5) Englewood								5357	quare Feet /A	# 0' N/A	f Floors A			dg. A /A	ge	
County (6)				County	Code (7)			100	urrent Use (Pri			lished				
Bergen					USE ONLY)		_	Н	ouse				1			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	/I No.		D0900000000000000000000000000000000000		Abatement Cor patement, In		(9)					
Street Address							Street 11 R		^{dress} engren Aver	nue						
City, State, Zip Code							Proceedings of the Control		e, Zip Code , NJ 07512		111111111111111111111111111111111111111					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Telepi		e No. 5-8685		License 01311					
Start Date (10)		Schedul	ed Cor	moletion	Date (11)		, Mediasonia	2574 334	OSHA Monitor				_			
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Facility Closed/Vaca Abatement Perform	ed Outside of Norr								e, Zip Code							
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Scope of Work (Check A	II That Apply)	_					г	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli					×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure	•					
		1							Non-Exemple	u () aii	u INOTI-I I	labic	_	70/10/19	ement	
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Location Asbestos-Containing	Material (ACM)		ed Sole		Asbes	tos Con	taining I	Mate	erial (ACM)		mount		_		Щ	ш
TO BE ABA		10000	todial	Staff?	(i.e.	therma surfa	I system icing, VA	ns in AT. (sulation, or		Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
(13)	.,		(12)				miscella				**************************************		oval	air	sula	sure
		Yes	No	N/A									378		te	10
Basem	ent		X			pipe	insula	atio	n	1	20LF		X			
									£ .							
Name of Registered Was	ste Hauler		1000	JDEP W		70.5000	Yards	7.000	Name of	Registe	ered Lan	dfill				
D&S Abatement, Inc				Hauler ID 0996	NO.	of Wa			Waste		gemen	t of F	PA			
City, State Totowa, NJ						Dispo TBD	sal Date	Э	City, Stat Tullytov		Д					
Completed by Ned Joksimovic		Title Proje	ect M	anager			Signatur	е	SN	/		Date 12/0		016		

no 98771926	30		CATION	ate of Nev I OF ASBI to NJAC	ESTOS	ABATE					IEC E	<u> </u>	2016	
Date of Notification (1) 12/09/2016				f Building n Siefers		perator	(2)		I in it			+0	∠U1€	
Agencies Notified Type Notification I linitial I Amended Amendment				ate, Zip Co		***			The second secon	ASBE	STOS			OL 8
X DOL Amendment Emergency (justification) DCA Cancellation			Name o	Ridge, N f Contact n Siefers		.8	None Account		Telep	phone N	umber			
Name of Facility Where Abatement is Taking House	g Place (3	3)	FACI	ILITY INFO	ORMATI	ON		of Facility (4 School (K-12						
Street Address							×	Subchapter 8 Other (i.e. pri etc.)	Other vate &	commer	cial bui			es,
City (5) Glen Ridge							Squar N/A	re Feet	# of F N/A	Floors		3ldg. N/A	Age	
County (6) Essex				Code (7) USE ONLY)			Curre	nt Use (Prior se	if being	g demolis	shed)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCN	ЛNo.		34740000		tement Cont ement, Inc		9)				
Street Address						**************************************	Addres oseng	s Iren Aveni	ue					
City, State, Zip Code								p Code J 07512						
Project Manager for Monitoring Firm			Telepho	ne No.			none No 345-8		1.89	License 01311	No.			
Start Date (10) 12/22/2016	Schedul 12/23/2		npletion	Date (11)				IA Monitor ement, Inc						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F			nent				Addres	s Iren Avent	ue					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Occupied					_	2.53		p Code J 07512						
Scope of Work (Check All That Apply)							7		30.5					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	2	Renova Demolit				×	Min Glo	Containmer i-Enclosure vebag Proce i-Exempted	dure				re	
e Para de arande	100	Locati Vormal			_								ement ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intenar todial S (12)	ly by nce/		tos Cont thermal surfac		Material s insula .T, or		(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
Pagament	Yes	No	N/A		nino	inaula	tion		10	LF	X		е	
Basement		X			pipe	insula	LIOII		10	LF	X	-		
Name of Registered Waste Hauler D&S Abatement, Inc.		Н	JDEP W auler ID 0996		of Was			Name of R Waste M						
City, State Totowa, NJ					Dispos TBD	sal Date	6	City, State Tullytown	n, PA					
Completed by Oliver Hegedis	Title Proje	ct Ma	ınager		S	ignature	40	1			ate 2/09/	2016	;	

Ch 35	80	NOTIF	FICATIO	N OF AS	lew Jersey BESTOS ABAT AC 8:60 and 5:1		EG			<u> </u>	
Date of Notification (1)			Nam	e of Buildin	g Owner/Operator ((2)	DEC	15	200	110	-
12 /	12 /	16			y Township Publ		II LI DEC	1.	2	116	4 - 10
Agencies Notified	Type Notification	in	Stree	et Address	·					HPO COO	-
⊠ EPA				1 Levis D	rive		ASBESTO				-8
□ DOLWD	☐ Amended			State, Zip	::::::::::::::::::::::::::::::::::::::		LIC	FNS	ING		_
⊠ DOH	Amendment		11 33370		, NJ 08060						
DCA (NJAC 5:23-8)	☐ Emergency justification)		1000	e of Contac			Telephone Numb	ner .		=15	ZE Y L
(110710 0.20 0)	☐ Cancellation		Wi	Iliam Buf	fa		Telephone Hame				
					NFORMATION		The second second				
Name of Facility Where A	Abatement is Tak	ing Place (OILITTI	VI OKWATION	Type of Facility	(4)				_
Gertrude C. Folwel						School (K-12					
Street Address	•					Subchapter	8 (Other than K-12)				
455 Jacksonville R	oad					homes, etc.)	rivate and commer	cial b	uilding	gs,	
City (5)						Square Feet	# of Floors	В	ldg. A	ae	
Mount Holly						10,000	3	11175	80	.90	
County (6)			Cou	nty Code (7)(STATE USE ONLY)		I ior if being demolisl	ned)			
Burlington						School					
Name of Monitoring Firm	Hired by Building	Owner (8)) ASCM	No.	Name of Abateme	ent Contractor (9)	1		05-040		
Mgmt. & Environme	ental Consultin	g Service	es		Shade Enviro	onmental, LLC					
Street Address					Street Address		alecon / I Carrie Acult Communication				-
PO Box 341					623 Cutler Av	renue					
City, State, Zip Code					City, State, Zip Co	ode	-				
Chesterfield, NJ 085					Maple Shade	, NJ 08052					
Project Manager for Moni	toring Firm		Telephone	No.	Telephone No.		License No.				
Bill Weisgarber			609-298		856-755-0099		00842				
Start Date (10)	The second second		mpletion Da		Name of OSHA M						
12 /22 /	16	12 /	23 /	16	EMSL Analyti	ical, Inc.					
Occupancy Status During		HRAND SONO-GAN TO DATE			Street Address			-			
☐ Facility Closed/Vacate					200 Route 13	0 North					
Abatement Performed Time of Abatement:					City, State, Zip Co	de					
		100 1.00	VI- <u>12.00</u> /All	VI.	Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)				M F. II 0	-1					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ Reno	ovation olition	4	☐ Mini-Encl ☐ Glovebag	Procedure	ative Pressure n-Friable Procedure				
Wassing Come		20000	ocation		55-35-5 OV 1900 S			Ab	ateme	ent T	уре
Location of Asbestos-Containing M TO BE ABAT IN Facility (13)	Material (ACM) TED	Used : Maint Custoo	rmally Solely by enance/ dial Staff?		Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure

					☑ Non-Exe	empted (*) and No	n-Friable Procedi	ıre			
	1	s Loca	555		55,363 37 485			Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)	M) Use	Norma ed Sole aintena todial (12)	ely by ance/ Staff?		Description pestos Containing Mo e., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, r, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							Ф	
2 nd Floor Hallway		\boxtimes		Bullet	in Board Adhesiv	ve	40 SF				
Name of Registered Waste Hauler		N	JDEP I	Vaste	Cubic Yards of	Name of Regis	tered Landfill				
Freehold Cartage		Н	lauler II 15939		Waste 1		nd County Land	lfill			
City, State					Disposal Date	City, State					
Freehold, NJ					12/23/16	Newburg, F	PA				
Completed By (Print or Type) Christina Lynch	Title Vice Pr	eside	ent of (Operatio	Signature Ons		_	ate 212	1	(0	
ASB-41	-				1/14/6				-	4	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) SETON HALL UNIVERSITY 12 /16 Street Address DEC 15 Agencies Notified Type Notification 400 SOUTH ORANGE AVENUE EPA Initial Notification City, State, Zip Code DEP Amended Notification SOUTH ORANGE, NEW JERSEY 07079 DOL Cancellation ASBESTOS CONTROL & DOH On Hold Name of Contact Telenhone Number LICENSING DCA **EMERGENCY NOTIFICATION** VICTORIA PIVOVARNICK **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) SETON HALL UNIVERSITY Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address # of Floors Square Feet Bldg. Age 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER 60,000 3 40+ Current Use (Prior if being demolished) County (6) County Code (7) SOUTH ORANGE **ESSEX** (STATE USE ONLY) UNIVERSITY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI ENVIRONMENTAL INC. 3 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 1253 NORTH CHURCH STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MOORESTOWN, NEW JERSEY 08057 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JEFF SEAMAN 856-889-5182 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 12 / 23 /16 11 / 30/ 17 QUALITY ENVIRONMENTAL SOLUTIONS & TECH. Month Day Year Month Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7AM-3:30PM City, State, Zip Code WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo, >3SF OR LF Glovebag Procedure 260 LF >160 SF OR Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REMOVAL REPAIR ENCAPSULE ENCLOSURE Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) Staff (12) in Facility (13) or other miscellaneous) Yes No N/A KITCHEN PIPE FITTINGS 15 LF BACK HALL X PIPE FITTINGS 35 LF X BACK HALL X X SPRAY ON INSULATION 500 SF DISHWASHING AREA & ASSOCIATED X HALL X PIPE FITTINGS 85 LF RECEIVING AREA X PIPE FITTINGS 15 LF RECEIVING AREA SPRAY ON INSULATION 1,530 SF X **BOARD DINING** X X PIPE FITTINGS 25 LF SEVERY BAY 1 PIPE FITTINGS 15 LF X SEVERY BAY 1 X SPRAY ON INSULATION 760 SF X x SEVERY BAY 2 PIPE FITTINGS 15 LF X HALLWAY BETWEEN SEVERY BAYS PIPE FITTINGS 15 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING INC. Hauler ID No. 200 GRAND CENTRAL SANITARY LANDFILL 369 RAYMON BLVD. 913 City, State Disposal Date City, State PRAINFIELD TOWNSHIP, PA NEWARK, NEW JERSEY 07105 12/23-11/30/2017 Completed by (Print or Type) Signature Date

BENJAMIN SANCHEZ

DIRECTOR OF OPERATIONS

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	DEC	1	Ε,	2016		$\mathbb{I} \mathbb{J}$

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(1) (1) (1)	Name of Bu	ilding Owner/Oper	ator (2)		- 2 4			1	
Date of Notification (1) 12-13-16	Tow	nship	of re	MOG	erton	-		=	-
Agencies Notified Type Notification	Street Addr	ess Do as log	odan - Ro	ahs	MARESTOS	GON	ITRO G)L &	
Aguidas	500	2 Lew pe	ETON DIC	000,13	STATE ETOLE	10111			
□ EPA Initial □ Amended	City, State,	Zip Code Pembento	, No		82080				
Amendment #			, , , ,		Telephone Number				7
Emergency (including justification)	Name of Co	C 1			1				-
DOH Justification	Phil	Jago			_		10000000		
	FACILIT	TY INFORMATION	Type of Fa	cility (4)					
Name of Facility Where Abatement is Taking Place (3)	11		CT School	ol (K-12)					
Single family Du	elling				Other than K-12)	. ildina	e ha	mee	
Street Address	۸ . ۵	=	Other etc.)	(i.e. priva	ate & commercial b	ullullig	5, 1101	1100,	
			Square Fe	et	# of Floors	Bldg.	Age	9	
City (5) 0 0 1	NIT	08015			1	Z	07		
Browns Mills	County Co		Current Us	e (Prior)	f being demolished)	11.		
County (6)	(STATE US	SE ONLY)	- Sing	le t	anily L	luc	llin	19	_
DUR ((1970)	ASCM	No.	Name of Abateme	nt Contra	actor (9)	- 6	ala.		İ
Name of Monitoring Firm Hired by Building Owner (8)		NA	EPC	186	hnologi	69	to to	ne	-
27 Section 3 3			Street Address	- M	337				
Street Address Rox 337			P.O. B	OX C	NI	00 ATE	400	600 est	50
City, State, Zip Code	100	533	City, State, Zip Co	evi	LIA &	08	3		
New Equat. No	U 0	707	Telephone No.	TYPE	License No.	68	As	s	
Project Manager for Movith in gr Firm	Telephon		609 758-	336	5 00	اگ ا		1	
Edwine Sabanka	604		Name of OSHA	Aonitor				6	
Start Date (10)	Completion D	l()	F.P.C.	Tect	mologies	In	<u></u>		
12-23-16	100	16	Street Address		~				
Occupancy Status During Abatement (Check Only One	*)		P-0 .	BOK	337				_
Facility Closed/Vacated During Entire Period of A	batement Hours		City, State, Zip C	ode	. 1 ~~~ ~		~~	2	
☐ Abatement Performed Outside of Normal Facility ☐ Other – Describe:			New Eg	YPT	NJ C	180	2_	>	
				(,					
Scope of Work (Check All That Apply)	enovation		☐ Full C	ontainme	nt with Negative Pr	essure			
	emolition		- 01	nclosure bag Proc	adura				
2180 \$1 01 2200 11			Non-E	xempted	(*) and Non-Friabl	e Proce	bata	ment	
	Leading		-				Тур		
1	Location Normally	De	scription of						
Location of	d Solely by	Ashastas Con	taining Material (A	(CM)	Amount (Specify	Re	Z	inca	E
	intenance/ todial Staff?	(i.e. therma	I systems insulation	Ji 1,	SF or LF)	Removal	Repair	apsi	Enclosure
In Facility	(12)	other	miscellaneous)			val	#	Encapsulate	ure
(13)	No N/A								-
Yes	No N/A	Bra Da	run Floor	Tiles	300 SF	X			
middle Section of House	X	60	- '		400 SF	X			
exterior	X	Siding	Shingle	>	4000	+			
CATERIOR)				+			
					110046				
Lands (Unides	NJDEP	AACIOCO	c Yards	Name of	Registered Landfil	11	,		A.C
Name of Registered Waste Hauler	Hauler I		aste 5	Was	te Manage	men	to	ET	1
EPC Technologies	1/0	Disp	osal Date,	City Sta	ite				
City, State		by	12/30/16	Mori	u Joint	PA			
New L-Title			Signature	CI	9	iate 12-	13-	11.	,
Completed by	resident	-	Sleeve)	DCK	when	10	10	: 0	
Steve ochenien II	(1)		100000					d activ	ritios

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(KH 30 T)			FICATIO	itate of New Jers N OF ASBESTO: t to NJAC 8:60 a	S ABATE		B	EC			E	
Date of Notification (1)				of Building Owner			1000	DEC	15	201	6	
Agencies Notified Type Notification				Brong h Po	rtner	slll/Du	125	fedT	Qc1.	4/	ldu	T
	1		Z	Address		C. L.	L D	SBESTO	IS CC	NITE	201	8
DEP Initial Amended Amendmen			City, St	ate. Zip Code	27	JU. Ta	101	LIC	ENS	NG	101	
DOL Amendmen	t#		A 4		Nei	a Jerse	10	7045				
DOH Emergency		g		of Contact	, , , , ,	~ J \ 3X. \	Te	elephone N	umber			
☐ DCA ☐ Cancellatio	n		10					_		-		
Name of Facility Where Abatement is Takk	nn Placa	<u> </u>	FAC	LITY INFORMAT	TION	Type of Facilit	or (A)					
Lune Branch Partne	1000 mg	0.37	ارون (~ + .		School (K						
Street Address			1	100	The state of the s	Subchapt	er 8 (Oth	er than K-				
138 Union Auc					4 477144	Other (i.e etc.)	. private	& commen	cial bui	ldings	, hom	es,
City (5)					1	Square Feet	# 6	f Floors	<u> </u>	Bldg_/	lge	
Long Brench						3000		み		5)+	
County (6)		1		Code (7) USE ONLY)		Current Use (F		ing demoli	shed)			
Name of Monitoring Firm Hired by Building	Owner ff	<u> </u>	1 ASC	M No.	Name	of Abatement C	1 LQ	r (01)				
	O 1111011 (C	• •	, , ,	er sac.	4	Insulation Co		i şirj				
Street Address					1	Address						
					95 M	ontrose Rd						
City, State, Zip Code				Production of the Control of the Con	4	late, Zip Code						
Fh. 1. 4.53.					1	Neck, New .	Jersey					
Project Manager for Monitoring Firm						one No. 294 1757		License I 00029	No.			
Start Date (10)	Schedu	led Co	mpletion	Date (11)	1	of OSHA Monito)T	00025		-		
12/22/110	17	120	110			77.5						
Occupancy Status During Abatement (Cher	ok Only O	rie)	1		Street	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nom Other – Describe:	nal Facilit	Abater y Houn	ment s		City, Si	late, Zip Code	-	-0				
Scope of Work (Check All That Apply)	K											
23 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolii			September States of the Septem	Full Contains Mini-Enclosu Glovebag Pro Non-Exempt	re ocedure				'e	The state of the s
	-	s Locat	ion	4					1		emen	
Location of		Norma	lly	De	scription	Of	1		1	T ₃	me (
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	M	ed Sole aintena stodial S (12)	ncel			insulation, r, or	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						=		ato	0
K. + chen			X	linoles	2.00		300	iti	K			-
	and the same of th	Contract Con				7.45/1941						
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Name of Registered Waste Hauter			IJOEP W lauler ID		Yards ste /	3		red Landiil	8			TO COMPANY
Ace Insulation Co., Inc.		11:	2086	and the state of t	d		Landf	H				***************************************
City, State Colts Neck, New Jersey				Dispos	sal Date フく い	City, Sta	200%	C.				
Completed by	Title			80.000	Ignature	A	1	Da	de i	1	1	
Bree McGuire	Secr	etary	Treasu	rer	Bu	NX-			17/1	3/1	V	£

State of New Jersey

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Date of Notification (1)					Name	of Building	g Owner/Operator (2)	DEC	++	5 2	016	- 1	
	25 /	16			CDI	P Pauls	ooro Summit, LL	.C						
Agencies Notified	Type Notific	ation		-	Street	Address			ASBEST	25.0	ON	TBC	N 8	
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(NJAC 5:23-8)	justificati Cancellat						erdale, Jr.		releprione Num					
					FAG	CILITY IN	IFORMATION		L		_		-	
Name of Facility Where A	batement is 1	Taking P	lace	(3)				Type of Facility (4)					
Paulsboro Plaza								School (K-12)		OZ.				
Street Address									(Other than K-12)		محنامان	-		
545 west Broad Stre	eet Paulsbo	oro, Nev	w Je	rsey	08066	S.		homes, etc.)	ivate and commerc	siai bu	mamg	JS,		
City (5)			20111-0226					Square Feet	# of Floors	BI	dg. A	ae		
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County (6)	a			1000	Cour	ty Code (7)(STATE USE ONLY)		or if being demolis	hed)				
Glouster COUNTY							,	Shopping PI		,				
Name of Monitoring Firm	Hired by Build	dina Owr	ner (8	3)	ASCM	No.	Name of Abateme	ment Contractor (9)						
Brinkerhoff Environ				2			75	n Environmenta	Service IIC					
Street Address						-0.0	Street Address	- Environment	ii oci vioc, LLo.			-	_	
1805 Atlantic Ave							14 Read Driv	Α						
City, State, Zip Code							City, State, Zip Co							
Manasquan, NJ 087	36						Sicklerville, N							
Project Manager for Monit				Tolo	phone	No	Telephone No.	45 00001	License No.					
1 Tojoot Manager for Mon	torning i mini				6-429		856-318-1341							
Start Date (10)		Schedule	A C				Name of OSHA M		01158					
02 / 04 /	CONTRACTOR OF THE PARTY OF THE	1	<i>'</i>						10					
			- '		_ / -	17		n Environmenta	ii Services, LLC					
Occupancy Status During					00000047480		Street Address							
☑ Facility Closed/Vacate☑ Abatement Performed						orib o	14 Read Drive							
Time of Abatement: 7/						cribe	City, State, Zip Co							
Scope of Work (Check all	that apply)						Sicklerville, N	NJ U8U81						
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□≥3 sf or ≥3 lf □>160 sf or >260 lf		×		novationo no litio			☐ Mini-Enc							
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Outside			_			Air Rep	ort Attached				Ш			
		L		Ц										
111						Vaste	Cubic Yards of	Name of Regist	ered Landfill	1				
Graham-Tech Environmental Service, LLC Haule						0 No.	Waste	G.R.O.W. N	orth Landfill &	Tully	towr	1		
City, State							Disposal Date	City, State					100000000000000000000000000000000000000	
14 Read Drive Sicklerville, NJ 08081								1 0	ntown Rd. Mor	risvil	le,PA	4		
Completed By (Print or Ty	pe)	Title					Şighature	P	Dat		- 2	-		

ASB-41 MAY 11

Vernice Graham

President

D. CN CC C											-		1
Date of Notification (1) 12 /	6 /	16			10000	of Buildin	g Owner/Operator (ino	2)	DEC 15	2016	. (
Agencies Notified	Type Notifica	tion			Stroot	Address		1	DEC 10	2010		1	-
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	Amended								SBESTOS COI	ITD/	71 0		
☑ DHSS	Amendme				City, S	State, Zip (Code	1 ′	LICENSIA		<i>J</i> L O	e.	
	☐ Emergend		udina		Mod	orsetowr	n, NJ 08057	<u></u>	410:117011				
(NJAC 5:23-8)	justificatio	on)	3		Name	of Contac	t		Telephone Numb	er			
	☐ Cancellati	ion			Ste	ven Doo	ling						
		- 12 27			FΔ	CILITY IN	IFORMATION		1		-		
Name of Facility Where Ab	atement is T	aking F	Place	(3)	170	JILIT I	II ORIMATION	Type of Facility	(4)		-		
Resident		uning i	1400	(0)				School (K-1)					
Street Address									8 (Other than K-12)				
Street Address									private and commerc	cial bu	ilding	S,	
011 (5)						4,797-2		homes, etc.					
City (5)	annual control of the							Square Feet	# of Floors	Ble	dg. Ag	ge	
Medford Lakes, NJ (08055							1200Sf	3 Floors		1936		
County (6)					Cour	ity Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolish	ned)			
Burlington COUNTY	Y							Resident					
Name of Monitoring Firm H	lired by Build	ling Ov	vner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)		- 10.11		
							Graham-Tech	Environmen	tal Service, LLC.				
Street Address							Street Address						
							14 Read Driv	_					
City, State, Zip Code							City, State, Zip Co					1 / 5 / 1 / 1	_
Oity, Otate, Zip Oode													
Decision Maria				Γ			Sicklerville, NJ 08081						
Project Manager for Monito	oring Firm			lele	phone	No.	Telephone No.						
							856-318-1341		01158				
Start Date (10)	7/0000				tion Da		Name of OSHA N						
12 /16 /	16	_ 12	_ /	19	<u> </u>	16	Graham-Tech	Environmen	tal Services, LLC	.			
Occupancy Status During A	Abatement (C	Check o	only o	ne)			Street Address						
□ Facility Closed/Vacated	During Entire	e Perio	od of A	Abate	ment		14 Read Driv	e					
☐ Abatement Performed 0	Outside of No	rmal F	acility	Hou	rs - Des	cribe	City, State, Zip Co	nde					
Time of Abatement: 7A	M- <u>11:30</u> PM	/	PM-		_AM		Sicklerville, N						
Scope of Work (Check all t	hat annly)		-				Olokiel ville, i	10 00001		72775			
Coope of Work (Official air t	nat apply)						☐ Full Conf	tainment with Ne	gative Pressure				
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_≥160 sf or ≥260 lf		0	∠ Der	moliti	on			g Procedure	on-Friable Procedur	0			
			le	Loca	tion		☑ Non-Exe	rripted () and No	I Triable Procedur	1			
Location o	f			lorma			Description of	of.			atem		1
Asbestos-Containing M)			ely by	Asbe	estos Containing Ma		Amount	Removal	Repair	Ē	Enclosure
TO BE ABAT	ED			intena	ance/ Staff?		e., thermal systems	insulation,	(Specify	non	pair	сар	clos
IN Facility			Cust	(12)			surfacing, VAT		SF or LF)	/al		Encapsulate	ure
(13)		1	Yes	No	N/A	1	other miscellane	ous)				ate	
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Basement				\boxtimes		Asbest	os Pipe Insulation	on	40SF		Ш	Ш	
				\boxtimes	\boxtimes								
				П						T		П	П
Name of Registered Waste	Hauler			1	JDEP I	Vaste	Cubic Yards of	Name of Regi	Lstered Landfill				
Graham-Tech Environmental Service, LLC Hau					lauler II	O No.	Waste		North Landfill &	Tully	towi	3	
City, State						000	Disposal Date	City, State		7			-
14 Read Drive Sicklerville, NJ 08081								1	lentown Rd. Mor	risvil	le,P	A	
						Signature	P	Da					
Completed By (Print or Type) Vernice Graham Title President							Signature () ()	ii de	MA.	17	6-	16	7

CK 4 4125

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

DEC 1 5 2016

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Date of Notification (1)	2		Na	me of Build	ing Owner/Operato	1 (2) 4 AMD C	SOM	ASBEST L	TOS ICE	VSII CO	NTR VG	OL
Agencies Notified Type Noti	fication		Str	eet Addres	S	LMAN	RD					
DBP Amend	ded iment#		City	y, State, Zip	Code							_
	ency (includ	ing	- No.	me of Conta		HARBOR	L Tolor	phone Num	38	29	3	_
□ DCA □ Cancel			ING	BI			166	NOTE NUT	ibei			
			F	ACILITY IN	FORMATION							
Name of Facility Where Abatement is RESIPEN		ce (3)				Type of Facility						(
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City (5)	MAY					Square Feet		Floors	E	Sidg.		
County (6) CAPE MI				unty Code (E ONLY)	7) (STATE	Current Use (Prior if be	ing demoli	shed)			
Name of Monitoring Firm Hired by Bu			ASC	vi No.	Name of Abatem	ent Contractor	(9)					=
(8) N/A		1			Street Address	O INC	- 1					_
Street Address					369 5		E A	IUE				_
City, State, Zip Code					City, State, Zip C	SHAPE	M.	7 09	505	2		
Project Manager for Monitoring Firm	•	Tel	ephone	e No.	Telephone No. 856-77	9-0472	50,777,000	nse No.	-			
	Scheduled (Comple	etion D	ate (11)	Name of OSHA N	Monitor						_
0ccupancy Status During Abatement	(Check only	- <u>C</u> (2	16	Street Address	NIA					_	=
Facility Closed/Vacated During Ent	ire Period of	Abate										
Abatement Performed Outside of N Other - Describe:	Iormal Facili	ty Hou	rs		City, State, Zip Co	ode						
Scope of Work (Check all that apply)					Full Con	tainment with Ne	ecative P	ressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovati emolitio			☐ Mini-Enc ☐ Gloveba		3 8-511 FIRMOS		re			
	5.8 TATES S	_ocatio							F	bate Tyr		
Location of	Used	Soleh Soleh	by	Anhani	Description of os Containing Mate	erial (ACM)	^m	ount	_			
Asbestos-Containing Material (ACM) TO BE ABATED	C	stodia			thermal systems in	sulation,	(Sp	ecify	Rei	Re	Enca	Enc
IN Facility (13)		Staff? (12)			surfacing, VAT, other miscellaneou		35.0	r LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								le l	
SIDING			X	<u> </u>	RAWSITE	=	1250) SP	X			
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	$=$ \vdash \vdash									_	-	-
Name of Registered Waste Hauler		- N	IDEP V	Vaste	Cubic Yards	Name of Reg	istered La	andfill				
KLUMCO INC.			nuter ID	Ng	of Waste	C.M.	C	M. U	. 1	7		
City, State	NT				Disposal Date	City, State	DBI	AIF				
MAPLE SHADE Completed By	Title				Signature	A)/	001	Data	C	-1/		=
Michael Kum	SUP				Mill	y lu		12	-9-	-16	2	

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		DEC	1	5	2016		

Date of Notifica	ation (1) 12 - 10 -	i L			Na	me of Build	ng Owner/Operato	or (2)	155-12	PPUE	171	too	1 9	
Agencies Notifi		Notification	วก		Str	eet Address	3	03 00	A SOUTH	TIOTA		HO	La	_
□, BPA □ DEP	Init				_		300 7	7TH ST	-					_
Ø DOL	Arr	nended nendment			City	, State, Zip	Code ISUE	CITY	NI		18	24	2	
⊠ DOH		ergency stification		ling	Nai	me of Conta			Teler	phone Num			2	
DCA	Ca	ncellation					RAMIC		_					
		180		-	F	ACILITY IN	FORMATION							
Name of Facility	Where Abateme			ce (3)				Type of Facil						
Street Address	RESH	DEN	LE					School (K		er than K-1:	2)			
								Other (i.e. homes, et	, private & tc.)	commerci	al bui			
City (5)	STONE	- H	HAR	B	18			Square Feet	# of	Floors		Sldg.		
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(8)	NA						1<1	LIMICO	IN	<u>C</u>				
Street Address	,						Street Address	S. SP	RUCE	= AU	-			
City, State, Zip C	ode .						City, State, Zip C	Code 1 (F S H	HADE	AI 7	Γ (78C	25	>
Project Manager	oject Manager for Monitoring Firm						Telephone No.	9-0472	Lice	nse No.				
Start Date (10)		Sche	duled (Comple	etion D	ate (11)	Name of OSHA			00	4	1		_
12/21	116	1	2	78		,		NI	14					
Occupancy Statu					-		Street Address							
Facility Closed Abatement Per	네티아프 마음마다 아이를 되었다. (1771)						City, State, Zip C	ndo					=	_
Other - Descri		0111011110		., 1100			City, State, 2p C	ode						
Scope of Work (C	heck all that app	·ly)					Ü Full Con		ti D					
≥3 sf or ≥3 lf ≥160 sf or ≥26	O If			enovat emolitic			☐ Mini-End ☐ Gloveba	ntainment with No closure ag Procedure empted (*) and N	- To		ο.			
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. Loc	ation of			ormally Solet			Description of				_	Тут	oe -	
	ining Material (AC ABATED	CM)		ntenan ustodia			os Containing Mat thermal systems in		10 2000000000	ount ecify	70	100000	En	E
IN	Facility			Staff? (12)		(1.01,	surfacing, VAT, other miscellaneo	or		r LF)	Removal	Repair	Encapsulate	Enclosure
	(13)	ł	Van	No.	N/A		Outer Trasochiditeo	45)			val	=	ılate	ure
SIIO	1.41.6		Yes	NO	X		TRANSIT	-15	777	TO 35				
SIDING							I VC MINI STI		1	10.20	^		\vdash	
			\neg											
Name of Registere	d Waste Hauler				JDEP V		Cubic Yards	Name of Reg	istered La	endfill				
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City, State W AP U	z SHAV	F	H(.	T	080	052	Disposal Date-	City, State	OBIN	EN	1. 7			
Completed By	17	Title					Signature -	on.		Date	in	1	l.	
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		DEC	1	5	2016		11

Date of Notification (1)	N	ame of Buildi	ng Owner/Operator	(2)	570000				
				13 CON	STRUCTI				OL.
Agencies Notified Type Notification	S	treet Address	300 7	YTH ST.	1	JEN	SIN	ti_	
☐ BPA	-	ity, State, Zip		1 31.		-		-10-	=
DOL Amendment #				CITY	NITO	8-2	48	2	
☐ Emergency (including justification)		ame of Conta			Telephone Numi		- 1_		
DCA Cancellation	194		RANIC		r elephone reunit	Jei			
<u> </u>								_	_
Name of Facility Where Abatement is Taking Place		FACILITY IN	FORMATION	Type of Facility	, (A)				
RESIDENCE	(3)				1 10 10				
Street Address				School (K-1	2) 8 (Other than K-12	?)			
Sireet Address				Other (i.e.,)	private & commercia		dings	5,	
City (5)	- 50			homes, etc Square Feet	.) # of Floors	TR	ldg. A	ne	_
SEA ISLE	CITY	/		1500	1 1 10013		50		
County (6)		ounty Code (7) (STATE		rior if being demolis	-		_	_
CAPE MAY	U	ISE ÓNLY)			ACHUIT	:5			
Name of Monitoring Firm Hired by Building Owner	ASO	CM No.	Name of Abatem		9)				
(8) N/A			1 1	CM (O	INC				
Street Address			Street Address	2 0 2					
			369	S. SPK	PUCE AUG				
City, State, Zip Code .			City, State, Zip C						_
			WAP	LE 2H	MOE NIJ	_(780	25	2_
Project Manager for Monitoring Firm	Telepho	ne No.	Telephone No.	9 01122	License No.	.11	1		
			856-77		004	40	<u></u>		_
Start Date (10) Scheduled Cor			Name of OSHA N	1					
17-70-16 12-2	_	6		N	4				_
Occupancy Status During Abatement (Check only of			Street Address						
Facility Closed/Vacated During Entire Period of Al Abatement Performed Outside of Normal Facility I		,	City, State, Zip Co	- do			_	_	_
Other - Describe:	iouis		City, State, Zip Ct	ode	- 1				
Scope of Work (Check all that apply)								_	=
A property to the control of the con				tainment with Ne	gative Pressure				
	ovation		☐ Mini-Enc	losure g Procedure	₩ #0				
2 100 31 01 2200 II	J.10011				n-Friable Procedur	е			
Is Loc						A		ment	
Location of Used S			Description of				Typ	e	_
Asbestos-Containing Material (ACM) Mainte	nance/		os Containing Mate		Amount			ш	m
TO BE ABATED Cust IN Facility Sta		(i.e.,	thermal systems in surfacing, VAT, of		(Specify SF or LF)	Ren	Re	TCap	ncl
(13)			other miscellaneou	us)	J. J. Z. /	Remova	Repair	Encapsulate	Enclosure
Yes	NO N/A	<u></u>				=		ate	е.
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SIDING	X		TRAWSIT	<u>e</u>	15605F	X		_	_
Name of Registered Waste Hauler		Waste	Cubic Yards of Waste	Name of Regis	12. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
ICLEMOD DUC.	Hauler	704	OI Waste	_CM. (MU-A-				_
City, State		.	Disposal Date	City, State		y pulsa			
MAPLE SHADE MI. I	08	3055		WOOD	BINE A	1.1			
Completed By Title	0		Signature -	IM.	Date	1/	ı	ı	
MICHAEL CLOMM SU	V		_1_Mun	wn		10	-1	VI_	

CX4124

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

DEC 1 5 2016

		0.000	covered the								
Date of Notification (1)			Nar	ne of Buildi	ng Owner/Operator	H (0	WTRACTEM	661 183	ITRO G	3 JC	ķ
Agencies Notified Type Notificati	on		Stre	eet Address	155 RT	-	And the state of t				
☐ EPA			City	, State, Zip	Code		= .0.		-	=	=
DOL Amendmen	(includi	ng	_		LITH FIT	LO N)	-2.7	_
DOH justification Cancellation			Nan	ne of Conta	RUCE		Telephone Numb)ei			
-			F	ACILITY IN	FORMATION						
Name of Facility Where Abatement is Tal	king Plac	ce (3)				Type of Facil					
Street Address	NE					☐ Subchapt	er 8 (Other than K-12 , private & commercia		dings		
City (5) MARGATE	(· 11	7			Square Feet	# of Floors	11.0	dg. A		
County (6) ATL AMTIC			Co	unty Code E ONLY)	7) (STATE	Current Use (Prior if being demolis	-			=
Name of Monitoring Firm Hired by Building	Owner		ASCA	A No.	Name of Abatem				Alba esesa		
(8) W / A Street Address					Street Address	th co	INC				_
					369		PRUCE AL	t`			
City, State, Zip Code		1000000	N. 34000		City, State, Zip C	LE SH	ADE MIJ	0	80	52	
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.	9-047	License No.	14			
0	eduled (500 CD D. C. C. C.			Name of OSHA N	Monitor N	A				
0ccupancy Status During Abatement (Ch			-16	<u> </u>	Street Address				-		_
☐ Facility Closed/Vacated During Entire F	eriod of	Abate	ement		City, State, Zip C					_	
Abatement Performed Outside of Norm Other - Describe:	ai raciii	ty 1100			City, State, 21p C						
Scope of Work (Check all that apply)					☐ Full Con	tainment with N	legative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emolitic				g Procedure	Non-Friable Procedur	e			
	100	Location						A	bater Typ		
Location of	Used	Solel ntenan	y by	Ashes	Description of os Containing Mate		Amount			m	
Asbestos-Containing Material (ACM) TO BE ABATED	C	ustodia Staff?			thermal systems in surfacing, VAT.	nsulation,	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
IN Facility (13)		(12)			other miscellaneo	us)		oval	air	sulate	sure
	Yes	No	N/A			-,-	12-	V			_
SIDING			X		TRANSI-	16	1250.00	X.	-	_	_
Name of Registered Waste Hauler		10000	UDEP V	A STATE OF THE STA	Cubic Yards of Waste	Name of Re	gistered Landfill				
KLTMCO INC			79	04	Disposal Date	City, State	CUA				
City, State MAPLE SHADE ML	T						ASHAITVIL	LE			
Completed By KILLMAN Titk	้รง	P			Signature.	00n	Date 12-	-10	-1	6	
MICHAEL MCMANI	<u> </u>	1 -								-	

Check Pg,	#	NOT		MOITA	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:10			C E		\mathbb{V}	
Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)		JEG 1	5 2	016	- Annual
12/	12 /	16		Mr.	Henry N	lorwood		I had been		- 12		1
Agencies Notified	Type Notification	on		Street	Address			ASBE	STOS (L &
☑ DOLWD ☑ DHSS	Amended Amendmen	t #		City, S	State, Zip (Code		Bernand State Control of the Control				
□ DCA			9			NJ 07302						
(NJAC 5:23-8)	justification Cancellation			0.000	of Contac			Telephone N	umber			
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Name of Equility Where A	hatament is Tal	ring Diago	(2)	FA	CILITY IN	IFORMATION	T	(4)				
Name of Facility Where A	Datement is Tar	King Place	: (3)				Type of Facility (School (K-12					
Street Address							Subchapter 8 Other (i.e., pr	Other than K		uildinç	gs,	
City (5)							Square Feet	# of Floors	В	ldg. A	-	
Jersey City				10		N/07475 (/05 01///	2,200	2		+ 08	yrs.	
County (6)				Cour	ity Code (/)(STATE USE ONLY)	Current Use (Pri-	or if being dem	iolished)			
Name of Monitoring Firm	Hired by Buildin	a Owner	(8)	ASCM	No	Name of Abateme						
N/A		9	(0)	N/A	110.		az Mat Remova	al, Inc.				
Street Address						Street Address						
						494 East 41st	Street					
City, State, Zip Code						City, State, Zip Co	ode					
			_			Paterson, NJ	07504					
Project Manager for Monit	oring Firm		Tele	phone	No.	Telephone No.		License No.				
Start Date (10)	Coh	neduled C	omalo	tion Do	to (11)	973-345-0022		00507				
12/13/	16	12 /	15		38. 350	Name of OSHA M						
Occupancy Status During						Street Address						
☐ Facility Closed/Vacate ☐ Abatement Performed Time of Abatement:	Outside of Norn AM	nal Facility PM/	y Hour	s - Des		City, State, Zip Co	de					
Scope of Work (Check all	that apply)	eN1										
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re	novati molitic			☐ Mini-Encl						
		Is	Locat	ion						atem	ent T	уре
Location of Asbestos-Containing N TO BE ABA IN Facility (13)	Material (ACM) FED	Use Ma	Norma d Sole intena codial ((12)	ely by nce/	100000000000000000000000000000000000000	Description of stos Containing Mai , thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								
Basement					Pipe Ins	sulation		100 LF				
									П			
Name of Registered Waste East Coast Haz Mat				JDEP V		Cubic Yards of Waste	Name of Regist	ered Landfill , North W/M	of PA			
City, State Paterson, NJ				419		Disposal Date	City, State Morrisville,					
Completed By (Print or Ty)	55	itle Sr. Esti	mato	r/Droid	ect Mar	Signature	1/1		Date			, ,

ASB-41 MAY 11

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Edwin Lopez 12-12-2016 ASBESTOS CONTROL Street Address Type Notification Agencies Notified LICENSING Initial EPA City, State, Zip Code × Amended DEP Nutley NJ 07110 Amendment #_ DOL Emergency (including Telephone Number Name of Contact justification) DOH Edwin Lopez Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) **PRivate Dwelling** Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, Bldg. Age Square Feet # of Floors City (5) N/A N/A n/A Nutley NJ 07110 Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Private Dwelling Essex Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Amax Contracting LLC Bioterra Slution Street Address Street Address PO BOX 734 1130 W Chestnut St City, State, Zip Code City, State, Zip Code Woodland Park NJ 07424 Union NJ 07083 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 973-692-6298 01266 973-494-3762 Rick Eustaquio Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Amax Contracting LLC 12-30-2016 12-28-2016 Street Address Occupancy Status During Abatement (Check Only One) PO BOX 734 Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Woodland Park NJ 07424 Other - Describe: 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 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/ (Specify (i.e. thermal systems insulation, Remova TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)Yes No N/A 20 LF PIPE INSULATION Basement

Title Signature Date 12-12-2016

Cubic Yards

Disposal Date

of Waste

2 cv

NJDEP Waste

Hauler ID No.

0036184

Name of Registered Landfill

Grows

City, State

Tome Maslarkov

City, State

Completed by

Name of Registered Waste Hauler

Amax Contracting LLC

Woodland Park NJ 07424

State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

CHECK # 389

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Date of Notification (1) 12/08/16					Name of Build	ing Owner <i>l</i> C	perato	F(2)	15 6	2010	T S South			
Agencies Notified		Notification	Туре		Street Address									
		initial no		i	9 Entin Road		ASBES	STOS	COV	HRO	L&			
⊠ EPA		☐ Amende	500		City, State, .Zip Code			LICE	MSIN	G				
□ DCA				ication	Parsippany NJ 0705	4								
⊠ DOL		☐ Cancelle	d		Name of Contact:		Telephor	e Nun	pper					
⊠ DEP					Tom Catanzaro		1							
⊠DOH					FORMATION									
			(0)	FACILITY IN	FORMATION			-						
Name of Facility Where A	batement is	laking Place	(3)		Type of Facility (4)									
Commercial Building					☐ School (K-12) ☐ Subchapter 8 (ot)	oor than K 12\								
Street Address					☐ Other (i.e. private	& commercial hui	ildinas hon	nes e	•					
9 Lackawanna Dr						I .Age;30	namgo, non	100, 0	.					
					Current Use (prior if I):							
City (5)	County (6)			y Code (7)	· ·		8							
Stanhope NJ 07874	Sussex		(State	Use Only)										
Name of Monitoring Firm I	Hired by Bld	g. Owner (8)	ASCM	No.	Name of Contractor (9)								
N/A					BL Contracting Inc									
					I Company to the comp									
Street Address					Street Address									
					5 Marguerite Lane									
City. State, Zip Cod					City State, Zip Code									
		r= : : :			Towaco 07082									
Projec Manager for Monit	oring Firm	Telephone	Number		Telephone Number 973-901-0153		License I 01265	vumbe	ſ					
					973-901-0133		01203							
Scheduled Start Date (10)		Schodulad	Complet	ion Date (11)	Name of OSHA Monitor									
12/10/2017		12/12/17	Complet	ion Date (11)	BL Contracting Inc.	tor.								
12/10/2017		12712717			Da contracting inte									
Occupancy Status During	Abatement (Check only o	ne)		Street Address									
				ent	5 Marguerite Lane									
☐ Abatement Performed (Outside of No	ormal Facility	Hours -											
Describe					City, State, Zip Code									
□Other - Describe:					Towaco, NJ 07082									
Source of Work (Check all	that apply)						5.00000 10.0000							
						Non Exampted a	nd Non Fria	able P	ocedu	re				
□ ≥ 3 sf or ≥ 3				□ Renovation		Mini-Enclosure								
	≥ 260 If			□ Demolition		Slove bag Procedi		D		_				
					L	I Full Containmen	it with ivega	ative P	ressure	3				
Location of Asbestos-	ls Lo	ocation Norma	ally	Description of A	sbestos Containing	Amount (Specia	fy SF or	Aba	tement	Type				
Containing Material (ACM)		d Solely by	Th Common		(i.e. thermal systems	LF)		89,000						
Facility (13)	Maii	nt/Custodial S	taff?		cing, VAT, or other			Remo		pair Enc	ap			
	(12)			misc.)				Lineit	30					
	YE	S NO	NA	100 1 0 0 11 1		000 05		X			1			
Outside			X	Window Calkin	9	900 SF								
								-		-				
						-		-	•	-	+			
Name of Reg. Waste Hauler		NJDEP Waste	Hauler I	D#	Cubic Yards of Waste	1	Name of Re	gistere	d Land	fill				
Waste Management of Penr	nsylvania	0036784		··· (500, 64)	3		T.R.R.F							
						Dienesel Deta		Cit.	State					
						Disposal Date			ytown,					
						12/13//17		l uni	.04711,	1.73				
						Car 1 G// 11								
Completed by (Print or Type	oe)	Title		Signature Date										
Nedo Vasilic	10.2520	President			Nebs Vaci G = 12/08/2016									
					1 / RECO U	12/08/2016								

Data shirts of (2)			<u> </u>					D	EC	15	20	16			
Date of Notification (1) 12/8/16				ne of Build z McKea	ing Owner/Operato	r (2)									
Agencies Notified			et Addres		ASBESTOS CONTROL										
☐ EPA	Type Notificat Initial			Out	et Addres	3		LICENSING							
DEP DOL	Amended Amendmen	nt#		100000000	, State, Zip	o Code									
	Emergency	y (includia	ng		gantine,										
DOH DCA	justificato Cancellatio			-5.50	ne of Co		Telephone Nur	Telephone Number							
					Brumme			-							
Name of Facility Where A	hotomont in To	kina Dlos	10 (2)	F/	ACILITY IN	FORMATION	Type of Facili	5. /A)							
Residence	ADDIENTENT IS 1 a	King Plac	e (3)				·12)								
Street Address			-	Subchapter 8 (Other than K-12)											
				Other (i.e., private 8 commercial buildings, homes, etc.)											
City (s)						Square Feet # of Floors Bldg.									
Brigantine, NJ County (6)				T 0	1.0.1	(T) (OTATE	_ 2	40 yrs							
Atlantic					unty Code E ONLY)	(7) (STATE	Current Use (Prior if being demolished) Vacant								
Name of Monitoring Firm	Hired by Buildir	ng Owner		ASCN	l No.	Name of Abatem	ent Contractor (9)								
(8)					transference	AEi2, LLC	*								
Street Address						Street Address									
City, State, Zip Code						361 E. Flemin									
City, State, Zip Code				City, State, Zip Hammonton,											
Project Manager for Monitoring Firm Telep					No.	Telephone No.		License No.							
						609-481-212	22 00689								
Start Date (10) Scheduled Completic 12/17/16 12/23/16					ate (11)	Name of OSHA N									
12/17/16			AEi2, LLC												
Occupancy Status During Abatement (Check only one) Kacility Closed/Vacated During Entire Period of Abateme					Street Address ment 361 E. Fleming Pike										
Abatement Performed						City, State, Zip C						-			
Other - Describe:						Hammonton,	NJ 08037								
Scope of Work (Check all	that apply)					Full Cor	ntainment with N	Negative Pressure							
>3 sf or >3 If		□ Re	enovat	ion		Mini-End									
≥160 sf or ≥260 If	⊠ De	emolitio	on			g Procedure	on-Friable Procedure								
		1111-000-00-00	ocati			ELA HOH EX	cimpica () and i	Ton-i nable i locedi	II-I Hable I Tocedare						
Location of	f		ormally Solel			Description of				Туре					
Asbestos-Containing Material (ACM) Ma				ice/		tos Containing Mate	erial (ACM)	Amount	R	R	E n	E n			
TO BE ABATED IN Facility			ustodia Staff?	21	(i.e.	thermal systems in surfacing, VAT,	or	(Specify SF or LF)	e m	e P	e a p	1 0			
(13)	L	(12)			other miscellaneo	us)		o v a	a i	s u	s u				
		Yes	No	N/A					1	r	a +	e e			
Exterior				X	Transit	Э		3000 SF	X		e				
					-										
		_													
На					Naste No.	Cubic Yards of Waste	Name of Registered Landfill								
AEI2, LLC 21				1376	7110.	20	TBD								
City, State				72411-1-2		Disposal Date TBD	City, State	. /							
Hammonton, NJ Completed By Title					TBD TBD Date										
Wm. Minnick	Mgr			11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	men	12/8/16									
SR-41					-V-1	Jan									

Chiboo
ate of Notification (1)
12-12-2016

0111800												DEC	1	5	2016		
Date of Notification (1) 12-12-2016	100	Name of Building Owner/Operator (2) Patrick Healey							DEC 1 5 2016								
Agencies Notified Ty	1	Street Address							ASBESTOS CONTROL 8								
X EPA X	Initial			LICENSING													
X EPA X DEP X DOL	Amended Amendment Emergency (te, Zip Co ell NJ 07												
▼ DOH DCA	1		Contact					Tele	Telephone Number								
☐ DCA ☐			Healey														
Name of Facility Where Aha	tement is Taking	Place (3)		FACI	LITY INFO	pe of Facility (4	(4)										
Name of Facility Where Abatement is Taking Place (3) PRivate Dwelling								Т		10							
Street Address							-	School (K-12) Subchapter 8 (Other than K-12)									
								Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Caldwell NJ 07006								n/A N/A N					dg. Age /A				
County (6) Essex				County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolish Private Dwelling					ned)				
Name of Monitoring Firm Hir	red by Building (Owner (8)		ASCM No. Na					batement Con	tractor	(9)						
Bioterra Slution							Ama	ax C	Contracting L	LC							
Street Address 1130 W Chestnut St				•				t Address BOX 734									
City, State, Zip Code							S 35 800		, Zip Code								
Union NJ 07083							10.5		nd Park NJ	0742	07424						
					Telephone No.			hone	No.	H2s 2s	License No.						
Rick Eustaquio		94-3762		01266													
Start Date (10) Scheduled Completion Date (11)							Name of OSHA Monitor										
12-29-2016 12-30-2016								Amax Contracting LLC Street Address									
Occupancy Status During Abatement (Check Only One)							PO BOX 734										
Facility Closed/Vacated Abatement Performed (State, Zip Code											
Other - Describe:						_	100000000000000000000000000000000000000		nd Park NJ	0742	07424						
Scope of Work (Check All Th	nat Apply)																
≥3 sf or ≥3 lf		ovation			>			nent with Negative Pressure									
≥160 sf or ≥260 lf	emoliti	olition					Mini-Enclosure X Glovebag Procedure										
							Non-Exempted	(*) and Non-Friable Procedure									
	Locati										Abatement Type						
Location of	4		lormall d Solel				Description of os Containing Material (ACM)				Amount						
Asbestos-Containing Ma TO BE ABATE	ntenar	nce/					sulation,				R	TI	Enc	Ε̈́D			
In Facility	odial S (12)	тап?			urfacing, VAT, or			SF or LF)			Remova	Repair	Encapsulate	Enclosure			
(13) Yes				N/A		outeri	other miscellaneous)						/al	Ξ.	ılate	лге	
Basement									ON	11	100 I E		X				
Dasement			PIPE INSULATION				ON 100 LF				Δ						
3																	
					/aste	s Name of Registered Landfill											
Amov Contracting IIC					Hauler ID No. of Waste 0036184 3 cy Grows												
City, State Woodland Park NJ 074				sal Date 5-2017													
Completed by Title							Signature Date										
Tome Maslarkov Project Manager							12-12-2016										

Chi4700	ı		CATION	ate of New of OF ASBES to NJAC 8:6	TOS ABATE		NT	10)-4	, <u>(</u> , ,		I W	15			
Date of Notification (1) 12/13/2016			f Building Ov gh Dickins				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DEC	15	201	16				
Agencies Notified Type Notification		Street A	ddress River Road	t t		ASBESTOS CONT									
X DEP X Initial Amended Amendment			ate, Zip Code	,	LICENSING										
□ Emergency (□ justification) □ Cancellation			f Contact Gorczyca		Telephone N	Telephone Number									
			FACI	LITY INFOR	MATION	200						_			
Name of Facility Where Abatement is Takin Becton Hall	g Place (3	3)					pe of Facility (4) School (K-12)								
Street Address 1000 River Road						×		Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,							
City (5) Teaneck						Sc	quare Feet	# of Floors	E	Bldg. A	ge				
County (6) Bergen				Code (7) USE ONLY) .			Current Use (Prior if being demolished) University								
Name of Monitoring Firm Hired by Building (EDI .	Owner (8)		ASCN 0095				Abatement Contro ompany Inc	ent Contractor (9)							
Street Address 5434 King Avenue	*			100000000000000000000000000000000000000	et Address B Piaget Avenue										
City, State, Zip Code Pennsauken, NJ 08109					City, State, Zip Code Clifton, NJ 07011										
Project Manager for Monitoring Firm Tom Pruno		Telepho 888-30	ne No. 06-4545	1000000000000	Telephone No. 973-253-8828			License No. 00704							
Start Date (10) 01 09 2017	ed Com		Date (11)	11 400000000000000000000000000000000000	Name of OSHA Monitor VMC Company Inc										
Occupancy Status During Abatement (Chec	ne)	<u> </u>		Stree	et Address										
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: occupied	Abatem Hours	ent		City,	State	tate, Zip Code									
Scope of Work (Check All That Apply)			-								-				
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Renova Demoliti					Full Containmen Mini-Enclosure Glovebag Proced Non-Exempted (dure			Q				
		Location						-/		Abatement Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	d Solei intenar todial S (12)	ly by ice/	(i.e. the	Description of sbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure				
	Yes	No	N/A						_		ite	0			
Theatre	Х			Ceiling pla			2,500 SF 20 LF	Х							
Theatre x			-	Pip	Pipe/fitting insulation				X			_			
									-						
Name of Registered Waste Hauler Newark Carting Inc	H	NJDEP Waste Cubic Yards Hauler ID No. of Waste				Name of Registered Landfill GROWS									
City, State Newark, NJ		5409	1	Disposal Date	е										
Completed by Voytek Roszkowski	ident			Signatur	5	- World	3 / [Date 12/13/2	2016						

Print Form