NO CONTRACTO	fate of Nav. Jersey N OF ASSESTOS ABAYEKTEV to NJAC 8:60 gad 12:120)		ECEIVE
Date of Notification (1)  St16 - 16	of Seeing Ornal Cometa;		DEC 1 6 2016
	Activess 20 Box 69  Block ED Corts  Sewell		LICENSING
Con Constitution Name (Constitution)	Jewell in Contact Milke/GHRY		OSC MANUEL STATE OF THE PARTY O
residuració de la	LIFE NO COMPANION	ii Feesiiy (4)	
Small services		නෝ (ද්-12) න්දෝසා 8 (වශිස 8: අ (i.e., ලබ්ස්) 8 සො	21 (C-12) 10 10 10 10 10 10 10 10 10 10 10 10 10 1
County (6) A County	Sum Çev	55 3	ES ES.AS
Comberling Company Com	Nama of African and Confe	Lesicla Resicla Laries	11 f
Street Ashess	Street, Address 1212 Birdin	0	
City, Seet, In Citie	Chy. State Top Sorte NJ		
Frejeth Warrager in Wordlaning Farm Telephone Wo. Sent Telephon Contains Date (1911)	I Name of OSHA Morter	1000 NO	
12 - 15 - 16   12 - 30 - 16	Street Address	14	110000
Feeling Closed/Versied Buring Entire Period of Aleisment   Abstance: Periodnesi Cuiside of Nasaci Peciling House   Clinar - Bescrive:	Chy, See, Ap Code		Attenues of the second of the
Coops of Work (Cheatell that early)  The second of the sec	Fell Containment with Mills Fell Containment with Mills Fell Containment with Mills Fell Containment Containment Fell Containment Con	Magaira Passus Man-Fizitis Francia	The state of the s
Is Loretina  Loretina of Vest Safely by  Ashesias-Containing Mataba (ACM)  Fig. 12 25 ACM Safely Ashes  TO 25 ACM Safely Aches  To 25 ACM Safely Aches	ටසහම්මේක වේ ජය දියල්ස්ත්ත මස්සේම ජනයා,	Ammori	Abelement Type
(15) (25) (25) Yes No I NA	tional spies befole, surethe, VII, or surethe, VIII, or	<b>801</b>	THE PROPERTY OF THE PROPERTY O
DISTSIAE 1A	am). Siding	4500 51	
		Configuration Co	Althor Care
	Cubic Yards Remo of Region of Waste / Scy 1 10M &	- 1 - 1/2	TOTAL STATES
		Hytonia PA	1111
THIS THIS IS	Space / )	-	:-16
ි ටිය අතර දකුල වර්ණ වියාග චීම වර්ණයේ පැට	Secure exampled solvites	H- 10-12	0-16
		12-13	-16

# 10 CK

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

FIE	(C)	E		W	E	
11.7/						
	DEC	- 5	6	2011	-S	IJ,
T) F.	DLU	- 1	Ü			1

11 / /																		
10 01			Name	of Buil	ding Own	ner/Operator (2)		J 1										
of Notification (1)	12 / 16			onic				4	ASBESTOS	CON	TRO	18						
			Street	t Addre	SS				LICE	ENSING	}		_					
ncies Notified	Type Notification  Initial			loy St					A									
PA	☐ I'illiai ☐ Amended				Zip Code													
OOLWD	Amendment #1				J 07801	l .			. Nbor									
OOH OCA	☐ Emergency (includi	ng	1300000	e of Co				T	elephone Number									
NJAC 5:23-8)	justification)				Pressne	er .		14		_			-					
	Cancellation		1			RMATION												
		121	F.F	CILII	TINFO	KWIATION	Туре	of Facility (4)										
ne of Facility Where	Abatement is Taking Pla	ce (3)						hool (K-12)	Other than K-12)				1					
rconic							Su	bchapter 8 (	Other than K-12) ate and commercia	al building	gs,		1					
eet Address							ho	mes, etc.)					4					
Roy Street							Squa	re Feet	# of Floors	Bldg. A	\ge							
y (5)							10.000 2 50											
Dover					- do /7\/91	TATE USE ONLY)	Curre	ent Use (Prior	if being demolishe	ed)								
ounty (6)			Co	ounty C	ode (/)(3/	TATE OUE OFFET?	1	dustrial										
Marris					1.0	lame of Abatem	72.00											
ome of Monitoring Fi	rm Hired by Building Owr	ner (8)	ASC	M No.	IN.	Plymouth Er	viron	mental Co	., Inc.									
EHS Environmer	ntal Co., Inc.					Street Address	141101											
reet Address					8	923 Haws A	va.											
411 Southgate C	ourt																	
ity, State, Zip Code					(	City, State, Zip C Norristown,		0401										
Mickleton, NJ 08	3056						FAI	3401	License No.									
roject Manager for N	Monitorina Firm	T		ne No.		Telephone No.	20		00398									
		- 1	OFC !	004 00		6111-734-992	9-9920 00398											
I-al Carnay		1		224-00				Nr.				SHA Monitor						
Jack Carney	Schedu	ed Com	pletior	Date (	(11)	Name of OSHA	Monito	or etal Co. Inc										
Start Date (10)	/ 16 Schedu	led Com	pletior	Date (	(11)	Name of OSHA EHS Enviro	Monito nmer	or Ital Co., Inc	<u>,</u>									
Start Date (10)	/ 16 12	_ / _	pletior 19	Date (	(11)	Name of OSHA  EHS Enviro  Street Address	Monito	ital Co., Inc	).									
Start Date (10)	uring Abatement (Check	only one	19 2)	Date ( / _ 1	(11)	Name of OSHA  EHS Enviro  Street Address  411 Southg	Monitonmer nmer	ital Co., Inc	<u>.</u>									
Start Date (10)  11 / 28  Decupancy Status D  Facility Closed/Vi	uring Abatement (Check acated During Entire Peri	only one od of Ab	19 2) ateme	Date (	(11)	Name of OSHA  EHS Enviro  Street Address  411 Southg  City, State, Zip	Monito onmer gate C	ourt	<b>.</b>									
Start Date (10)  11 / 28  Decupancy Status D  Facility Closed/Vi	uring Abatement (Check acated During Entire Peri	only one od of Ab	19 2) ateme	Date (	(11)	Name of OSHA  EHS Enviro  Street Address  411 Southg	Monito onmer gate C	ourt	».									
Start Date (10)  11 / 28  Decupancy Status D  Facility Closed/V: Abatement Performe of Abatement	uring Abatement (Check acated During Entire Perirmed Outside of Normal Fent: 7:00AM-3:30PM/	only one od of Ab	19 2) ateme	Date (	(11)	Name of OSHA  EHS Enviro  Street Address  411 Southg  City, State, Zip  Mickleton,	Monito onmer gate C Code NJ 08	ourt										
Start Date (10)  11 / 28  Decupancy Status D  Facility Closed/Vi	uring Abatement (Check acated During Entire Perimed Outside of Normal Fent: 7:00AM-3:30PM/_	only one od of Ab	19 e) pateme	n Date ( / _1 ent - Descri_AM	(11)	Name of OSHA  EHS Enviro  Street Address  411 Southg  City, State, Zip  Mickleton,	Monitornmer  gate C  Code  NJ 08  contains	ourt  056 ment with Ne	gative Pressure									
Start Date (10)  11 / 28  Occupancy Status D  Facility Closed/V: Abatement Perfo Time of Abateme  Scope of Work (Che	uring Abatement (Check acated During Entire Perirmed Outside of Normal Fent: 7:00AM-3:30PM/eck all that apply)	only one od of Ab	19 e) pateme Hours -	n Date ( / _ 1 ent Descri_AM	(11)	Name of OSHA  EHS Enviro  Street Address  411 Southg  City, State, Zip  Mickleton,  Full C  Mini-E	Monitonmer  gate C  Code  NJ 08  contains  Enclose	ourt  056  ment with Ne	gative Pressure	ure								
Start Date (10)  11 / 28  Decupancy Status D  Facility Closed/V: Abatement Performe of Abatement	uring Abatement (Check acated During Entire Perirmed Outside of Normal Fent: 7:00AM-3:30PM/eck all that apply)	only one od of Ab	19 e) pateme Hours -	n Date ( / _ 1 ent Descri_AM	(11)	Name of OSHA  EHS Enviro  Street Address  411 Southg  City, State, Zip  Mickleton,  Full C  Mini-E	Monitonmer  gate C  Code  NJ 08  contains  Enclose	ourt  056  ment with Ne		ure Aba	ateme	ent Ty	/p+					
Start Date (10)  11 / 28  Occupancy Status D  Facility Closed/V: Abatement Perfo Time of Abateme  Scope of Work (Che	uring Abatement (Check acated During Entire Perirmed Outside of Normal Fent: 7:00AM-3:30PM/eck all that apply)	only one od of Ab Facility H PM-	pletion 19 e) pateme Hours -	n Date ( / _1 ent - Descri_AM	(11)	Name of OSHA  EHS Enviro  Street Address  411 Southg  City, State, Zip  Mickleton,  Street Address  411 Southg  City, State, Zip  Mickleton,  Street Address  Glove  Non-f	Monitor on mer of the containing of the containi	ourt  056  ment with Ne	gative Pressure	ADE								
Start Date (10)	uring Abatement (Check acated During Entire Perirmed Outside of Normal Fent: 7:00 AM-3:30 PM/eck all that apply)	only one od of Ab Facility H PM-	pletion 19 e) pateme Hours -	n Date ( / _ 1 ent Descri_AM	(11) 6	Name of OSHA  EHS Enviro  Street Address  411 Southg  City, State, Zip  Mickleton,  Street Address  411 Southg  City, State, Zip  Mickleton,  Description	Monitor numer Gate C Code NJ 08 Contain Enclose Ebag P Exemp	ourt  056  ment with Neure rocedure ted (*) and N	gative Pressure on-Friable Proced	ADE								
Start Date (10)	uring Abatement (Check acated During Entire Perimed Outside of Normal Fent: 7:00 AM-3:30 PM/	only one od of Ab Facility Fac	pletion 19 e) pateme Hours - covation ovation ormally 1 Solely	ent Descri AM Don y y by nce/	(11) 6	Name of OSHA  EHS Enviro  Street Address  411 Southg  City, State, Zip  Mickleton,  Studies Full C  Glove  Non-E  Description  Stos Containing  thermal syste	Monitor on mer Code NJ 08 Contains Enclose Example on of Mater ems ins	ourt  5056  ment with Neure rocedure ted (*) and N	gative Pressure on-Friable Proced  Amount (Specify	ure Aba Removal	ateme Repair							
Start Date (10)  11 / 28  Doccupancy Status D  Facility Closed/Vi  Abatement Performe of Abatement Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260  Asbestos-Conta	uring Abatement (Check acated During Entire Perirmed Outside of Normal Fent: 7:00 AM-3:30 PM/	only one od of Ab Facility Fac	pletion 19 e) pateme Hours - covation ormally 1 Solely intenan- odial S	ent Descri AM Don y y by nce/	(11) 6	Name of OSHA  EHS Enviro  Street Address  411 Southg  City, State, Zip  Mickleton,  Street Address  411 Southg  City, State, Zip  Mickleton,  Description  Description  States Containing  States, Address  Description  States Containing  States, thermal system  States Containing	Monitor on mer on of Mater ms ins	ourt  056  ment with Neure rocedure ted (*) and N	gative Pressure on-Friable Proced	ADE		ent Encapsulate						
Start Date (10)  11 / 28  Doccupancy Status D  Facility Closed/Vi  Abatement Performe of Abatement Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260  Asbestos-Conta	uring Abatement (Check acated During Entire Perimed Outside of Normal Fent: 7:00 AM-3:30 PM/	only one od of Ab Facility H PM-  Rend Dem  Is I N Used Main Custo	pletion 19 e) pateme Hours - covation ocation ormally 1 Soleintenan odial S (12)	n Date ( / _ 1 ent Descri_AM  on y y by nce/ staff?	(11) 6	Name of OSHA  EHS Enviro  Street Address  411 Southg  City, State, Zip  Mickleton,  Studies Full C  Glove  Non-E  Description  Stos Containing  thermal syste	Monitor on mer on of Mater ms ins	ourt  056  ment with Neure rocedure ted (*) and N	gative Pressure on-Friable Proced  Amount (Specify	Removal								
Start Date (10)  11 / 28  Doccupancy Status D  Facility Closed/Vi  Abatement Performe of Abatement Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260  Asbestos-Conta	uring Abatement (Check acated During Entire Perirmed Outside of Normal Fent: 7:00 AM-3:30 PM/	only one od of Ab Facility Fac	ovation ocation ormally Solelintenan odial S (12)	n Date ( / _ 1 ent Descri_AM  n on y y by ice/ ictaff?	Asbe (i.e	Rame of OSHA  EHS Enviro  Street Address  411 Southg  City, State, Zip  Mickleton,  State, Zip  Mini-E  Glove  Non-E  Description  estos Containing  est, thermal system  surfacing, Nother miscel	Monitonmer  Gate C  Code  NJ 08  Containing  Enclosing  Exemp  on of  Mater  Mater  MAT, on  laneou	ourt  056  ment with Neure rocedure ted (*) and N	gative Pressure on-Friable Proced  Amount (Specify	ADE								
Start Date (10)	uring Abatement (Check acated During Entire Perirmed Outside of Normal Fent: 7:00 AM-3:30 PM/	only one od of Ab Facility H PM-  Rend Dem  Is I N Used Main Custo	pletion 19 e) pateme Hours - covation ocation ormally 1 Soleintenan odial S (12)	n Date ( / _ 1 ent Descri_AM  on y y by nce/ staff?	Asbe (i.e	Name of OSHA  EHS Enviro  Street Address  411 Southg  City, State, Zip  Mickleton,  Stull Companies  Glove Non-formal System Surfacing, Nother miscel  Ile and mastice	Monitonmer  Gate C  Code  NJ 08  Containing  Enclosing  Exemp  on of  Mater  Mater  MAT, on  laneou	ourt  056  ment with Neure rocedure ted (*) and N	gative Pressure  on-Friable Proced  Amount (Specify SF or LF)	Removal								
Start Date (10)	uring Abatement (Check acated During Entire Perirmed Outside of Normal Fent: 7:00 AM-3:30 PM/	only one od of Ab Facility Fac	ovation ocation ormally Solelintenan odial S (12)	n Date ( / _ 1 ent Descri_AM  n on y y by ice/ ictaff?	Asbe (i.e	Rame of OSHA  EHS Enviro  Street Address  411 Southg  City, State, Zip  Mickleton,  State, Zip  Mini-E  Glove  Non-E  Description  estos Containing  est, thermal system  surfacing, Nother miscel	Monitonmer  Gate C  Code  NJ 08  Containing  Enclosing  Exemp  on of  Mater  Mater  MAT, on  laneou	ourt  056  ment with Neure rocedure ted (*) and N	gative Pressure on-Friable Proced  Amount (Specify SF or LF)	Removal								
Start Date (10)	uring Abatement (Check acated During Entire Perirmed Outside of Normal Fent: 7:00 AM-3:30 PM/	only one od of Ab Facility Hambers PM-	ovation cocation coca	ent Descri AM  on y y by ice/ staff?	Asbe (i.e	Name of OSHA  EHS Enviro  Street Address  411 Southg  City, State, Zip  Mickleton,  Stull Companies  Glove Non-formal System Surfacing, Nother miscel  Ile and mastice	Monitonmer  Gate C  Code  NJ 08  Containing  Enclosing  Exemp  on of  Mater  Mater  MAT, on  laneou	ourt  056  ment with Neure rocedure ted (*) and N	gative Pressure  on-Friable Proced  Amount (Specify SF or LF)	Removal								
Start Date (10)	uring Abatement (Check acated During Entire Perirmed Outside of Normal Fent: 7:00 AM-3:30 PM/	only one od of Ab Facility Fac	ovation ocaticormally Solely No	n Date ( / _ 1 ent Descri_AM  Don y y by ice/ ictaff?	Asbe (i.e	Name of OSHA  EHS Enviro  Street Address  411 Southg  City, State, Zip  Mickleton,  Stull Companies  Glove Non-formal System Surfacing, Nother miscel  Ile and mastice	Monitonmer  Gate C  Code  NJ 08  Containing  Enclosing  Exemp  on of  Mater  Mater  MAT, on  laneou	ourt  056  ment with Neure rocedure ted (*) and N	gative Pressure  on-Friable Proced  Amount (Specify SF or LF)  1,859SF  13LF	Removal								
Start Date (10)	uring Abatement (Check acated During Entire Perirmed Outside of Normal Fent: 7:00 AM-3:30 PM/	only one od of Ab Facility Hambers PM-	ovation ocatic ormally solel ntenan odial S (12) No	n Date ( / _ 1 ent - Descri_AM	Asbe (i.e	Name of OSHA  EHS Enviro  Street Address  411 Southg  City, State, Zip  Mickleton,  State, Zip  Mickleton,  State, Zip  Mini-E  Glove Non-E  Description  estos Containing estos	Monitonmer  gate C  Code  NJ 08  containing  Enclosing  Babag P  Exemp  on of  Mater  ems ins  VAT, or  laneous	ourt  056  ment with Neure rocedure ted (*) and N	gative Pressure  on-Friable Proced  Amount (Specify SF or LF)  1,859SF  13LF	Removal								
Start Date (10)	uring Abatement (Check acated During Entire Perirmed Outside of Normal Fent: 7:00 AM-3:30 PM/	only one od of Ab Facility Fac	ovation ormally Solelintenan odial S (12)	n Date ( / _ 1 ent - Descri_AM  on y y by ice/ ictaff?  N/A	Asbe (i.e	Name of OSHA  EHS Enviro  Street Address  411 Southg  City, State, Zip  Mickleton,  Stull Companies  Glove Non-formal System Surfacing, Nother miscel  Ile and mastice	Monitonmer  gate C  Code  NJ 08  containing  Enclosing  Babag P  Exemp  on of  Mater  ems ins  VAT, or  laneous	ourt  056  ment with Neure rocedure ted (*) and N	gative Pressure  on-Friable Proced  Amount (Specify SF or LF)  1,859SF  13LF  egistered Landfill	Removal								
Start Date (10)  11  / 28  Decupancy Status D  Facility Closed/Vi  Abatement Performe of Abatement Scope of Work (Che  ≥3 sf or ≥3 If  ≥160 sf or ≥260  Asbestos-Conta TO B IN  1st floor office  1st Floor  Name of Register	uring Abatement (Check acated During Entire Perimed Outside of Normal Fent: 7:00 AM-3:30 PM/	only one od of Ab Facility Fac	ovation ormally Solelintenan odial S (12)	n Date ( / _ 1 ent - Descri_AM	Asbe (i.e	Name of OSHA  EHS Enviro  Street Address  411 Southg  City, State, Zip  Mickleton,  Street Address  411 Southg  City, State, Zip  Mickleton,  Street Address  Full C  Glove  Non-fe  Description  Stos Containing  Entermal system  surfacing, Nother miscel  Ile and mastice  Ile and mastice  Surfacing, Nother miscel  Cubic Yards  Waste  1CY	Monitonmer  gate C  Code  NJ 08  Containing Enclosing Exemp  on of Mater MAT, on laneou	ourt  056  ment with Neure rocedure ted (*) and Nulation, rs)  Name of Re GROWS	gative Pressure  on-Friable Proced  Amount (Specify SF or LF)  1,859SF  13LF  egistered Landfill	Removal								
Start Date (10)  11  / 28  Doccupancy Status D  Facility Closed/Vi  Abatement Perform of Abatement Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260  Asbestos-Conta TO B  IN  1st floor office  1st Floor  Name of Register Newark Carti	uring Abatement (Check acated During Entire Perimed Outside of Normal Fent: 7:00 AM-3:30 PM/	only one od of Ab Facility Fac	ovation ormally Solelintenan odial S (12)	n Date ( / _ 1 ent Descri_AM  Don y y by loce/ staff?  N/A  D  JJDEP Hauler I	Asbe (i.e	Name of OSHA  EHS Enviro  Street Address  411 Southg  City, State, Zip  Mickleton,  Street Address  411 Southg  City, State, Zip  Mickleton,  Description  Stos Containing  State, Address  Description  Stos Containing  State Address  Non-E  Description  Stos Containing  State Address  Non-E  Description  State Address  State	Monitonmer  gate C  Code  NJ 08  containing  Enclosing  Babag P  Exemp  on of  Mater  MAT, on  Ianeous  of	ourt  056  ment with Neure rocedure ted (*) and Nulation, rs)  Name of Re GROWS  City, State	gative Pressure  on-Friable Proced  Amount (Specify SF or LF)  1,859SF  13LF  egistered Landfill	Removal								
Start Date (10)  11  / 28  Decupancy Status D  Facility Closed/V:  Abatement Performe of Abatement Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260  Asbestos-Conta TO B  IN  1st floor office  1st Floor  Name of Register Newark Carti City, State	uring Abatement (Check acated During Entire Perimed Outside of Normal Fent: 7:00 AM-3:30 PM/	only one od of Ab Facility Fac	ovation ormally Solelintenan odial S (12)	n Date ( / _ 1 ent Descri_AM  Don y y by loce/ staff?  N/A  D  JJDEP Hauler I	Asbe (i.e	Name of OSHA  EHS Enviro  Street Address  411 Southg  City, State, Zip  Mickleton,  Full C  Mini-E  Glove Non-f  Descriptic estos Containing e., thermal syste surfacing, vother miscel  Ile and mastic nsulation  Cubic Yards Waste 1CY  Disposal Da 12/12/16	Monitonmer  Gate C  Code  NJ 08  Containenclossebag Pr  Exemp  on of Mater  Mat	ourt  056  ment with Neure rocedure ted (*) and Nulation, rs)  Name of Re GROWS	gative Pressure  on-Friable Proced  Amount (Specify SF or LF)  1,859SF  13LF  egistered Landfill	Removal			уро					
Start Date (10)  11  / 28  Doccupancy Status D  Facility Closed/Vi  Abatement Perform of Abatement Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260  Asbestos-Conta TO B  IN  1st floor office  1st Floor  Name of Register Newark Carti	uring Abatement (Check acated During Entire Perimed Outside of Normal Fent: 7:00 AM-3:30 PM/	only one od of Ab Facility Fac	ovation ormally Solelintenan odial S (12)	n Date ( / _ 1 ent Descri_AM  Don y y by loce/ staff?  N/A  D  JJDEP Hauler I	Asbe (i.e	Name of OSHA  EHS Enviro  Street Address  411 Southg  City, State, Zip  Mickleton,  Street Address  411 Southg  City, State, Zip  Mickleton,  Description  Stos Containing  State, Address  Description  Stos Containing  State Address  Non-E  Description  Stos Containing  State Address  Non-E  Description  State Address  State	Monitonmer  Gate C  Code  NJ 08  Containenclossebag Pr  Exemp  on of Mater  Mat	ourt  056  ment with Neure rocedure ted (*) and Nulation, rs)  Name of Re GROWS  City, State	gative Pressure  on-Friable Proced  Amount (Specify SF or LF)  1,859SF  13LF  egistered Landfill	Removal								

CK1201		State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)  Name of Building Owner/Operator (2)								i (G			int For			
Date of Notification (1) 12-12-2016						Operato	r (2)				UEL		0 4	110		
Agencies Notified Type Notificati	on			G.Porte	er											
	011		Street	Address					to the second se	AS	PEST	OS (	ON	TROL		
X DEP Amended			City, St	tate, Zip C	ode				1		(_)	- 4	0.133			
Emergen	ent # cy (including	_	Ewing	g NJ 086	318											
DOH justification Cancellate	n)	9		of Contact G.Porte					-	ephone N	Jumber					
Name of Facility William Alexander			FAC	ILITY INF	ORMAT	ION										
Name of Facility Where Abatement is Ta PRivate Dwelling	king Place (	(3)					Ту	oe of Facility	3 50							
Street Address								School (K- Subchapte		er than K	-12)					
							×	Other (i.e.	private 8	& comme	rcial bu	ildings	, hom	es,		
City (5) Ewing NJ 08618							Sqi	etc.) uare Feet Δ	# of	f Floors		Bldg. /	Age			
County (6)			County	Code (7)			2,525	rrent Use (Pri	2,755			INIA				
MERCER				USE ONLY	)	_	Pr	ivate Dwel	ling							
Name of Monitoring Firm Hired by Buildir Bioterra Slution	g Owner (8	)	ASCI	M No.				batement Cor		(9)						
Street Address						A 200		ontracting	LLC							
1130 W Chestnut St						Street PO E		ress ( 734								
City, State, Zip Code						5000000000	-	Zip Code								
Union NJ 07083						Woo	dlar	nd Park NJ	07424	4						
Project Manager for Monitoring Firm Rick Eustaquio			Telepho 973-4	one No. 94-3762		Telephone No. Lice					License No. 01266					
Start Date (10) 12-27-2016				Date (11)				SHA Monitor				0.000				
Occupancy Status During Abatement (Ch	12-29-					Amax Contracting LLC Street Address										
Facility Closed/Vacated During Entir	88	187				PO E		7.55								
Abatement Performed Outside of No	rmal Facility	y Hours	S				Section 1	Zip Code								
Other - Describe:					_	Woo	dlar	nd Park NJ	07424	4						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	N G	ull Containme fini-Enclosure Blovebag Prod Ion-Exempted	e cedure				·e			
	1s	Locat	ion						7	110111111		7777	emen	t		
Location of		Normal ed Sole				cription					-	Ty	/ре			
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	intena	nce/	Asbes (i.e.	tos Conta thermal:	aining M	lateri	al (ACM)		nount pecify	70		E	ш		
In Facility (13)	Cus	todial 8 (12)	starr?			ing, VA	T, or			or LF)	Removal	Repair	caps	Enclosure		
	Yes	No	N/A		Other III	iisceilai i	eous	')			val	air	Encapsulate	ure		
First Floor	100	140	IN/A		10	VAT			15	5 SF	X	-				
						****				0 01	- 1	-				
											+	-				
											-					
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	/arde		Name of F	Panieta-	ad Lands	:11					
Amax Contracting LLC		Н	auler ID 036184	No.	of Was	25 TO STORY		Grows	vegister	eu Landii	nt					
City, State Woodland Park NJ 07424					Disposa 01-05-		,	City, State								
Completed by	Title	o contraction				gnature	1	10	0		ate					
Tome Maslarkov	Proje	ect Ma	anager				16	(-	1.	1	2-12-	2016				

$\cap$	. 1	$\cap$	$\sim$	2
	M	1	X	()/)
/	1 1	(/ W	$\mathcal{I}$	<i>Y</i> /

MALLY		NOII	Pursu	uant to N	IJAC 8:60	and 12:120	)	1								
e of Notification (1)						er/Operator	(2)			DEC	16	201	6	1		
/12/16			1 2100	enry Pe										1		
	Notification		Stre	eet Addre	ess				L A	SBEST	08.00	INTE	ROL	100		
EPA 🗵 Ir	nitial		City	v State	Zip Code					L	7 <u>211</u> 5	Nia.		_		
DEP A	mended mendment#				, NJ 075	01								_		
DOL   I	mergency (inc	luding		me of Co					Teleph	one Numb	per					
DO!!	ustification) Cancellation		Н	enry Pe	erez									-		
DCA				FACILIT	Y INFORM	MATION	e of Facility (4)									
me of Facility Where Abatem	ent is Taking P	Place (3)					1	School (K-12)								
rivate House								a behanter 9	(Other !	than K-12)	ı b:Idini	ac ho	mas			
reet Address								Subchapter o Other (i.e. pri etc.)	vate & c	ommercia						
								re Feet	# of F	loors	Bldg	. Age				
ty (5)														_		
aterson			C	ounty Co	de (7)		Current Use (Prior if being demolished)									
ounty (6) Passaic			(S	TATE US	EONLY) _			10.1	star (C	1)						
ame of Monitoring Firm Hired	by Building Ov	vner (8)	8) ASCM No. Name of Abatement Academy Con						ion Inc							
Competent Supervisor							et Addre									
treet Address						205	Rt. 4	6 West Su	ite 14							
		- 10 al - plan - 10 al				City,	State, 2	Zip Code	0.75							
ity, State, Zip Code								NJ 07512	07512							
Project Manager for Monitoring	n Firm		T	elephone	e No.		phone N		100	License No.						
roject Manager for Montoning							973-832-4244 01155  Name of OSHA Monitor									
Start Date (10)		Scheduled		pletion D	ate (11)											
12/24/16		12/30/16					Same as above Street Address									
Occupancy Status During Aba	atement (Check	Only One	:)	000000		0	Street Address									
× Facility Closed/Vacated I Abatement Performed Or Other – Describe:	During Entire P utside of Norm	eriod of At al Facility I	Hours	ent		City	City, State, Zip Code									
Scope of Work (Check All Tha	at Apply)								104 - 2000		D	_				
			enova				H	ull Containm	ent with e	Negative	Pressur	е				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		☐ De	emolit	ion			X /	Slavebag Pro	cedure	d Non Erin	hla Pro	redure	4			
-								Non-Exempte	d (*) and	1 NOII-FIIA	DIE I TO	Abate	ment			
			Locat				80 10-21					Ту	ре	_		
Location of	11777-0727-04		Iormal d Sole		Ashest	Descrip os Containir	na Mate	rial (ACM)	1 60	mount	-		En	П		
Asbestos-Containing Mat TO BE ABATE	terial (ACM) D		intena	ince/ Staff?	(i.e.	thermal syst	ems ins	sulation,		Specify F or LF)	Removal	Repair	Encapsulate	Elicipadio		
In Facility	_	Cust	(12)			other misc	ellaneou	ıs)			oval	air	ulate	uic		
(13)		Yes	No	N/A	1								w			
		163	110	X		Pipe Ins	sulatio	n	3	30 LF	X		X			
Basement																
		-														
					-											
				NJDEP \	Masta	Cubic Ya	rds	Name	of Regis	tered Land	fill					
Name of Registered Waste				Hauler II		of Waste	905/4F(C	GRO	WS La	ındfill						
Academy Construction	n Inc.			034422	2	3	Dato	City, S								
						Disposal	Date		town, F	Δ						
City, State						TRD		Tully	LOVVII, I							
City, State Totowa, NJ Completed by		Title				TBD	nature	Filip I	00011, 1	/	Date 12/12					

ווווטא זחוזץ



17	П	Print	For	m
E	+	1//	15	

DEC 16 2016

Date of Notification (1) 12-12-2016			f Building cello Eq				;			454	1 %	<u>. L.</u>	(10)				
Agencies Notified	Type Notification			Street A	ddress					1	ASEL						
EPA DEP X DOL	Initial Amended Amendment				ate, Zip Co		04			in the second		1.(1.)	2112	ING			
DOH DCA     D	Emergency (i justification) Cancellation	ncluding			f Contact d Eglent	owicz				Telep	ohone Nu	nber					
Name of Facility MA	AL-1	DI (6		FACI	LITY INF	ORMATI	ION			E 73							
Name of Facility Where Residential  Street Address	Abatement is Taking	Place (3	5)						of Facility (4 School (K-12 Subchapter 8 Other (i.e. pretc.)	!) 3 (Other			dings	, hom	es,		
City (5) Jersey City, NJ 073	304								e Feet	# of F	Floors	6.55	3ldg. / 75+	Age			
County (6) Hudson					Code (7) USE ONLY	)		Currei	nt Use (Prior	r if being	g demolisi	ned)					
Name of Monitoring Firm	Name of Monitoring Firm Hired by Building Owner (8)					ASCM No. Name of Abatement Co						.C					
Street Address		Street Address 235 Virginia					57	9					1/2-234				
City, State, Zip Code	City, State, Zip Code							state, Zi	p Code /, NJ 0730	304							
Project Manager for Mon	itoring Firm			Telepho	ne No.		100000000000000000000000000000000000000	none No 333-88		License No. 01174							
Start Date (10) 12-12-2016		Schedule		npletion	Date (11)		252	of OSH e as a	A Monitor bove								
Occupancy Status During	Abatement (Check	Only On	e)				Street	Addres	S								
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire P ed Outside of Norma	eriod of A al Facility	Abatem	nent S City, State, Zip Code													
Scope of Work (Check A	II That Apply)																
≥3 sf or ≥3 If  ≥160 sf or ≥260 If			enova emolit				×	Mini Glov	Containmer i-Enclosure vebag Proce i-Exempted	dure	***			·A			
		ls	Locati	on						1) 4114	1101111100	10110	E-17 C	emen	1		
Location		l N	lormal d Sole	ly			scription						Ty	/pe			
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Mai Cust	ntenar odial S (12)	nce/ Staff?				s insulat T, or		(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure		
Baseme	nnt .	Yes	No	N/A		D:								10			
1st Flo			X				insula				) LF	X					
Roof							noleun				SF	X					
Root	X			Roo	f mate	rial		120	0 SF	X							
Name of Registered Waste Hauler				IDEDIA	acto	Cubia	Vorda		Name of D		-1.11011						
Green Environmental Services				NJDEP Waste Hauler ID No.  0034889  Cubic Yard of Waste				of Waste									
City, State Jersey City, NJ							al Date -2016		City, State Morrisvill	e, PA			-1907-110				
Completed by Liliana Serrano  Title Office ma				ager		S	gnature	a	u Sei	21,2	9 Da	te -12-2	2016				

Momo Glavatovic

Completed by

Signature

Title

vice.president

Date

12/12/2016

Date of Notification (1) 12/12/2016			Building Couth Univ			(2)		Lv	C	hŧ	Į L	14	90	)		
Agencies Notified Type Notification		1	Street A	<sup>ddress</sup> edar Ave	nue					ASI	BES	TOS	S CC	NTI NG	TOL	
X EPA X Initial Amended Amendment #				te, Zip Coo ong Bra		NJ 077	64									
Emergency (ir justification)  DCA  Cancellation	cluding	- 4	Name of Tim Or	Contact			á nhi		Tel	nhone	Numl	oer				
			FACI	LITY INFO	RMAT	ION										
Name of Facility Where Abatement is Taking Wilson Hall	Place (3)		5					e of Facility ( School (K-1	338 - 50 Statement							
Street Address 400 Cedar Ave							×	Subchapter Other (i.e. p etc.)					lings,	homo	25,	
City (5) West Long Branch								uare Feet ,000	# 01	Floors		В	ldg. A	ge		
County (6) Monmouth				Code (7) USE ONLY)			Current Use (Prior if being demolished) educational									
Name of Monitoring Firm Hired by Building On Ahera Consultants, Inc	wner (8)		ASCM No. Name of Abatement C Lilich Corporation						itractor	(9)						
Street Address POB 385					Street Address 606 McBride Avenue											
City, State, Zip Code Oceanville, NJ 08231							Zip Code id Park, NJ									
Project Manager for Monitoring Firm John Smoyer			Telephor	ne No. 52-1833		Teleph 973-2		No. -8400		License No. 01104						
	Schedule 12-29-2		pletion (	Date (11)		Name of OSHA Monitor Iris Environmental Laboratories, LLC								LIFE ST.		
Occupancy Status During Abatement (Check	Only One	9)				Street		171D79	ss te 22 West							
X   Facility Closed/Vacated During Entire Per   Abatement Performed Outside of Norma   X   Other – Describe: unoccupied sub 8			ent			City, S	tate,	Zip Code								
Scope of Work (Check All That Apply)						Union, NJ 07083										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Delination of the last of the	enovat emoliti				×	,	ull Containme Mini-Enclosure Blovebag Prod	e cedure					100		
							1 1	lon-Exempted	i (*) an	Non-F	riable			e ment		
Location of	, N	Location ormall	у		De	scription	of						-	ре		
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mai	d Solel ntenan odial S (12) No	ice/		os Con thermal surfa		fater s ins T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure	
print shop			Х	C	arpet	, VAT,	Mas	tic	4(	00 SF						
pe						, ,,,,,,									**********	
The Line appropriate to the second se																
Name of Registered Waste Hauler Lilich Corporation		H	JDEP W auler ID		Cubic of Wa	Yards ste		Name of GROW			ndfill					
		18	3724		Die-	aal D-t				uiii ·						
City, State Woodland Park, New Jersey					Dispo	sal Date		City, Stat Morrisv		A						
Completed by Momo Glavatovic	resid	ent		3	Signature	6	进入			Date 12/		2016				

Print Form

Print Form
------------

					to NJAC 8:	60 and 12	2:120	0)			NE	C [	E I	W	E		
Date of Notification (1) 12/12/2016					of Building Ov e owner	wner/Oper	rator	(2)		300							
Agencies Notified	Type Notification			Street A	Address							ĒĈ	16	201	6		
EPA DEP	X Initial Amended		-	City St	ate, Zip Code	0				-							
X DOL	Amendment				New York						ASBE				OL &		
DOH DCA	Emergency justification) Cancellation			Name of Justin	of Contact Jinco	•				Tele	ephone Nu		ENSI				
N 65 111 144				FAC	ILITY INFOR	RMATION				_1							
Name of Facility Where A Private Property	Abatement is Takir	ig Place (	3)					_	Facility (4)	2011							
Street Address								Su Ott	bchapter 8 her (i.e. pri	(Other	er than K-1 commerci	2) al buil	dings,	home	es,		
City (5) West New York NJ								Square 2000		# of 1	Floors		3ldg. <i>A</i> -50	ge			
County (6) Hudson					Code (7) USE ONLY)			Current	Use (Prior	if beir	ng demolis	ned)					
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM No. Name of Abatement C N/A ACM Solutions S													
Street Address N/A			Street Address 1435 51st Street														
City, State, Zip Code N/A							tate, Zip Berge	Code n NJ 070	)47								
Project Manager for Mon N/A	itoring Firm			Telepho N/A	ne No.	Tel	leph	one No.		License No. 01320							
Start Date (10) 12/22/2016		Schedule 12/27/2		npletion	Date (11)			of OSHA	Monitor nental La	bora	tories						
Occupancy Status During	Abatement (Chec	k Only Or	ne)			Str	reet A	Address									
Facility Closed/Vaca Abatement Performe Other – Describe:	ited During Entire F ed Outside of Nor <del>n</del>	Period of A	Abaten Hours	nent		City	y, St	tate, Zip (			***************************************				_		
						- Ui	nior	n NJ 07	803								
Scope of Work (Check Al  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	T That Apply)		Renova Demolit			Full Containment w Mini-Enclosure Glovebag Procedur Non-Exempted (*)					5700 (150)			e			
		Is	Locati	on						W			Abate	ment			
Location Asbestos-Containing			lormal d Sole		Ashasias	Descript			OM)	۸		-	Ту	pe			
TO BE ABA In Facili (13)	TED	Cust	intenar odial S (12)	Staff?	(i.e. the	ermal syste surfacing,	ning Material (ACM) ystems insulation, ng, VAT, or scellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
Doof		Yes	No	N/A x		) - E - 1				000	2005				_		
Roof					K	Roofing N	viate	eriai		200	00SF	x			-		
Name of Registered Wasi	IN	JDEP W	/aste C	Cubic Yard	is	11	lame of Re	me of Registered Landfill									
Newark Carting Inc			H	auler ID 1509	200	of Waste		100		S Bethlehem Rd Landfill							
City, State Po Box 5670						Disposal Da	ate		City, State 2335 App	lebu	tter Rd B	ethle	hem	PA			
Completed by Title Marcos Regato President					,	Signal		INCE	2 L	2	Da 12	te /12/2	2016				

	MU.	)	1)	ursuani	to NJAC	8:60 an	a 12:12	0)			T	FC.	8	2016			
Date of Notification (1) December 8, 2016				Name of Entac	of Building t LLC	Owner/0	Operator	(2)		- Lander							
Agencies Notified  EPA	Type Notification	1		Street A 51-99	Address Pacific	Avenue	e			1	ASSE	STOS			)L &		
EPA DEP DOL	Amended Amendmen	t#			ate, Zip Co y City, N		05										
ĭ DOH	Emergency justification	(including		Name o	of Contact					Ţel	ephone I	Number					
☐ DCA	Cancellation	n			han Intri	200				i							
Name of Facility Where A		ng Place (3	3)	FAC	ILITY INF	ORMATI	ION	Туре	of Facility (	(4)							
Former Commercial Street Address									School (K-1 Subchapter	8 (Oth							
51-99 Pacific Avenu	е							×	Other (i.e. petc.)	orivate	& comme	rcial bu	ilding	s, hom	ies,		
City (5) Jersey City								Squa N/A	are Feet	# o N//	f Floors A		Bldg. N/A	Age			
County (6) Hudson					Code (7) USE ONLY	)			ent Use (Pri nufacturin			lished)					
Name of Monitoring Firm AECOM	Hired by Building	Owner (8)		ASCM No.  no applicable  Name of Abatement Co Abatement Unlimit						Contractor (9)							
Street Address 30 Knightsbridge Ro	0 Knightsbridge Road, Suite 520						Street Address 4332 Bullard Ave										
City, State, Zip Code Piscataway, NJ 0885					City, State, Zip Code Bronx, NY 10644												
Project Manager for Monit Mark Conners	oring Firm			Telepho	ne No.		Teleph 718 9			License No. 01067							
Start Date (10) 12/15/16		Schedule 6/30/17		mpletion	Date (11)				HA Monitor								
Occupancy Status During	Abatement (Ched	ck Only On	e)					et Address									
Facility Closed/Vacat Abatement Performe Other – Describe: ex	ed During Entire	Period of A	Abaten	nent					ard Avenu	ie							
	terior isolated are	a acility	riour	•					ip Code / 10466								
Scope of Work (Check All ≥3 sf or ≥3 lf	I hat Apply)	X R	enova	ation				1	II Containme	ment with Negative Pressure							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		= '	emoli				×	Mir	ni-Enclosure ovebag Prod	edure							
		lo lo	Loopt	ion.			1	1 NO	n-Exempted	(^) and	Non-Fr	able Pr		re emen			
Location		N	Locati Iormal d Sole	ly			scription					_		уре			
Asbestos-Containing N TO BE ABA		Mai	ntena	nce/		tos Conta thermal					mount specify	Z.		Enc	Щ		
In Facility (13)	/	Cust	odial ( (12)	ыап?		surfac	cing, VA	T, or			or LF)	Remova	Repair	Encapsulate	Enclosure		
10 <sup>8</sup> 01-52 <sup>8</sup>		Yes	No	N/A				/				a	-	late	ıre		
Exterior Gro	ound					Pipe	Insula	tion		5	0 LF	Х					
													-				
													$\vdash$				
Name of Registered Waste	Hauler		N S7288	JDEP W	121 (2017)	Cubic `			Name of F	Registe	red Land	fill					
Freehold Cartage Inc.			0.59338	J-913	NO.	of Was	ite		Grand C	Centra	I Sanita	nitary Landfill					
City, State Newark NJ						Dispos TBD	al Date		City, State Pen Arg		18072	S					
Completed by John Barone Title Senior Project					anager	Si	ignature	7			14.10	Date 12/8/1	6				
				110	/				- A-3000	202							

D) E G E | WPrint Form

12 2016 04:52PM NJ Asbestos C	321	KOTIFA	\$ Cation	AMA tails of New Jen COF ASSESTO TO NJAC 6:60 a	G My B Allatie	ge 1	The second secon	DEC	n iny.	016	CK	11	29
Date of Rottlinston (1)  / 3 / 3 / 1 / 1 / 6  Agencies Notified Type Notification			G	of Building Owns OLDBER Address		8467	<b>У</b> М	and the same	SENSIN	1111	N 8		
EPA EI Initial E DEP	no lucerno	L	City. St	ate, Zp Code 657 CAC		1	and the state of t		700	til yes fertisere			
IED DOH justification  D DCA D Cancellation			JE	AU AL	bowle	22		1	menona Nor	n/hcur		40	8
Name of Facility Where Abeterners is Taking	Please (3)	ATAMINGA.	PAG	THE PARTY	TION	Type of	। इन्हें ज	4)			-		
Street Address BLOG FOR FULLY (		-				D Sul	har (i.e. p 9.)	edschi Betschi	r than K-12 i commercia	i bulk			66,
CALDWELL					,	Squere	Pest 200	Ø9	/Floors	T	6		
County (6) ESSEX			County E7ATE	Code (7) UNE OUELY)		Current		or if ball	ng demoten	<b>(</b> 20			disease
Name of Monitoring Firm Hired by Suiting On	imar (8)		ASC	AV No.	Name of Abatement Contractor (9) A. MAC Contracting Inc								
Street Address		-	A			Street Address 155 Vrestand Ave.							
City, States, Zip Code	***************************************			City, State, Zip Code Midland Park, NJ 07432								-	
Project Manager for Monitoring Pirm		T	Telep	hone No.	Teleb	hone No. -202-5841		2	License No	).			
Start Data (10) / 2/16	Scheduli /2	d form	plation	Dela (11)	Name	of OSHA	Monitor	) Secula			or sharkens	-	
Occupancy Status During Abstament (Orecons)  S Facility Closed/Vecated During Entire Pa  Abstament Performed Guislick of Normal  Other - Describe:	rind of A	heterne	nt		Street 260 / City, 8	Address Luyer Str	osk Soda	-					B-185
Scope of Work (Check All That Apply)					Hack	ensack, N	J 97508						-
☐ 23 ef or 23 H JE 2180 sf or 2280 H		enovatic Enclisio			A	1 Mini-Er I Glovet	rdagung Bo Proce	edune	iegative Pre Non-Friable				
Location of		Locado						Ted records and			Abab	mar pė	Į.
Aphanica-Corpolate Metadai (ACM)  IO BE ARATED IN FACILY (13)	Use Réal Cust	d Solely seenand odiel St (12)	by ad??	Aebestos Ci (Le. theory	Assoription enterinted I al system decing, VA r macciler	Meterial ( Dinautation T. or	ACM)	(\$	mount pocify or UT	Recurre	Plupair	Encupandels	Sachan
- AL MARKE EMAL	Yes	No	N/A		- 25			,		-		1	
CRAWLS PACK'S #506			X		IPE				300 LF	X			
					Tapph					~		_	-
Nerve of Registered Waste Hauler Newsrik Certing, Inc			DEP WA	No. Est W.	c Yarda Sela	4			ed Landilli shem Landi	10-			
City, State, Zip Code Newsuk, NJ 07105			Classical/Oct				ity, State	Zp Co		e Con	pl.	·	
Completed by R. McConeid	Title Preside	गरे			A/16 o Signalus	Con			1 Date	1/12	1/16	Mary (19)	

Check # 15763

12/5/2016

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) Chris Stearns 12/5/2016 Street Address Type Notification Agencies Notified [X] Initial [ ]EPA ASSESTOS CONTROL & Notification City, State, Zip Code LICENSING [ ]DEP Montclair, NJ, 07042 [ ]Amended [X]DOL Notification Telephone Number Name of Contact [X]DOH [ ]EMERGENCY Chris Stearns [ ]DCA [ ]Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) [ ]School (K-12) Chris Stearns [ ]Subchapter 8 (Other than K-12) [X]Other (i.e., private & commercial Street Address buildings, homes, etc.) Bldg. Age # of Floors Square Feet County Code (7) 3 111 2750 County (6) City (5) (STATE USE ONLY) Current Use (Prior if being demolished) Essex Montclair Name of Abatement Contractor (9) Name of Monitoring Firm hired by Building ASCM No. AZTECH MANAGEMENT, Inc. Owner (8) N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00371 (973) 744-8800 N/A Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) N/A 12 16 2016 14 2016 12 Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) [ ]Full Containment with Negative Pressure [ ]Mini-Enclosure [X] Renovation [X] > 3 sf or  $\geq 3$  lf [X]Glove bag Procedure [ ]Demolition [ ]>160 sf or >260 lf [ ]Non-Friable Procedure Abatement Type Ts Description of Location Location of NCHOSU Normally NCAPSU Amount Asbestos-Containing Asbestos-Containing EMOV Used EPAIR Material (ACM) (Specify Solely Material (ACM) SF or (i.e., thermal systems By Maintenance/ TO BE ABATED Custodial Staff (12) LF) insulation, surfacing, VAT, A In Facility or other miscellaneous) (13)Yes No N/A E X 70 Pipe insulation X Basement 50 X Pipe insulation 1st X Floor Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler NJDEP Waste Minerva Enterprise INC of Waste 1.5 Hauler ID No. AZTECH MANAGEMENT, INC. 17040 City, State Disposal Date City, State Waynesburg, Ohio 44688 12/17/2016 Montclair, NJ 07042 Date Signature Completed By (Print or Type) Title

President

Constantine Vivian

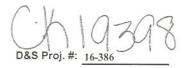


0.0										,		RER	i 1	ñ	NIP	- 1
Date of Notification	(1) 12-13-2016	3					ilding ersity	Owner / Operato	or (2)			DEG	1-6	7 €	JIO	-
Agencies Notified  EPA	Type Notific			Stre	et A	Ndd	ress	rille Road			ASB	ESTO				L &
☐ DEP ☐ DOL	☐ Initia	al ended						Code J 08648			Common manager in province or					
□ DOH     □ DCA	1000	ergency cellation	- 1				ontac Eddy					Tele	pho	ne l	Num	ber
				F/	CII	LIT	Y INF	ORMATION								
Name of Facility Wh Rider University –			lace (	3)				Type of Facil School (	K-12)							
Street Address 2083 Lawrencevill	e Road							Subchar Other (i.		(Other than vate & com		ings, h	ome	es, e	tc.)	
77 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -	Person III I Principal Security Control							Square Feet		# of Floo		Bldg.		_		
City (5)		County (6)	Co	unty	Cod	de (	7)	25,000		2		57				
Lawrenceville, NJ	08648	Burlington						Current Use Science Bld		if being de	molished)					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates ASCM No. 00102									teme							
Street Address 515 Grove Street								Street Addre	SS							
City, State & Zip Co Haddon Heights, N								City, State &	Zip C	ode						
Project Manager for		Firm	Tele	ohon	e Nu	ımb	per	Trenton, NJ Telephone N			License	Numb	er			
Brian Clark	53		856-	547-	050	)5		609-977-61	59				118	5		
Scheduled Start Dat 12/21/201		Scheduled Cor	mpleti 12/29			(11)		Name of OSI J&S Enviror			tories Inc					
Occupancy Status D		ement (Check o During Entire F			ate	me	nt	Street Addres		Vest						
		uring Normal H		01711	, , , ,			City, State &								
Describe: Facility Occ								Union, NJ 0	7083							
Scope of Work (Che										Full Cont	ainment with	Nogot	ivo	Dros	curo	
≥3 sf or ≥3 lf	f		$\boxtimes$	Re	nov	atio	n		H	Mini-Encl		ivegai	IVE	ries	Suic	
≥160 sf ≥260	O If			De	mol	itio	n				g Procedure					
	cation of		l la	Loca	tion			Description		Non-Exer	mpted and N					
	os-Containii	ng	2002	nally				Description Asbestos-Cor		ng	Amount (Specify		чра	terne	ent T	ype
Mate	erial (ACM)			olely				Material (A	CM)		SF or LF)		R		En	Ш
	BE ABATED  Facility			tena odial				(i.e., thermal s insulation, surface					Remova	Repair	caps	Enclosure
	(13)			(12)				or other miscell					val	ij.	Encapsulate	sure
Rooms:102, 109A, 1	124 Labbu/5	Took © IMook\	Yes	No		I/A	Coull	associated w/ o	laar f		00 = -1	F		_		
Lobby(East)	124, LODDY(E	East & vvest)	H	Н		X X		associated w/ b			22 Each 30 LF		X	뮈	Η	H
Lobby(Last)			H	Н	1	7	Oddii	. 4000014104 117 2	THOIC V	-	30 LI	1	#	H	Ħ	Ħ
			H	П	+	i						1	計	H	Ħ	H
					Ī											
N	101-1-11-				10[		011-	Io 1:- V1	TN1			[				
Name of Registered	vvaste Hau	ier		120000			No.	Cubic Yards of Waste	INan	ne or Regis	tered Landfil	1				
Resource Manageme	nt Group, LL	C		00	352	18		TBD		ws Landfill						
City, State Hamilton, NJ 08619								Disposal Date TBD		, State risville, PA						
Completed By (Print	or Type) Br	ian Haney		Ti	tle:	Pres	sident	Signature /		1	1	Da	ite 1	2-13	-201	6
								1 KM	02	- XI	4					

## Ch10514

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

h10010	14011	(Pursua	ant to N	JAC 8:60 an	d 12:120)								i
f Natification (4)		Nam	e of Bui	Iding Owner/	Operator (		/	D	EC 1	6 2	2016		lun.
e of Notification (1)		1-	-	JAND	e C	1056	/	53 E				-	_
2-9-/6  Procies Notified Type Notification		Stre	et Addre		1/				1100	rana.	ITES	1 2	
encies Notified Type Notification		00						ASBES	SIUS	CUI	VITIC	JL OL	-
EPA Initial		City	State	Zip Code			i de	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS AND ADDRESS OF THE PERSONS AND ADDRESS AND ADDRESS OF THE PERSONS AND ADDRESS AND ADD	LIVE	111111111111111111111111111111111111111			-
DEP Amended			1	100-	Ni	TOX	26/0	0					_
DOL Emergency (inc	cluding		ne of Co		0		07	Telephone N	Number	- diameter			
DOH justification)				JAND6	-						-		
DCA Cancellation		1	6/11	Y INFORMA	TION								_
T-bine F	Diago (3)	- 1	ACILII	TINFORMA	TION	Type of Fa	cility (4)						
me of Facility Where Abatement is Taking F	riace (5)					☐ Scho	ol (K-12)	)					
+ SIDENTIAL						= - :	t O	(Other than K	(-12)	ilding	s har	mes.	
reet Address	ī						r (i.e. pri	vate & comme	ercial bi	unung	j3, 1101	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				7-2-2-3		etc.) Square Fe	eet	# of Floors		Bldg	. Age		_
y <sub>r</sub> (5)								2		1	A		
AMITON	-			1 (7)		1200 Current U	se (Prior	r if being demo	olished)		1		-
ounty (6)		Co	unty Co	de (7) E <i>ONLY</i> )		0	_						
					1	of Abatem	ent Cont	ractor (9)					
ame of Monitoring Firm Hired by Building O	wner (8)		ASCM N	10.	Name	Divar	ااال ال	15TP. 10	710	N			
					1-K	YITAK	COR	STRUC	,//				-
reet Address					Stree	Address	115	127					
166(7,641000					W C	BOX	110	01					-
ty, State, Zip Code					City,	State, Zip C	ode	1011	11				
ity, State, Lip oddo					11-	11/14 1	7/3	19/1	se No.				-
roject Manager for Monitoring Firm		Te	elephone	No.	Télep	ohone No.	10.1	5.07		/			
roject Manager for Monttoning					267	-784-40	74	0/	276				_
1.15.4.(10)	Scheduled	Comp	letion D	ate (11)	Nam	e of OSHA	Monitor						
tart Date (10)	12/9	1.11				FRAIUT	N	11.					_
Docupancy Status During Abatement (Check	k Only One	2)				et Address		01					
Occupancy Status During Abatement (Onco		hatama	nt		127	9/ter	2K1X	H1.					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	renod of Al	Hours			City,	State, Zip (	Code						
Other – Describe:					191	41/17	11	19116					
	934					/							
Scope of Work (Check All That Apply)	F# 5		on			Full C	ontainm	ent with Nega	tive Pre	essure	9		
≥3 sf or ≥3 lf		enovati emolitio				Mini-F	Enclosur	e					
≥160 sf or ≥260 lf			100			Glove Non-	bag Pro	d (*) and Non	-Friable	Proc	edure		_
						- INOIT				1	Abate	ment	
	20.00	Locatio	82.			25					Тур	e e	
Location of		lormali			Descript	ion of	ACM	Amoun	it			Ш	
Asbestos-Containing Material (ACM)	Ma	d Solel intenan	ice/	Asbestos (i.e. the	containing ermal syste	g Material (/ ems insulati	on,	(Specif	y	Rei	Z.	nca	
TO BE ABATED	Cust	odial S	taff?	380	surfacing,	VAI, or		SF or L	r)	Remova	Repair	Encapsulate	
In Facility (13)		(12)		0	ther misce	lianeous)				a	-	ate	1
*30749	Yes	No	N/A			/				-	0		1
		1		0.0-	1250	ATION	,	3 L1	5	1			
HEATER PIPE IN		V		1116	11-501	111/000							
UTILITY ROOM								-		-			1
011111110001										-			-
		L,	11050	Monte	Cubic Yard	ds	Name o	of Registered	Landfill				
Name of Registered Waste Hauler		1	JDEP V lauler ID	No	of Waste			72					
			143	5759	/		~	PUW5					_
	0,0	(.	1000	01-1	Disposal D	Date	City, St	tate		1.			
PRYMAR CONSTRUCTO					12-9-1		TUI	llyTown	~ /	1-11			
City, State													
City, State P/41/A P/4	7141						1	)	Da	ate			
	Title	. K	)~		Signa		Vi		Da	ate 2-	7.16		_



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

-			
	DEC	1 0	2016

				10.1	UEC 16	ZUID		La de la constante de la const
Date of Notification (1)	Name of Building Own	ner/Operator (2	)	100				
1 12 1/10 18 1/116	RESIDENCE			ĀSE	ESTOS COI	VIRC	)L 8	À
Agencies Notified   Type Notification	Street Address			Land man transaction of the Confederation of	Control of the second	- 1,1		
DEP Amended								
_ #:	City, State, Zip Code							
DOL Emergency	Montvale, NJ 07	645						
DOH (including justification)	Name of Contact			Telephone	e Number			
☐ DCA ☐ Cancellation	Susan Laskin			, ,				
	FAC	ILITY INFORM	IATION					
Name of facility where abatement is to	aking place (3)			Type of Facility (4	4) I (K - 12)			
RESIDENCE				11 📙	apter 8 (Other t	han K-	12)	
Street Address				Other (F	Private/Comme		12)	
					Homes, etc. # of Floors	Ble	lg. A	100
City (5)	County (6)		County Code (7)	Square reet	# 01 F10015	Dic	ig. n	ige
00000 <b>₽</b> 004 0 <b>I</b> 0			(State use only)	Current Use (Pri	ior if being den	nolishe	d)	
Montvale, NJ 07645  Name of Monitoring Firm Hired by Bld	Bergen (8)		110	1 (0)				
Name of Monitoring Firm Filled by Bio	g. Owner (6)	ASCM No.	Name of Abateme					
Street Address			Street Address	DRATION, INC.				
			20 California	Ave.				
City, State, Zip Code			City, State, Zip Coo					
			Paterson, NJ	07503				
Project Manager for Monitoring Firm	Phone Numb	per	Telephone Number		License Numb			
			973-345-802		01169		_	
Start Date (10)	Sched. Completion Date (1	1)	Name of OSHA M D & S Restor					
12/22/16	01/05/17		Street Address	ation, me.				
Occupancy Status During Abatement (0			20 California	Avenue				
Facility closed/vacated during ent Abatement performed outside of Describe:			City, State, Zip Co.	de				
Other-Describe: NORMAL HOU	RS		Paterson, NJ	07503				
Scope of Work (check all that apply)				Full Containment w/	negative press	ure		
	enovation			Mini-enclosure				
≥160 sf or ≥260 lf De	emolition		Ī	Glovebag procedure Non-Exempted (*) a		proce	dure	e
	location normally used solely	У	***		R	R	E	E
	/ maintenance/custodial aff(12)		on of asbestos-containing	Amount (Specify SF	e m	e p	n	n
abated in facility (12)	Yes No N/A	material (	ACM)	LF)	0 0	a	a	L
DACEMENT		DUCT DE	III ATIONI / NVD AD	11.65	e	r	Р	_
BASEMENT BASEMENT		TRANSITE	ULATION / WRAP	11 SF 14 SF		붜	片	쓔
GARAGE			ULATION / WRAP	15 SF		H	H	ዙ
GARAGE			/ MUD MATERIAL	5 SF		井	片	ዙ
		1				+	H	卅
Registered Waste Hauler	10506	Cubic Yards of V						
D & S RESTORATION, INC.  City, State	13506 Disposal D	l yd. Date	City, State	N, RESOURCE REG	COVERY			
PATERSON, NJ 07503		6/16	TULLYTOW	N. PA				
Completed by (Print or Type) Tit		Signature	1 11		Date		_	
	RESIDENT	1201	or floy	~	12/8/2016			
ASB-41 * Do	not use this form for asbest	os licensure ex	empted activities.					

		6	K	F	53	4
NE	G	E	<u>U</u>	$\mathbb{W}$	<u>L</u>	
3	DEC	70	6	2016	3	U
1	ULU	1	U	2011	7	-

		(P	ursua	ant to I	NJAC 8	:60 and 5.10)		Contraction of		EU 1	D	CUI	٥	1		
Pate of Notification (1)	2/14/16		Nar	ne of Bu	uilding C	)wner/Operator (2	Winfield	d	ASSES	3TO3	col	NTF	OL	-		
gencies Notified	Type Notification		Stre	eet Add	ress			and the same of th	7,002	LICEN	ISI	√G	=	+		
EPA DEP	Initial Amended Amendment #		City	y, State,	Zip Coo	de Glen (	Gardner, N	1J 08	3826							
DOL	Emergency (incluing justification)	uding	Na.	me of C	ontact		Our direct	Te	elephone Num	her				1		
DOH DCA	Cancellation				Jud	ady Winfield										
				FACILIT	Y INFO	RMATION	Type of Facil	lity (4)								
ame of Facility When	re Abatement is Taking Reside	ential					School (K	(-12)	Other than K-	12)	x 16					
treet Address							Other (i.e homes, 6	., priva etc.)	ite & commen	Ciai build						
ity (5)							Square Feet 3000		# of Floors 2	BI	dg. A	\ge )+/-				
ity (O)	Flemington	, NJ 0	8822	County (	Code (7)	) (STATE	Current Use	(Prior	if being demo	olished)						
ounty (6)	Hunterdon		_   (	JSE ON	ILY <del>)</del> =	Name of Abatem	ent Contracto	r (9)						=		
lame of Monitoring F	irm Hired by Building O	wner	AS	CM No.		Name of Abatem Stev	ens Enviro	onme	ental Servi	ces, I	nc.		_	=		
Street Address	MECS		-   -	775-575		Street Address	P(	) Bo	x 322							
	PO Box 341					City, State, Zip C	`ode									
City, State, Zip Code	Crosswicks, NJ 0	8515			Allent	own,	NJ 08501 License Ne				_					
Project Manager for	Monitoring Firm	407 <u>0</u>	Telephone No. (609) 2	59-9688	_		0049	3			_					
Bill Start Date (10)	Weisgarber Scheo		Name of OSHA	Monitor	ME	CS										
12/28/1	16		Street Address													
Facility Closed	During Abatement (Cher acated During Entire Pe	erioa of A	Daten	ent		City, State, Zip		O BO	ox 341					=		
☐ Abatement Perfo	ormed Outside of Norma	I Facility	Hours			City, State, Zip	Crossy	vicks	s, NJ 0851	15			_	=		
Scope of Work (Ch						☐ Full Co	ontainment wi	th Neg	ative Pressur	е						
₩ >3 ef or >3 lf		Rer	novation	on 1		= ~	nclosure bag Procedur xempted (*) a	e nd Nor	n-Friable Prod	cedure						
≥160 sf or ≥260	)  T		ocatio			Non-E	xempled ( ) a	na ivo.				atem Type				
		No	mally			Description	of		Amount		$\neg$	T				
Asbestos-Conta	ation of ining Material (ACM)	Main	tenani	ce/	Asbe (i.e	stos Containing N	s insulation,		(Specify SF or LF)		Removal	Repair	Encapsulate			
IN	<u>ABATED</u> Facility (13)		Staff? (12)			surfacing, VA other miscellar	neous)				oval	air.	sulate			
	(10)	Yes	No	N/A		5000			180 lf	-	X	-		1		
Ba	sement	×			T	hermal Pipe	Insulation	-	180 11	-	^	-		-		
		-						-{ Dec	istered Landf					_		
Name of Register	ed Waste Hauler		1.1	NJDEP V Hauler II	O No.	Cubic Yards of Waste	Name	ui keg	GROWS		fill					
Stevens Env	rironmental Service	es, Inc	<u>c.</u>	182	292	3 CU Disposal Date	e City, S	tate					UN ES	_		
City, State	Allentown	, NJ				1/6/17	11/	1	Morrisy	ate				=		
Completed By	T	itle	roje	ct Ma	nager	Signatur		/			2/1	4/1	6	=		
Mahlon	E. Stevens	1	10/0	OL 14141		7//	-									

Name of Building Owner/Operator (2)

D&S Proj. #: 16-386

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

	i C E I	VEDI
Special States	DEC 16	2016
AS	BESTOS CON	NTROL &
Contract to the contract of th	Paul Spiriter Staffer (1984)	
Telepho	one Number	
☐ Subo	(4) col (K - 12) chapter 8 (Other to r (Private/Commess./Homes, etc.	
Square Feet	# of Floors	Bldg. Age
Current Use (	Prior if being dem	nolished)
contractor (9)		
TION, INC.		
9.		
03		
	License Numb	per
or n, Inc.		
nue		

Date of Notification			Name of B	uilding Own	er/Operator (2	)		-	-					
1 2 / 1 8		tion	RESIDE					ALL DECISION OF THE PERSON OF	ASB	ESTOS	CO	YTR	DL 8	4
Agencies Notified   EPA	Type Notificat	tion	Street Addr	ress				L.,		F-3-3 bg /	3 ( 0717	v 120)	-	
□ DEP	Amended													
_	#:		City, State,	Zip Code										
⊠ DOL	Emergency	1.1	-	ile, NJ 076	545									
□ DOH     □	(including justification)		lame of Co	ontact					Telephon	e Numbe	er			
☐ DCA	Cancellation	- 11	Susan I	Laskin						w with all the	_			
				FAC	ILITY INFORM	IATIO	N							
Name of facility who	ere abatement i	is taking pl	ace (3)					Туре	of Facility (	4) I (K - 12	)			
RESIDENCE								1 7	=	apter 8 (		han k	(-12)	
Street Address										Private/0			/	
								Causa		Homes,			da A	20
City (5)	-	Cou	nty (6)			Co	ounty Code (7)	Squa	re Feet	# of Floo	ors	В	ldg. A	ge
						0.550000	ate use only)	Curre	ent Use (Pr	rior if bei	na den	nolish	ed)	
Montvale, NJ 0			gen				encentral de encentral (1960)	June	000 (11		.9 001	.011011	50)	
Name of Monitoring	Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatemen	t Contrac	tor (9)					
·					-		D & S RESTOR	RATION	, INC.			V		
Street Address							Street Address							
							20 California A					AU 85.11		
City, State, Zip Code							City, State, Zip Code	}						oda edala
						_	Paterson, NJ 0	7503						
Project Manager for	Monitoring Firm	li,	P	hone Numb	er		Telephone Number 973-345-8020	)		License	Numl 1169			
·							Name of OSHA Mor				71109			
Start Date (10)		Sched	I. Completi	ion Date (11	)		D & S Restorat	(135b)						
12/22/16		01/0	5/17				Street Address	,						
Occupancy Status Di							20 California A	venue						
Facility closed/ Abatement per							City, State, Zip Code							
Describe:			racility nou	II'S-		_								
Other-Describe	e: NORMAL H	OURS	~			-	Paterson, NJ 07	7503						
Scope of Work (che		/)				11000			ainment w	/negative	press	ure		
$\ge 3$ sf or $>3$ If	$\boxtimes$	Renovatio	n				×	Mini-enc		_				
≥160 sf or ≥26	0 If	Demolition	1				H		g procedur empted (*)		friable	proc	edure	
Location of				used solely							TR	R	Е	E
asbestos-conta material (acm)		staff(12)	enance/cus	stodiai			asbestos-containing		Amount	E or	e m	e p	n	n
abated in facilit		Yes	No	N/A	material (	ACM)	N		(Specify SI LF)	r or	0	a	а	C
30 2 2000 (an 1000 mga 2000 mga 2000 mga 2000)		100	140	INA					3.00 Pd		e	r	р	_
BASEMENT							TION / WRAP	11.5						
BASEMENT					TRANSITE			14			$\boxtimes$			
GARAGE				IX	The second secon	and the latest devices the lates	TION / WRAP	15 5						
GARAGE					PACKING	MU	D MATERIAL	5 S	F		$\boxtimes$			
Parietovad Waste Ha	ulos				his Varda of M	14-	10 15 1							
Registered Waste Ha D & S RESTORA		NJDE	P Hauler 06	1	ubic Yards of V yd.	vaste	Name of Registered TULLYTOWN,		JRCE RE	COVER	RY			
City, State	07502			Disposal D			City, State							
PATERSON, NJ		Till		12/26			TULLYTOWN	, PA		T.S.				
Completed by (Print of BOGDAN JOLD)		Title PRESID	ENT		Signature	de	- flogs			Date 12/8/2	2016			
ASR-41	*	Do not use	e this form	for asbesto	s licensure exe	empte	ed adtivities.							