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

Date of Notification (1)				Na	me of Build	ling Owner/Operato	r (2)							
	1_/_	15		Robert Wood Johnson Hospital / Job #151: -4975 Check #7829										
Agencies Notified Ty	pe Notificati	on			eet Address				7010		0	9		
	Initial				ne Robe	rt Wood Johnso	n Place			U	- C	Ä	No.	
☑ DHSS	Amended	A Att. 4			, State, Zip		ii riace				C	3	T	
	Amendmer Emergency		line en	100.00		swick, NJ 08901			ت 1	-0			ŧ,	
(NJAC 5:23-8)	justification	(includ	ing		ne of Conta			1-,	-	50	1	5	1	
	Cancellatio	n		- I	risten Be			lele	hone Nu	Moer	3	-		
						NFORMATION			_	SAN'T	2	3		
Name of Facility Where Abate	ement is Tal	king Pla	ice (3)		ACILITY	INFORMATION	T			3:	-4	N		
Robert Wood Johnson	Hospital		(-)				Type of Facility ☐ School (K-12			gar	20	(1)	9	
Street Address							Subchapter 8	) (Othe	than K-	(2)	-			
One Robert Wood John	nson Place	Э					Other (i.e., pr	ivate a	nd comm	ercial	build	ings,		
City (5)							nomes, etc.)							
New Brunswick							Square Feet	# 01	Floors		Bldg.	Age		
County (6)	- 200			Co	unty Code	(7)(STATE USE ONLY	10 111 ==							
Middlesex					and code	(I)(OTATE USE ONLY)		or if be	ng demo	lished)				
Name of Monitoring Firm Hire	d by Building	Owne	r (8)	ASCI	/ No	Nome of Abot	Hospital							
Omega Environmental	5 33	5 (3)(0)(0)(0)	177	11001	VI 140.	AbateTech,	nent Contractor (9)							
Street Address						Street Address	inc.							
280 Huylar Street							. DO D 05							
City, State, Zip Code						City, State, Zip C	e. PO Box 25							
South Hackensack, NJ	07606					Lumberton,								
Project Manager for Monitoring	Firm		Te	lephone	No.	Telephone No.	NJ 08048	т						
Geiser Fajardo					9-8700	609-265-210	34000-9800	se No.						
Start Date (10)	Sche	eduled			ate (11)	Name of OSHA		00	529					
1/11/16					16									
Occupancy Status During Abat	ement (Che	ck only	one)			EMSL Analy	icai							
☐ Facility Closed/Vacated Dur	ing Entire P	eriod o	Abot	ement		Street Address								
→ Abatement Performed Outs	ide of Norm:	al Facili	ty Hou	iro Da	scribe	200 Route 13								
Time of Abatement:	AMF	PM/ <u>5</u> F	M-1:3	80 AM		City, State, Zip C								
cope of Work (Check all that a	apply)					Cinnaminsor	i, NJ 08077							
		Π.				☑ Full Con	ainment with Nega	ive Pr	CCUITA					
\(\frac{1}{2}\) ≥160 sf or ≥260 lf			enovat emoliti			∐ Mini-End	losure	ave i i	Soule					
			JITTO II CI	011		☐ Gloveba	Procedure mpted (*) and Non-	Friable	Dropodu					
			Loca				mptod ( ) dild ittolija	Hable	Flocedu	1			_	
Location of Asbestos-Containing Materia	al (ACM)	Use	Norma	ally ely by	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Description o	f			-	1	ent T	1	
TO BE ABATED	ai (ACIVI)	Ma	intena	ance/	Asbes	stos Containing Ma	erial (ACM)		ount	Ren	Repair	Enc	Enclosure	
IN Facility		Cus		Staff?	(1.6.	, thermal systems i surfacing, VAT,	nsulation, or	(Sp	cify r LF)	Removal	air	aps	Sol	
(13)		Yes	(12) No	N/A	-	other miscellane	ous)	51 1	I LIT)	20		Encapsulate	Te	
iddlesex Building 4th Flo	or			N/A	Elean Til	le & mastic						Ф		
iddlesex Building 4th Flo					7007			760	SF					
				Sheet G			200	SF						
me of Registered Waste Haul	or													
AbateTech, Inc.	CI			JDEP V auler ID		Cubic Yards of	Name of Register	ed Lar	Ifill					
y, State				18750		Waste 40	G.R.O.W.S. L	andfil						
umberton, NJ						Disposal Date	City, State	-					_	
						1/15/16	Tullytown, PA	<b>\</b>						
mpleted By (Print or Type)  Gwendolyn Trumbetti	Title					Signature		-	Dat	9			_	
			-	oordi		/ /	A				- 6	5		

ASB-41 MAY 11

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

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

B & G proj. #: 2016-01

						C teck #	7614			
Date of Notification (1)	Name o	f Building Ow	/ner/Operator (2	2)			, Da	20		
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Agencies Notified Type Notification	Street A	ddress				-	-07	330	- par	0
DEP   Initial		Ringwood				Š	SOL	C 24	(me)	)
₩ DOL Amendmen		kell, NJ 07				5	S		dillan.	-
DCA Cancellation		SC022-042-045			T	ele phone	Number	division	O	27
LI DCA	Chr	s Stanaba	ck				-T439	ñ	S. L.	
		FAC	CILITY INFORM	MATION						
Name of facility where abatement is take	king place (3)				Type of F			X-10-10-Mill		
Chris Stanaback	- House House					S shoot				• • •
Street Address						O her (P	oter 8 (Otl rivate/Cor	nmerc	in K-12 cial	2)
1209 Ringwood Avenue					Square I	_	omes, etc		Bldg.	Age
City (5)	County (6)			County Code (7)	-	"	01110015		Diug.	Age
Haskell, NJ	Passaic			(State use only)			r if being	demo	lished)	
Name of Monitoring Firm Hired by Bldg.	Owner (8)		ASCM No.	Name of Abateme	resider ent Contractor	9)				
				B & G Resto	ration, Inc.					
Street Address				Street Address		= ==			-	
City, State, Zip Code				105 Ryersor City, State, Zip Co						
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	k, NJ 07035					
Project Manager for Monitoring Firm		Phone Numb	per	Telephone Number (973)696-6	er	TI	icense N			
Scheduled Start Date (10)	Sched. Comp	etion Date (1	1\	Name of OSHA M			003	/8		
01/04/2016	01/05/201		','	B & G Resto						
Occupancy Status During Abatement (Ch				Street Address	Dead					
Facility closed/vacated during entire Abatement performed outside of no	e period of ab	atement.		105 Ryerson City, State, Zip Coo		-				
Describe:Other-Describe:				- LincolnPark,	N I 07035					
Scope of Work (check all that apply)				-   = IIIIOIIII GIR,	140 07 033					1
☐ Demolition 🕱 Rend	ovation			Full Containment w/r	negative pressi	ire 🗀	Glovebag	proc	aduro	
	sf or ≥260 If			Mini-enclosure			Non-friab			)
Location of asbestos-containing Is lo	cation normal naintenance/c	ly used solely ustodial	L 1000 00 00				T			E
material to be staff	(12)		Descriptio material (A	n of asbestos-containing	Amo (Spe	out ecySFo	or F	n p	111	n
abated in facility (13)	s No	N/A			LF)	,	.   0		a	L
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pasement		X	boiler insula	ation	30 st		[2			卄
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	4-									
egistered Waste Hauler	NJDEP Haule	r ID#   Ci	ubic Yards of W	aste Name of Registere	ad Landfill					
B & G Restoration, Inc.	19563		2	Tullytow	n Resource	& Reco	very Ce	nter		V
Lincoln Park, NJ		Disposal Da	ate /05/2016	City, State Tullytown	, PA					
			Signature		*******	= ====				

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

B & G proj. #: 2016-02

Ch ck # 7615 Date of Notification (1) Name of Building Owner/Operator (2) 11 12 1/12 11 1/11 15 1 Robin Kahn Agencies Notified Type Notification Street Address ☐ EPA Initial 5 River Lane DEP City, State, Zip Code X DOL Amendment Millburn, NJ 07041 -01 X DOH Name of Contact Teler ione Narober Cancellation DCA Robin Kahn **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facilty (4) Sc iool (K - 12) Robin Kahn Su chapter 8 (Other than K-12) Street Address Other (Private/Commercial 5 River Lane Bld s./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Millburn, NJ 07041 Essex residentia Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Scheduled Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. 01/08/2016 01/09/2016 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: LincolnPark, NJ 07035 Scope of Work (check all that apply) ☐ Demolition Renovation Full Containment w/negative pressure ≥3 sf or >3 if ≥160 sf or >260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of asbestos-containing by maintenance/custodial E e e Description of asbestos-containing n Amount staff(12) material to be n m p material (ACM) (Specify SF or C abated in facility (13) 0 C a Yes No a N/A p P boiler/laundry room X pipe insulation 45 lf X electric closet X pipe insulation 10 If X small closet pipe insulaton 2 If X NJDEP Hauler ID# 19563 Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. Tullytown Resource & F ∋covery Center City, State Disposal Date Lincoln Park, NJ 01/11/2016 Tullytown, PA Completed by (Print or Type) Signature Gordana Luna Date Gordana Luna Secretary/Treasurer 12/21/2015

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

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	Type Notificati	ion		Sti	eet Addres								
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☑ DHSS	Amended				y, State, Zij					37	60		200
	Amendmen					NJ 08103				C.	6	- TO -	1
(NJAC 5:23-8)	☐ Emergency justification	(includ	ding	-						go (T		REC	*
	☐ Cancellatio			1	me of Cont	77.76		Teleph	ne Nu	umber	4		
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Name of Facility Where Aba	tement in Tel	de Di	/51	F	ACILITY	INFORMATION			-	THE STATE OF THE S	<u></u>	-	
Cooper Hospital	atement is 1 ar	king Pia	ace (3)				Type of Facilit	y (4)		-00	-91	PM 12:	
Street Address							School (K-	12)		-	James 1	100	3
1 Cooper Plaza							Subchapte	r 8 (Other t	an K-	12)	8		å
City (5)						<b>-</b> 27	Other (i.e., homes, etc	;)	comn	nercial	Diriid	ings,	
Camden							Square Feet		ors		Bldg.	Λαο	_
County (6)							1 33		,0,0	- 1	Diag.	Age	
Camden				Co	unty Code	(7)(STATE USE ONLY)	Current Use (F	rior if hein	dome	liabad	\ \ \		
						an a mai mena manan kabupat meni 1040 (577). 🖊	Hospital	וווסע וו יסיו	ue(IIC	nisi1e0	)		
Name of Monitoring Firm Hir	ed by Building	g Owne	er (8)	ASC	M No.	Name of Abatem		)\					
NA						AbateTech, I		")					
Street Address						Street Address							
						30 Maple Ave	PO Boy 25						
City, State, Zip Code						City, State, Zip Co							
						Lumberton, N							
roject Manager for Monitoria	ng Firm		Te	lephone	e No	Telephone No.	IJ U8U48						
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tart Date (10)	Sche	eduled	Compl	letion D	ate (11)	Name of OSHA M		005	9				
_1 / _4 / _1					16								
occupancy Status During Aba	atement (Che	ck only	ono)			EMSL Analyti	cai						
J Facility Closed/Vacated Di     Section 1     J Facility Closed Nacated Di     J Facility Closed Nacated Nacated Di     J Facility Closed Nacated Nacated Nacated Di     J Facility Closed Nacated Naca	urina Entira D	or only	one)			Street Address							_
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Time of Abatement:  cope of Work (Check all that	side of Norma _AMF	al Facili	ty Hou	iro Do	scribe _AM	City, State, Zip Co Cinnaminson,	de NJ 08077						
Time of Abatement:  cope of Work (Check all that	side of Norma _AMF	al Facili	ity Hou PM	urs - De 1 tion	scribe _AM	City, State, Zip Co Cinnaminson,  Full Conta	MJ 08077	gative Pres	ure				
Time of Abatement:  cope of Work (Check all that	side of Norma _AMF	al Facili	ity Hou PM	urs - De 1 tion	scribe _AM	City, State, Zip Co Cinnaminson,  Full Conta Mini-Encle Glovebao	de NJ 08077  sinment with Negosure Procedure						
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Time of Abatement:    Cope of Work (Check all that	side of Norma _AMF : apply)	Al Facili	enovatemoliti	tion on	scribe _AM	City, State, Zip Co Cinnaminson,  Full Conta Mini-Encle Glovebag Non-Exen	de NJ 08077  ainment with Negosure Procedure ppted (*) and No				patem	nent Ty	/pe
Time of Abatement:    Cope of Work (Check all that     ≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf      Location of Asbestos-Containing Mate	side of Norma _AMF t apply)	Al Facilia PM/	enovatemoliti s Loca Normaed Sole	tion tion ally ely by	_AM	City, State, Zip Co Cinnaminson,  Full Conta  Mini-Encle  Glovebag  Non-Exem  Description of stos Containing Mate	ainment with Negosure Procedure hpted (*) and No	n-Friable P	ocedu	Al	1	1 1	_
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Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 If ≥160 sf or ≥260 If  Location of  Asbestos-Containing Mate IN Facility (13)	side of Norma _AMF t apply)	Report Parish Pa	enovatemoliti s Loca Norma ed Sola intensitodial (12) No	tion allly ely by ance/Staff?	Asber (i.e.	City, State, Zip Co Cinnaminson,  Full Conta Mini-Encide Glovebag Non-Exem  Description of stos Containing Mate, thermal systems surfacing, VAT, cother miscellaneous on Ductwork  Cubic Yards of	ainment with Negosure Procedure Proted (*) and No	Amor (Spec SF or	nt fy F)	Removal	1	1 1	
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Abatement Performed Out Time of Abatement:    cope of Work (Check all that   ≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf    Location of   Asbestos-Containing Mate   TO BE ABATED   IN Facility   (13)   (13)   cterior Roof    me of Registered Waste Hate   AbateTech, Inc.   Journal of State   Location of State Hate   AbateTech, Inc.   Journal of State   Location of State   L	side of Norma _AMF apply)  rial (ACM)	Re R	enovatemoliti s Loca Norma ed Sole aintena todial (12) No	tion ally ely by ance/Staff?	Asber (i.e.  Mastic of Vaste (i.e.)	City, State, Zip Co Cinnaminson,  Full Conta Mini-Encla Glovebag Non-Exem  Description of stos Containing Mate thermal systems surfacing, VAT, of other miscellaneon  On Ductwork  Cubic Yards of Waste 20	ainment with Negosure Procedure Procedure (*) and No erial (ACM) sulation, or us)  Name of Regist G.R.O.W.S.	Amor (Spec SF or 900 S	nt fy F)	Removal	1	1 1	
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Abatement Performed Out Time of Abatement:    cope of Work (Check all that   23 sf or 23 lf   2160 sf or 2260 lf    Location of   Asbestos-Containing Mate   TO BE ABATED   IN Facility   (13)   cterior Roof    me of Registered Waste Hate   AbateTech, Inc.   y, State	side of Norma _AMF apply)  rial (ACM)	Al Facility PM/	enovate emoliti s Loca Norma ed Sole aintena itodial (12) No	tion ally ely by ance/Staff?	Asber (i.e.  Mastic of Vaste (i.e.)	City, State, Zip Co Cinnaminson,  Full Conta Mini-Encle Glovebag Non-Exem  Description of stos Containing Mate the mail systems in surfacing, VAT, other miscellaneon  on Ductwork  Cubic Yards of Waste 20 Disposal Date 1/6/16	nument with Negoure Procedure Intel (ACM) sulation, or us)  Name of Regist G.R.O.W.S.	Amor (Spec SF or 900 S	ocedu	Removal 🛮 🗀	Repair	Encapsulate	

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

Check # 1628

Date of Notification (1) 12/15/2015		Name of Building Owner/Operator (2) CALIFORNIA COMMERCIAL INVESTMENT (							NT CO	10-	2		N		
Agencies Notified	Type Notification			Street Add	dress X 1021						80 C	, OC.	230	9 2 8	,
EPA DEP ✓ DOL	Initial Amended Amendment #				e, Zip Cod				HILL TO THE STATE OF THE STATE		=	70	24	-	LIVE
✓ DOH	Emergency (ir justification)		_ N	lame of (	Contact			-1			h ne Nan	9 -	宝	- 4	E
DCA	Cancellation				ZIEGL		011			80	- 2	3-	ب	•	O
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	ITY INFO	RMATI	ON	Туре	of Facility (4	)		8	- 3		-
TRENT CENTER V	WEST APARTME	NTS						_	School (K-12	,					
Street Address 499 GREENWOOL	DAVE.								Subchapter ( Other (i.e. pretc.)	8 (Other rivate & d	t an K-12 mmercia	) al build	ings,	nome	s,
City (5) TRENTON									re Feet ,000	# of F 15	ors		dg. Ag 0+	je	
County (6) MERCER				County C	ode (7) SE ONLY)		_		ent Use (Prio ARTMENT		emolish	ed)			
Name of Monitoring Firm CONNELL-GREEN		wner (8)		ASCM	No.	Name of Abatement Contractor ( ASSURED ENVIRONME					N FAL SE	RVIC	CES	INC.	
Street Address 904 KINGS ARM D	904 KINGS ARM DRIVE					Street Address 570 CLEMS RUN									
City, State, Zip Code DOWNINGTOWN	PA 19335								ip Code HILL NJ	08062					
Project Manager for Mor RICK PELLISSIER	Project Manager for Monitoring Firm						Telephone No. 610-304-4676					0.			
Start Date (10) 12/21/2015		Schedule 03/28/2		pletion D	ate (11)	Name of OSHA Monitor EMSL									
Occupancy Status Durin								Addre RT. 1	ss 30 NORT	Н					
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire P ned Outside of Norma ALL ROOMS TO BE	eriod of A al Facility ABATED	batem Hours WILL	ent BE VAC	ANT	_			ip Code	J 08077	7				
Scope of Work (Check A	All That Apply)	1													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				-	Mi Gl	II Containme ni-Enclosure ovebag Proc	edure	<u></u>			2	
	49	la la	Locatio					_ NO	on-Exempted	(*) and	on-Friat	ne Pro	Abate		
Locatio Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) AATED ility	N Used Mai	ormall d Solel ntenan odial S (12)	y ly by nce/		os Con thermal surfa	scription taining for system icing, VA miscella	Materia s insul AT, or		(Sp	ocunt ocify oclF)	Removal	Ty Repair	e Encapsulate	Enclosure
		Yes	No	N/A										6	
105-106-201-205	5-206-209-305			X		SHE	EETRO	OCK		335	( SF	X			
306-309-405-406	3-409-505-605														
606-705-706-805	5-806-905-906														
Name of Registered Wa	ste Hauler		N	JDEP W	aste	Cubic	Yards		Name of	Register	e I Landfil	1	-		
ASSURED ENVIRO			Н	auler ID 034895	No.	of Wa	ste				DFILL				
City, State MULLICA HILL NJ				Disposal Date O3/31/2015 City, State WAYNESBU					3, OH						
Completed by RON SWANSON	ERAI	LMANA	AGER		Signatur	e	W I	ray		ate 2/15/	2015	i			
ASB-41 (R-06-08)	- 905 F. S				/ ) * Do r	ot use	this form for	asbesto	( licensur	e exer	npted	activi	ities.		

## Ch.ck 4524

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

ſ	Date of Notification (1)	_	1	Name of	Building Owner/O	7							
	12-18-1	<u> </u>	- 1	14		oreg	ORY						_
	Agencies Notified Type Notification			Street Ad	127a	Sor	zinati	واد	AL	13	14		
1	EPA Initial Amended		. 7	City, State	e, Zip Code	1	7	10	05		11	Atres	
	DOL Amendment #_  Emergency (inc	ludina	- L	1 4	lew Mi	svide	nce 1	لدار		YE	57	70	
	DOH justification)			Name of		eque		1 elep	one-Numb	lei –	-	1 . 7	3 3
1	□ DCA □ Cancellation				ITY INFORMATION		7	-1-	नगळ	£	>	111	
1	Name of Facility Where Abatement is Taking F	lace (3)				Тур	e of Facility (4	)	300	3		~	
	Avenue De	\i					School (K-12 Subchapter (	(Othor	Z	9	S P	П	
	Street Address	(;	١.	1	1112	×	Other (i.e. pr	ivate & c	mmercial		ngs, l	eme	s,
	18/2 JURING	171.	<u>el</u> C	\$ F	EUC	Sar	etc.) uare Feet	# of F	ors	Bio	ig. Ag	je	
	New Providence	J E	1	丁	07974		•				55	+-	
	County (6) (Inion			County C (STATE U	Code (7) ISE ONLY)	Cur	rrent Use (Prio	r if being	demolishe	d)			
	Name of Monitoring Firm Hired by Building Ow	mer (8)		ASCM	No.	Name of A	batement Conf						
	EPC Technolog	ME.	<u></u>		MA	Street Add		ha	ologi	169	-	ln	6
	Ro. Box 33	7			*	P.0	. Box	331	,				
Raine	City, State, Zip Code	NJ		80	533	City State,	Zip Code	44	M	08	35	3	3
3	Project Manager for Monit vi go irm	4 -	100	Telephor	분리 본 1일하는 12 Barberry - 1919)	Telephone			icense No	7	0	Ц	
2	Steve Schenker	1			758-3365		8-336 SHA Monitor	5	OC			1	_
.)	Start Date (10)	chedule	ed Con	ipletion L	Date (11)		PC Tecl	اممد	IGIOS	T			
E	Occupancy Status During Abatement (Check	Only On	ie)	7 /	6	Street Add			7,00		-		
-	Facility Closed/Vacated During Entire Pe	riod of A	Abatem	nent	, ide		Box	33					
	☐ . Abatement Performed Outside of Normal	Facility	Hours	i		City, State		(1	- ^	a e		_	
J	Other – Describe:					ίνεω	Egypt	N	5 0	85	<u>د</u> د	2	
C	Scope of Work (Check All That Apply)	<b>У</b> У Г		tion		<b>32</b> * 1	Full Containme	nt with t	egative Pr	essur	е		
5	≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		Renova Demolit			ו ב	Mini-Enclosure		ogusto				
53	_						Glovebag Proc Non-Exempted	edure (*) and	Ion-Friable	e Proc	edure	9	
_	*,	Is	Locati	ion						,	Abate Ty	ment	
De	Location of		Normal			scription of					.,		
2	Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	nce/	Asbestos Con (i.e. therma	taining Mate I systems ins		(Sp	ount ecify	Re	Z)	Ence	Enc
J	In Facility	Cus	todial ( (12)	Starr?		cing, VAT, o	500	SF	r LF)	Remova	Repair	Encapsulate	Enclosure
	(13)	Yes	No	N/A	oaler i	moodilariood				a	7	ate	re
	- 1 0 0 1 1	163	9/	107	Asilia C	2-2	on TSI	15	NU SF	X			
	Interior of Bldg		A	+	Ceilins:	Thrank.	-01 ) 132	- (_)	AL JI	1			
				+									
				-									
	Name of Registered Waste Hauler	L		NJDEP W		Yards	Name of	Register	d Landfill				
	EPC Technologies		F	lauler ID	00	20			nagen	neni	40	e f	A
	City State	VJ	ή.			isal Date Li'ous D	City, Stat		-	A			
	New Egypt / Completed by Schen Ker	Title	1	1 4		Signature	2500	1	Dat	a-	18.	~ ) =	_
	Steve John non	MR	Sid	len+		MEZE	and the	or Ph	=	a		-	

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

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( )	(I) PK	(	40	11

Date of Notification (1) 12/18/15				Building Carpentry		perator	(2)			_	( (		~		
Agencies Notified Type Notification			treet Ad	idress anbury S	South	River I	Road				00 T	9	2015 D	1	J Ti
EPA Initial Amended Amendment #				e, Zip Coo		J 088	31				710	7	DEC 24		
Emergency (in justification)  DCA  Emergency (in justification)  Cancellation	cluding	N		Contact					Tele	phor	· Nunt	ler J	三		HALE
BCA Cancellation				ITY INFO	RMATI	ON			1		NG.		ع و		1 3 3
Name of Facility Where Abatement is Taking house	Place (3)							of Facility (4 School (K-12 Subchapter 8	2)	r tha		TROL	6		0
Street Address 340 New Market Road					2000— 2000—		X (	Other (i.e. prietc.)	ivate &	com	nercial				s,
City (5) Dunellen							2100		2	Floo		5	dg. Ag B	е	
County (6) Middlesex				ode (7) ISE ONLY)			Curre	nt Use (Prior	r if bein	g de	nolishe	d)			
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.	Name of Abatement Contractor (9) ABS Environmental Services						LLC	24			
Street Address						Street Address PO Box 483, 4 E Gate Drive									
City, State, Zip Code								ip Code , NJ 0741	8		-				
Project Manager for Monitoring Firm		Т	elephor	ne No.			none N 764-2			Lice 703	ise No.				
	Scheduled	Comp	pletion [	Date (11)		Name	of OSH	HA Monitor							
Occupancy Status During Abatement (Check	Only One)					Street	Addres	SS							_
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal			ent			City, S	State, Z	ip Code			_				
Other – Describe:															
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovati	0.00			>	Mir Glo	I Containme ni-Enclosure ovebag Proce n-Exempted	edure	<del>.</del> .					
	ls Lo	catio	n.				110	II-Exempted	( ) aric	1401	THADIC		Abate	A STATE OF THE STA	
Location of	Nor	mally	/		De	scription	n of						Тур	е	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)		enan	ce/		thermal surfa		s insula AT, or	I (ACM) ation,	(S	nour pecil or L	,	Removal	Repair	Encapsulate	Enclosure
basement & first floor bathroom		224	Х		duct	insula	ation		1.	5 LF		x			
					32000 000					_	-				
											-				
										-					
Name of Registered Waste Hauler		NJ	JDEP W	/aste	Cubic	Yards	ards Name		Registe	red L	andfill				
Freehold Cartage	Hauler ID No. 15939			of Waste TBD		vvestern		rn Berks L		ndfill					
City, State Freehold, NJ				Disposal Date City, State Birdsboro, PA											
Completed by A. Scott Higgins	ident			5	Signatur	e M		_		12/	e 18/1	15			

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

Date of Notification (1)			Name of Building Owner/Operator (2)  Christ the King Regional School  Ch€ ck # 2638													
December 18, 201	5		Street Address													
Agencies Notified	Type Notification		1,032								D		~			
X EPA	× Initial		1.		pkins A						<u>v</u>		215	_	6	_
DEP DEP	Amended		- 1		e, Zip Cod						> [T]		品		n	
X DOL	Amendment # Emergency (ir				nfield, N	J 0803	33				-0				<del>-</del>	
X DOH DCA	justification)		1 .	Name of						Teleph	mb'mi	nmpe	5		77	
DCA	Cancellation				Hartman						2	-	-	-	T1	
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	ITY INFO	RMATIC	ON	Type	of Facility (4)		==		7	7	n	
Christ the King Re		1 1400 (0)						[Z]	0-11/1/ 401		E Z	4	Ó		-	+
Street Address	gioriai corico.						-	П.	Subchapter 8	(Other)	nan 🗲	12)	4			
164 Hopkins Aven	II.							Ħ	Other (i.e. pri	vate & c	mmer	cial b	uildir	igs, t	nomes	3,
City (5)									etc.) re Feet	# of F	ors		Bld	g. Ag	e	
Haddonfield								20,0		3			80			
County (6)				County C	ode (7)				ent Use (Prior	if being	demoli	shed	)			
Camden					SE ONLY)			Sch								
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCM	No.		Name	of Aba	atement Contr	actor (9	-					
MDG Environment		, ,					Shad	de En	vironmenta	al, LLC						
Street Address							Street	Addre	SS							
1000 Maplewood [	Drive, Suite 207						623	Cutle	r Avenue							
City, State, Zip Code									Zip Code							
Maple Shade, NJ	08052						Мар	le Sh	ade, NJ 08							
Project Manager for Mo	nitoring Firm			Telephor				hone N			cense	No.				
Chris Macri				AGAILS CAST II TO MAN	55-9300		856-		)842							
Start Date (10)		Schedule			Date (11)		Name of OSHA Monitor									
December 29, 201	The same and the same and the same and	Januar	*	2015			EMSL Analytical, Inc.									
Occupancy Status Durin	ng Abatement (Check	Only On	e)				Street Address 200 Route 130 North									
Facility Closed/Vac	cated During Entire P	eriod of A	baten	nent			A CONTRACTOR		A STATE MANAGEMENT			-1218211				
Abatement Perform Other – Describe:	med Outside of Norm	al Facility	Hours	5			0500		Zip Code Ison, NJ 08	2077						
							Oiiii	iamini	13011, 140 00						-	
Scope of Work (Check	All That Apply)	1527 _					\$	χI	ıll Containme	nt with N	agotive	Dro.	001150			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit						ini-Enclosure	III WILII I	syauve	S FIE	SSUIT			
				5. <del>5</del> . 5. 15.				GI	edure	Ion Cri	abla	Droo	odur			
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		100	Locat Iormal											Ту		
Locatio			d Sole		Achos		scriptio		al (ACM)	Am	unt	Γ			П	
Asbestos-Containin TO BE AB			intena			thermal	system	ns insu		(Sp	cify		Re	D	nca	Enc
In Fac	cility	Cust	odial (12)	Stall?			cing, Vaniscella		,	SF	· LF)		Removal	Repair	Encapsulate	Enclosure
(13	)			_		outeri	IIISCEIIA	i ieous	'			5	'al	7	late	Гe
		Yes	No	N/A								-			500	
Gym, Cafeteria &	Serving Room		X			Pipe	Insul	ation		12	LF				Χ	
Maintenan	ce Office		Χ			Ce	eiling 7	Γile		47!	SF			X		
1952 Section o	Χ			Pipe	Insul	ation		200	LF			X				
							10									
Name of Registered Wa	10000	NJDEP W			ubic Yards Name of Re			Register	d Land	dfill						
Freehold Cartage	1000	Hauler ID 2265	No.	of Waste			Cumber	land C	ounty	Lar	ndfill					
City, State				Disposal Date City, State												
Freehold, NJ	1/8/2016 Newburg, PA															
Completed by		Title														
Christina Lynch	ation	s Mana	ager	(	M	25		7		12/	18/2	2015	)			

<sup>\*</sup> Do not use this form for asbestc; licensure exempted activities.

CK 37344

ASSES OS CONTROL Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator Date of Notification MACY'S CORPORATE SERVICES (FEDERATED) 11 1 2 2 Agencies Notified Type of Notification Street Address Initial 7 WEST SEVENTH STREET USEPA Notification DEP X DCA/DOL Amended City, State, Zip Code CINCINNATI, OHIO 45202 DOH Cancellation Name of Contact Telephone Numb r ELENA PFARR FACILITY INFORMATION Type of Facility Name of Facility Where Abatement is Taking Place ) School (K-12) ) Sub-Chapter 8 (Other than K-12) MACY'S STORE - WILLOWBROOK MALL ( X ) Other (I.e. private & Commercial Street Address buildings, homes, etc.) # Floor Age of Bldg. 100 ROUTE 46 SF of Bldg. 1 MILLION +SF 50+ County Code City County Current Use (prior if being demolished) State use Only WAYNE BERGEN ASCM No. Name of Abatment Contractor Name of Monitoring Firm Hired by Building Owner ACM CONSULTING CORP. PENNONI ASSOCIATES INC. Street Address Street Address 2150 STANLEY TERRACE 515 GROVE STREET SUITE 1B City, State, Zip Code City, State, Zip Code UNION, NJ 07083 HADDON HEIGHTS, NJ 08035 License Number Project Manager for Monitoring Firm Telephone No. Telephone Number 908-687-1008 0057 TO BE DETERMINED TO BE DETERMINED Name of OSHA Monitor Scheduled Start Date Scheduled Completion Date 2016 **EMSL ANALYTICAL** 2016 16 12 Year Month Day Street Address Year Occupancy Status During Abatement (Check Only One) 307 WEST 38TH STREET Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Outside Normal Facility Hours X Describe: 9:30PM TO 7:00AM NEW YORK, NY 10118 Other - Describe: Abatement Method Scope of Work (Checl Only One) Full Containment with Negative Pressure X Demolition >3sf or >3lf Mini-Enclosure Glovebag Procedure ≥ 160sf or ≥ 260lf X Non-Friable Procedure Renovation Is Location Normally Describtion of Amount to be Abatement Type Used by Custodial Staff ACM to be Removed Location of ACM Facility N/A Removed (Specify SF/LF) Rem. Rep. Enc. Encl. NO Yes VAT 3990SF INTIMATE SELLING FLOOR Name of Registe ed Landfill Name of Registered Waste Hauler NJDEP Waste ID No. Cubic Yds waste MINERVA ENTE RPRISES, INC TBD TRI-STATE TRANSFER ASSOC., INC. SW1896 City, State of Registered Landfill Disposal Date City, State WAYNESBURG, OHIO BRONX, NY TBD Date Signature Completed By (Print or Type) Title 12/21/2015 ANITA SMOLAR GENERAL MANAGER

(K 37345

Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator Date of Notification ATLANTIC HEALTHCARE SYSTEMS 1 2 1 Type of Notification Agencies Notified Street Address 99 BEAUVIOR AVENUE USEPA Initial X Amended DEP City, State, Zip Code DOL Amendment # SUMMIT, NJ 07901 Emergency Cancelation X DOH Telephone Number Name of Contact DCA MARTIN MANFREDO FACILITY INFORMATION Type of Facility Name of Facility Where Abatement is Taking Place ) School (K-12) ) Sub-Chapter 8 (Other than K-12) OVERLOOK HOSPITAL X ) Other (I.e. private & Commercial Street Address buildings, homes, etc.) Age of Bldg. # Floor SF of Bldg. 99 BEAUVOIR AVENUE 50+ 10000 County County Code City Current Use (prior if being demolished) State use Only UNION SUMMIT, NJ Name of Abatment Contractor Name of Monitoring Firm Hired by Building Owner ASCM No. ACM CONSULTING CORP. HILLMAN CONSULTING, LLC Street Address Street Address 2150 STANLEY TERRACE 1600 ROUTE 22 EAST City, State, Zip Code City, State, Zip Code UNION, NJ 07083 UNION, NJ 07083 License Number Telephone Number Project Manager for Monitoring Firm Telephone No. 908-687-1008 0057 TO BE DETERMINED TO BE DETERMINED Name of OSHA Monitor Scheduled Completion Date Scheduled Start Date EMSL ANALYTICAL 2016 24 2016 Street Address Year | Month Day Year Occupancy Status During Abatement (Check Only One) 307 WEST 38TH STREET Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Outside Normal Facility Hours X Describe: 6:00PM - 6:30AM NEW YORK, NY 10118 Other - Describe: Abatement Method Scope of Work (Checl Only One) Full Containment with Negative Pressure Demolition Mini-Enclosure X >3sf or >3lf Glovebag Procedure X ≥ 160sf or ≥ 260lf X Non-Friable Procedure Renovation Amount to be Abatement Type Describtion of Is Location Normally Removed Used by Custodial Staff ACM to be Location of ACM Facility (Specify SF/LF) Rem. Rep. Enc. Encl. Yes NO N/A Removed DUCT INSULATION 720SF 11TH FLOOR MER 14 X PIPE FITTING INSULATION PIPE INSULATION PAPER 110LF X PIPE INSULATION AIRCEL 20LF Cubic Yds waste Name of Registered Landfill NJDEP Waste ID No. Name of Registered Waste Hauler MINERVA ENTE RPRISES, INC SW1896 TBD TRI-STATE TRANSFER ASSOC., INC. City, State of Registered Landfill Disposal Date City, State TBD WAYNESBURG, OHIO BRONX, NY Date Signature Completed By (Print or Type) Title 12/21/2015 GENERAL MANAGER ANIA SMOLAR

CK 37346

RECEIVED
2015 DEC 24 AM 9 33

Federal	Notification of	Asbesto	os Abat	ement (Pur	suant	to NJAC 8:60-7 and 1:	2:120-7)	200	For	
Date of Notification				of Building				ع	7/48	120
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	pe of Notification	1		Address	/= k !! !	-				Ų
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X DEP X DOL	Amended Amendmen	. 44	City C	State, Zip Co	odo					
A DOL	Emergency			AIT, NJ 079						
X DOH	Cancelatio		CONIN	111,140 07.	001					
X DOH DCA	Caricelatio	111	Nama	of Contact			Telephone Numb	· ·		-
DCA		1	IName	OI COINACI			relephone Numb	- 11		
			MART	IN MANFR	FDO					
				ITY INFORM		N				
Name of Facility Where Al	patement is Takir	ng Place			T	Type of Facility				
						( ) School (K-12)				
229 MORRIS AVENUE					Ĺ	( ) Sub-Chapter 8 (Ot				
Street Address						( X ) Other (I.e. private				
						etc.)				
229 MORRIS AVENUE	10	10		V. d.	JSF 0	f Bldg.	# Floor		Age of Blo	
City	County		County C		Curr	ent Use (prior if being de	0000		50+	
SUMMIT, NJ	UNION	5	State use	s Only	Curr	ent ose (phor it being de	smonshed)			
Name of Monitoring Firm I		Owner		ASCM No	Nam	e of Abatment Contract	or	-		
radine of worldoning rather	med by building	OWITE	,	ACCIVITIO.	Vail	o or ribatinent contract	· ·			
HILLMAN CONSULTING,	LLC				ACN	CONSULTING CORP.				
Street Address						et Address				
1600 ROUTE 22 EAST						STANLEY TERRACE				
City, State, Zip Code					City,	State, Zip Code				
LINION NIL 07002					LINII	AN NI 07002				
UNION, NJ 07083 Project Manager for Monit	oring Firm	То	lephone	No		DN, NJ 07083 phone Number	License Number	-		
Project Manager for Mornic	oning Film	16	iepriorie	INO.	Tele	priorie Number	License Number			
TO BE DETERMINED		TO BE	DETER	MINED	908-	687-1008	0057			
Scheduled Start Date	Scheduled			the same to be be a second or an arrangement	Nam	e of OSHA Monitor				
	2016 1	29	2016			SL ANALYTICAL				
	ear   Month	Day	Year		Stre	et Address				
Occupancy Status During				20.000.0000000						
Facility Closed/Vaca			of Abat	tement		WEST 38TH STREET				
Abatement Outside X Describe: 6:00PM		iours			City,	State, Zip Code				
Other - Describe:					NEV	V YORK, NY 10118				
Other Describe				7		. rorad, itr iorio				
Scope of Work (Checl On	ly One)			Abatement	Meth	od				
Demolition						Containment with Negat	ive Pressure			
>3sf or >3lf				X		-Enclosure				
X ≥ 160sf or ≥ 260lf				X		ebag Procedure				
Renovation		- 11	- 1 41	N		Friable Procedure	I Amount to be	IAboto	amont Tun	
Location of ACM Facility		100		on Normally		Describtion of ACM to be	Amount to be Removed	Abate	ement Typ	C
Location of ACM Facility		F	Yes	Custodial S NO		Removed	(Specify SF/LF)	Rem	Rep. Enc	. Encl.
BASEMENT		-	163	140	TWA	PIPE INSULATION	100LF	X	Trop. End	.
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Name of Registered Wast	e Hauler		NJDF	P Waste ID	No.	Cubic Yds waste	Name of Registe	ed Lar	ndfill	
TRI-STATE TRANSFER				SW1896		TBD	MINERVA ENTE			
City, State			Dispo	sal Date		City, State of Registere				
BRONX, NY TBD						WAYNESBURG, OHIO				
Completed By (Print or Ty	pe)		Title			Signature	1 0.	- 31	Date	
ANIA SMOLAR			GENE	RAL MANA	GER	(suite)	Gurler		12/2	1/2015

CK 37347

RECEIVED

Federa	al Notification of	Aspesto	s Abate	ement (Purs	suant	to NJAC 8.60-7 and 12.	120-1135		- 2.	3.3	
Date of Notification  1 2 2	1	1 5	Name	of Building ( NTIC HEALT	Owner HCAF	/Operator RE SYSTEMS	& LICE	COL	VTR	91	
	Type of Notification  X Initial  Amended	on		Address AUVIOR AV				TOTA	G		
X DOL	Amendme Emergend	y		State, Zip Co IIT, NJ 079							
X DOH DCA	Cancelat	ion	Name	of Contact			Telephone Numb	r			
			****	IN MANFRE		NI .	1				
		. 5:		ITY INFORM	IATIO	Type of Facility		-			
Name of Facility Where 231 MORRIS AVENUE	Abatement is Tai	ang Place	•			( ) School (K-12) ( ) Sub-Chapter 8 (Oth					
Street Address						<ul><li>( X ) Other (I.e. private of buildings, homes, et</li></ul>	c.)				
231 MORRIS AVENUE					SF o	f Bldg.	# Floor			f Bldg.	
City	County		County County County		Curre	10 ent Use (prior if being de	000 (molished)			50+	
SUMMIT, NJ Name of Monitoring Firm	UNION Hired by Buildin			- 13		e of Abatment Contracto					
	8	g Owner									
HILLMAN CONSULTING	G, LLC			L		consulting corp.		-			
Street Address					Succ	t Address					
1600 ROUTE 22 EAST					2150	STANLEY TERRACE					
City, State, Zip Code	1				City,	State, Zip Code					
UNION, NJ 07083					UNIC	N, NJ 07083					
Project Manager for Mor	nitoring Firm	Te	lephone	No.		phone Number	License Number	-			
		TO DE	DETER	MAINIED	000	207 4000	0057				
TO BE DETERMINED Scheduled Start Date	Schedule			RMINED		687-1008 e of OSHA Monitor	0007				
Scrieduled Start Date	Concadio	a comple	tion but	.0							
1 25	2016 1	29	2016		1	L ANALYTICAL					
Month Day Occupancy Status Durin	Year Month	Day	Year		Stree	et Address					
Facility Closed/Va				tement	307	WEST 38TH STREET					
Abatement Outsid	ie Normal Facility				City,	State, Zip Code					
X Describe: 6:00P Other - Describe:					NEV	/ YORK, NY 10118					
Scope of Work (Checl C	Only One)			Abatement	Meth	od		11			
Demolition Demolition	only one)			Abatomont	Full	Containment with Negati	ive Pressure				
>3sf or >3lf				X		Enclosure					
X ≥ 160sf or ≥ 260lf Renovation				X	/3017/	ebag Procedure Friable Procedure					
Kellovation				ion Normally		Describtion of	Amount to be	Abate	ement	Туре	
Location of ACM Facility	y	<u>  L</u>		Custodial S		ACM to be	Removed (Specify SF/LF)	Pem	Rep.	Fnc	Encl.
DACEMENT		-	Yes	NO	T/A	Removed PIPE INSULATION	100LF	X	iveh.	2110.	2.101.
BASEMENT					1	ב וווכסב וווסוי		1			
					+						
								+			
			INCIDE	D Wests ID	Ne	Cubia Vda wasta	Name of Registe	edlar	ndfill		
Name of Registered Wa			MJDE	EP Waste ID SW1896	NO.	Cubic Yds waste TBD	MINERVA ENTE			VC	
TRI-STATE TRANSFER	N ASSUC., INC.		Dispo	sal Date	_	City, State of Registere			1		
BRONX, NY			TBD			WAYNESBURG, OHIC			-		
Completed By (Print or	Type)		Title			Signature	//	/	Date		
ANIA SMOLAR			GENI	FRAL MANA	GER	auto:	moul			12/21/2	2015