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CAROL RAIMO		OFF	ICE N	IANAG	ER	/	1100		The.		21	191	201	1/

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Date of Notification (1)			of Building Owner		2))EC	2 7	20	16
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□ DOH □ DCA □ Emergency justification Cancellation	(including	Name	TH PLAINFIEL of Contact DHNM	4 Ro7	068 TE	Telephone N	umber			
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64 BROAD STREET City, State, Zip Code MATAWAN, NJ 07747			h.	396 W/	HITEHEAD A e, Zip Code H RIVER, NJ	On one con				
Project Manager for Monitoring Firm TOM GEIGER			one No. 290-2217	Telephon 732-43	e No.	License N	No.			
Start Date (10)	Scheduled 12/	12/1/	Date (11)	Name of	OSHA Monitor	OF AMERIC	Α		le .	
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City, State ELIZABETH, NJ		1125	Disposa	15 al Date	GROWS	NORTH				

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Signature

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OFFICE MGR

Completed by CAROL RAIMO

7/25/16

MORRISVILLE, PA

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Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8	3)	ASC 004	M No.		of Abatement Con		.Δ			
Street Address 64 BROAD STREET					Street	Address WHITEHEAD A					
City, State, Zip Code MATAWAN, NJ 07747					City, S	tate, Zip Code TH RIVER, NJ					
Project Manager for Monitoring Firm TOM GEIGER			Telepho	one No. 90-2217	Teleph	one No. 132-8350	License 01111	No.			
Start Date (10) 8/8/2016	Schedu	led Cor	npletion	Date (11)	Name	of OSHA Monitor		٠٨			
Occupancy Status During Abatement (Chec	k Only C	ne)	0/0	2017		Address	OF AWIERIC	·A			
Facility Closed/Vacated During Entire F	eriod of	Abaten	nent		396 V	VHITEHEAD A	VE.				
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demolit				Mini-Enclosure Glovebag Proc	edure				
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City, State ELIZABETH, NJ			120	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sal Date S √	City, State					-
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CAROL RAIMO

"OPEN NOTIFICATION"

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) **PSEG** Agencies Notified Type Notification Street Address 4000 HADLEY ROAD **EPA** Initial DEP Amended City, State, Zip Code × DOL ASBESTOS CONTROL & Amendment # SOUTH PLAINFIELD, NJ 07068 Emergency (including LICENSING DOH Name of Contact justification) Telephone Number DCA Cancellation HN FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age NIA County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ENVIRONMENTAL TACTICS** 0045 UNIQUE SYSTEMS OF AMERICA Street Address Street Address 64 BROAD STREET 396 WHITEHEAD AVE. City, State, Zip Code City, State, Zip Code MATAWAN, NJ 07747 SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm Telephone No. Telephone No. TOM GEIGER License No. 732-290-2217 732-432-8350 01111 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/31/16 UNIQUE SYSTEMS OF AMERICA Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure X Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Location of Normally Type Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) TO BE ABATED Maintenance/ Amount (i.e. thermal systems insulation, Custodial Staff? In Facility (Specify Removal Repair surfacing, VAT, of (13)(12)SF or LF) other miscellaneous Yes No N/A OUTDOORS SOMASTIC 200 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill WASTE MANAGEMENT Hauler ID No. of Waste 1125 **GROWS NORTH** APPL City, State Disposal Date ELIZABETH, NJ City, State MORRISVILLE, PA TBI Completed by Signature CAROL RAIMO OFFICE MGR

State of New Jersey

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ENVIRONMENTAL TACTICS	•	1-7	004		Name	of Abatement Co	ntractor	(9)		-draw-		
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64 BROAD STREET					Street	Address					576	
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MATAWAN, NJ 07747					City, S	tate, Zip Code						
Project Manager for Monitoring Firm					SOU	TH RIVER, N.	J 0888	2				
TOM GEIGER		1	Teleph	one No.	Teleph	one No.		License N	do		_	
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.IAC 8-50 and 12-120)

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		(Pursua	nt to NJA	C 8:60 ar	nd 12:120	0)	IIN & G	E		\mathbb{V}	G
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ENVIRONMENTAL TACTICS Street Address			004	5		UNIQ	UE SYSTEM	S OF AMERIC	A			
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City, State, Zip Code							VHITEHEAD A	AVE.				
MATAWAN, NJ 07747							ate, Zip Code					
Project Manager for Monitoring Firm		1	Tolonk	one No.			TH RIVER, NJ	08882				
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County (6) Bergen					Code (7) USE ONLY,)		Curr	ent Use (Pri	or if bei	ing demolis	shed)			
Name of Monitoring Firm Hi N/A	red by Building	Owner (8)		ASC	M No.				atement Cor tement,Ind		(9)				
Street Address				'			Street 11 R		ess gren Aver	nue					
City, State, Zip Code									Zip Code NJ 07512						
Project Manager for Monitor	ing Firm			Telepho	ne No.		Teleph 973-				License I	No.			
Start Date (10) 12/22/2016		Schedule 12/23/2		mpletion	Date (11)		The second secon		HA Monitor ement, In	C.					
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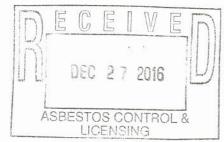
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Date of Notification (1) 12/20/2016				f Building Salters		Operator	(2)						4	W	
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	ellation			LITY INFO		ON							+		
Name of Facility Where Abatement is Residential	s Taking Place (3)						of Facility (4 School (K-1)	å.						
Street Address								Subchapter Other (i.e. p	8 (Othe			build	linas.	home	es.
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County (6) Middlesex			County (Code (7) USE ONLY,)			ent Use (Prio idential	r if bei	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Bu	uilding Owner (8)		ASCN	ЛNo.				atement Con Contracting							
Street Address						Street 205 I		ss e 46,Suite	7A						
City, State, Zip Code								ip Code IJ 07512			=				
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-	none N 333-9			Licens 0123	se No. 2				
Start Date (10) 12/29/2016	Schedule 12/31/1		npletion	Date (11)		150000000000000000000000000000000000000		HA Monitor on Consul	tants	Inc.					
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Scope of Work (Check All That Apply	/)						_	2							
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Unicorn Contracting Corp.		100000	lauler ID 035844		of Wa			Tullytov		sourc	e Red	ove	ery F	acili	ty
City, State Totowa, New Jersey					Dispo: TBD	sal Date	/	City, State Tullytoy		}					
Completed by Dimo Golcev	Title Gene	ral M	lanage	r	5	Signature	/	1/1			Date 12/2		016		
ASB-41 (R-06-08)					D	* Do no	ot use	this form for	asbest	os licer	nsure e	exem	pted	activi	ties.

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

Clet 1074

Date of Notification (1) 12/19/2016				of Building mount As			r (2)		Resonance	n.	E	C	E		/ E
Agencies Notified Type Notification EPA Initial				Address Broad Stro	eet				The second secon	N		1EC	07	วก	16
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City (5) Newark NJ							80		4	f Floo			Bldg ÷50	Age	
County (6) Essex				Code (7) USE ONLY)			Cui	rent Use (Pric	or if be	ng de	emolis	hed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCI N/A	M No.				patement Con Jutions Sen			X q				
Street Address N/A						Street 1435	Recognition of	ress st Street	***************************************						
City, State, Zip Code N/A								Zip Code rgen NJ 07	047		7530 Care			- 80 50	
Project Manager for Monitoring Firm N/A			Telepho N/A	one No.		Teleph 201-		No. -9685		Lice 013	nse N	10.		-	
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City, State Po Box 5670		104			Dispos	al Date		City, State						DA.	
Completed by Marcos Regato	Title Presid	dent				gnature		2335 App	>	Lier	Da			PA	





acmsolutionsserviceslle@gmail.com Asbestos DOL # 01320

ASBESTOS ABATEMENT SCOPE OF WORK

Date: 12/19/2016

Re: Asbestos Abatement @ 869 Broad street Newark NJ

Scope of work.

Type of Asbestos	Location	Quantities
Door frame caulk	exterior door	34 LF
Stair first floor	stair covering	90SF
Black cove base glue	2 nd floor throughout lobby	50SF
Yellow ceramic glue tile	3 rd floor throughout	200SF
Grey 4' wall covering	3 rd floor throughout	200SF
Pipe insulation	2 nd floor throughout	450LF
Pipe insulation	3 rd floor throughout	450LF
Pipe insulation	4th floor throughout	50LF
Duct insulation	4th floor throughout	16SF

Marcos Regato
President

CK3M	NO	NOT Pur	IFICA suant to	State of New TION OF ASB NJAC 8:60 and	EST	OS ABA	TEMENT 7:26-2.12)	Γ					
Date of Notification (1): 12/02/2016 Agencies Type Notification Notified Initial PEPA	Stepa Stree 100 V	an Com t Addre West Hi	pany	E0000000000000000000000000000000000000					ASS	BEST	000	CONT	ROL &
DEP Amendment#: DEP Emergency (including justification)	May		NJ 07607 ntact:				Talenhone	Num		E (CEN	SING	VE
□ DCA □ Cancellation			10.00	E A CHE LOS / INIDA	00000	mron.				Dr	0 0	7 /	2010
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					Bld	g. Age rent Use: C)ffice						
Name of Monitoring Firm H		ilding	Owner:	ASCM No.:			ement Contra	actor	(9):				
M2M Environmental Service	e Corp.	AC.			Apo	ex Develo	pment, Inc	c.					
Street Address:)					et Address							
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950 Center City, State, Zip Code:	14110	/ 1.	TUCH	ace.		, State, Zip	rs Place						
Newark, NJ 07103 Bc	10		1201	11510		amus, NJ							
Project Manager for Monitor	ring Firm:	21:1	109	Telephone No.:	_	phone No.		Lic	ense No.:				
Gloria Peters Henry	1 BC	ns	W	862-452-9874 917-327-407	3 (973	350-010	ı	012	15				
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☐ Other Describe:													
Scope of Work (Check all that a	apply):		C-SE					ontair	ment with	Negat	ive Pr	essure	
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\square \ge 160 \text{ sf or } \ge 260 \text{ lf}$			□ Renov □ Demo				☐ Mini-H ☐ Glovel	Enclos	sure				
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TO BE ABATED IN Facility		Staff?		other	miscel	laneous)		3.5	Specify	Remova	Repair	nsde	Enclosure
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Completed By			Title:	201	Signa		OII 177	200	Date:				
Sylvester Oraegbunam			Presid	ent	Si	glow		-	12/02/20	16			

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Gr Tech LLC City, State Wayne, NJ 07470					TBD Disposal Date TBD Signature	T.R.R.F. Inc	PA	Da		Becode			

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Date of Notification (1) 12/21/16				of Building Owner		(2)		G	E	1	<u> </u>
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Name of Facility Where Abateme	ent is Taking Place	(3)	FAC	ILITY INFORMA	ATION	Type of Facility (4)				
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City (5) Hawthorne						Square Feet 3000	# of Floors 2		Bldg. A 75	\ge	
County (6) Passaic				Code (7) USE ONLY)		Current Use (Price	or if being demol	ished)			
Name of Monitoring Firm Hired b	y Building Owner (8	3)	ASC	M No.		of Abatement Con Environmenta		.C			
Street Address						Address Box 483, 4 E G	ate Drive				
City, State, Zip Code						tate, Zip Code wood, NJ 074	18				
Project Manager for Monitoring F	irm		Telepho	ne No.		none No. 764-2276	License 703	No.			
Start Date (10) 12/30/16	Schedu 2/29/		npletion	Date (11)	Name	of OSHA Monitor					
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Scope of Work (Check All That A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	pply)	Renova Demolit			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Mini-Enclosure Glovebag Prod	ent with Negative		ocedur	e	
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City, State Freehold, NJ				Dis TB	posal Date D	City, State Birdsbo					
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Signature

Tullytown, PA

WEGARD

twice.

Date

12/19/16

Wayne, NJ 07470

Completed By (Print or Tyge)

Title

Owner

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2677 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) __12 21 _ / _ 16 Vikram Ramani Type Notification Agencies Notified Street Address ASBESTOS CONTROL & ☐ EPA ✓ Initial LICENSING **⋈** DOLWD Amended City, State, Zip Code Amendment # X DHSS New Providence, NJ 07974 Emergency (including □ DCA Telephone Number justification) Name of Contact (NJAC 5:23-8) Cancellation Vikram Ramani **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age New Providence, NJ 07974 County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Union Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 01127 973-638-1777 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 12 / 30 / 16 12 / 31 / 16 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If Mini-Enclosure Renovation Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Remova Enclosure Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (Specify (i.e., thermal systems insulation, Custodial Staff? surfacing, VAT, or IN Facility SIF or LF) (12)other miscellaneous) (13)Yes No N/A \boxtimes Vermiculite insulation 150 SF Attic NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler Gr Tech LLC 0033785 TBD T.R.R.F. Inc Disposal Date City. State City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Date Signature Teuric 12/21/16 N.Jevtic Owner ASB-41

* Emergence X

* Emergence	N			OF ASB				0	TK	5	88	6	n n	F F	PT				
Date of Notification (1)			Name of	f Building	Owner/	Operator	(2)												
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City (5) Cherry Hill NJ 08034							1000		1.5				dg. A 5⊹	ge					
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Street Address							Addres												
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								n NJ 080	91										
Project Manager for Monitoring Firm			Telepho	ne No.			none No -753-9												
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Start Date (10) 12/22/16	12/23		npietion i	Date (11)		Sam		A Monitor											
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Facility Closed/Vacated During Entire Abatement Performed Outside of Nor						City. S	state, Zip	Code											
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≥3 sf or ≥3 lf	X	Renova	tion				Full	Containme	ent with	Negativ	ve Pre	ssur	е						
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United Roll Off		2	2459		2			G.R.O.	٧٧.S.										
City, State					1007-2766	sal Date		City, State											
Elm NJ					12/2	3/16		Morrisv	ille P	A 1906	67								
Completed by	Title				1	Signature	1			-	Date								
Anthony T Perna	Pres	sident																	

CK # 4132

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K	Sa Sa Sa	0		2210		A CONTRACTOR OF THE PERSON OF
	DEC	2	1	2016		- hand

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Date of Notification (1)			Name of Building Owner/Operator (2) CARVEW STATE DRESSONTROL &												
Agencies Notified Type Notification	n		Stre	et Address		2 11 c) . 1 M	R.	7			_				
□ BPA 🔀 Initial □ Amended			Cit.	State, Zip		eman 0	K,			_	=				
DOL Amendment		_	City		LERMON	IT NIJ	1580 :-	b							
DOH ☐ Emergency justification)	ing	Nam	ne of Conta			Telephone Num	ber							
☐ DCA ☐ Cancellation				JIV	u										
			FA	ACILITY IN	FORMATION										
Name of Facility Where Abatement is Tak		ce (3)				Type of Facilit	41 -410.0200								
RESIDEN	CE					☐ School (K- ☐ Subchapte	12) r 8 (Other than K-1:	2)							
Street Address							private & commerci		dings						
City (5) AUALOW						Square Feet	# of Floors	В	1dg. A	-7000					
County (6)					(7) (STATE		Prior if being demoli	shed)	10		_				
CAPE MAY			US	E ONLY)			ACHNIT								
Name of Monitoring Firm Hired by Building	Owner		ASCA	l No.	Name of Abatem										
(8) W/A						MO I	MC				_				
Street Address					Street Address	S. SPI	ZICE LALE								
City, State, Zip Code					City, State, Zip C	ode	ADE WIJ	181	^_	7					
Project Manager for Monitoring Firm		T Tel	ephone	No.	Telephone No.	NES AREN	License No.	20	213		_				
		_			856-7	19-047	2 004	44							
			a divine	ate (11)	Name of OSHA N	Monitor	05								
12-30-16		0-			St. 1 Address	WIF			_		=				
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire P					Street Address										
Abatement Performed Outside of Norma					City, State, Zip C	ode					=				
Other - Describe:															
Scope of Work (Check all that apply)					□ Eull Con	tainment with No	egative Pressure								
≥3 sf or ≥3 lf		enovat			☐ Mini-End	closure	egative Fressure								
∑ ≥160 sf or ≥260 lf	Ø D	emolitic	on			g Procedure empted (*) and N	on-Friable Procedu	re							
	1000000	Location						A	Abate Typ						
Location of		lormally d Solei			Description of		V-2	-	1 71						
Asbestos-Containing Material (ACM) TO BE ABATED		ntenar			tos Containing Mate thermal systems in		Amount (Specify	20	_	Enc	m m				
IN Facility	1.000	Staff?		(1.0.,	surfacing, VAT,	or	SF or LF)	Remova	Repair	aps	Enclosure				
(13)		(12)			other miscellaneo	us)		oval	ăř.	Encapsulate	ure				
	Yes	No	N/A					1							
SIDING			X		TRAUSITI	E	1250 SE	X							
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								-			-				
			UDEP V	Masta	Cubic Yards	Name of Reg	istered Landfill								
Name of Registered Waste Hauler			lauler ID	No.	of Waste		M (IM I)	IA							
KLTMCO JNK			790	24	Disposal Date	City, State	M.C. M.V.	-			_				
City, State MAPLE SHADE N	J						DORINE	M	. T						
Completed By Title					Signature		Date		1-20-16						



			- EL- 60									_				
Date of Notification (1)	20-16			Nam		ng Owner/Opera			UTREA	ACT-DA	(m	THAT	201	2		
Agencies Notified	Type Notification	n .		Stre	et Address				710	LICE		19 4 1	701			
	Initial Amended			_			(1	20			-	-	-	_		
DEP DEP	Amendment		_	City,	State, Zip	CODE CEEMFU	FI	D N.	7	0823	0					
⊠ DOH	Emergency justification		ng	Nam	e of Conta			13 160		one Numb			. 1			
□ DCA	Cancellation					UCE								_		
				FA	CILITY IN	ORMATION										
Name of Facility Where			e (3)					Type of Facility								
	SIDENC	E					_	☐ School (K-1 ☐ Subchapter		than K-12	r.					
Street Address							-	Other (i.e., phomes, etc.	orivate & o	commercia	l build					
City (5)	CtAN (1T	Υ					Square Feet 2000	# of F	loors		dg. A	-			
County (6)						7) (STATE	+	Current Use (Pr						_		
CAPE V	MAY	•		USE	E ONLY)				LAW	<u> </u>				_		
Name of Monitoring Firm	Hired by Building	Owner		ASCN	No.			nt Contractor (9								
(8)	JA					Street Addres		MCO I	NC		_		-	=		
Street Address						369		S SPIRE	CE H	HE						
City, State, Zip Code						City, State, Zip	p Co	de								
								SHAD	ADE M. J 08052							
Project Manager for Moni	toring Firm		Tele	ephone	No.	Telephone No.		1-0472		se No. 20 4 U	U					
	I Cobo	eduled C		tion D	nto /11\	Name of OSH		viole of the property of the Miles		00 19				_		
Start Date (10)	SCRE	A Common of the	6 -			Name of Core	/ IVIC	NIA								
Occupancy Status During	Abatement (Che	-	_	1 100		Street Addres	ss									
Facility Closed/Vacate	d During Entire P	eriod of	Abate											_		
Abatement Performed	Outside of Norma	al Facili	y Hou	rs												
Other - Describe:														=		
Scope of Work (Check all	that apply)					-		ainment with Ne	gative Pre	essure						
≥3 sf or ≥3 lf . ✓ ≥160 sf or ≥260 lf			enovat emolitic			☐ Mini-E	ebag	Procedure								
<u> </u>		,—			1	Non-E	Exen	npted (*) and No	n-Friable	Procedure		bater	mont	-		
		1	.ocatio								^	Typ				
Location of			Soleh		Aches	Description os Containing M		ial (ACM)	Amo	unt			m			
Asbestos-Containing Ma TO BE ABATE		C	stodia			thermal system	s ins	sulation,	(Spe		Rei	R	nca	Encl		
IN Facility (13)			Staff? (12)			surfacing, VA other miscellan			SF or	Lr)	Remova	Repair	Encapsulate	Enclosure		
(10)		Yes	No	N/A							₩.		ale	9		
SINIAL	,			X	T	RANSI	TF		775	TOSP	X					
SIDINI	5	_	/		10-11-01											
Name of Registered Waste	e Hauler			JDEP \	CONTRACTOR OF THE PARTY OF THE	Cubic Yards		Name of Regi	stered La	ndfill						
KLEMCO	INC		H	auler IC	No.	of Waste		C. W	L.C. 1	M.U.	A			_		
City, State	2,4	-1-3			Disposal Date	7	City, State	10.0								
MAPLE SHI	40E W	.J						WOO	DRI					=		
Completed By	Title	C	UP.			Signature	-0.	02		Date 2	-2	0-	16			
MirHAU KL	CMM !	2	UF.			- 1	11	2								

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UL58	87		FICATIO	tate of New Jers N OF ASBESTOS t to NJAC 8:60 a	ABATE	ALCOHOLD STATE OF THE PARTY OF		EG				int For
Date of Notification (1)			Name	of Building Owner	/Operato	r (2)		ULU	61	20	10	Tie
12/21/16			Gail	Sieqst Private	Home		Í					
Agencies Notified	Type Notification		Street	Address			A	ASBESTO	OS C	ONT	ROL	8
EPA DEP	☑ Initial					Chr. nage		LIC	ENS	SING		
DEP DOL	Amended Amendment		The state of the s	ate, Zip Code ry Hill NJ 0803	34							
☑ DOH	Emergency justification)			of Contact			Tel	ephone Nur	mber			
DCA	Cancellation		Gail									
			FAC	ILITY INFORMA	TION		•			-		
Name of Facility Where		ng Place (3)				Type of Facility (4	-)					
Gail Siegst Private	Home					School (K-12						
Street Address						Subchapter 8 Other (i.e. pretc.)	8 (Otherivate 8	er than K-12 & commerci	2) al buil	dings	, hom	es,
City (5)		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;				Square Feet	# of	f Floors	E	Bldg. A	Age	
Cherry Hill NJ 080	34					1000+	2		1	35+		
County (6) Camden	W		County (STATE	Code (7) USE ONLY)	Current Use (Prior	se (Prior if being demolished)						
Name of Monitoring Firm	n Hired by Building	Owner (8)	ASC	M No.	of Abatement Cont	nt Contractor (9)						
N/A	,		1			naco Inc.		(-)				
Street Address					Street	Address						-
					PO	Box 329						
City, State, Zip Code						State, Zip Code St Berlin NJ 0809	91					
Project Manager for Mor	nitoring Firm		Telepho	one No.	The statements	none No. -753-9800		License N 00727	0.	0.000		
Start Date (10)		Scheduled Co	moletion	Date (11)		of OSHA Monitor		00121				
1/3/17		1/12/17		- 2.0 (/	San							
Occupancy Status Durin	g Abatement (Chec											
Facility Closed/Vac Abatement Perform	ated During Entire I	Period of Abate			Street Address City, State, Zip Code							
Other – Describe:												
Scope of Work (Check A	II That Apply)				1							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov Demo			2	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure				e	
1 22-41-	2.06	ls Loca	_ocation				. /			Abate	ement pe	
Location Asbestos-Containing TO BE AB	Material (ACM)	Used Sol Mainten	lely by ance/	Asbestos Cor		l of flaterial (ACM) s insulation,		mount pecify	Re	וג	Enc	E _D

Location of	1 1	Locati	588		Description of					emen /pe	t	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solel intenar todial S (12)	ice/		stos Containing Mate e. thermal systems in surfacing, VAT, o other miscellaneo	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A				<u> </u>					
2nd Floor Bathroom			х		Floor Tile only	У	40 SF	×				
1st floor wreck room & Laundry			х		Floor Tile & Ma	stic	300 SF	x				
								+			-	
ame of Registered Waste Hauler		H	I I JDEP Wa auler ID I 2459			I f Registered Landfi).W.S.	II .	1				

Title

President

Disposal Date

Signature

1/12/17

Completed by

Anthony T Perna

City, State

Elm NJ

Date

12/21/16

Morrisville PA 19067

City, State

CK5164	Ü		CATION	ate of New Jers OF ASBESTO to NJAC 8:60 a			FC S) 7	2016		
Date of Notification (1) 12/20/16				Building Owner						2016	,
Agencies Notified Type Notification EPA X Initial	1		Street A	^{ddress} AST 7TH ST	•		ASBES	TOS			OL
DEP Amended DOL Amendment				te, Zip Code WOOD NJ							
X Emergency justification DCA Cancellatio)		Name of	Contact			Telephone Nui	nber			
			FACI	LITY INFORMA	TION						
Name of Facility Where Abatement is Taki	ng Place (3)				Type of Facility (4)				
Street Address							2) 8 (Other than K-1: rivate & commerci		dings,	home	es,
City (5) LAKEWOOOD						Square Feet 1500	# of Floors 2	В	lldg. A	ge	
County (6) OCEAN			County (Code (7) USE ONLY)		Current Use (Pric	or if being demolish	ned)			
Name of Monitoring Firm Hired by Building	Owner (8))	ASCN	1 No.		of Abatement Cor LEAD PROFE					
Street Address					Street Address 6 WHITE DOVE COURT						
City, State, Zip Code			11 - 3 - 3 LOW			State, Zip Code EWOOD, NJ 0					
Project Manager for Monitoring Firm			Telepho	ne No.	24 112021	hone No. -668-9078	License N 1200	lo.			
Start Date (10) 12/21/16	Schedul 12/23/		npletion l	Date (11)	Name of OSHA Monitor AAA LEAD PROFESSIONALS						
Occupancy Status During Abatement (Che			nent		1000 000000	t Address HITE DOVE CO	DURT				
Abatement Performed Outside of Nor Other – Describe:	mal Facilit	y Hours	3			State, Zip Code EWOOD, NJ 0	8701				
Scope of Work (Check All That Apply)							***************************************		72111	5177	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Townson.	Renova Demoli			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
1		s Locat Norma)opprintis				Abat	ement /pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use	ed Sole aintena	d Solely by intenance/ odial Staff? Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing VAT. or			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
EVTEDIOD	Yes	No	N/A		SIDING		1500SF		-	ro	
1 0 11 11/11		1			-11 111/11	-		1.34	1	1	(8)

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Date of Notification (1) DEC. 21, 2016					f Building O						XT0/	2.00	NITE	201		
	Type Notification			Street A	ddress OX 609					ASBE	LICE	ENSI	NG	IUL		
EPA DEP DOL	Initial Amended Amendment	#			ate, Zip Cod		7762					-				
□ DOH	Emergency justification)	(including	- -	Name o	f Contact MONTER				Jala	nhana Niir	nhar					
DCA [Cancellation			do une	LITY INFOR											
Name of Facility Where Al FORMER NEPTUN		g Place (3)		FACI	LITTINFOR	XIVIA I I	ON	Type of Facility (30.50							
Street Address 116 THIRD AVENUE								School (K-1 Subchapter Other (i.e. p	8 (Othe			dings,	home	es,		
City (5) NEPTUNE CITY				-				Square Feet 9000 SF	# of	Floors		Bldg. A	ge EARS	3		
County (6) MONMOUTH					Code (7) USE ONLY)		_	Current Use (Price FORMER LA			ned)					
Name of Monitoring Firm I	Hired by Building	Owner (8)		ASCN	No.			of Abatement Cor shing Touch As			ent C	Corp.	, Inc.			
Street Address								Address hompson Stre	et		77-12-11A	-				
City, State, Zip Code								tate, Zip Code t Long Branch,	, NJ 07	764						
Project Manager for Monit N/A	oring Firm			Telepho	ne No.			one No. 222.8372		License N 00040	0.					
Start Date (10) JAN. 4, 2017		Scheduled JAN. 10														
Occupancy Status During	Abatement (Chec	k Only One))	Street Address						-						
Facility Closed/Vacat Abatement Performed Other – Describe:						_	City, S	tate, Zip Code								
Scope of Work (Check All	That Apply)				<u> </u>			/								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat				7	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	ocedure				e			
		2000	ocatio					2 Iton Exemples	, () and	1101111100		- 17 A. L. States	ement			
Location of Asbestos-Containing N		Used		y by	Ashesto		scription aining M		An	nount						
TO BE ABA In Facility (13)	ΓED				(i.e. th	nermal surfac	containing Material (ACM) mal systems insulation, urfacing, VAT, or er miscellaneous)			oecify or LF)	Removal	Repair	Encapsulate	Enclosure		
MAIN FLO	OR	1		X			VAT.		208	0 SF	Х					
	WAINTEOOT						******************									
									4							
Name of Registered Waste	Name of Registered Waste Hauler					Cubic	Yards	Name of	Register	ed Landfill						
Finishing Touch Asbe	Ha	JDEP W auler ID 2058	No.	of Was 3 cy		TRRF										
City, State WEST LONG BRANCH, NJ 07764						Dispos	al Date 17	City, State TULLY		, PA						
Completed by JOSEPH P. MILLER	IDEN	NT		S	ignature 04	WILL		Date 12/21/16								

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	DEC	2	7	2016	

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Date of Notification (1) DEC. 21, 2016				f Building Owner/0 AEL YURA	Operator	(2)		SBEST	001	2005	TDO
Agencies Notified Type Notification			Street A	ddress OX 5806					ICEN		
EPA Initial Amended Amendment #				ate, Zip Code CKENRIDGE, (CO 804	124					
DOH Emergency (i			Name o	f Contact ALBRECHT			Telenhone	Number			
DCA Cancellation				LITY INFORMAT	ION				-		
Name of Facility Where Abatement is Taking FORMER RETAIL STORE	Place (3 ACY))	T A C	LITTINIONMAI	ION	Type of Facility (4) School (K-12)					
Street Address 134 BROAD STREET						Subchapter 8 (Other (i.e. privaletc.)			ildings	, home	es,
City (5) RED BANK						Square Feet 6000 SF	# of Floors 2		Bldg. / 1950		
County (6)				Code (7) USE ONLY)		Current Use (Prior if FORMER RETA	being dem AIL STOR	olished) IE <i>(PH)</i>	4RM A	oy)	
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCN	/I No.		of Abatement Contra shing Touch Asbe		ement	Corp	., Inc.	
Street Address						Address hompson Street					
City, State, Zip Code						state, Zip Code st Long Branch, N	J 07764				
Project Manager for Monitoring Firm N/A			Telepho	ne No.		none No. 222.8372	Licens 0004				
Start Date (10) 1/2/17	Schedule 1/9/17	ed Com	pletion I	Date (11)	Name N/A	of OSHA Monitor					
Occupancy Status During Abatement (Check	Only On	e)			Address						
Facility Closed/Vacated During Entire Pour Abatement Performed Outside of Normal Other – Describe:			City, State, Zip Code								
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti			7	Mini-Enclosure Glovebag Proced					
	Is	Locatio	nn .						Abat	ement	
Location of	N	Iormall	у	De	scription	of		_	Ty	/pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solel intenan odial S (12)	ice/	Asbestos Con (i.e. thermal surfa	taining N	Material (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
MAIN FLOOR			X		VAT		4,500 SF	X	+-		
									+		
Name of Registered Waste Hauler Finishing Touch Asbestos Abatemen	t Corp.,	ı Ha	JDEP W auler ID 2058			Name of Reg	•	dfill			
City, State WEST LONG BRANCH, NJ 07764				Dispo: 1/10/	sal Date /17	City, State	WN, PA				
Completed by JOSEPH P. MILLER	Title PRES	SIDE	IDENT Signature Date 12/21/16								



ASB-41

										1117	1				
Date of Notification (1)			Name of Building Owner/Operator (2) NJ DPMC/ Job # 1509-4949 Check #8785 DEC 2 7 2016									3			
/	20 /	16	-		NJ	DPIVIC/	Job	# 1509-4949	Cneck #8/85	1 14				2010	1
Agencies Notified	Type Notific	ation			Stree	t Address				Z.Briting	L.	7204	- in, a	Semon in .	
⊠ EPA	☐ Initial				PO	Box 034	ŀ				ABBES	TOP	COL	TEK	
⊠ DOLWD	Amende Amendm				City,	State, Zip (Code	9	Walle	C 24-1-2's	······	- Pariti	1,200	-	
☐ DHSS	⊠ Emerger		ıdina		Tre	nton, NJ	086	625			- 23				
(NJAC 5:23-8)	justificati		uniy		Name	of Contac	ct			Telepho	ne Numb	^r			
	☐ Cancella				Sco	ott Fertig	I								
					FA	CILITY IN	NFO	RMATION							
Name of Facility Where A	batement is	Taking P	lace	(3)					Type of Facility (4)					
NJ Training School	for Boys								School (K-12)						
Street Address			_						☐ Subchapter 8 ☑ Other (i.e., pri	(Other th	nan K-12)	ial h	ildina		
1 State Street									homes, etc.)	ivate and	Commerc	iai Di	manie	15,	
City (5)									Square Feet	# of Fl	oors	BI	dg. A	ge	
Jamesburg, NJ															
County (6)			501020		Cour	nty Code (7	7)(ST/	ATE USE ONLY)	Current Use (Price	Prior if being demolished)					
Middlesex									Training Sch	lool					
Name of Monitoring Firm	Hired by Build	ding Owi	ner (8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)						
Environmental Con	nection						1	AbateTech, Ir	nc.						
Street Address							Str	reet Address							
120 North Warren S	treet						1	30 Maple Ave	. PO Box 25						
City, State, Zip Code							Cit	ty, State, Zip Co	ode					-	
Trenton, NJ 08608							ı	Lumberton, N	J 08048						
Project Manager for Monit	torina Firm			Tele	phone	No.		lephone No.		Licens	e No.				
Rollie Jones	-					-4200		09-265-2107		005	29				
Start Date (10)		Schedule	ed Co					me of OSHA M		1			-		-
12 / 22 /		12					1	EMSL Analyti							
								eet Address							
Occupancy Status During					nont		1000000		O Ni a wila						
☐ Facility Closed/Vacate ☐ Abatement Performed						crihe		200 Route 13							
Time of Abatement: _					Oity, Otato, Lip Oodo										
						MONEY.		Jinnaminson	, NJ 08077		. 7.7.5			1791	
Scope of Work (Check all	that apply)							□ Full Cont	ainment with Nega	ative Pres	ssure				
≥3 sf or ≥3 If	70	\boxtimes	Rer	novatio	on			Mini-Encl Mini-En	losure						
≥160 sf or ≥260 lf			Der	nolitio	n			☐ Glovebag		Erioblo	Droodur				
			la.	Locati		T		☐ Non-Exe	mpted (*) and Non	-Friable i	Procedure	Towns.			
Location	of			ormal				Description of	f				atem		
Asbestos-Containing N		1)	Used	d Sole	ly by	Asbe	stos	Containing Mai		Amo	ount	Removal	Repair	Enc	Enclosure
TO BE ABA	TED			ntenai odial S			., the	ermal systems i	nsulation,	(Spe		VOU	air	aps	losi
IN Facility (13)	У	1	Justi	(12)	otan:			surfacing, VAT, ther miscellaned		SF o	r LF)	<u>a</u>		Encapsulate	ıre
(13)		Y	es	No	N/A		Ü	iner miscenarie	Jusy					te	
Exterior Trench			7			Pipe Ins	sula	tion		20	LF			П	
														$\overline{\Box}$	
	-														
	1														
												Ш	Ш	Ц	Ш
1.100 - 100 0.000 0.000 ■ 0.00 0.00						Vaste) No.	900,000,000	bic Yards of iste	Name of Registe						
AbateTech, Inc.							6		G.R.O.W.S.	Landfil					
City, State					18750			posal Date	City, State						
Lumberton, NJ							1	2/23/16	Tullytown, I	PA					
Completed By (Print or Typ	oe)	Title	-200				Signature Date								
Gwendolyn Trumbet		Ope	ratio	ons C	s Coordinator 12/10/16									2	

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

r											<u>L</u>	19	12	1100	
Date of Notification (1) 12 /	22 /	16			I		572.00	owner/Operator (2 dg. Service /	4.1	check #87		0010	-	And the second s	
Agencies Notified EPA	Type Notific ☑ Initial	cation				t Address North 8th		reet	19	TI DEC	/-	2016	1.77	had been de	
☑ DOLWD		1000 CC			City,	State, Zip	Cod	le	9	ASSESTO	8 000	Salar National Confession of the Confession of t			
□ DHSS			-11					PA 19107	1	LiO	ENSIN	HHU B	- Ø.		
□ DCA (NJAC 5:23-8)			ding			e of Contac	0.5			Telephone N	umber	-		- Land -	
(1.07.10 0.20 0)					Jin	n Papagr	10								
						150 070		ORMATION			-				
Name of Facility Where A	batement is	Taking Pl	lace	(3)					Type of Facility	(4)					
USMS Space Altera	tions								☐ School (K-12						
Street Address							-			8 (Other than K		مناطانه	~~		
402 E. State Street									Other (i.e., p homes, etc.))	nerciai	oullain	gs,		
City (5)									Square Feet	# of Floors	1	3ldg. A	ge		
Trenton, NJ 08608												77.5	50		
County (6)					Cou	nty Code (7)(S7	TATE USE ONLY)	Current Use (Pr	rior if being dem	olished)				
Mercer	20														
Name of Monitoring Firm	f Monitoring Firm Hired by Building Owner h & Safety Services ddress ox 365 te, Zip Code n, NJ 08009						N	lame of Abateme	nt Contractor (9))					
Health & Safety Ser	vices						AbateTech, Ir	ic.							
Street Address	2 / 22 / 16 Type Notification						St	treet Address							
PO Box 365								30 Maple Ave	. PO Box 25						
City, State, Zip Code		elettere er					Ci	ity, State, Zip Co	de						
Berlin, NJ 08009								Lumberton, N	J 08048						
Project Manager for Monit	oring Firm			Tele	phone	No.	Te	elephone No.		License No.	0				
Jim Proctor	NJ 08009 anager for Monitoring Firm octor (10) Scheduled Col						609-265-2107 00529								
Start Date (10)	Manager for Monitoring Firm Proctor Ite (10) Scheduled Co.						Na	ame of OSHA M	onitor						
_1 / _9 /	Proctor Scheduled Co ate (10)							EMSL Analyti	cal						
Occupancy Status During	Abatement (nly o	ne)			St	treet Address								
☐ Facility Closed/Vacated	d During Enti	re Period	of A	bater	nent			200 Route 130							
							Ci	ity, State, Zip Co	de						
Time of Abatement:	AIVI	PM/_		_PM-		_AM		Cinnaminson	NJ 08077						
Scope of Work (Check all	that apply)	****					-		Containment with Magative Processes						
☐ >3 sf or >3 If		M	Par	ovati	on				Containment with Negative Pressure -Enclosure						
≥160 sf or ≥260 lf				nolitio				Glovebag							
								Non-Exen	npted (*) and No	n-Friable Proce	dure				
	,			_ocat							А	batem	ent T		
			Jsec	Sole	ly by	Ashe	stos	Description of S Containing Mat		Amount	Re	Re	En	Enclosure	
TO BE ABAT	ΓED			ntena			e., th	nermal systems in	nsulation,	(Specify	Removal	Repair	caps	clos	
	/		usu	(12)	Staff?			surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		Encapsulate	ure	
(13)		Ye	es	No	N/A	1	U	ottler miscellaneo	lus)				te		
4 th Floor	(13) Yes									2,608 SF					
4 th Floor	1			Double	La	yer Floor Tile		370 SF							
						-					П	П			
	1														
Name of Registered Waste	N	JDEP I	Naste	Cu	ubic Yards of	Name of Regis	tered I andfill								
AbateTech, Inc.	riaulei			H	auler II 18750	O No.	Wa	aste 40	G.R.O.W.S						
City, State	_				sposal Date	City, State									
Lumberton, NJ				1	1/13/17	Tullytown,	PA								
Completed By (Print or Typ						Signature	1		Date ,		1				
Gwendolyn Trumbet		Oper	atio	ns C	oordi	inator		(A)	1111		12	22	-111	0	

ASB-41 MAY 11

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

EMENT 6)

	State of New Jersey
N IO O II	NOTIFICATION OF ASBESTOS ABAT
NOCK	(Pursuant to NJAC 8:60 and 5:16

Date of Notification (1)			Name	of Building (Owner/Operator (2	2)						
/	16		Res	sorts Interr	national Casino	os /Job#1601-	4984 Check#787) PG	i.1 o	f 2		
Agencies Notified Type Notifica	ation		Street	Address		T)	Maria CO 75 m				orane e	
⊠ EPA	E.		113	3 Boardwa	alk	100	nece		11/7		49184	
□ DOLWD □ Amended □ Amended			City, S	State, Zip Co	de	Si pricera	hand I wonder		200	200	7/1	
□ DHSS Amendme	A 100 Sept. 26		Atla	antic City,	NJ 08401-7329	Area py						
DCA Emergent justification		11	Name	of Contact		200	Telephone Numb	er/	2016		110	
Cancellat			Kat	hy Chamb	erlin			C 2 .	-010		l bearing	
			FA	CILITY INF	ORMATION		ASSESTOS	CON	TPO	E A		
Name of Facility Where Abatement is T		(3)				Type of Facility	The same of the sa	(5)	3			
Resorts Hotel & Casino- Ocean	Tower					School (K-12	2) 8 (Other than K-12)					
Street Address							rivate and commerc	ial bu	ilding	S,		
1133 Boardwalk						homes, etc.)			25	3 11		
City (5)						Square Feet	# of Floors	Blo	dg. Ag	ge		
Atlantic City												
County (6)			Cour	nty Code (7)(S	STATE USE ONLY)	Current Use (Pr	rior if being demolish	ned)				
Atlantic						Hotel & Cas	sino					
Name of Monitoring Firm Hired by Build	ling Owner (8)	ASCM	No.	Name of Abatement Contractor (9)							
Health & Safety Services					AbateTech, Inc.							
Street Address					Street Address							
PO Box 365					30 Maple Ave	. PO Box 25						
City, State, Zip Code				(City, State, Zip Co	ode						
Berlin, NJ 08009					Lumberton, N	IJ 08048						
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.					
James Proctor		8	56-452	-1311	609-265-2107		00529					
Start Date (10)	cheduled C				Name of OSHA M	onitor	· ·					
1/_18_/_16_	_ 2 _ /	_ 29	9_/_	17	EMSL Analyti	cal						
Occupancy Status During Abatement (C	Check only o	ne)		5	Street Address				·			
☐ Facility Closed/Vacated During Entir	e Period of	Abate	ment		200 Route 130	0 North						
Abatement Performed Outside of No					City, State, Zip Co	de						
Time of Abatement:AM	PM/	_PIM		AM	Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)					□ Full Cont	ainment with Ne	native Pressure		- 2577			
≥3 sf or ≥3 lf	⊠ Re				☐ Mini-Encl	osure	gative i lessure					
≥160 sf or ≥260 lf	☐ De	moliti	on		Glovebag		a Frieble December					
	la la	Loca	lian		☑ Non-Exer	npted (*) and No	on-Friable Procedure	1	7			
Location of		lorma			Description of	f			ateme	0.000	i -	
Asbestos-Containing Material (ACM	I Comment		ely by	Asbesto	os Containing Mat		Amount	Ren	Repair	Enc	Enc	
TO BE ABATED	11.000.000	ntena odial	nce/ Staff?	(i.e., 1	thermal systems i		(Specify	Removal	air	aps	Enclosure	
IN Facility (13)	040	(12)			surfacing, VAT, other miscellaned		SF or LF)	<u>=</u>		Encapsulate	re	
, ,	Yes	No	N/A							Ф		
2 nd Floor- 59 Bathrooms (30 SF p	er 🖂	\boxtimes		Mastic As	ssociated with	ceramic tile	1,770 SF total					
3rd Floor- 56 Bathrooms (30 SF p	er 🔲	\boxtimes		Mastic As	ssociated with	ceramic tile	1,680 SF total	\boxtimes				
4th Floor- 60 Bathrooms (30 SF pe	er 🔲	\boxtimes		Mastic As	ssociated with	ceramic tile	1,800 SF total	\boxtimes				
5th Floor- 58 Bathrooms (30 SF pe	er 🔲											
Name of Registered Waste Hauler		10000	IJDEP V	Vaste C	Cubic Yards of							
AbateTech, Inc.		H	lauler II 18750									
City, State			10700		Disposal Date	City, State	10.000					
Lumberton, NJ					2/29/17	Tullytown,	PA					
Completed By (Print or Type)	Title				Signature	Mana	Dat	e,	. 1			
Gwendolyn Trumbetti	Operati	ons	Coordi	nator		UTYTU		12	011	U		

MO OC.

MAY 11

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

Date of Notification (1)			Name	of Building	g Owner/Operator (2)	mile Gi	7	140		3 .	
The state of the s	6						4984 Check#787		.2 o	f 2	100	
Agencies Notified Type Notificatio ☐ EPA ☐ Initial	n		CONTRACTOR.	Address	•	TO PARTITION AND ADDRESS OF THE PARTITION ADDRESS OF THE PARTITION AND ADD	UU DEC 2	2 7	2016			
□ DOLWD □ Amended				33 Board			1	30	2010		11	
□ DHSS Amendment	#5			State, Zip C		Į.	Lauren				İ	
□ DCA ⊠ Emergency	10 mars 190	1	Atla	antic City	, NJ 08401-7329	Ĺ	ASSESTOS	COL	THO	7 A	į.	
(NJAC 5:23-8) justification)			Name	of Contac	t	E.S	Telephone Numb	er	3	- Contract		
☐ Cancellation			Kat	thy Cham	berlin		1			* "		
		(5)	FA	CILITY IN	IFORMATION							
Name of Facility Where Abatement is Tak	-	(3)				Type of Facility	Ø. 7					
Resorts Hotel & Casino- Ocean T	ower					School (K-12	2) 8 (Other than K-12)					
Street Address 1133 Boardwalk							rivate and commerc	ial bu	ilding	js,		
City (5)						Square Feet	# of Floors	BI	dg. A	ge		
Atlantic City						Dalest	AND SERVICE AND					
County (6)			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)	-5111			
Atlantic				,	,,	Hotel & Cas						
Name of Monitoring Firm Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme							
Health & Safety Services	(6	(-,			AbateTech, Is							
Street Address					Street Address							
PO Box 365												
City, State, Zip Code					30 Maple Ave							
Berlin, NJ 08009					Lumberton, N							
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.	10 00040	License No.		-			
James Proctor		100000	56-452		609-265-2107		00529					
Start Date (10) Sche	eduled C				Name of OSHA Monitor							
1 /18 /16	2 /			CONTRACTOR OF THE PARTY OF THE	EMSL Analyti							
Occupancy Status During Abatement (Che	ck only	one)			Street Address							
☐ Facility Closed/Vacated During Entire F	eriod of	Abate	ment		200 Route 13	0 North						
☐ Abatement Performed Outside of Norm					City, State, Zip Co							
Time of Abatement:AM	PM/	PM-		AM	Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)				☐ Full Containment with Negative Pressure								
≥3 sf or ≥3 lf		novati			☐ Mini-Encl	losure	gative i ressare					
⊠ ≥160 sf or ≥260 lf	☐ De	molitio	on		☐ Glovebag	Procedure	n-Friable Procedure					
	1 10	Locat	ion		□ Non-Exe	mpted () and No	n-Friable Procedure	1				
Location of		Norma			Description o				atem		1	
Asbestos-Containing Material (ACM)		d Sole		Asbes	stos Containing Ma		Amount	Rer	Repair	Enc	Enc	
TO BE ABATED		intena todial	nce/ Staff?	(i.e.	, thermal systems i		(Specify	Removal	air	aps	Enclosure	
IN Facility (13)	000	(12)	Otan.		surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		Encapsulate	Гe	
	Yes	No	N/A							Ō		
6th Floor- 57 Bathrooms (30 SF per		\boxtimes		Mastic /	Associated with	ceramic tile	1,710 SF total	\boxtimes				
7 th Floor- Room 726		\boxtimes		Mastic /	Mastic Associated with ceramic tile 30 SF							
7 th Floor- Room 727				Mastic Associated with ceramic tile 30 SF □								
Name of Registered Waste Hauler		4.5553	JDEP \		Cubic Yards of	Name of Regis	stered Landfill					
AbateTech, Inc.		Н	18750		Waste 40	G.R.O.W.S	. Landfill					
City, State			10/30		Disposal Date	City, State						
Lumberton, NJ				900	2/29/17	Tullytown,	PA					
Completed By (Print or Type) Tit	le			*	Signature	, , , , , , , , , , , , , , , , , , , ,	Date	e.				
	Operati	ons (Coordi	nator	Jigilatale	MAMY	10	1/2	110	11		
ASB-41	- 1- 31- 31		- Jonai			1111		14	11	S		

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NO OX				(Pu	rsuar	t to NJA	C 8	:60 and 5:10	6)	MEC		W		
Date of Notification (1)					Name	of Building	g Ow	ner/Operator (2)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
12/	20 /	16	-32		NJ	DOT / Jo	b#'	1502-4876	Check # 7692		9.7	201	5	
Agencies Notified	Type Notifica	ation			Street	Address				TO III DEC		20	0	leza
⊠ EPA	☐ Initial				103	5 Parkwa	ау А	venue			2			
□ DOLWD					City, S	State, Zip C	Code			ASSEST	08 0	TIME	10L	A
☑ DHSS ☐ DCA	Emergen		33200		Tre	nton, NJ	086	25		<u> </u>	CENS			;v:
(NJAC 5:23-8)	justification	on)			Name	of Contac	t			Telephone Num	ber			
	☐ Cancellat	ion			Yar	na Kost								
					FA	CILITY IN	IFOF	RMATION						
Name of Facility Where A		aking	Place	(3)					Type of Facility					
Route 37 Mathis Br	idge								School (K-12	2) 8 (Other than K-12	0)			
Street Address										rivate and comme		ilding	S,	
Barnegat Bay									homes, etc.					
City (5)									Square Feet	# of Floors	BI	dg. A	ge	
Toms River, NJ					10		VOT4	TE 1/05 01/11/0			1 15			
County (6)					Cour	ity Code (/)(STA	TE USE ONLY)		rior if being demoli	shed)			
Ocean	III. II. D. II			0) [10011	N	1.1	5.01	Bridge					
Name of Monitoring Firm Health & Safety Ser		ing O	wner (8)	ASCM	NO.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address	VICES						-		nc.					_
PO Box 365							Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code								10000100-100	Company Control of Con					
Berlin, NJ 08009							City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Moni	torina Firm			Tele	phone	No.	Telephone No. License No.							
Jim Proctor					9-704		609-265-2107 00529							
Start Date (10)	8	Schedu	uled Co	omple	tion Da	te (11)	Nar	me of OSHA N	lonitor				17.22.7	-
11 /9 /	3000000				/		Е	MSL Analyt	ical					
Occupancy Status During	Abatement (0	Check	only o	ne)	NECTO PROPERTY.		Stre	eet Address	-	113	ų.			
☐ Facility Closed/Vacate	d During Entir	e Per	iod of	Abate	nent		2	00 Route 13	0 North					
Abatement Performed							City, State, Zip Code							
Time of Abatement: _	AIVI	PIV	I/	_PM-		AM	C	innaminsor	, NJ 08077					
Scope of Work (Check all	that apply)													
☐ >3 sf or >3 lf			⊠ Re	novati	on			☐ Mini-Enc	tainment with Ne losure	gative Pressure				
≥160 sf or ≥260 lf				molitic				Glovebag	g Procedure	F				
			l-	Locat				Non-Exe	mpted (*) and No	on-Friable Procedu	-			
Location	of		0.000	locai	23777			Description of	f		-	atem	True Ser	
Asbestos-Containing I	- Table)	Use	d Sole	ly by			Containing Ma	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABA IN Facilit	00.000.000.000			intena odial:		(i.e		rmal systems surfacing, VAT		(Specify SF or LF)	3701	air	apsı	uso
(13)	.y			(12)				her miscellane		SI OLLI)	=		Encapsulate	6
			Yes	No	N/A		- Mary						(D	
East House					\boxtimes	Windov	v Ca	ulk		150 LF	\boxtimes			
South Safety Walk					\boxtimes	Transit	е			4,600 LF				
Beneath Bridge South	h Side E. Pi	er			\boxtimes									
W0000001111111111111111111111111111111														
Name of Registered Wast	te Hauler			N	JDEP \		Cubic Yards of Name of Registered Landfill				1010-2			
Service Transport				Н	auler II 20990	No. Waste G.R.O.W.S. Landfill								
City, State	20990							Disposal Date City, State						
New Castle, DE	DE							2/29/17	Tullytown	, PA				
Completed By (Print or Ty	/pe)	Title		981111====				Signature		D	ate			
Gwendolyn Trumbe		0	oerati	ons (Coord	inator		0	mt	MT 12/201				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)
Agencies Notified
EPA
DOLVID
ABSESTICS OF COLOR Cancellation
DCA
Internation
FACILITY INFORMATION School (K-12) School (K-12) Subspace (S) School (K-12) Subspace (S) Subspace
Name of Facility Where Abatement is Taking Place (3)
PSE&G- Roseland
Subchapter 8 (Other than K-12)
32 Eisenhower Parkway
13 Eisenhower Parkway
Roseland, NJ 07068 County (6) Essex County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Substation
County (6) Essex County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Substation
Resex Substation
Name of Monitoring Firm Hired by Building Owner (8)
AbateTech, Inc.
Street Address PO BOX 365 Street Address 30 Maple Ave. PO Box 25
PO BOX 365 30 Maple Ave. PO Box 25
City, State, Zip Code Berlin, NJ 08009 Project Manager for Monitoring Firm Jim Proctor Scheduled Completion Date (11) 8 / 15 / 16 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 3
Project Manager for Monitoring Firm
Project Manager for Monitoring Firm Jim Proctor Sefect Manager for Monitoring Firm Jim Proctor Sefect Manager for Monitor Sefect Manager for Manager for Monitor Sefect Manager for Monitor Sefect Manager
Start Date (10)
Start Date (10) 8
Barrow 15
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement:AMPM/PMAM Scope of Work (Check all that apply) ☐ Street Address 200 Route 130 North ☐ City, State, Zip Code Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure ☐ Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*
☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AMPM/PMAM City, State, Zip Code Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Some of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure ☐ Normally Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Transfomer Repair Room ☐ Pipe Insulation 200 LF ☐
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM
Time of Abatement:AMPM/_PMAM
Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Scope of Work (Check all that apply) Scope of Work (ACM) (
Secondation
≥3 sf or ≥3 lf ⊠ Renovation Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abateme Abateme Repair Room Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A
Image: Containing Material (ACM) In Facility (13) In Facility (13) In Facility (12) In Facility (1
Is Location Normally Description of Asbestos-Containing Material (ACM) IN Facility (13) Yes No N/A N/A Pipe Insulation Asbestos Containing Material (ACM) Amount (Specify SF or LF) N/A N/A N/A N/A N/
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Ves No N/A Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Popular Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Transfomer Repair Room Pipe Insulation 200 LF
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Ves No N/A Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Pipe Insulation Amount (Specify SF or LF) Transfomer Repair Room On N/A Pipe Insulation 200 LF
Transfomer Repair Room N Facility (12) SF or LF SF or LF
Yes No N/A Transfomer Repair Room □ □ Pipe Insulation 200 LF □
Yes No N/A Transfomer Repair Room □ □ Pipe Insulation 200 LF □
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill
Waste Management Hauler ID No. Waste GROWS Landfill
18750 12 City, State Disposal Date City, State
Camden, NJ 2/29/17 Tullytown, PA
Completed By (Print or Type) Title Signature Date

State of New Jersey BATEMENT 5:16)

	Ctate of New Sersey
, 2 , 0 , 6	NOTIFICATION OF ASBESTOS AB
NOCK	(Pursuant to NJAC 8:60 and

Date of Notification (1)			Name	of Buildin	g Owner/Operator ((2)					20
	16		Fe	deral Avi	iation Administr	ation/ Job #16	06-5020 Check	#860	8P	g. 1	of 2
Agencies Notified Type Notifica	ation		Stree	t Address		Thirty or a second	DELE	L)	17		111
⊠ EPA	2		FA	A Techni	cal Center	Tribys Lon	7			-	Market Co.
□ DOLWD □ Amended			City,	State, Zip (Code	77774	DEC 2	7 -	010	- 1	111
□ DHSS Amendme	Mathematical Company		Atl	antic City	/ International A	irport, NJ 084	05	1 2	010		الصا
DCA Emergen (NJAC 5:23-8) Emergen justification		ig		of Contac	37		Telephone Numb	per		-	
☐ Cancellat			Pet	ter		Į.				<u>.</u>	
•			FA	CILITY IN	FORMATION	- Las	for Floring	201			
Name of Facility Where Abatement is T		e (3)			F-925	Type of Facility	(4)				
William J. Hughes Tech Center	•					School (K-1					
Street Address							8 (Other than K-12) private and commer		ıildinc	ıs	
Hangar B301						homes, etc.		0.0.		01	
City (5)						Square Feet	# of Floors	BI	dg. A	ge	
Atlantic City											
County (6)			Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)			
Atlantic						Technical C	Center				
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	e-sealteren			
TTI Environmental					AbateTech, I	nc.					
Street Address					Street Address	2000					
1253 North CHurch Street					30 Maple Ave	e. PO Box 25					
City, State, Zip Code					City, State, Zip C	ode					
Moorestown, NJ 08057					Lumberton, I	NJ 08048					
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
Jim Guilardi		6	09-314	-1683	609-265-2107	1	00529				
Start Date (10)	Scheduled	Compl	etion Da	ite (11)	Name of OSHA N	lonitor					
8 / _29_ / _16_	2	/ _2	9 /	17	EMSL Analyt	ical					
Occupancy Status During Abatement (0	Check only	one)			Street Address						
☐ Facility Closed/Vacated During Entir					200 Route 13	0 North					
Abatement Performed Outside of No					City, State, Zip Co	ode					
Time of Abatement:AM	PIVI/	PIV	-	Aivi	Cinnaminsor	n, NJ 08077					
Scope of Work (Check all that apply)					□ Full Con	tainment with Ne	native Pressure				
≥3 sf or ≥3 lf	-	enova			☐ Mini-End	losure	gative i ressure				
⊠ ≥160 sf or ≥260 lf		emolit	ion			g Procedure	on-Friable Procedur	_			
		s Loca	stion	1	⊠ Moli-Exe	impled () and No	II-Filable Procedul			t T	
Location of		Norm			Description of	of		1000	atem		1
Asbestos-Containing Material (ACM			lely by		stos Containing Ma	iterial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABATED	F	ainten stodial	Staff?	(i.e	thermal systems		(Specify	JOV	ar.	aps	lost
IN Facility (13)		(12			surfacing, VAT other miscellane		SF or LF)	1 20		Encapsulate	Ге
* *	Yes	No	N/A							Ф	
Exterior				Roof FI	ashing		410 SF				
Exterior				Roof M	astic		115 SF				
Interior				Floor ti	le & Mastic		20 SF				
Exterior		\boxtimes		Roof M	astic		50 SF				
Name of Registered Waste Hauler		700	NJDEP		Cubic Yards of	Name of Regis	stered Landfill				
AbateTech, Inc.			Hauler II 1875		Waste Atlantic Count Utilities Authorities				ty		
City, State					Disposal Date	City, State				-11	
Lumberton, NJ				The state of the s	2/29/17	Egg Harbo	or Township, NJ	0823	4		
Completed By (Print or Type)	Title	92100-0			Signature	^	Da	te .	1.	1	
Gwendolyn Trumbetti	Opera	tions	Coord	inator		m		12	120	111	J

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NO CC	NO				C 8:60 and 5:16						
Date of Notification (1)			Name	of Building	g Owner/Operator (2)	engling - water green and comment	3	1.7		100
	16		Fe	deral Avi	ation Administra	ation / Job#	1606-5020 Chec	k#_	Y_	2 0	of 2
Agencies Notified Type Notifica	ation		Street	Address		A quite	3(1			-trade-th	1000
⊠ EPA ☐ Initial	ME.		FAA	A Techni	cal Center	tianes e	NEC 2	7 2	016	the state of	السا
☑ DOLWD ☑ Amended			City, S	State, Zip C	Code	l la	TUI DEG -				
□ DHSS Amendme	P.P. See L. See March 1987	~	Atla	antic City	International A	irport, NJ 0840	5	-	programme of	A. (1) - (1) - (1)	
DCA Emergent justification		g	Name	of Contac	t		Telephone Numb	er	i Fat	12.62	
☐ Cancellat			Pet	er		1	1. Marine	u uste N.A			
	100.00		FAG	CILITY IN	IFORMATION	5.					
Name of Facility Where Abatement is T	aking Plac	e (3)				Type of Facility	(4)				
William J. Hughes Tech Center	•					School (K-12					
Street Address							3 (Other than K-12) rivate and commerce		ildina	c	
Hangar B301						homes, etc.)		Jiai Du	liuling	Э,	
City (5)						Square Feet	# of Floors	Blo	dg. Aq	ge	- 9910-0
Atlantic City											
County (6)			Cour	nty Code (7)(STATE USE ONLY)		ior if being demolisl	hed)			
Atlantic						Technical C	enter				
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme						
TTI Environmental					AbateTech, I	nc.					
Street Address					Street Address						
1253 North CHurch Street					30 Maple Ave	A CONTROL OF THE PROPERTY OF THE PARTY OF TH					
City, State, Zip Code					City, State, Zip Co						
Moorestown, NJ 08057					Lumberton, N	NJ 08048	T				
Project Manager for Monitoring Firm			ephone		Telephone No.	*//	License No.				
Jim Guilardi	Naha alada d		09-314		609-265-2107 Name of OSHA M		00529				
Start Date (10) Start Date (10	Scheduled (A CONTRACTOR OF THE PARTY OF TH	Charge and Santon								
	OTE SERVENCIONES	NATURAL DESIGNATION OF THE PARTY OF THE PART	9 1	11	EMSL Analyt	icai			- 5	-	
Occupancy Status During Abatement (Street Address	O Nawth					
☐ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of No.				scribe	200 Route 13 City, State, Zip Co						
Time of Abatement:AM					Cinnaminsor						
Scope of Work (Check all that apply)					Cililaiiiiisoi	1, 143 00077					
						tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	100	enovat emoliti			☐ Mini-End	losure g Procedure					
△ ≥100 Si 0i ≥200 li		CITIOIILI	OH				n-Friable Procedur	е			
	1	s Loca						Ab	atem	ent T	ype
Location of	. He	Norma ed Sol			Description of		MAGNATORINA E	R	Re	Щ	m
Asbestos-Containing Material (ACM TO BE ABATED	17	aintena			stos Containing Ma		Amount (Specify	Removal	Repair	ıcar	clo
IN Facility	Cu	stodial		(surfacing, VAT	, or	SF or LF)	<u>val</u>	-	Encapsulate	Enclosure
(13)	Yes	(12) No	N/A	-	other miscellane	ous)				ate	1975
6 Locations		No		Roof FI	achina		4 SF (24 SF				
6 LOCATIONS		1		KOOI FI	asining		total)	1_			
						1					
Name of Registered Waste Hauler		14.55	NJDEP !		Cubic Yards of	Name of Regis					
AbateTech, Inc.		1	lauler II 18750		Waste 16	Atlantic Co	ount Utilities Au	thori	ty		
City, State					Disposal Date	City, State					
Lumberton, NJ					2/29/17	Egg Harbo	or Township, NJ	0823	4		
Completed By (Print or Type)	Title				Signature	^ -	Da	te 1	1.1		
Gwendolyn Trumbetti	Opera	tions	Coord	inator		mmT	İ	2/	11	U	
The state of the s						11 1			- 6		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) DEC 2016 12/22/2016 Evan Topilow Agency Notified Type Notification Street Addresses **EPA** Initial X DEP Amended ASSESTOS CONTRO City, State, Zip X DOL Amended # LICENSING Westfield NJ 07090 X DOH Emergency (including Name of Contact DCA Justification) Telephone Number Cancellation Evan Topilow FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House School (K-12) Street Addresses Subchapter 8 (Other than (K-12) x Other (i.e. private & commercial Buildings, City(5) Square Feet # of Floors Bldg. Age Westfield NJ 2,900.00 two County (6) County Code (7) (STATE USE Current Use (Prior if being demolished) Union ONLY) ebended Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) (8)\- IRIS Environmental laboratories Pezo Inc Street Address Street Address: 2333 Route 22 West 4 Beaverbrook Rd., #150 City, State, Zip Code City, State, Zip Code Union NJ 07083 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone No. Telephone No. License No Rick 908-206-0073 973-628-7829 01141 Start Date (10) Scheduled Completion Data (11) Name of OSHA Monitor 01/09/2017 01/10/17 IRIS Environmental Laboratories Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other -Describe Union NJ 07083 Scope of Work (Check all apply) Full Containment with Negative Pressure Mini-Enclosure > 3 sf or > 3 lfRenovation Glovebag Procedure xx > 160 sf or > 260 lfDemolition X Non-Exempted (*) and Non-Friable procedure XX Is Location Abatement Normally Description of Location of Type Asbestos-Containing material (ACM) Used Solely by Asbestos Containing Material (ACM) Amount Repair Remova Enclosure Encapsulate Maintenance/ (i.e., thermal systems insulation, TO BE ABATED (Specify Custodial Surfacing, VAT, or SF or LF) IN Facility Staff? Other miscellaneous) (13)(12)Yes No N/A Outside, Side Shingles Side Shingles Eprox. 2,900SF X Name of registered Waste Hauler NJDEP Waste Huler Cubic Yards of Name of Registered Landfield Pezo Inc. CS 6224 Waste Management of Pennsylvania Waste 6 City, State Disposal Date City, State Lincoln Park, NJ 07035 # 150 01/29/17 Morrisville Pennsylvania Completed by Title Signature Data Ike Pezic President 12/22/16

State Of New Jersey

					91	ate of Ne	aw le	reav			51.6		(ch	L#	3140
		N	ITO		TION	OF ASE	BEST	OS ABAT ond 5:10		MENT	ME	GI	n.n.		7 1	
Date of Notification (1)					Name	of Building	Owne	er/Operator ((2)	and the second		9 1			- El	= #11
12 /	22 /	16				izon	JOWING	en Operator ((2)	LITERATURE						Trensia Trensia
			_		3705.71							EC	27	20	16	
Agencies Notified	Type Notifica	tion				Address				ee trans	A A .					
	☐ Amandad							ery Place,	, Lo	wer Level						
☑ DOLWD	Amended Amendme					tate, Zip C				gitteg	ASSES	STOS	900	NTE	OL	3
□ DCA	☐ Emergend		udina		Pitt	sburgh, I	PA 15	212		<u>.</u>	Carlos Carlos Control of Control	LICE	ar mely	NG.	2-4-	
(NJAC 5:23-8)	justificatio				Name	of Contac	t				Telephone No	umbe	r			
000 20 4 21	☐ Cancellati	ion			Ant	hony Po	rta							100710		
					FAC	CILITY IN	FORM	MATION								
Name of Facility Where A	batement is T	aking F	Place	(3)					T	ype of Facility (4	4)					
Verizon Dunellen Co		•								School (K-12)						
Street Address										Subchapter 8			1.6	41 at a a	28	
200 S Madison Ave.										Other (i.e., pri homes, etc.)	vate and comr	merci	ai bu	liaing	s,	
City (5)									S	quare Feet	# of Floors		Blo	lg. Ag	ie .	
Dunellen										7-2.0.00				3 8		
					Cour	ty Codo /7	\/CTAT	E USE ONLY)	-	urrant I lea (Drin	or if heing dem	nliehe	2d)			
County (6)					Cour	ity Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Office									
Middlesex	U. II D 11	0		0) [A COM	NI-										
Name of Monitoring Firm		ling Ov	wner (8)	ASCM	NO.	Name of Abatement Contractor (9)									
TTI Environmental,	Inc.						BRISTOL ENVIRONMENTAL, INC.									
Street Address							Street Address									
1253 N. Church St							1123 BEAVER STREET									
City, State, Zip Code							City, State, Zip Code									
Moorestown, NJ 080	057						BF	BRISTOL, PA 19007								
Project Manager for Monit	toring Firm			Tele	phone	No.	Telep	Telephone No. License No.								
Harold Baldwin				88	56-840	-8800	21	5-788-6040	0		00509					
Start Date (10)	S	chedu	led C	omple	tion Da	te (11)	Nam	e of OSHA N	Mor	nitor		10.07 11.117 11.00				
1/_9_/	17_	1	/	13	3_ /	17	BF	RISTOL EN	IV	RONMENTAL	, INC.					
Occupancy Status During	Abatement (C	Check	only o	ne)			Stree	et Address				2041930				
☐ Facility Closed/Vacate					ment		11	23 BEAVE	R S	STREET						
						cribe		State, Zip C	10000							-
Time of Abatement:								RISTOL, PA								
Scope of Work (Check all	that annly)						٥.									
Scope of Work (Check all	triat apply)								ntair	nment with Neg	ative Pressure					
≥3 sf or ≥3 lf		0	⊠ Re					Mini-End								
≥160 sf or ≥260 lf		Į.	De	molitio	on			☐ Gloveba		procedure pted (*) and Nor	n-Friable Proce	edure				
			ls	Loca	ion					(/			Ah	ateme	ent T	/pe
Location	of		1	lorma	lly			Description (760		No.	
Asbestos-Containing N	Material (ACM)		d Sole intena				ontaining Ma			Amount		(em	Repair	nca	ncl
TO BE ABA IN Facilit					Staff?	(i.e		mal systems ırfacing, VAT			(Specify SF or LF)		Removal	air	Encapsulate	Enclosure
(13)	У			(12)				er miscellane			01 01 21)		=		llat	ē
(12)			Yes	No	N/A										(D)	
Basement AC Room			Floor ti	le and	d mastic			1100 SF		\boxtimes						
											П					
	Ш															
			П	П												
Name of Registered Wast	e Hauler				JDEP '		Cubi	c Yards of	T	Name of Regist	ered Landfill		_		_	
SERVICE TRANSPO		, INC.		1.85	lauler li 2099	O No.	Was	te		MINERVA L						
City, State NEW CASTLE, DE 19720							Disp	osal Date		City, State WAYNESB	URG, OH 44	688				
Completed By (Print or Type) Title								Signature			1	Date	,		,	
Brian Scafiro		tima	tor				Brian	15	Scofiro/	1 gr	16	2/2	22/	16		

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

Date of Notification (1)					Name	e of Buildin	a Ov	vner/Operator	(2)		276.5	1000	1 -1 - 1 - 1	Vand ining	
12 /	21 /	16	<u> </u>				53	Company	- T	Job	#1612-2140	DS CO	hk3#	4568	3
Agencies Notified ⊠ EPA ⊠ DOLWD	Type Notific ☑ Initial ☐ Amende Amendm	d			30	t Address 1 Sullivar State, Zip (Acceptance of the second of th	A	5016	17	DEC	TOTAL PROPERTY.	
☑ DHSS □ DCA	☐ Emerger			-	We	st Trento	on, N	NJ 08628	10 Per 10	10 CT 10 CT				2	7
(NJAC 5:23-8)	justificati		iciuuiii	g	Name	of Contac	ct		Park A	ال	Telephone Nu	mber	9	5	H
	☐ Cancella	tion			Pa	ul Rosen	winl	kel	-	- State and a				ъ	Samuel .
					FA	CILITY IN	NFO	RMATION							
Name of Facility Where A	batement is	Takin	g Place	e (3)					Type of Facili)				
									School (K		Other than K-	12)			
Street Address 301 Sullivan Way										, priv	rate and comm		ouildin	gs,	
City (5)									Square Feet		# of Floors	E	3ldg. A	ge	
West Trenton									498,000		4		50		
County (6) Mercer					Cou	nty Code (7	7)(STA	ATE USE ONLY)			if being demo	olished)			
Name of Monitoring Firm I	Lisad by Duil	din - (· · · · · ·	(0)	A C C L A	Ma	T N L -		Office Bu		ig			95.	
Hillmann Environme		aing (Jwner	(8)	ASCM	No.	7		ent Contractor		0				
Street Address	iilai								d Mold Servi	ces	, Corp.				
1600 Route 22 East,	1 st Floor						10000	reet Address	Davilovand						
City, State, Zip Code	1 11001							3859 Sylon E y, State, Zip C							
Union NJ 07083							4	Hainesport,							
Project Manager for Monit	oring Firm			Tel	ephone	No.	-	lephone No.	14 (1.47 p.) (1.00 day 8 (0.47 c) 6 c		License No.				
Thomas Rubino					08-688		6	609-702-040)		00862				
Start Date (10)						ite (11)		me of OSHA			I				
					_ /	1/	1	EMSL Analy	tical, Inc.						
Occupancy Status During Facility Closed/Vacated				- 5	ment			eet Address	ite 130 North						
Abatement Performed	Outside of N	ormal	Facilit	y Hou	rs - Des			y, State, Zip C							
Time of Abatement: Lnd SHIFT and Scope of Work (Check all	MEEKEND	PI	VI/ {	PM		AM		Cinnaminso							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	шат арріу)		⊠ Re	enovat emoliti	2,700				tainment with N closure g Procedure empted (*) and I			dure			
			ls	Loca	tion					T		A	batem	ent T	vpe
Location of Asbestos-Containing N TO BE ABAT IN Facility (13)	laterial (ACN ED	1)	Use Ma Cus	todial (12)	ely by ance/ Staff?		e., the	Description of Containing Material systems surfacing, VAT the miscellane	iterial (ACM) insulation, , or		Amount (Specify SF or LF)	Removal		Encapsulate	Enclosure
1 st Floor Cafeteria - Ur	nder Radia	tor	Yes	No	N/A	Mastic					15 SF				
Units					1	IVIASLIC				+	15 5		-		
										+					
										+		_ _			
N (B				Щ.					1	L				Ш	Ш
Name of Registered Waste Waste Management	Hauler			1537	IJDEP I lauler II 17273	O No.	Wa	15 H.71	Name of Reg						
City, State					1/2/3)	Dis	posal Date	City, State		· · · · · · · · · · · · · · · · · · ·				
Lafayette, NJ							1000000	/8/17	Penn Arg	gyle	, PA				
Completed By (Print or Typ	oe)	Title						Signature		SYM _{on}	E	Date			
Kimberly A. Trumbet	ti	0	ffice	Coor	dinato	r		PUL				12-1	21-2	014	Ø

ASB-41 MAY 11

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NOCK			тои					STOS ABAT 6:60 and 5:10				155	Li .	<u>n</u>			
Date of Notification (1)	Matthew .				Name	of Buildir	ng Ow	ner/Operator (2)		DEC	2	7 2	016			
11 / _	28 /	201	6_		ER	E Prope	ertv	Trust		W 54			-	010	100		
Agencies Notified	Type Notific	cation				t Address	Jiey	11000		Aurente plant from	Tar Autoria	T-Marie			- 1		
⊠ EPA	[Initial				154	45 Rout	e 22	2 Fast		ASSE	SETO	SO	ON'	PO	6		
☑ DOLWD	M Amende					State, Zip	-	- CONTRACTOR CONTRACTOR			110	EMS		-			
DOH	Amendm			_	3,72,577			ew Jersey (7002		- 140						
☐ DCA (NJAC 5:23-8)	☐ Emerger justificati		ciuain	g		of Contac		ew Jersey (07002	Telephone N	dumbe	r					
(110/10 0.20-0)	Cancella	100000			1 Section of	ek Heils	7.0	ř		Tolophone I	***************************************						
		300 SEC.						RMATION					-				
Name of Engility Where	Abatament is "	Takina	Dlass	(2)	FA	CILITY	NFOI	RIVIATION	T 1014	///							
Name of Facility Where		ı akıng	Place	9 (3)					Type of Facility	70.77							
Runyon Property									School (K-12		(-12)						
Street Address									Other (i.e., p	rivate and com		al bu	ilding	s,			
1561 Route 22									homes, etc.)	The second second				-12-2-12			
City (5)									Square Feet	# of Floors			lg. A				
Clinton									1,326 2 66 Years Current Use (Prior if being demolished)								
County (6)					Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (Pr	ior if being den	nolish	ed)					
Hunterdon									Unoccupie	ed							
Name of Monitoring Firm	Hired by Build	ding O	wner	(8)	ASCM	No.	Name of Abatement Contractor (9)										
Kleinfelder								Terra Conti	racting Servi	ces, LLC							
Street Address							Stre	eet Address	01-040-040								
1340 Charwood I	Road, Suit	te I					1	5100 West Michigan Avenue									
City, State, Zip Code				100000000			City, State, Zip Code										
Hanover, MD 210	076						Kalamazoo, MI 49006										
Project Manager for Moni	toring Firm			Tel	ephone	No.		ephone No.									
Dan Beard				(85	8-877	-0727		(269) 375-9	9595	01208							
Start Date (10)		Schedu	uled C	omple	etion Da	te (11)		Name of OSHA Monitor									
12 / 12 /	2016	12	2_ /	22	/	2016	Analytical Testing & Consulting Services										
Occupancy Status During	Abatement (Check	only o	one)			Street Address										
▼ Facility Closed/Vacate				- 73	ment												
☐ Abatement Performed	Outside of No	ormal I	Facility	y Hou	rs - Des			14625 Dost , State, Zip Co			-						
Time of Abatement: _	AM	PM	/	PM		AM	100000	Plainwell, N									
Scope of Work (Check all	that apply)							iaiiiweii, i		1115							
	and apply)		Samuel (1977)					▼ Full Conta	ainment with Neg	ative Pressure	9						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Re					I MILLI-FLOOR	USUIC								
☑ ≥100 St 01 ≥200 H			☐ De	шош	OH			☐ Glovebag	npted (*) and No	n-Friable Proce	edure						
		T	Is	Loca	tion	I			, , , , , , , , , , , , , , , , , , , ,		T	Ahs	teme	nt Ty	ne		
Location	of		1	Vorma	elly			Description of			-	_ 1		1			
Asbestos-Containing I		1)		d Sol	ely by			Containing Mat	erial (ACM)	Amount		Remova	Repair	Encapsulate	Enclosure		
TO BE ABA IN Facilit		1			Staff?	(i.e		rmal systems in urfacing, VAT,		(Specify SF or LF)		ova	air	apsı	uso		
(13)	y			(12)				ner miscellaned		Si ti Li		=		ulat	re		
ST 50			Yes	No	N/A				0.003500					CD			
Building & Garag			X	Tra	nsite	€		2060S	F	X							
First & Second F			X	Joir	nt Co	ompound		3,995 S	F	X			X				
Kitchen					[X]	Floo	or T	ile		140 SF		X			X		
Basement/Exteri	or Window	A/C	П		X		and the	Insulation/Win	dow Glazing	256 LF		X		П			
Name of Registered Wast									LA	Ц							
- 50000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 100000 - 100000 - 100000 - 100000 - 100000 - 1000000 		NJDEP Waste Hauler ID No. 1665 Cubic Yards of Waste 20 Tons Name of Registered Landfill High Acres Landfill															
Hazmat Environm		166	5		20 10118		s Landilli	-									
City, State				Disp	osal Date	City, State											
Buffalo, NY						Fairport, i	VΥ										
Completed By (Print or Ty	pe)	Title						Signature	4	6 214	Date		,	2000			
Gregory G. Moe		Dir	ecto	rof	Ahate	ment		(Theavent	4.7Noc	12	12	1/7	0/1	0		

							-		@ F	п	371	Pri	nt Forn			
CK # 7711			CATIO	tate of New Je N OF ASBEST to NJAC 8:60	OS ABATE	Programme Constitution of the section of the constitution of the c		5 E	7.0			A TOTAL TOTAL PROPERTY.				
Date of Notification (1)		Name of Building Owner/Operator (2) PSE&G Street Address														
					Street Address 4000 HADLEY ROAD ASBESTOS CONTROL											
EPA Initial Amended		City, State, Zip Code														
□ DOL	Amendment # Emergency (including					J 07080										
DOH justification DCA Cancellation			KE	of Contact	RETT	TAS	Telephone N: mbar									
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INFORM	IATION	Туре	of Facility	(4)					-			
PSEIG							School (K-12)									
341 MOUNT PLE	NT	۲ ,	AVE.			etc.)										
WEST ORANG		Square Feet # of Floors Bldg. Age 1800 2 App x 96 ye														
County (6)	Code (7) USE ONLY)		Current Use (Prior if being demolished)													
ESSEX		Name of Abatement Contractor (9)														
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS	UNI	QUE S	YSTEN	ontractor (9) IS OF AN		Д										
Street Address 64 BROAD STREET	1 10000000000	Addres: WHITE	s EHEAD	AVE.												
City, State, Zip Code MATAWAN, NJ 07747	0.000 months	City, State, Zip Code SOUTH RIVER, NJ 08882														
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. License No. 732-432-8350 01111														
Start Date (10).	Schedul 2	ed Con	_ /	Date (11)		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA										
Occupancy Status During Abatement (Check		Street Address 396 WHITEHEAD AVE.														
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	City, S	City, State, Zip Code SOUTH RIVER, NJ 08882														
Scope of Work (Check All That Apply)			/ /	only	1 000	7111101	V LIX, IX	10 00002								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit		/		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure										
			Г	5				lon-Friab	ole Procedure Abatement							
Location of	100000	Locati Normal			Description	of.					Ту					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ed Sole sintenar todial S (12)	nce/	(i.e. ther	Containing M mal system urfacing, VA	escription of ntaining Material (ACM) il systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure				
100 g	Yes	No	N/A				^			Removal		ate	re			
DOORS & WINDOWS IN		×		Acm	PAUL	K		190	LF	X						
CONTROL ROOM					-11-71											
2ND FLOOR =		X		DIRE I	[NSK/	Atio	0 N	50	LF	X						
BASEMENT				, ,												
Name of Registered Waste Hauler WASTE MANAGEMENT		Н	JDEP V auler ID 125	No. of	bic Yards Waste	GROWS NORTH										
City, State ELIZABETH, NJ	sposal Date															
Completed by CAROL RAIMO	Title OFF	ICE M	IANAG	ER	Signature	0	Pa	///	4							
					1000	aral Jaimo 12/22/						16				

mo#24117421678	N		CATION	te of New OF ASBE o NJAC 8	STOS A	ABATE		1	In	尼	C	E			7777		
Date of Notification (1) 12/09/2016	1		Building C		perator	(2)		III		CANAL CANAL	Character and Control			COLUMNIA CALLO			
Agencies Notified Type Notification		Street Ad	idress				to the state of th		DEC	2 7	20	16	Barelinean C				
X EPA Initial Amended Amendment #			e, Zip Coo					-	ASB	EST	OS C	ONT	ROL	4			
□ Emergency (in justification) □ DCA □ Cancellation		Name of Michae	Contact el Kouies	ster		John M. That The Control of the Cont											
Name of Facility Where Abatement is Taking	Dlace /3	1	FACIL	ITY INFO	RMATI	ON	Type o	f Facility (4	4)		11-11						
PRIVATE HOUSE Street Address	r race (o				-		S S	chool (K-1 ubchapter other (i.e. p	2) 8 (Othe	er than & comm	K-12) ercial	build	ings,	nome	s,		
City (5)							Square	Feet		Floors	rs Bldg. Age N/A						
Montclair		-	County C	`ode (7)			N/A Curren	nt Use (Prior if being demolished)									
County (6) essex				ISE ONLY)			Carrotte 655 (First in boing domination)										
Name of Monitoring Firm Hired by Building Ov N/A		ASCM	No.	e of Abatement Contractor (9) W ABATEMENT LLC													
Street Address							Street Address 89 FRANKLIN										
Oil) Cital of the								State, Zip Code TERSON,NJ,07524									
Project Manager for Monitoring Firm	Telephor	973-333-5144					License No. 01274										
Start Date (10)								e of OSHA Monitor W ABATEMENT LLC									
Occupancy Status During Abatement (Check		t Address FRANKLIN															
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, S								State, Zip Code ERSON,NJ,07524									
Scope of Work (Check All That Apply)						FAI	LNSO	111,1115,07	524		-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Full Contain Mini-Enclos Glovebag F																
Q 6 V 9	100000	Locat	A.7 (0.55 a.11)		g f							Abatement Type					
Location of Asbestos-Containing Materiz (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole intena todial ((12)	ely by nce/	Asbes (i.e.	tos Con thermal surfa	scriptior taining N system cing, VA	on of Material (ACM) ms insulation,		Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A							20: =							
BASEMENT		X		F	PIPE INSUL							Х					
BASEMENT		X			FLC	OR T	ILE		1	30SF		Х					
		1.	LIBERT			Vest		Name of	Denist	ored!c	ndfill						
Name of Registered Waste Hauler TRI STATE TRANSFER	H	NJDEP Waste Hauler ID No. N/A Cubic Ya of Waste N/A N/A				Name of Registered Landfill MINERVA ENTERPRISES											
City, State 1199 RANDALL AVE BRONX NY					TBD	sal Date	/	City, Stat 900 MI		/A RD	WA	AYN	IESE	UR	3 0		
Completed by VICTOR ESPIRITU	Title Si PROJECT MANEGER						egh	WX	Date 12/09/2016								