	S	State of No	ew Jerse	y - Noti	fication of Asbestos	Abatemer	it.	= @	r n	71.77	F			
Ch1252	25		•	-2200000000000	<u>.C</u> . 8:60-7 and 12:120-7)	and in control of the control				<u> </u>	5			
Date of Notification (1)					Name of Building Owner			DEC	3 ()	2016	in in			
December 21, 2016					The Valley Hospita	al i								
Agencies Notified		Notification	Type		Street Address	-	L							
		Initial No	otification		223 North Van Dier	n Avenue	AS	BESTO	S CO	NTRO	SJC			
□ DCA		X Ameno	ment # 2		City, State, Zip Code	-		LIC	ENSI	NG				
x DOL		7.7.1110110			Ridgewood, NJ 0	7450 273	6							
X DEP		1 -		17		1/430-2/3								
x DOH			ncy (includ	aing	Name of Contact		Teleni	hone Nun	nher					
X DOT1		justific	ation)		William Stasiak									
		1 27												
				FACILITY	INFORMATION									
Name of Facility Where Abate	ement is Ta	king Place (3)		7.1101277	Type of Facility (4)									
The Valley Hospital		1000 107			School (K-12)									
	B													
Cheel Wing- Orthope	edic Rep	lacement			Subchapter 8 (other that									
Street Address					Other (i.e. private &	commercial b	uildings,	homes, e	tc.)					
223 North Van Dien A	Avenue				Sq. Feet: Unknown	# of Floo	rs: 4 B	Ildg. Age	e: 50-	+ yea	rs			
										-				
<u>City (5)</u>	County (6		County Co		Current Use (prior if being	a demolished	): Host	oital						
Ridgewood	Berger	1	(State Use	Only)	Carroni Goo (prist il Bolli)	g adminismou	,,							
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM No.		Name of Contractor (9)									
Colden Corporatio	n				GREENWOOD ABA	TEMENT C	ONSU	LTANTS	S. INC					
colden corporatio	11								,	Ð				
Street Address					Street Address									
28 Washington Stree	at .				511 MAIN STREET									
City, State, Zip Code					City State, ZipCode					_				
	000													
Ballston Spa, NY 12		T			Butler, NJ 07405									
Project Manager for Monitorin	ig Firm	Telephone N	Control of the contro		Telephone Number		100	e Number						
Jim Miades		347.435.	3561		973-492-0477		0084	0						
Scheduled Start Date (10)		Scheduled C	ompletion Da	ate (11)	Name of OSHA Monitor									
September 19, 2016		August 3	0. 2017		EMSL inc.									
Occupancy Status During A	batement (				Street Address									
Facility Closed/Vacate				+										
Abatement Performed				L.	1056 Stelton Road									
Describe	J Outside 0	II NOIIII ai Faci	illy Hours -		City, State, Zip Code									
Other - Describe: Pha	1 Com	tambar 10 20	th Day Chie		Piscataway, NJ 088	54								
					riscataway, No 000	34								
		/ember 7- 13 <sup>th</sup>		0047										
		uary 3,2017-												
		ruary 20, 201												
Pn	ase 5- Apr	il 10, 2017 - A	(prii 22, 201	/										
Source of Work (Check all that	at apply)													
						x Full Contain	nment w	ith Negat	ive Pres	ssure				
$\geq$ 3 sf or $\geq$ 3 lf	f			Renovati		Mini-Enclo								
□ > 160 sf or > 2				Demolitic		Glovebag Pr								
<u>= 100 \$1 01 = 2</u>	200			Demonitio	111				rioblo [	Oronod	luro			
Location of Asbestos-Containing	ina	Is Location N	Jormally I Ioo	d Cololy	Description of Asbestos	Non-Exemp Amour		Abateme			ure			
Material (ACM) in Facility (13)		by Maint./Cu			Containing Material (ACM) (i.e	1000000 1000000	15 800TATE	Abateme	пі туре	Ĕ.				
waterial (Now) in Facility (10)			VO NA	(12)	thermal systems insulation,	or LF)		Remove	Repair E	Encap F	Enclose			
		120	10		surfacing, VAT, or other misce									
Patient Rooms				X	VAT & Mastic	7,000	sf	X						
Name of Reg. Waste Hauler		NJDEP Wast	e Hauler ID #	<del>¥</del>	Cubic Yards of Waste:		Name	of Registe	red Lan	ndfill				
See Hauler Below # 1 & 2	2	See Below				80	Mead	owfill La	ndfill					
				Dutler M		Disposal Da	100000000000000000000000000000000000000		ty, State	9				
Hauler #1) Greenwood		in Consulta	ins, inc. –	butter, NJ	07405	August 3			oute 2, E					
NJ DEP # 12:					4	August	0,2011		idgepor					
Hauler #2) Newark Cart	ing, Inc. –	Newark, NJ	04509, NJ	DEP # 1955	51				4-842-2					
Completed by (Print or Type)		Title			Signature		Date							
Marin Graure	1	SENIOR PE	ROJECT		Marin Graure		Dece	ember:	21, 20	116				
					1 ## # 1 CE 15 F. HO. L.P. T. C. C. P. C. P. P.									

	5	State of N	ew Je	rsey - Notifi	cation of Asbestos	Abateme	ot-		7\//	E C						
Ch 121	50		(Pure	uent to N. I.A.C	2. 8:60-7 and 12:120-7)	# 10 m at a 10 m	D)_E	GEI	/\/							
UIIX	10	7	(Furs	uam to N.J.A.C	2. 8:00-7 and 12:120-7)					4-04-04						
Date of Notification (1) December 21, 2016					Name of Building Owner Medexpress	/Operator (2)		EC 30	2016							
Agencies Notified		Notification			Street Address	man a constant										
X EPA		Initial No			370 Southpointe D	r. Suite 10	0 ASBE			)L &						
DCA		The state of the s		ification # 5	City, State, Zip Code			LICENSIA	lG_							
x DOL		Postponed			Canonsburg, PA 1	5317										
X DEP		Emerger		luding	Name of Contact		Telephone	Number								
x DOH			cation)		Mr. Ryan Rodeheaver		ŀ									
		☐ Cance	lled	5400 (517)												
Name of Facility Where Abate	ment is Ta	king Place (3)		FACILITY IN	FORMATION Type of Facility (4)											
Vacant Building - Ba					School (K-12)											
					Subchapter 8 (other tha	in K-12)										
Street Address 1532 Prospect Street					Other (i.e. private &		ouildinas hom	es etc.)								
1532 Prospect Street					Sq. Feet: Unknown				vears							
City (5)	County (6			/ Code (7)	<del></del>											
Ewing	Merce	r	(State	Use Only)	Current Use (prior if bein	g demolished	):									
Name of Monitoring Firm Hired	d by Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)											
Environmental For	ensics,	LLC			GREENWOOD ABATEMENT CONSULTANTS, INC.											
Street Address					Street Address			,								
3 Clementon Way					511 MAIN STREET											
City, State, Zip Code					City State, ZipCode											
Lawrenceville, NJ 08		Transfer			Butler, NJ 07405											
Project Manager for Monitoring  Lance Berens	g Firm	Telephone N 609.495.			Telephone Number <u>License Number</u>											
Lance Berens		609.495.	4069		973-492-0477		00840									
Scheduled Start Date (10)		Scheduled C	Completic	n Date (11)	Name of OSHA Monitor		00040									
December 27, 2016		January	10, 20	17	A Company of the Comp											
0 0 0 0			7%		EMSL inc.											
Occupancy Status During Ab	7.01.55		1177	Danes (See	Street Address											
Facility Closed/Vacate Abatement Performed					1056 Stelton Road											
xDescribe - Vacant			iity i ioui	3 -	City, State, Zip Code											
Other - Describe: Sch			olishe	ed												
				, ,	Piscataway, NJ 08	854										
Source of Work (Check all that	apply)						W W. 1911	AND DOD								
2 - 5 2 15							ment with Ne	egative Press	ure							
$\geq$ 3 sf or $\geq$ 3 lf $\square$ $\geq$ 160 sf or $\geq$ 26				Renovation		Mini-Enclo										
<b>□</b> ≥ 100 \$1 01 ≥ 20	50			x Demolition		Glovebag I	Procedure npted (*) and	Non-Friable	Droco	dura						
Location of Asbestos-Containing	ng Is Lo	cation Normal	ly Used	Description of Ask	pestos Containing Material	Amour		tement Type	FIOCE	Jule						
Material (ACM) in Facility (13)	33775	ly by Maint./Cu	istodial		al systems insulation, surfac		fy SF		=							
	YES	f? (12) S NO	NA	VAT, or other mis	cell.)	or LF)	Kelli	ove Repair Er	icap El	iciose						
Exterior		1	X	Built up Roo	fina	sf 🗵										
-Xtorioi				Dunt up 1000	iiig	4,500	7 51   12									
						1										
							1									
Name of Reg. Waste Hauler		NJDEP Was	te Hauler	ID#	Cubic Yards of Waste:		Name of Re	gistered Land	fill							
See Hauler Below # 1 & 2		See Below			80		Meadowfi									
							G.R.O.W.									
Hauler #1) Greenwood A			ints, In	c Butler, NJ 0	7405	Disposal Da	10.000	City, State								
NJ DEP # 125				4 pp m a	100 1200	January	10, 2017	Route 2, Be Bridgeport,								
Hauler #2) STG Transpor	t Inc., 58	ryies Lane,	ivew Ca	sue DE- T. 215.7	08.1566			304-842-27								
Completed by (Print or Type)	17	Title			Signature		Data									
Marin Graure	1 7	SENIOR PR	ROJEC	T .			Date Decemb	er 21, 201	16							
		MANAGER			Marin Grau	re	Decellir	CI 21, 20	J							

## State of New Jersey

	NC			NJAC 8:60 an				A Commence of the Commence of		DEC	30	20		
Date of Notification (1) 12/22/2016		N F	lame of I Palisad	Building Owner/ es Park Boa	Operator ( rd of Edi	(2) ucat	ion	d	# 1	15	05	7517		
Agencies Notified Type Notification		1 -	treet Ad						ASBE	STC LIC	ENS	ING		
EPA. Initial				d Street e, Zip Code										
X DEP Amended X DOL Amendment	#			es Park, NJ	07650									
Emergency (			lame of					Telephone N	lumber					
× DOH justification)  x DCA		ŀ	Ken Ca	vallo										
			FACIL	ITY INFORMA	TION		7= 111 77							
Name of Facility Where Abatement is Taking Lindbergh Elementary school (sub-		9	5):			ype	School (K-12	)	12)					
Street Address 401 Glen Avenue							Other (i.e. pri	(Other than K vate & comme	rcial buil	dings,	home	S,		
City (5) Palisades Park						Squ	are Feet	# of Floors	E	3ldg. A	ge			
County (6) Bergen			County C	ode (7) SE ONLY)			rent Use (Prior	if being demo	lished)					
Name of Monitoring Firm Hired by Building Detail Associates, Inc	Owner (8)		ASCM	No.	11 Std in (1995) 3000	of Ab	patement Cont rporation	ractor (9)						
Street Address 300 Grand Avenue			L		Street 606 I		ess ride Ave							
City, State, Zip Code Englewood, NJ 07631							Zip Code d Park, NJ	07424	424					
Project Manager for Monitoring Firm Tony Valentine			Telephor 201-56	ne No. 9-6708	Teleph 973-2		No. -8400	License 01104						
Start Date (10) 01-16-2017	Schedule 01-17-2		pletion [	Date (11)	Name of OSHA Monitor Iris Environmental Laboratories, LLC									
Occupancy Status During Abatement (Chec	ck Only On	e)			Street									
➤ Facility Closed/Vacated During Entire	Period of A	batem	ent		2333 Route 22 West							na er runner		
Abatement Performed Outside of Norr  Other – Describe: unoccupied	nal Facility	Hours		City, State, Zip Code Union, NJ 07083										
Scope of Work (Check All That Apply)														
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	-	Renova Demolit			>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Mini-Enclosure Glovebag Proc		with Negative Pressure					
					L	<u> </u>	von-Exempled	( ) and Non-	Trable 11		temen	t		
Location of	1	Locati Vormal	ly		Description	n of				T	уре	T		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility  N Usec Main Custo					Mater		Amount (Specify SF or LF)	Kemoval	Repair	Encapsulate	Enclosure		
	Yes					-41		4015			ro .	-		
girls locker room		X	pi	pe insula	ation	1	40 LF	X		+	-			
									1611		*			
Name of Registered Waste Hauler Lilich Corporation	F	IJDEP V Hauler ID 8724		Cubic Yards Name of Registered Landfill GROWS Landfill										
City, State Woodland Park, New Jersey			Dis	posal Date	e	City State								
Completed by	Title	-			Signatul	Fe	10/ 1	/	Date					

12/22/2016

Completed by Adriana Olejarova

Title

President

Chl#3139

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) abouted by Tom Volles

Date of Notification (1)				Name	of Building	g Owner/Operator (	2)	week is	)	01		50			
12 / _	22 /	16				niversity-Office		Construction (	G E		$\mathbb{V}$				
Agencies Notified	Type Notifica	tion		Street	Address										
☐ EPA				200	Elm Dr			lill n	EC 3	) n	0010	,			
DOLWD	Amended			City, S	State, Zip C	Code		III III I		7 0	CUIL	)			
⊠ DHSS	Amendme			Prin	nceton, N	J 08544									
DCA (NJAC 5:23-8)			g	Name	of Contac	t		Telephone Num	perns	CO	NTR	OL 8			
(140/10 0.25-0)	☐ Cancellati			Rob	ert Orte	go		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		NSI					
				FAC	CILITY IN	IFORMATION									
Name of Facility Where	Abatement is T	aking Plac	e (3)				Type of Facility (	4)							
Princeton Universi	ty- Corwin H	all					School (K-12)								
Street Address	15//				· · · · · · · · · · · · · · · · · · ·		Subchapter 8	Other than K-12 ivate and commer	) rcial bu	ildina	c				
Prospect Ave							homes, etc.)	ivate and comme	Ciai Du	maning	3,				
City (5)			-				Square Feet	# of Floors	Blo	dg. A	ge				
Princeton															
County (6)				Coun	ity Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)						
MERCER															
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)								
ATC Group Service	es LLC					BRISTOL EN	VIRONMENTAL	., INC.							
Street Address						Street Address									
Bromley Corporate	Center-Three	ee Terri L	ane			1123 BEAVE	R STREET								
City, State, Zip Code			- 15 1172			City, State, Zip C	ode								
Burlington, NJ 080	16					BRISTOL, PA	19007								
Project Manager for Mor	itoring Firm		Tele	elephone No.											
Michael Keehn			6	09-386	-8800	215-788-6040	ס	00509							
Start Date (10)	S	cheduled	Comple	tion Da	te (11)	Name of OSHA	Monitor								
12 /27 /	16	12	/ _ 3	_ /	16	BRISTOL EN	VIRONMENTAL	., INC.							
Occupancy Status Durin	g Abatement (0	Check only	one)	Street Address											
□ Facility Closed/Vacat				ment		1123 BEAVER STREET									
☐ Abatement Performed					cribe	City, State, Zip C	ode								
Time of Abatement:	7:00AM- <u>3:30</u> F	PM/	PM	AM		BRISTOL, PA	A 19007								
Scope of Work (Check a	Il that apply)									2					
						☐ Full Cor ☐ Mini-En	tainment with Neg	ative Pressure							
≥3 sf or ≥3 lf     ⇒160 sf or >260 lf			enovat emoliti				ig Procedure								
							empted (*) and No	n-Friable Procedu	re						
			s Loca						Ab	atem	ent T	уре			
Location		. Us	Norma ed Sol	-	A = h =	Description estos Containing M		Amount	Re	Re	m	En			
Asbestos-Containing TO BE AB			ainten			e., thermal systems		(Specify	Remova	Repair	cap	Enclosure			
IN Facil		Cu		Staff?		surfacing, VAT	, or	SF or LF)	<u>a</u>		Encapsulate	ure			
(13)		Vac	(12)	1	-	other miscellane	eous)				ite				
Evtorior		Yes	No	N/A	Steam	pipe insulation		7 LF		П					
Exterior			-			te encased in co	nerete	30 LF							
Exterior					Iransii	e encaseu in co	nioi ete	30 LI							
											Ш				
Name of Registered Was		IC.		NJDEP N Hauler II	D No.	Cubic Yards of Waste	Name of Regis G.R.O.W.S	tered Landfill . NORTH LAND	FILL						
			18708	6	Disposal Date	City, State					-				
City, State BRISTOL, PA 1900	7					Disposal Date		LLE, PA 19067							
Completed By (Print or T	ype)	Title				Signature		/ D	ate	1	/				
Brian Scafiro	5.50 · 5	Title Signature Date 12/22/16										0			

CH	5902
Date of Noti	fication (1)

0110108	(P	ursuant	to NJAC 8:	60 an	(Operator (2)													
Date of Notification (1) 12/27/16				f Building O				e l		DEC	3 (	) 2	016		2			
Agencies Notified Type Notification			Street A						-	DEOT/	00.0	01	ITD/	71 8				
⊠ EPA     □ DEP     □ DOL     □ Amended     △ Amendment #				ate, Zip Codo					AS	BEST LI	CEN	SIN	G	)L 0				
Emergency (in		-  -		f Contact	12		-		Ta	lenhone	Mumh	or						
DOH justification)     DCA			Alex	Toontaot					10	ichinine	INUITIO	C.						
			FACI	LITY INFOR	RMATI	ON												
Name of Facility Where Abatement is Taking Alex Henderson Private Home	Place (3)					-	Ту	pe of Facility	(4)									
Street Address							X	Other (i.e.	r 8 (Oth			build	lings,	home	es,			
City (5)			- C				Sq	etc.) uare Feet	# 0	of Floors		ТВ	ldg. A	ge				
Clayton NJ 08312							1000	000+	2									
County (6) Gloucester				Code (7) USE ONLY)			Си	rrent Use (Pr	ior if be	ing demo	olished	i)						
Name of Monitoring Firm Hired by Building O'N/A	wner (8)		ASCN	/ No.		100000000000000000000000000000000000000		batement Co	ntracto	r (9)								
Street Address						Street PO E												
City, State, Zip Code			2000		-			, Zip Code						-				
						18 10 TO 18 10 10 10 10 10 10 10 10 10 10 10 10 10		erlin NJ 08	091									
Project Manager for Monitoring Firm						Teleph 856-		No. 3-9800										
The state of the s		pletion	Date (11)			of O	SHA Monitor											
Occupancy Status During Abatement (Check	1/13/17 Only One				-	Street		ress		License No. 00727								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:					_	City, St	tate,	, Zip Code	4 A	<b>.</b>	g demolished)  9)  License No. 00727  Negative Pressure  Non-Friable Procedure  Abatement Type  nount Decify or LF)  D LF  X  D LF  D LF							
Scope of Work (Check All That Apply)																		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Section 1971	nova moliti				City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure												
	le l	ocati	on				-	VOIT EXCITIPED	u ( ) u.	a rvoir i	nabio		Was read to					
Location of	No	rmall	у		Des	scription	of				-		Ту	ре				
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Main Custo	tenar	ice/	(i.e. th	nermal surfac	aining M systems cing, VA niscellan	ins T, or	r	(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure			
	165	140									-							
Basement		Х		pipe	insulat	tion		3	30 LF		X							
Name of Registered Waste Hauler		10,600,00	JDEP Wauler ID	STEPPE I	Cubic of Was			Name of	Registe	ered Lan	dfill							
United Roll Off	1223	2459		or vvas 2	sie		G.R.O	.W.S.										
City, State Elm NJ	-1			Dispos 1/13/	al Date		City, Star Morris		A 1906	57	Bldg. Age 35+ hed)  Pressure  Removal  Removal  Removal							
Completed by Anthony T Perna	lent	-		S	ignature	R	7	ort delication.			27/1	6						

DEC 3 0 2016

													1			
Date of Notification (1)	11-			Nar	1 1	ng Owner/Operato		L		-	-	1				
12-26				_		04113.	c (con	MR P	1 1 700 00	W		Ot	. &			
	e Notification	on		Stre	et Address		L	AUE	LIVE	1421	VU					
	Initial Amended			-	70		JEN B	406				-	=			
	Amendment	#	_	City	, State, Zip	WALL C	170	AL T	^ ^ 5	52	2/					
	Emergency justification		ing					Tolo:	phone Num		۷	3	_			
	Cancellation			Nan	ne of Conta			rele	muri enond	ber						
				<u></u>									=			
15 77 100			(2)	F	ACILITY IN	FORMATION	The of Facility	5.74)								
Name of Facility Where Abate			ce (3)				Type of Facili									
RESIN	CIUCE						☐ School (K-		er than K-12	2)						
Street Address							Other (i.e.,	private 8			dings	,				
Cit. (5)							homes, etc Square Feet		Floors	TD	Ida /	on.				
City (5)	u c	1+6					1000	# 01	1	- 1	1dg. A					
County (6)	<u>u                                    </u>			T Co	mby Code (	7) (STATE	Current Use (F	Prior if he	ing demolis		10		_			
	MAY				E ONLY)	I) SIAIL	VAC	ANT	ring demois	sileu)						
Name of Monitoring Firm Hired		Owner		ASCA	1 No	Name of Abatem										
(8) IA / A	by ballaling	OWNE	-	7001	1110.		OINC									
Street Address						Street Address	0 2,00					-	=			
Officer Address							. Spruc	E A	FUE							
City, State, Zip Code .						City, State, Zip C		-	20110							
on, oute, up occo						12 (12 (12 (12 (12 (12 (12 (12 (12 (12 (	SHAPE	M.	7 08	505	Z					
Project Manager for Monitoring	Firm		Tele	phone	No.	Telephone No.			ense No.				_			
						856-77	9-0472		004	44						
Start Date (10)	Sche	duled (	Comple	tion D	ate (11)	Name of OSHA N										
1-9-17		1-	16-	-17	)		N/A.									
Occupancy Status During Abat	ement (Che	ck only	one)			Street Address	1.									
Facility Closed/Vacated Duri	ng Entire Pe	eriod of	Abater	ment												
Abatement Performed Outside					ĺ	City, State, Zip Co	ode									
Other - Describe:						1		(t								
Scope of Work (Check all that a	ipply)								F-2402004-2-007450-0							
□ >2 of or >2 ff		ПР	enovatio	20		Full Con	tainment with Ne	egative P	ressure							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			emolition	500.00		Gloveba	g Procedure									
D		90			r	Non-Exe	mpted (*) and N	on-Friab	ie Procedur	1						
			Location ormally							A	bate. Typ					
. Location of			Solely			Description of				-	-71	1				
Asbestos-Containing Material	(ACM)		ntenano			os Containing Mate thermal systems in	COLUMN TO SERVICE STATE OF THE	20000000	ount ecify	-		En	ш			
TO BE ABATED IN Facility			Staff?		(i.e.,	surfacing, VAT,			or LF)	Rem	Repair	cap	nclo			
(13)			(12)			other miscellaneou	us)	5000		Removal	air	Encapsulate	Enclosure			
	No	N/A						-		te	В					
51010	11		10.10.15.71	-	25	1A CC	X			-						
SIDING				X		RAWSITE	<u> </u>	2)(	20 SF	~	-	-				
											$\perp$	_				
Name of Registered Waste Haul	er			DEP V		Cubic Yards	Name of Reg	istered L	andfill							
KLUMCO INC			Ha	uler ID	No.	of Waste	C.M	C.	M.U	. K	1					
City, State			- 1 +	110		Disposal Date	City, State									
MAPLE SHADE N.J							Woo	DBI	NE							
Completed By	Title				1	Signature	A/		Date		1	,				
MICHAEL KLEAM		SUP				Mill	When		12-	-26	2-1	0				

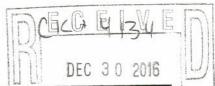
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#### State of New Jersey

3 0 2016

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 76-16 MICHOLS MAITCHELL Agencies Notified Type Notification Street Address LICENSING Initial Amended City, State, Zip Code DOL. Amendment # GRAMDE 08242 RIO Emergency (including DOH DCA iustification) Name of Contact Telephone Numbe Cancellation SAME FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RESIDENCE School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors City (5) Bldg. Age 1500 50 t County Code (7) (STATE Current Use (Prior if being demolished) County (6 USE ÓNLY) LAPF VACAULT Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. 0 KLEM Street Address Street Address 36 City, State, Zip Code City, State, Zip Code MAPL Telephone No Project Manager for Monitoring Firm Telephone No. 856 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) -17-1 Occupancy Status During Abatement (Check only one) Street Address TA Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation Mini-Enclosure ≥3 sf or ≥3 lf >160 sf or ≥260 lf ☑ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Normaliy Type Used Solely by Description of Location of Maintenance/ Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Custodial (i.e., thermal systems insulation, (Specify Enclosure TO BE ABATED Remova Repair Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)N/A Yes No TRANSITE 1000 SE SIDING

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Date of Notification (1)	22 1/		Nam	e of Buildir	og Owner/Operator	(2)	JTRACTIN	-								
	-23-16		Ctro	et Address	EARLAIN	CF COR		ICE)	CO	IG.	91					
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<b>⊠</b> DOH	justification)		Nam	e of Conta			Telephone Numb	er								
□ DCA	Cancellation			BR	UCE					_	_					
			FA	CILITY IN	ORMATION											
Name of Facility Where	Abatement is Taking	Place (3)				Type of Facility										
R	ESIDENCE					School (K-1)	2) 8 (Other than K-12)	)								
Street Address					1	Other (i.e., phomes, etc.	rivate & commercia	l build	ings,							
City (5)						Square Feet	# of Floors		lg. A							
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County (6)	MAY	*0		inty Code ( E ONLY)	7) (STATE		rior if being demolis	hed)								
Name of Monitoring Firm		yner T	ASCN	No.	Name of Abatem	nent Contractor (9	)									
(8)	VIIA				KLE	EMCO I	NC									
Street Address					Street Address											
					369	S SPIRL	CE ALE									
City, State, Zip Code					City, State, Zip C		SHADE M.J 08052									
		Tal	ephone	No	Telephone No.	CJANO	License No.				=					
Project Manager for Mon	nitoring Firm	1 61	epnone	140.	856-77	9-0472	0041	14			_					
Start Date (10)	Schedu	led Compl	etion Da	ate (11)	Name of OSHA	Monitor										
1-2-17		-9-	17			NIA	-									
Occupancy Status Durin					Street Address											
TA Facility Closed/Vacat	ed During Entire Perio	od of Abati	ement								=					
Abatement Performe	d Outside of Normal F	acility Hou	ırs		City, State, Zip C	Code										
Other - Describe:											-					
Scope of Work (Check a	all that apply)					ntainment with Ne	gative Pressure									
≥3 sf or ≥3 lf	. [	Renova Demoliti			☐ Mini-En	aa Procedure										
∑≥160 sf or ≥260 lf	Þ	ZI Dell'All			Non-Ex	empted (*) and N	on-Friable Procedur	100			_					
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Location	of	Normal Used Sole	Contract of the second		Description of	f		-								
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TO BE ABAT		Staff?		(	surfacing, VAT,	, or	SF or LF)	Removal	Repair	apsu	Enclosure					
(13)		(12)	_	-	other miscellane	ous)		val	=	late	Ле					
		Yes No	N/A				)	-								
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			T													
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City, State	1,40		<u> </u>		Disposal Date	City, State	10 12									
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	Telephone Number	
of Facility (4	4)	
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e Feet	# of Floors	Bldg. Age
t Use (Pric	Tor if being demolish AUT	ed)
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Date of Notification (1)		Name	of Buildin	g Owner/Operator SSURA	BURGE	K .	V (1	J 10	The state of the state of	*****	
Agencies Notified Type Notification  [X] EPA X Initial		Stree	Address 513	SEA I	SLE CI	TOBENDS	074	ERC	0		
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Emergency (in justification)	nctuding	Name	of Contac	į .	7	Telephone Number				ᅴ	
☐ DCA ☐ Cancellation				CIH					_	=	
	a Place (3)	FA	CILITY INF	ORMATION	Type of Facility	. (4)				ᅱ	
Name of Facility Where Abatement is Takir	(E				School (K-1	2) 8 (Other than K-12)		2			
Street Address					homes, etc.						
City (5) St74 ISLE	CITY				Square Feet 2000	# of Floors	4	O '			
County (6) CAPE MAY		Cour	nty Code (1 ONLY)	7) (STATE		rior if being demolish CAMT	ned)			_	
Name of Monitoring Firm Hired by Building	Owner	ASCM	No.	1.	ent Contractor (9	9)					
(8) N/A				Street Address	(O LA	1				=	
Street Address				369		VCE AVE		_			
City, State, Zip Code				City, State, Zip C			08	05	2	_	
Project Manager for Monitoring Firm	Tele	ephone	No.	Telephone No. 55 6 -7	79-0472	License No.	40	_		_	
	duled Comple		te (11)	Name of OSHA	Monitor	€ ±					
Occupancy Status During Abatement (Che	1	-1/		Street Address	9m+ - 128						
Facility Closed/Vacated During Entire Pe	eriod of Abate	ment		Ch. State 7in C	nda			_		=	
Abatement Performed Outside of Norma Other - Describe:	i Facility Hou	rs	S City, State Zip Code								
Scope of Work (Check all that apply)					ntainment with Ne	egative Pressure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovat			☐ Mini-En ☐ Gloveba ☑ Non-Ex	an Procedure	on-Friable Procedur	e				
	Is Location							bates Typ			
Location of	Used Sole	y by	Asisaa	Description of tos Containing Mar	rerial (ACM)	Amount			Е		
Asbestos-Containing Material (ACM) TO BE ABATED	Maintenar Custodia Staff?	al	(i.e.,	thermal systems i surfacing, VAT,	nsulation,	(Specify SF or LF)	Removal	Repair	ncap	Enclosure	
IN Facility (13)	(12)			other miscellane	ous)	,	loval	bair	Encapsulate	sure	
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		-									
Name of Registered Waste Hauler		WDEP V		Cubic Yards of Waste		istered Landfill	11	ΙΛ			
ICITMED INC		1791	) Y	Disposal Date	City, State	d. C. M.	U_ 1	4	_	=	
City, State SHADE	M.	J	3			OD BINE		N	, J	_	
Completed By / Title				Signature .	hon.	Date 7	-7	13	-1	6	
MICHAEL RECOIM V	111			Mee	7-0						

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#24219176027 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 3 0 2016 12 27 16 Todd Wilson Type Notification Street Address Agencies Notified ASBESTOS CONTROL & ✓ Initial T EPA LICENSING **⊠** DOLWD Amended City, State, Zip Code X DHSS Amendment # Cranford, NJ 07016 T Emergency (including □ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) Cancellation Todd Wilson **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.) Square Feet # of Floors Bldg. Age City (5) Cranford, NJ 07016 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 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 01127 973-638-1777 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 01 / 06 / 17 01 / 07 / 17 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address ▼ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 lf 2 160 sf or 260 lf Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Demolition Abatement Type Is Location Normally Description of Location of Remova Encapsulate Used Solely by Amount Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SIF or LF) IN Facility surfacing, VAT, or (12)other miscellaneous) (13)Yes No N/A $\boxtimes$ 42 SF $\boxtimes$ Boiler insulation Basement П NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler 0033785 TBD T.R.R.F. Inc Gr Tech LLC City, State Disposal Date City, State Tullytown, PA TBD Wavne, NJ 07470 Date Completed By (Print or Type) Title Signature ewic Wenas 12/27/16 N.Jevtic Owner

NOCK			ICATION	tate of Ne N OF ASE to NJAC	ESTOS	ABATE		T Ch	uck	#3	188	~					
Date of Notification (1) 12/15/16				f Building n Dyke,		Operator	r (2)			EC	E		$\mathbb{V}_{\parallel}$				
Agencies Notified Type Notification			Street A	ddress Van Dy	ko Stro	oot				DE	С 3	0 0	040	THE PROPERTY.			
EPA Initial  DEP Amended  DOL Amendment		-		ate, Zip Co		el			I had ha	UL	U J	11 2	Ulb	i la			
▼ DOL Amendment Emergency		_		gton, N		7				ASBEST	000	OAT	EDO				
DOH justification)				f Contact Aroczek					Tel	ephone Nu	mber	SINC	HU.	<del>L &amp;</del>			
DCA Cancellation				ILITY INF	une e	ION											
Name of Facility Where Abatement is Takin	g Place (	3)	1 70	LITT HAT	ORMATI	IOIN	Тур	e of Facility	(4)								
52 Van Dyke LLC Street Address						400		School (K-			0						
52 Van Dyke							×	Other (i.e. )				dings	home	es,			
City (5) Wallington, NJ							Sqı	etc.) uare Feet	# 0	f Floors	E	Bldg. A	\ge				
County (6)		T	County	Code (7)			Cui	rrent Use (Pri	or if bei	ng demolis	hed)						
Bergen			V-	USE ONLY	" ——					10000000000000000000000000000000000000							
Name of Monitoring Firm Hired by Building CA Environmental	Owner (8)	)	ASCN	ЛNo.		Name Supe		batement Cor LC	ntractor	(9)							
Street Address 2200 Paterson Plank Road						Street 203		ress nont Ave									
City, State, Zip Code North Bergen, NJ 07047								Zip Code , NJ 07508	3								
Project Manager for Monitoring Firm Carmelo Altomonte		- 1	Telepho 201 86	ne No. 64-6583		Teleph 201		No. -0477			No.						
Start Date (10) 11/10/16	Schedul 2/25/1		npletion	Date (11)		Name Testo		SHA Monitor		01130							
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Addı	ess									
Facility Closed/Vacated During Entire I					19			ckson									
Abatement Performed Outside of Norm Other – Describe:	nai Facility	y Hours				City, S Lic N		Zip Code 1101		License No. 01196							
Scope of Work (Check All That Apply)										License No. 01196							
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	processed.	Renova Demolit					N C	Mini-Enclosure Blovebag Pro	e cedure	- 57			0				
	Is	Locati	on					TOTI Excitipitor	4 ( ) 411	2 14011 1 1101	1 10	Abate	ement				
Location of		Normal ed Sole		12 12 0		scription						Ту	ре				
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ma	intena todial S	nce/		tos Cont thermal			ial (ACM) ulation,			R	71	Enc	Ē			
In Facility (13)	Cus	(12)	olaiir			cing, VA niscellar			SF	or LF)	vome	lepai	apsu	closu			
92 E)	Yes	No	N/A								a		late	лге			
Roof 16,000 SF & Pipes 146LF		Х	Α	CM Ro	oof 16,	000	SF	16,0	000 SF	X							
				Pipe	es 146	LF		14	46LF	X							
Name of Registered Waste Hauler Super, LLC		Н	JDEP W auler ID /H1632	No.	of Was			Name of Waste I	500550 C <del>T</del> 70070-1	red Landfil Jement	1						
City, State 203 Belmont Ave			.,,502		NAME OF STREET	sal Date		City, State				HI					
Completed by	Title					ignature	;	, unytov	_>		ate						
Tailor Dominguez	Proje	ct Ma	nager			10 10 10 10 10 10 10 10 10 10 10 10 10 1	1	Torile	Lane		2/15/1	6					

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Date of Notification (1) 12/05/16					of Building Propertie		Operator	(2)	11 d 2200 916. No 187		Er G	- 5		<u> </u>	E	A STATE OF THE STA		
Agencies Notified	Type Notification				Address Box 4449	9			Lamera C		DEC	; 3	0 :	2016		世		
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DOH DCA	Emergency justification) Cancellation		,		of Contact lichael C	hecchi	0		l.		lont	(2E%)	<del>e n</del>					
		70			ILITY INFO							_						
Name of Facility Where Commercial Buildir		g Place (	3)			OT MICH	O.	Ту	pe of Facility School (K-									
Street Address 1701 Springfield A	venue							×	Subchapte	er 8 (Ot				dings	hom	es,		
City (5) Maplewood									uare Feet	# 2	of Floors		1		\ge			
County (6) Essex	12.5				Code (7) USE ONLY	)		Cu	rrent Use (Pr	rior if be	eing dem	olishe	d)					
Name of Monitoring Firm	n Hired by Building	Owner (8	)	ASCI	M No.				batement Contracting &			ntal C	ons	sultin	g, In	IC.		
Street Address							Street 1141		ress oute 23									
City, State, Zip Code									Zip Code NJ 07470									
Project Manager for Mor	nitoring Firm		Telepho	one No.		Teleph 973-6		No. -9200										
Start Date (10) 12/15/16		Schedu 01/06/		npletion	Date (11)				SHA Monitor		ts, Inc.							
Occupancy Status Durin	g Abatement (Chec	k Only O	ne)				Street	Add	ress									
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norm	Period of nal Facilit	Abaten y Hours	nent		_	City, S	tate,	Zip Code /n, NJ 074		00408 Itants, Inc. d, Bldg. #35E							
Scope of Work (Check A	II That Apply)						1 dii 1	Lavi	711, 140 074	10			_					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit				×	N	Mini-Enclosur Blovebag Pro	re ocedure					<u>a</u>			
		Is	Locati	on					TOTAL EXOTIPATOR	1	101111	TIGDIC	110	Abate	ment			
Location			Normal ed Sole				cription					-		Ту	ре			
Asbestos-Containing TO BE AB In Facil (13)	ATED	Ma	aintenar todial S (12)	nce/		thermal:	systems ing, VA	insi T, or		(	Amount Specify F or LF)		Removal	Repair	Encapsulat	Enclosure		
		Yes	No	N/A											е	1500		
Through	,			X	F	loor Til	e and	Ma	stic	1,	720 SF		K					
Roof				X		R	oofing			1,	225 SF		Κ					
1st Floor				Х		Pipe	Insula	tion		2	20 LF	2	2					
Name of Registered Waste Hauler																		
J.R. Contracting & E	Inc H	JDEP W auler ID 7819	D. BOOK TONIES	of Was 60			202000100000000000000000000000000000000			g demolished)  9) nmental Consulting, Inc.  License No. 00408  , Inc.  dg. #35E  Negative Pressure  Non-Friable Procedure  Abatement Type nount becify or LF)  Removal  Repair  Repair  Repair  Responsible Procedure  Abatement Type  Responsible Procedure  Responsible Procedure  Abatement Type  Responsible Procedure  Respo								
City, State Wayne, New Jersey				Disposa	al Date		City, Sta Pen Ar		ennsyl	20 SF X 25 SF X 20 LF X 20 LF X 20 Landfill Landfill								
Completed by Jerry Bijelonic		ct Ma	nager		Si	gnature		0	/		Removal  X  X  Abatement Type  Repair  X  X  Abatement Type  Enclosure							

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Date of Notification (1) 12/22/16		Ĉ	ORPO	RATE	CO	MMU	NITY CO	NNECTI	ON	17/	C.			
Agencies Notified Type Notification		S	treet Ad				561							
EPA Initial Amended		C	ity, Stat	te, Zip Cod	de s	100	STON, NJ, 08528							
DOL Amendment #		-	lame of	Contact			Telephone Number							
DOH justification)  Cancellation		"	RE	V. D	CFO.	RES	7							
	DI (0)		FACIL	ITY INFO	RMATIC	N	Type of Facility (4	1)				$\dashv$		
Name of Facility Where Abatement is Taking	Place (3)	SLY	0			F	School (K-1)		2)					
Street Address 610 FRANKLIN'	31	VO	9				Other (i.e. p. etc.)	rivate & commerc	ial build			S,		
City (5) SONERSET							Square Feet 8680	# of Floors	1	dg. Ag	R			
County (6) SENAERSET	code (7) ISE ONLY)	OFFICE SPACE												
Name of Monitoring Firm Hired by Building On		Name of Abatement Contractor (9) A.5.865705 20807705 Six of INDIAN ARROW												
Street Address						Street Address 144 M122 ST								
City, State, Zip Code					City, State, Zip Code PATERSON NJ 0750/									
Project Manager for Monitoring Firm Telephone No.						Telephone No. 913 653 9652 License No. 1257								
Start Date (10) 01/02/17 Scheduled Completion Date (11)						1) Name of OSHA Monitor GORAN 1076V								
Occupancy Status During Abatement (Check	-	10	1117			Street A	Address					$\neg$		
Facility Closed/Vacated During Entire Pe	eriod of A	bateme	ent				NILL	57.						
Abatement Performed Outside of Norma Other – Describe:	I Facility	Hours			_	City, Sta	ate, Zip Code	I NJ C	175	01		,,,,		
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf Renovation Demolition						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
					$\perp$	Non-Exempted	(*) and Non-Fria			ement				
	Is Location Normally					92022				Туре				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	d Solely ntenan odial S (12)	y by ce/		os Conta thermal surfac		aterial (ACM) insulation, r, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A					120 LF	1.			-		
BOILER ROOM		-			75	> /		1XUXF	-					
		1	ייי	lasta	Cubic '	Varde	Name of	Registered Landf	ill					
Name of Registered Waste Hauler	Ries		DEP Wauler ID	No.,	of Was		GR	OWS						
City, State PATERSOIL AND					Dispos サル	al Date	City, Stat	ISVILL	$\epsilon, i$	DA				
City, State TCRS Och AND Completed by GORAN TGEN	Title	VF	)		S	ignature		SISVILL	)ate /2	2/	16			
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Date of Notification (1)		Name of Building Owner/Operator (2)													
12.20:10									EC	C 3 0 2016					
Agencies Notified Type Notification		Street Address								0 0		10			
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DOH justification				,		0 -	- 1 1	1 10	one Num	iber.					
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Name of Facility Where Abatement is Takin	ig Flace (.	3)					Type of Facility (	4)					į		
KESDEVCE							School (K-1				1				
Street Address							Subchapter	8 (Uther t	nan K-12	) Lbuile	linge	home			
							Other (i.e. private & commercial buildings, homes, etc.)								
City (5)	1						Square Feet # of Floors Bldg. Age								
BELMAR							2,300	2	3		77	7+			
County (6)			County	Code (7)			Current Use (Prior if being demolished)								
MORMOUTH			(STATE	USE ONLY	)	_	RESIDENCE								
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	d No	1	Name c	ne of Abatement Contractor (9)								
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City, State, Zip Code					10		State, Zip Code								
							DELTON NI 08650								
Project Manager for Monitoring Firm			1 ' 1 '				phone No. License No.								
		160				98472956 01222									
Start Date (10)	ed Con	pletion	Date (11)	1	Vame o	me of OSHA Monitor									
12/29/2016	11	11.	> 0	17	1	EN	MSL ANALYTICAL								
Occupancy Status During Abatement (Chec	ne)				Name and Address of the Owner, where	et Address									
Facility Closed/Vacated During Entire	150	58			-	70	005	120							
Abatement Performed Outside of Norm							ate, Zip Code	1-20				-			
Other - Describe:									, , ,	_	00	~ 1	D		
Scope of Work (Check All That Apply)						ال	WYNIK	72.00	7 00	7	00		6		
	_														
≥3 sf or ≥3 lf		Renova				-	Full Containme		egative Pr	essur	е				
≥160 sf or ≥260 lf	Demoliti	ion			×	<ul> <li>Mini-Enclosure</li> <li>Glovebag Prod</li> </ul>									
						Non-Exempted		on-Friable	e Prod	cedure	9				
	Locati	on						Abatement							
Location of	Vormall		10	D			Amount		Туре						
Asbestos-Containing Material (ACM)	ed Sole		Ashes		ription ( ning Ma	aterial (ACM)					ш				
TO BE ABATED	TO BE ABATED Mainter						insulation,	(Specify		Re	70	Encapsulate	Enclosure		
	In Facility Custodia					ig, VAT		SF or	LF)	Remova	Repair	sde	clos		
(13)				1	other mis	scellane	eous)			val	=	ula	ure		
	Yes	No	N/A									Ф			
P		1		P0-			}	E	JLF	V					
BASEMPIT	-	/		TILE	INS	100	TION	(C)	215	~					
						- "									
						16									
	-							-							
Name of Designators of Marie 1/2-1-1		1 61	IDEDIA	lasts.	L Cubin V	sed a	N======	Doglata	I I anden						
Name of Registered Waste Hauler		1	JDEP W auler ID		Cubic Ya		Name of	Registered	Lanoilli						
ALPHA ENVIROLIMEN	VAT	1		330			60	DKIS	1 1	1	5	i			
City, State		- 14	N:72	ب در ب	Disposal	Date	City, Stat	e	721		,,,				
					VEN E	4	1	00			DA				
Completed by	Title				0146-0		INO	45	Date	_	KA				
1 - 10	Title		Signature					7	12	1	1	-			
TRU COLORO	100	1=0	TAA	D 116	PIL	100	Salla.		1 12	1/5	-11	0			
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