MAY 11

Ch 13	759 N	OTIFIC (P	ATIO ursua	N OF ant to	NJAC 8:	ersey TOS ABATE 60 and 5:16) ner/Operator (2)	1		FEB - 2 2	<u>》</u> 匠			1
e of Notification (1)	30 / 17			xxonN		nei/Operator (=/							1
	Type Notification			eet Addr			100 3 5 -03	L	SBESTOS CON	TROL	&	-	
encies Notified EPA					oute 33 E				LICENSIA	10		- Comment	1
DOLWD	☐ Amended				Zip Code								
DHSS	Amendment #0 ☐ Emergency (incl	udina			dale, NJ (08801		T	elephone Number				1
DCA (NJAC 5:23-8)	justification)	uumg		me of C									
(NJAC 5.25-0)	☐ Cancellation		- 30		Darwin								
				FACILI	TY INFO	RMATION	Type	of Facility (4)					1
ame of Facility Where	Abatement is Taking	Place (3))				T Sch	hool (K-12)					
ExxonMobil Clinton	n Research						100000	//	Other than K-12)	l buildin	as		
reet Address							⊠ Oth	ner (i.e., priva mes, etc.)	ate and commercia	ii bullali	90,		1
1545 Route 22 Eas	t								# of Floors	Bldg.	Age		
ity (5)							Const.	,000	3	30+			
Annandale, NJ 088	01					TATE LICE ONLY	Curre	nt Use (Prior	if being demolished	ed)			
ounty (6)			(County (Code (7)(S)	TATE USE ONLY)	1	search					
Hunterdon						lame of Abatem	1227-1235						
ame of Monitoring Firm	n Hired by Building C	wner (8)	AS	CM No	. N	Alliance Env	ironm	ental Syst	ems				
Accredited Enviro	nmental Technol	ogies	1	NA			11 011111	Officer - J					
Street Address					S	Street Address 550 East Un	ion St						
28 N. Pennell Rd.						City, State, Zip C		•					
City, State, Zip Code					(West Chest		19382					
Media, Pa 19063						Telephone No.	,,,,,		License No.				
Project Manager for Mo	nitoring Firm	1		none No		610-701-900	0		00508				
Eric Sutherland				-891-0		Name of OSHA		r					
Start Date (10)	Sche	duled Co	mpletion	on Date	(,	AET	Mornico						
2 / 11	/	2_/	25_	_ / _									
Occupancy Status Dur	ing Abatement (Chec	ck only o	ne)			Street Address 28 N. Penne	J Dog	d					
	-tod During Entire P	eriod of A	Dalen	ent	aib a			ч					
Doeform	ed Outside of Norma : 7AMPM/3:	al Facility	Hours		ribe	City, State, Zip Media, PA							
Scope of Work (Check		⊠ Re	novatio	on		Mini-E	nclosu	re	gative Pressure	re			
☐ ≥160 sf or ≥260 lf		Пре	Hondo		0	☐ Non-E	xempte	ed (*) and No	on-Friable Procedu	Aba	teme	nt Ty	yr
			Locat										T
Asbestos-Contain TO BE	tion of ing Material (ACM) ABATED acility	Use	Norma ed Sole aintena stodial (12)	ely by ince/ Staff?	Asbe: (i.e	Description stos Containing thermal system surfacing, V other miscell	Materians insurant Materians insurant Materians in Materians in Materi	liation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
(13)	Yes	T	N/A					100.05		П		+
					VAT / N	Mastic			120 SF		1	_	+
Lab Hallways					-								1
										П	П	П	T
									1 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				1
	Marta Haules		-	NJDEP	Waste	Cubic Yards	of	Name of Re	gistered Landfill	altu La	ndfil	I	
Name of Registered Richard Burns	waste Hauler			Hauler 1995	ID No.	Waste 2		Western City, State	Berks Commu	nty La	. Iwill		
City, State						Disposal Dat	6	Birdsbo	ro, PA				
Phila., PA				=155		TBD		et a fit		Date	1		-
Completed By (Prin	t or Type)	Title				Signatu	ie	41111		1/	3	0/	/
Mark Griffin		Estin	nator			1		N///		-		1	

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Date of Notification (1) / 30	_ /	17	3				of Buildin izon	g O	wner/Operator (2)		FEB	- 2	201	Í	
⊠ EPA ⊠ Ini							Address East Mor	ntgo	omery Place,	Lower Level		ASBEST	OS C	ONT	ROL	&
	nended				Ci	ty, S	state, Zip (Code	e	- 1		<u></u>				
	nendme					- ensured	sburgh,									
	nergeno stification		cluding	g			of Contac				TΤ	elephone Nu	mher			_
	incellat				0.000		hony Po				1.	ciopitorio 140	imboi			
						_					_					
No.				101		FAC	SILITY IN	1FO	RMATION							
Name of Facility Where Abatem	ent is 1	akıng	Place	(3)						Type of Facility						
Verizon Millville CO										☐ School (K-12 ☐ Subchapter 8		thor than K	12)			
Street Address										Other (i.e., pr	riva	te and comn	nercial	buildir	ngs.	
416 Buck St										homes, etc.)					*	
City (5)										Square Feet	7	# of Floors		Bldg.	Age	
Millville																
County (6)					0	oun	ty Code (7)(ST	ATE USE ONLY)	Current Use (Pri	or it	f being demo	olished)		
Cumberland																
Name of Monitoring Firm Hired b	y Build	ling C	wner	(8)	AS	CM	No.	Na	ame of Abateme	ent Contractor (9)						
USA Environmental Mana	ageme	nt						1000		VIRONMENTAL		NC.				
Street Address	Address Stre 6 Enterprise Ave 11								-							
8436 Enterprise Ave								STREET								
City, State, Zip Code	Code City, State, Zip Code												_			
Philadelphia, PA 19153	City, State, Zip Code															
Project Manager for Monitoring F	BRISTOL, PA 19007							13007		icones No			4			
Mark Jenkins	11111	BRISTOL, PA 19007 Telephone No.							1	License No.						
Start Date (10)		اممطم	ulad C									00509				
2/13/17							e (11) 17		ame of OSHA M							
		0		1			17			VIRONMENTAL	-, 11	NC.				
Occupancy Status During Abater								Sti	reet Address							
Facility Closed/Vacated Durin									1123 BEAVER	RSTREET						
Abatement Performed Outsid Time of Abatement:A							cribe	Cit	ty, State, Zip Co	de						
			<i>1</i> <u>0.00</u>	ı ıvı-	1.00/	-\ivi		E	BRISTOL, PA	19007						
Scope of Work (Check all that ap	ply)					-		W								
☐ >3 sf or >3 lf			⊠ Re	nova	tion					ainment with Neg	ativ	e Pressure				
⊠ ≥160 sf or ≥260 lf				molif					Glovebag							
										mpted (*) and Nor	n-Fr	riable Proced	dure			
_					ation					or .			Δ	bater	nent T	уре
Location of Asbestos-Containing Material	1 (A CNA)			Norm	lely b	v	Asha	otoo	Description of Containing Mat			Amount	7	, R	П	ш
TO BE ABATED	i (ACIVI)	'	Ма	inten	ance	ĺ			ermal systems i			(Specify	Kemova	Repair	ıcar	ıclo
IN Facility			Cust	todia (12	l Staf	f?			surfacing, VAT,	or		SF or LF)	Val	. ¬	Encapsulate	Enclosure
(13)		ł	Yes	No		I/A		of	ther miscellaned	ous)					ate	CD
			165	140	- 1						-		_		-	
Basement Mechanical Roor Basement outside Mechani	<u> </u>					-		HEROTER .	nd mastic			460 SF	×			
Room	Cai		Ц	Ш			Floor til	e a	nd mastic			230 SF	L			Ш
Basement Battery area						Floor til	e a	nd mastic			50 SF					
]										
							Name of Regist	tere	d Landfill							
SERVICE TRANSPORT G	ROUP	, INC	•		Haule 20	er ID 990	No.	Wa	aste	MINERVA L	-AN	IDFILL				
City, State								City, State								
NEW CASTLE, DE 19720								WAYNESB	UR	G, OH 446	88					
Completed By (Print or Type)		Title							Signature	A CONTRACTOR OF THE CONTRACTOR		(0)	Date		/	
Brian Scafiro		Es	timat	tor					Brian	Scolin)	1 Ch	1/	30/	17	

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State of New Jersey

Ch 31L	B	NOT		NOITA	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:16		DEG] [
Date of Notification (1)		_		E-0.00000000000000000000000000000000000		g Owner/Operator (2		III II FED	۷	20	17	Lance
/	30 / 17			Prir	nceton L	Iniversity-Office	of Design and			-0.1.17		
Agencies Notified	Type Notification			Street	Address			ASBEST	OS C CENS	UNIC	HUL	_ &
⊠ EPA	☐ Initial			1.50.00	Elm Dr.			LI	DEING	21140		
☑ DOLWD ☑ DHSS	Amended Amendment #			City, S	State, Zip	Code						
□ DCA	☐ Emergency (in		r	Prir	nceton, I	NJ 08544						
(NJAC 5:23-8)	justification)			2021202000	of Contact oert Orte			Telephone Numb	per			
									_			
Name of Facility Where A	hotomont in Tokin	a Diago	(2)	FAG	SILIIY II	NFORMATION	Type of Facility	(4)				
Princeton Universit			(3)				School (K-12					
Street Address	ly-rifestorie Lit.	laly					☐ Subchapter 8	Other than K-12				
Washington Rd							Other (i.e., property)	rivate and commer	cial bu	ilding	js,	
City (5)							Square Feet	# of Floors	Ble	dg. A	ge	-
Princeton							1,000,000	8	575	70	_	
County (6)				Cour	ity Code (7)(STATE USE ONLY)		or if being demolis	hed)			
MERCER				0001	it) 0000 (, Monnie ode onerv	Library		,			
Name of Monitoring Firm	Hired by Building	Owner ((8)	ASCM	No	Name of Abateme						
ATC Group Service		O MIIOI (0009			VIRONMENTAL	INC				
Street Address	5 225	400000				Street Address	***************************************					
Three Terri Center						1123 BEAVE	RSTREET					
City, State, Zip Code						City, State, Zip Co				-		-
Burlington, NJ 080	16					BRISTOL, PA						
Project Manager for Mon			Tele	phone	No	Telephone No.	. 10001	License No.				-
Michael Keehn	itoring i iiii		1	09-386		215-788-6040	i	00509				
Start Date (10)	Sche	duled C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
_ 2 / _ 13 /	AND THE STATE OF T			_ / _		BRISTOL EN	VIRONMENTAI	_, INC.				
Occupancy Status During	Abatement (Chec	k only o	one)			Street Address			772			
☐ Facility Closed/Vacate	ed During Entire Pe	eriod of	Abate	ment		1123 BEAVE	R STREET					
Abatement Performed					cribe	City, State, Zip Co	ode					
Time of Abatement: _	AMP	M/ <u>5:00</u>	PM- <u>1</u>	:30AM		BRISTOL, PA	19007					
Scope of Work (Check al	that apply)					П= ::0 :						
☐ >3 sf or >3 lf		⊠ Re	novat	ion		☐ Full Cont	tainment with Neg losure	ative Pressure				
≥160 sf or ≥260 lf			moliti			☐ Glovebag	Procedure					
			v setten control				mpted (*) and No	n-Friable Procedu				
		1	Loca Norma			Б			Ab	_	ent Ty	уре
Location Asbestos-Containing				ely by	Ashe	Description o estos Containing Ma		Amount	Rer	Repair	Enc	Enc
TO BE ABA	TED	1	intena	nce/ Staff?		e., thermal systems	insulation,	(Specify	Removal	air	aps	Enclosure
IN Facilii (13)	ty	Cus	(12)	Olaii!		surfacing, VAT, other miscellane		SF or LF)	<u>n</u>		Encapsulate	Jre
(13)		Yes	No	N/A		other miscellane	ous)				ie	
Level B Hallway outs	ide room B7L				Floor t	ile and mastic		200 SF				
Level C Hallway outs	ide room C6J				Floor t	ile and mastic		200 SF				
			П	In		Constitution of the Consti			To	П	П	П
Name of Registered Was	te Hauler			JDEP \	Naste	Cubic Yards of	Name of Regis	tered Landfill	1			
BRISTOL ENVIRON				lauler II		Waste		NORTH LAND	FILL			
				18706	5	Disposal Date	City, State					
City, State	*					Dispusal Date		LLE, PA 19067				
	BRISTOL, PA 19007						MORRISVI		to			
Completed By (Print or Ty Brian Scafiro	37.5 At	e Estima	tor			Signature	Scapino	/ML Da	1/3	0/	17	
SB-41 R511 120	1 1 -			700 - 500	12 70 70 70 T	1000	Conju	19	1	-1	1	

ASB-41 MAY 11 BS16/20 NS

MOTIFICATION OF ASBEST OS ASATEMENT (Premiumes to NJAC 8 60 and 12 120) Name of Building Owner Ope Case of Northcalon (1) 1/30/17 PRESBYTELLO 2017 Main St OF ASPESTOS CONTROL & Amended Approximation 2 BLOOMS BURY L LICENSING Emergency (industrig USTRUBBINERS James Vanderview Cancellation Name of Facility Albert Abergment is Taking Place (3) Fundamental Processor 64 RESIDENCE / CHUICH School PC-121 Subtrained & (Other arge) #-126 25 Man St Other tille, private & commercial cuidings, hornes Solen Fed # of Floors Bits Ape (- to (%) BLOOMSBURY 2,150 450 Courty 8 for if being asmalisasc IS TAITE USE ONLY RESIDONTIAL. COLLECTION on Hied by Building Dency (B) Name of Abatement Con A MAC Contracting inc Street Address 185 Vicetand Ave. Cay State, I'm Code Midland Park, NJ elegitene filo Telegricane No. Labertee Pag (201)262-5841 00156 Start Date (10) Schedules Complesion Date (17) Name of CSHA Mondo 2-19/17 2/20/17 Omega Environmental Services as During Abatement (Check Only On Street Authors 280 Huyler St Facility Cosed/Vacaled Gorny Entire Period of Abatement Abeliance's Professed Cutside of Normal Facility Hours Ody State Ep Code Cabe: Cassoriba Hackensack NJ 07606 ge of Work (Check All That Apply) 23 of or 23 h La Contenent with Regards Pressure
With Employees 2160 st or 2260 P Desmotor Glovebag Procedure Non-Exempted (1) and Non-Frishe Friedder Abatement Is Location Type Noneally Location of Descriptions of Used Solely by Jovenning Material (ACRA) Ashestos Centarring Material (ACM) ION APAIED Mantenance the thermal systems madebon. Seeds, Customel State surfacing war or other miscellaneousi. Não Agric. BUSEMENT PIPE INSULUTION 85LF Name of Registered Wasts Hauter NJDEP Waste Catsc Yards Name of Recretered Lancill Hauter ID No. Newark Carting , Inc. IESI PA Sethlehem Landfill Corp. 04509 3 City State Newark, NJ 2/9/1700. Bethlehem PA Completed by Joseph Vocaturo

Vice President

Spare of New Jersey

130/17

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Ch10	\bigcap	ı		CATION	ate of New Jersey OF ASBESTOS A to NJAC 8:60 and	ABATE) <u>[</u>	CE	7	V [1
Date of Notification (1) 1/30/17					Building Owner/C s Cleaning Se		(2)		7	FEB -	2 2	017		1
Agencies Notified	Type Notification			Street A	ddress			l bod	Inzi				1	-
X EPA	× Initial								ASE	ESTOS	CON	ITRO	L &	1
DEP	Amended	e			te, Zip Code Rock, NJ 07452	2			7100	LICE	ISIN	<u>G</u>		
X DOL			- 20		Contact				Tol	lonhono Nu	mhor			
DOH DCA	justification) Cancellation			Joe Po					16	lephone Nu	inibei			
No	Abatana at is Tabias	DI /2		FACI	LITY INFORMATI	ON	T	of Facility	4)					
Residential Home	Abatement is Taking	Place (3	5)				_	of Facility (
Street Address								School (K-1 Subchapter		er than K-1	(2)			
								Other (i.e. petc.)				ildings	, home	es,
City (5)							Squa	are Feet	# 0	f Floors		Bldg.	Age	
Glen Rock							240		3			70+/-		
County (6)				County (Code (7) JSE ONLY)			ent Use (Pri		ing demolis	shed)			
Bergen	Hired by Building O	wner (8)		ASCM	1 No	Name	100	atement Cor		r (Q)				
Project Manager	Type Notification A				1140.			Abateme		(3)				
Street Address						Street								
	Type Notification A X Initial Amended Amendment # Emergency (incluing justification) Cancellation Facility Where Abatement is Taking Placential Home Indicate Indicate					100000		dland Ave	9					
City, State, Zip Code	Type Notification PA							Zip Code rook, NJ (7663					
Project Manager for Mor	nitoring Firm			Telepho	ne No.	Teleph	none N	10.		License 1	No.			
						201-	600-3	3184		01305				
Start Date (10) 2/8/17		Schedule 2/10/17		npletion l	Date (11)	Name	of OS	HA Monitor						
Occupancy Status Durin	ig Abatement (Check	Only Or	ne)			Street	Addre	ess	7.500					
☐ Facility Closed/Vac	ated During Entire Pe	eriod of	Abaten	nent										
		al Facility	/ Hours	3		City, S	State, 2	Zip Code						
Scope of Work (Check A	All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit			×	Mi Gl	ull Containm ini-Enclosure ovebag Pro	e cedure	Ü			rā.	
			. 1				IN(on-Exempte	u () ai	iu INUII-FIIA	DIE PI	100000	temen	t
Location	n of	1	Locat Normal	lly	De	scription	n of					Т	уре	
Asbestos-Containing	Material (ACM)		ed Sole		Asbestos Con	taining N	Materia			Amount	-	,	m m	Е
	The state of the s	1000000000	todial S			cing, VA	AT, or			Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)		other r	niscellar	neous))			oval	air	sulat	sure
		Yes	No	N/A									D	
Basem	nent		Х		Encapsula	ating P	Pipe V	Vrap	1	56 LF			Х	

Cubic Yards of Waste 1 CU Name of Registered Waste Hauler Name of Registered Landfill NJDEP Waste Hauler ID No. 04509 Newark Carting IESI Landfill Disposal Date City, State City, State Bethlehem, PA Newark, NJ TBD Completed by Title Signature Date Richard Cristofol President 1/30/17

Ck# 3150

				-	Names	Building (Owner/Operator	(2)						
Date of Notification (1)	20 .	17			Name of Veriz		2 Mile 1/Oheraror	(4)		EGE	\mathbb{N}	7 [5	Pro-	7
/	30 /	17	2								11 12	<u></u>		1
Agencies Notified	Type Notificatio	n			Street A				115					A Particular
⊠ EPA					15 Ea	st Monte	gomery Place	, L	ower Level	FED. /	2 00	47	Щ	Щ
□ DOLWD	☐ Amended				City, Sta	te, Zip Co	de		111	I FED -	20	1/	-	2
□ DHSS	Amendment				Pittsl	ourgh, P	A 15212						1	
DCA	☐ Emergency justification)		ling	-	Name o	Contact				etephone Numbe	ONT	ROL	. &	
(NJAC 5:23-8)	Cancellation				Anth	ony Port	a				√(G			
		-				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ORMATION			The state of the s				
					FACI	LITTINE	OKWATION	-	Type of Facility (4)	i				
Name of Facility Where		king Pi	ace (3	5)				1000	School (K-12)	3				
Verizon Ewing CO								⊣ i	Subchapter 8 (Other than K-12)	937 55	100		
Street Address									Other (i.e., priv	ate and commerc	al buil	dings		
1606 Pennington I	Rd.							4	homes, etc.)	# of Floors	Bld	g. Age		
City (5)									Square Feet	# of Floors	Diu	y. Ay	-	
Ewing											TV.			-
County (6)					County	Code (7)(STATE USE ONLY)	Current Use (Prior	rit being demolish	ea)			
Mercer									Office					
Name of Monitoring Fire	m Hired by Buildin	ng Owr	ner (8)) /	ASCM N	0.			nt Contractor (9)					
USA ENVIRONME							BRISTOL E	NV	IRONMENTAL,	INC.			-5-50	
Street Address			200, 2006				Street Address							
8436 ENTERPRIS	E AVENUE						1123 BEAV	'ER	STREET					
							City, State, Zip							
	State, Zip Code						BRISTOL,							
	iladelphia, PA 19153						Telephone No.			License No.				
Project Manager for Mo	onitoring Firm				phone N	especial control of the control of t	215-788-60			00509				
MARK JENKINS				11000	15-365-	767 () () () () () () () ()	Name of OSHA							
Start Date (10)					tion Date					INC				
2 / 13	/ _17_	2	_ /	17	_ / _	17_	BRISTOLE	= IN V	/IRONMENTAL	, 1140.				
Occupancy Status Duri	ing Abatement (CI	heck o	nly or	ne)			Street Address							
☐ Facility Closed/Vaca	ated During Entire	Perio	d of A	bate	ment		1123 BEA\	/EF	R STREET					
M Abatement Perform	ed Outside of Nor	mal Fa	acility	Hou	rs - Desc	ribe	City, State, Zip	Co	ode					
Time of Abatement:	AM	_PM/	5:00P	M- <u>1</u>	:30AM		BRISTOL,	PA	19007					
Scope of Work (Check	all that apply)			-		-								
Scope of Work (official	all triat apply				63		⊠ Full C	ont	ainment with Nega	ative Pressure				
≥3 sf or ≥3 lf			Ren				☐ Mini-E	had	Procedure					
≥160 sf or ≥260 lf		L] Den	nonu	OH		□ Non-l	Exe	mpted (*) and Nor	-Friable Procedur	e			
		- 1	Is	Loca	tion						Ab	atem	ent Ty	ype
Locati	on of		N	orma	ally		Description	on o	of	•	R	R	Ē	m
Asbestos-Containir					ely by	Asbe	stos Containing	Ma	iterial (ACM)	Amount (Specify	emo	Repair	ıca	Clo
TO BE A	BATED				ance/ Staff?	(i.e	, thermal syste surfacing, V			SF or LF)	Removal	=	Encapsulate	Enclosure
IN Fa	200 - 15 - C		Ouot	(12)			other miscell			20100N S2010N0925N			late	æ
(13	P)		Yes	No	N/A									
24 DI E 1/41 II E		-		\boxtimes	\Box	VATRI	MASTIC			250 SF				
CABLE VAULT				-								П	П	П
												1	1	E
										1		Ш	Ш	1
				Ц	I L	Manka	Cubic Yards o	of	Name of Regis	tered Landfill				1
Name of Registered V				100	NJDEP ! Hauler I		Waste	/1	GROWS L					
BRISTOL ENVIR	ONMENTAL, IN	IC.			1870									200
City, State				-			Disposal Date	9	City, State					
BRISTOL, PA									MORRISVI	LLE, PA				
Completed By (Print o	r Tyne)	Title					Signatur	е	1 0 0	d / in D	ate /	7.	1,00	>
1		1000	TIMA	ATO	R		Pat	in	k J.D.	aufel	1/3	30/	11	
PATRICK DeCAF	NO.	23	, 1 1141)				000		10 /	18				

CHECK#

Date of Notification	(1)			Na	ame	of Bu	uilding C	wner / Operat	or (2)	HIN) E	GE	$\parallel \mathbb{W}$	E	m	-
	1-31-17	(23) 						iability Tran					$\overline{}$		
Agencies Notified	Type Notific	cation				Addr							1		İ
The same of the sa		~u		-			ten management and the second	Road, Suite	306		FEB - 2	2017	1	1	
	1 (SSS)200						& Zip Co			-			-		
	[<u>1921</u>			_				uri 63131		100	MOTO 6	-The Authority	أحد		
							ontact			ASB	ESTOS 9 LICE	Teleph	e ^q	Numb	er
LI DOA	L Can	cellation			_	Pee					1101				
Name of Eacility Wh	aara Ahatam		21	(0)	FAC	CILIT	YINFO	RMATION							
Former Congoler	iere Abatem	ient is Taking F	rlace	(3)				Type of Faci							
Street Address	ann i acinty									tharthan I/	10)				
										ther than K- e & commer		aa ban		o 4 o \	
861 Sloan Avenu	۵							Square Feet		f of Floors				etc.)	
City (5)	Address County Address County Coun				tv. C	ode (7)	4 - 3		FOIFIOOIS		Bldg. Ag	le		ž.
	Type Notification PA				ну С	oue (.1)	700,00 Current Use		1		0			
Hamilton	COOH COCA Emergency Cancellation Cancellat							None	(PHOLIL	being demoi	isnea)				
	DEP Initial DOL X Amended DOH Emergency DCA Cancellation of Facility Where Abatement is Ter Congoleum Facility Address loan Avenue Count Of Monitoring Firm Hired by Buildi Address ate & Zip Code Manager for Monitoring Firm led Start Date (10) Schedu ncy Status During Abatement (C Facility Closed/Vacated During E Abatement Performed Outside o Describe: Facility Occupied During Abatem of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)			0)		TACO	M No.			2-1-1-1-1	,,				
y ame of monitoring	ies Notified EPA DEP Initial DOL X Amended DOH					ASC	IVI INO.	Name of Aba Enterprise				ractin	a I	ıc	
Street Address	ies Notified EPA DEP Initial DOL X Amended DOH Emergency DCA Cancellation of Facility Where Abatement is Ter Congoleum Facility Address oan Avenue Count On Merce of Monitoring Firm Hired by Build Address ate & Zip Code Manager for Monitoring Firm led Start Date (10) Schedu ncy Status During Abatement (CFacility Closed/Vacated During Beachilty Closed Describe: Facility Occupied During Abatement for Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) ached Work Areas Registered Waste Hauler ste & Recycling, LLC eNew Jersey							Street Addre		it itosoiuti	0113 00111	iacini	9, -		
	T-31-17 Cies Notified Type Notification EPA DEP							874 Piney I	Hollow	Road, PO I	3ox 70				
City, State & Zip Coo	de							City, State &	Zip Code	9					
Droinet Manager		-						Winslow, N		sey 08095					
		-irm	Tele	epho	ne l	Numb	er	Telephone N 609-567-06			License N	umber 012 6	33		
Scheduled Start Date	e (10)	Scheduled Cor	nple	tion	Date	(11)		Name of OSI	HA Monit	or					
3-3-16				1-1	7			EMSL Anal							
X Facility Close	uring Abatei	ment (Check o	nly o	ne)	۸ la - d			Street Addres							
Abatement P	Performed O	utside of Norm	enoc	1 01 /	Abai	emen	2000	107 Haddo							
Describe:	crioimea o	utside of Norm	ai n	ours	- 7	am to	Shiii	City, State & Westmont,							
Facility Occu	ancy Status During Abatement (Control of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf ≥260 If Location of Asbestos-Containing Material (ACM)							westinont,	140 001	00					
Scope of Work (Cher	ck all that ap	oply)			2 22										
	State & Zip Code cot Manager for Monitoring Firm duled Start Date (10) 16 pancy Status During Abatement (C Facility Closed/Vacated During B Abatement Performed Outside o Describe: Facility Occupied During Abatem e of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf ≥260 If Location of Asbestos-Containing								X F	ull Containm	ent with N	egative	Pres	sure	
				R	Reno	vatior	n			ini-Enclosur					
X ≥160 sf ≥260	If		X	D)em	olition				love Bag Pro	ocedures				
										on-Exempte	d and Non	-Friable	Pro	cedu	re
Loc	cation of			s Loc		Sec		Description			Amount	Aba	atem	ent T	уре
Aspesto	s-Containing	9		rmall Solel				Asbestos-Con			Specify			П	
				nten			/	Material (Ad i.e., thermal sy		5	F or LF)	20	π.	nc	E
			Cus	todia		aff?		ulation, surfac				Remova	Repair	sde	clso
	(13)		Yes	(12 No		N/A		other miscella				Val	Ē.	Encapsulate	Enclsoure
See Attached Wor	Ir Aroos			-	-	102.75.75								(0)	
Dec Attached 4401	K Areas		H	H	4		See Att	ached Work	Areas			X	님		
			H	+	+	X						X	님	H	\vdash
			\vdash	H	4	X						X	H	\mathbb{H}	⊢
			+	1	-	X						X	님	님	井
			+	+		X						X	믬	믬	井
Name of Registered V	Vaste Haule	r	Ш		-		asta Ci	ıbic Yards	Name	f Registered	Londfill	X			
				H	laul	er ID I	No. of	Waste							
City, State	cling, LLC			2	2143	35		000		County La	ndfill				
	duled Start Date (10) Schedule						10	sposal Date	City, Sta						
								28-17	Allowa	ý , New Je	rsey			B 08	
heodore S Bud-	r Type)			100	itle			gnature				Date			
Buuz	IISKI			IP	res	iden	Ţ					1-31-	17		

CK 2580

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			FER	_	2	2017	7	
	j	SB	ESTO)S (OL 8	k

Date of Notification (1)			Owner / Operator	(2)	the fet	2 - 2 - 2011	
O1-31-2017 Agencies Notified Type Notification		ain View G Address	Bardens Assoc, LLO	C			
□ EPA	PO Bo			1		OS CONTROL	&
DEP Initial		tate & Zip		L		and the first hand the second	
☑ DOL☑ Amended☑ DOH☑ Emergency		it, NJ 0790 of Contact			1-	Telephone Numb	or
□ DCA □ Cancellation	Tom Da				1.	i elephone ivumb	ei
		CILITYIN	FORMATION				
Name of Facility Where Abatement is Taking P		CILITY	Type of Facilit	tv (4)			-
Mountain View Gardens	.000 (0)		School (K				
Street Address				ter 8 (Other than			
468-470 West End Avenue			Square Feet	# of Floo		gs, homes, etc.) Bldg. Age	
City (5) County (6)	County C	ode (7)	54,000	2	14000	iog. Age	
North Plainfield, NJ 08618 Somerset		(.)	Current Use (Prior if being de			
		T	Apartment Bu				
Name of Monitoring Firm Hired by Building Own Health and Safety Services	ner (8)	ASCM No		ement Contract nagement Grou			
Street Address		11.0	Street Addres		p, LLO		
P.O. Box 365				n Ave, Suite 202	2		
City, State & Zip Code Berlin, NJ 08009			City, State & Z Trenton, NJ 0				
Project Manager for Monitoring Firm	Telephone		Telephone Nu	ımber	License N		
Mr. Jim Proctor Scheduled Start Date (10) Scheduled Cor	856-452-13		609-914-4279 Name of OSH			01185	
	02-14-2017	C (11)		ental Laborator	ies, Inc.		
Occupancy Status During Abatement (Check o			Street Addres				
Facility Closed/Vacated During Entire F Abatement Performed during Normal H		tement	2333 Route 22 City, State & Z				
Describe: 8:30am – 6:00pm	ours.		Union, NJ 070				
Facility Occupied During Abatement				2,50.7			
Scope of Work (Check all that apply)				□ Full Cont	ainment with N	legative Pressure	,
≥3 sf or ≥3 lf	⊠ Ren	ovation		☐ Mini-Encl		legative i ressure	
☐ ≥160 sf ≥260 lf	☐ Dem	olition			g Procedures		
I a satisface of	1.1.2		D			-Friable Procedu	
Location of Asbestos-Containing	Is Location Normally U		Description Asbestos-Cont		Amount (Specify	Abatement T	ype
Material (ACM)	Solely b	у	Material (AC		SF or LF)	7 9	m
TO BE ABATED	Maintenand		(i.e., thermal sy			Encapsulat Repair Removal	Enclo
in Facility (13)	Custodial S (12)	tan?	insulation, surfact or other miscella			osu	losure
(.0)	Yes No	N/A	01 011101 1111000110			lat lat	e e
Boiler Room		⊠ Pipe	Insulation		6 LF		
							H
Name of Registered Waste Hauler	NJE	DEP Waste	e Cubic Yards	Name of Regis	tered Landfill		
Resource Management Group, LLC		uler ID No. 5218	of Waste TBD	Grows Landfill			
City, State	1003	102 10	Disposal Date	City, State			-
Trenton, NJ 08619			TBD O	Morrisville, PA			
Completed By (Print or Type)	Title		Signature,	011.		Date	
Mr. Brian Haney	Pre	sident	9 Nan	UZHNI	111	01-31-2017	
			1//1/1	4 1VIU	7		

State of New Jersey - Notification of Asbestos Abatement



(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) January 30, 2017					Name of Building Owner/ Medexpress	Operator (2)		FER 2 2017	
Agencies Notified		Notification Initi		fication	Street Address 370 Southpointe Dr	r. Suite 10	o ĀSRĒ	STOS CONTROL &	
X EPA		Amended	Certific	cation	City, State, Zip Code			5-15-2L : 155, 1511. J	
DCA		Postponed	By Ow	ner	Canonsburg, PA	15317			
x DOL		Emergen			Name of Contact		Telepho	ne Number	
X DEP x DOH		justific		Ü	Mr. Ryan Rodeheaver		Ň		
X DOI1		☐ Cance							
				FACILITY INF	FORMATION				
Name of Facility Where Abate	ement is Ta	king Place (3)			Type of Facility (4)				
Former Burger King					☐ School (K-12)				
Street Address					Subchapter 8 (other than				
228 Mountain Avenu	е				Other (i.e. private &				
01 (5)	0			0-1-77	Sq. Feet: Unknown	# of Floor	rs: 1 Bld	lg. Age: 50 years	
City (5)	County (6			Code (7) Use Only)	Current Line (prior if being	a domoliohod	١.		
Hackettstown	Warrer	1	(State	Ose Only)	Current Use (prior if being	g demolished,).		
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)				
Environmental For	ensics,	LLC			GREENWOOD ABAT	EMENT C	ONGLIL	TANTS INC	
Street Address					Street Address	EMENTO	ONSULI	ANTO, INC.	
3 Clementon Way					<u>Oli Col Madroso</u>				
c cicinomical tray					511 MAIN STREET				
City, State, Zip Code					City State, ZipCode				
Lawrenceville, NJ 08					Butler, NJ 07405				_
Project Manager for Monitorin	g Firm	Telephone N			Telephone Number		License 1	Number	
Lance Berens		609.495.	4069		973-492-0477		00840		
Scheduled Start Date (10)		Scheduled C	ompletio	n Date (11)	Name of OSHA Monitor		000.0		
February 13, 2017		February							
		•		K-745/55	EMSL inc.				
Occupancy Status During A					Street Address				
Facility Closed/Vacat					1056 Stelton Road				
Abatement Performed xDescribe – Vacan			lity Hour	'S -	City, State, Zip Code				
Other – Describe: Sc			oliehe	od.					
Other - Describe. 30	neuuleu	to be deli	10115116	zu	Piscataway, NJ 08	854			
Source of Work (Check all that	at apply)					Full Contain	ment with	Negative Pressure	
≥ 3 sf or ≥ 3 l	f			Renovation		Mini-Enclo		regative i ressure	
□≥ 160 sf or ≥ 2				x Demolition		Glovebag F		4 %	
<u>= 100 31 01 2 2</u>	200			A Demontion		x Non-Exen		and Non-Friable Procedure	9
Location of Asbestos-Contain	ing Is Lo	ocation Normal	ly Used		bestos Containing Material	Amour	nt A	Abatement Type	
Material (ACM) in Facility (13)		ly by Maint./Cu	ıstodial		nal systems insulation, surfaci	ng, (Specifor LF)		Remove Repair Encap Enclose	ie.
	YES	f? (12) S NO	NA	VAT, or other mis	sceii.)	OI LF)	1 -		
Roof			X	Roofing Mer	nbrane Flash/Patchir	ng 3,500	sf D	X	
11001				Trooming mor	morano i laonir atonii	.g o,ccc	-	_	
									1
Name of Reg. Waste Hauler		NJDEP Was	te Hauler	ID#	Cubic Yards of Waste:	•		Registered Landfill	
See Hauler Below # 1 &	2	See Below			40			wfill Landfill	
						Diamanal Da	G.R.O.\		_
Hauler #1) Greenwood			ants, In	c. – Butler, NJ (U/4U5	Disposal Da February		City, State Route 2, Box 68	
NJ DEP # 12 Hauler # 2- Newark Carti						2017	20,	Bridgeport, WVA	
mauler # 2- Newark Carti	ng me. N	ewark, MJ				2011		304-842-2784	
Completed by (Print or Type)	1.	Title			Signature		Date		-
Marin Graure	1.3	SENIOR PI	ROJEC	CT C				ry 30, 2017	
- The state of the	- 1	MANAGER		500-T/	Marin Grau	re		90 - 00-2555 (1 0 07) 10-70 (107)	
			7		D				-

K 862	NO	State of New Jersey TIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)	
Date of Notification (1 01-30-17)	Name of Building Owner/Operator (2) Megan O'Brien	
Agencies Notified	Type Notification	Street Address	ASB
DEP DOL	Amended Amendment #	City, State, Zip Code Montvale, NJ 07645	
DOH DCA	Emergency (including justification) Cancellation	Name of Contact Megan O'Brien	Telenho

	30-17					n O'Brie		Operator	(2)			FEE	- 2	201	7	-
Agen	cies Notified	Type Notification	ı		Street A	ddress					1					
The same of	EPA	Initial			0.4	- 7:- 0					Α	SBEST	OS CO		POL	&
Same and	DEP		t #		The state of the s	ate, Zip Co ale, NJ				L		kul?	ULIND!	1743		
Victoria de la constanta de la				-		f Contact			-		Tel	enhone N	lumber			
	DCA				Megar	o'Brie	n				1					
Mana	- 5 F - 104 JAB	Initial Amended Amendment #			FACI	LITY INF	ORMAT	ION	_						-	
	ate Home	Initial Amended Amendment #							Тур	oe of Facility (
	t Address								H	School (K-1 Subchapter		er than K-	-12)			
	1.4.00,00.000000000000000000000000000000								Ī	Other (i.e. petc.)	orivate a	& comme	rcial bui	dings	, hom	es,
City (5)		-			***************************************			Squ	uare Feet	# 0	f Floors	E	Bldg. /	Age	
Mon	tvale	A A Amended Amendment # Emergency (inclusion) Cancellation Facility Where Abatement is Taking Place Home ddress ale 6) 6) 7 Monitoring Firm Hired by Building Owneddress te, Zip Code Manager for Monitoring Firm te (10) Schroll Sch														
Count		Justification of Facility Where Abatement is Taking Place Home Address rale (6) of Monitoring Firm Hired by Building Own address ate, Zip Code Manager for Monitoring Firm ate (10) -17 oz ncy Status During Abatement (Check Or cility Closed/Vacated During Entire Pericatement Performed Outside of Normal Finer – Describe: 7:00am - 5:00pm of Work (Check All That Apply) sf or ≥3 If So sf or ≥260 If Location of estos-Containing Material (ACM) TO BE ABATED In Facility (13)				Code (7) USE ONLY)		Cui	rrent Use (Pri	or if bei	ng demol	ished)			
Name	of Monitoring Firm	Hired by Building	Owner (8)		ASCN	I No.		Name	of A	batement Cor	ntractor	(9)				
N/A		Type Notification A Initial Amended Amendment #_ Emergency (incligious fication) A Cancellation Facility Where Abatement is Taking Place Home ddress ale (6) In Monitoring Firm Hired by Building Own ddress ale (7) Manager for Monitoring Firm te (10) School Closed/Vacated During Entire Period atement Performed Outside of Normal Firm f Work (Check All That Apply) Sof or ≥3 If Sof or ≥260 If Location of Sestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement Registered Waste Hauler ontracting LLC te								ontracting L	LC.					
Street	Address							Street / 522 7								(4
City, S	State, Zip Code							N. C.		Zip Code ity NJ 0708	7					
Projec	ct Manager for Mor	nitoring Firm		Т	Telepho	ne No.		Teleph				License	No.			
								201 2	216	-9603		01206				
			Schedule 02-09-1		mpletion I	Date (11)				SHA Monitor ontracting L	LC					
Occup	Initial Amended Amendment # Emergency (incligity incligity inclig			e)	-			Street A	Addı	ress						
	Facility Closed/Vac	Amended Amendment #						522 7								
1 6	Abatement Perform Other – Describe:	ned Outside of Norr 7:00am - 5:00pm	nal Facility	Hour	s			100000000000000000000000000000000000000		Zip Code	7					
								Unior	10	ity NJ 0708	57					
	TO THE PERSON OF	iii macrippiy)	₽ P	enova	ation				1 .	Full Containme	ant with	Negative	Dracer	ire.		
			THE REAL PROPERTY.	emoli	50 KOOO (160 K)			×	l V	Vini-Enclosure)	ivegative	7 16330	116		
										Glovebag Prod Non-Exempted		d Non-Fri	able Pro	cedu	e	
			ls	Locat	tion			-						Abat	emen	t
				lorma	lly ely by			scription					-	T	/pe	
As			Mai	ntena	nce/			taining M systems		rial (ACM)		mount Specify	720		En	E
	In Facil	ity	Cust	odial: (12)	Staff?	(surfa	cing, VA7	T, or	r		or LF)	Removal	Repair	aps	Enclosure
	(13)				1		other r	niscellan	eous	s)			val	air.	Encapsulate	ure
			Yes	No	N/A								_	-	-	_
	Basem	ent		Х			Pipe	Insulat	tion		14	40 LF	X	-	-	
			+										+	-		
					-											
Name	of Registered Was	ste Hauler		1000	NJDEP W	2000	Cubic of Wa	Yards		Name of	Registe	red Land	fill	-		
Delfa	Contracting LL	.C			Hauler ID 35240			3		Tullytov	vn Re	source	Recov	ery F	acili	ty
							Dispos 02-10	sal Date)-17		City, State		Α				
	2-08-17 cupancy Status During Abatement (Check On Facility Closed/Vacated During Entire Perion Abatement Performed Outside of Normal Facility Check - Describe: 7:00am - 5:00pm ope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Pasement Basement The of Registered Waste Hauler If a Contracting LLC State On City, NJ mpleted by Time of Table 12 of 12						postania inter	Signature	1	10			Date	-		
Jaime	e Delgado		Proj.	Man	ager.					11		(01-30-	17		

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V 25010			St	ate of New Jerse	ΣV							
K 2596	1		ICATION	OF ASBESTOS to NJAC 8:60 ar	ABATE		-) E			\mathbb{V}	E
Date of Notification (1)			Name o	f Building Owner	Operator	(2)			P -	. 2	2017	81
Agencies Notified Type Notification			Street A	Address . I	V	7 1	4					
EPA Initial		-	City St	ate, Zip.Code				ASBES				JL.
DEP Amended Amendment	#		SIJ (f / 114	. //	TOROT	8		<u>ICE</u>	ASIN	G_	
Emergency (i justification)	including	-	Name o	f Contact	1) 0	3 0000	Tele	ephone Nur	nber			
DCA Cancellation			Eric P									
Name of Facility Where Abatement is Taking	Place (3	3)	FAC	ILITY INFORMAT	ION	Type of Facilit	y (4)	0202				
Street Address A) C L	1	71		<u> </u>		Other (i.e	ter 8 (Othe	er than K-12 k commercia	2) al buile	dings,	home	∋s,
City (5) SUIT () + (Square Feet	# of	Floors	В	Sldg. A	-	
County (6) OCOO				Code (7) USE ONLY)		Current Use (I	Prior if bein	ng demolish	ied)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCN	Л No.	The street of th	of Abatement C Industries I		(9)				
Street Address						Address Box 915						
City, State, Zip Code					100	tate, Zip Code x, New Jerse	y 08723					
Project Manager for Monitoring Firm			Telepho	ne No.		one No.)899-7499		License N 01196	0.			-31.3
Start Date (10)	Schedule	ed Cor	npletion	Date (11)	1	of OSHA Monit	or					
Occupancy Status During Abatement (Check	Only On	ne)	1		Street	Address						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	Abaten Hours	nent		City, S	tate, Zip Code						
Scope of Work (Check All That Apply)					(
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				Full Contain Mini-Enclos Glovebag P Non-Exemp	ure rocedure				۵	
	le	Locati	ion			3 Non-Exemp	Tod () dire	THOM I HOD		Abate	ement	
Location of	1	Normal d Sole	lly		escription				_	T	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intena todial s (12)	nce/	Asbestos Con (i.e. therma surfa other		s insulation, T, or	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								ite	(D
				OSbesto	Sflo	octile	SOC	SF	8			
			-					<u> </u>				
Name of Registered Waste Hauler		- N	IJDEP W	laste Cubio	Yards	Name	of Register	red Landfill				
Brick Industries Inc.		Н	lauler ID 1602	: 15 전 15 전 18 - 18 - 19 15 15 15 15 15 15 15 15 15 15 15 15 15			WS Inc.	. Ju Ediluliii		220624		
City, State Brick, New Jersey				121	sal Date	City, Si	tate					
Completed by Eric Plackis	Title Presi	ident			Signature	ON		Da	te/3-	0/1	1	

Agencies Notified Type Notification	h 2597	N		CATION	ate of New Jerse N OF ASBESTOS to NJAC 8:60 an	ABATE)EC	a E		\mathbb{V}	E
DOP Christollary				7	John Fil	Operator Complete Complete Comp	(2)	The second of the second					
Name of Facility Where Abatement is Taking Place (3) Street Address City (5) County (6) County (6) Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Street Address Project Manager for Monitoring Firm Telephone No. City, State, Zip Code Brick, New Jersey 08723 Telephone No. Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Cocupancy Status During Material (ACM) To Be ABATED In Facility (13) Name of Registered Waste Hauler Name of Registered Landfill CROWN Start Date (10) Ababer of Registered Landfill CROWN Start Date (10) Ababer of Registered Landfill Abatement Type CROWN Start Date (10) Ababer of Registered Landfill CROWN Start Date (10) CROWN Start	DEP Amended Amendment # Emergency (ir justification)		- N	Name o	SChoff Contact	F/1	J O		an d	ICEN	1SIV	ITRO G)L &
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 6 (Other than K-12) Sub	DCA Cancellation	-				ION			G.				
Subchapter & (Other fine, Art 2) Other (ie, private & commercial buildings, homes, etc.) Other (ie, private & commercial buildings, homes, etc.) Square Feet # of Floors Bkid, Age County (6) Square Feet # of Floors Bkid, Age County (6) Square Feet # of Floors Bkid, Age County (7) Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contribetor (9) Brick Industries Inc. Street Address Project Manager for Monitoring Firm Telephone No. Telephone No. (732)899-7499 Ottops Brick, New Jersey 08723 Facility Closed/Vacated During Entire Period of Abatement Check Only One) Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours Other — Describe: Scope of Work (Check All That Apply) 23 sf or 23 if 2160 sf or 2260 if Scheduled Completion Date (11) Describe of Abatement With Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-	Name of Facility Where Abatement is Taking	Place (3)		153715				500 CA.				- 0. p=10.	
County (6)	Street Address		1				Subchapte Other (i.e. etc.)	er 8 (Othe private &	commercia	al build	27.5		es,
Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Street Address P.O. Box 915 City, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. Telephone No. (732)899-7499 Other Describe: Facility Closed/Vacated During Entire Period of Abatement Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) 23 of or 33 if 2160 sf or 2260 if Renovation Demolition Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? In Facility (13) Name of Registered Waste Hauler Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Name of Registered Waste Hauler NuDEP Waste Hauler ID No. Registered Landfill Repolity Closed Vaste Landfill Registered Landfill Repolity Closed Vaste Landfill Repolity Closed Vaste Landfill Registered Landfill Repolity Closed Vaste Landfill Registered Landfill Repolity Closed Vastered Vastered Closed Repolity Closed Vastered Closed Repolity Closed Vastered Vastered Vastered Closed Repolity Closed Vastered Closed Repolity Clos	City (5) Spring Lay	l						# of	Floors 7_	В	ldg. A	ge 7	
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P.O. Box 915 City, State, Zip Code City, State, Zip Code City, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. Telephone No. (732)899-7499 O1196 Start Date (10) Scheduled Completion Date (11) Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City	Name of Monitoring Firm Hired by Building O	wner (8)		County Code (7) (STATE USE ONLY) ASCM No. Name of Abatement Contractor (9) Brick Industries Inc. Street Address P.O. Box 915 City, State, Zip Code Brick, New Jersey 08723 Telephone No. (732)899-7499 Current Use (Prior if being demolished) Current Use (Prior if being demolished) City State Contractor (9) Brick Industries Inc. Street Address P.O. Box 915 City, State, Zip Code Brick, New Jersey 08723									
Brick, New Jersey 08723	Street Address								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Telephone No. (732)899-7499 Diagnostic Manager for Monitoring Firm Telephone No. (732)899-7499 Diagnostic Manager for Monitoring Firm Telephone No. (732)899-7499 Diagnostic Manager for Monitor Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Completion Date (11) Name of OSHA Monitor Street Address Scheduled Completion Date (11) Street Address City, State, Zip Code City, State, Zi	City, State, Zip Code							08723					(- 2 ,
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Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply)	13111	7	12	Pletion	Date (11)			r					
Abatement Performed Outside of Normal Facility Hours Other − Describe: Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) an	×			,		Street	Address						
Salid Sal	Abatement Performed Outside of Norma					City, S	tate, Zip Code						
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A No N/A No N/A No N/A No Registered Waste Hauler No No N/A No Registered Waste Hauler No No N/A No		ls L	ocatio	n			⊒ Non-Exempte	eu () anu	NOII-FIIADI		Abate	ment	76 S
Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Name of Waste Hauler ID No. Registered Landfill GROWS Inc.	Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Used Mair Custo	Solely ntenand dial St (12)	by by ce/	Asbestos Con (i.e. therma surfa	taining N I systems icing, VA	Material (ACM) s insulation, T, or	(S)	pecify	Removal			Enclosure
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Brief Industries Inc. Hauler ID No. of Waste CROWS Inc.					TON	1001	1,17	.000	101	a			
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Brief Industries Inc. Hauler ID No. of Waste CROWS Inc.	Name of Registered Waste Hauler		NI	DEP W	/aste Cubic	Yards	Name o	f Register	ed Landfill				
21002			Ha						ou zarram				
City, State Brick, New Jersey Disposal Date City, State PA					Dispo	sal Date	STATE OF THE PARTY	ate					
Completed by Eric Plackis President Signature Old Date (30)	Completed by		dent		10	Signature	EURA		Dat	e (3	168	17	



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Date of Notification (1) 1/30/2017					Building (Children			(2)							
Agencies Notified	Type Notification		100	Street Ad					interest named	A	SBESTO LIC	S CC ENSI		OL	&
× EPA × DEP × DOL	Initial Amended Amendment	#	(City, Stat	te, Zip Co n NJ 07										
1	Emergency justification)		1000		Contact		- 10 pr			Tele	enhone Nui	mber			
☑ DOH DCA	Cancellation	i			nce Levi						_	-			
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Private Dwelling	Abatement is Takin	ig i lace (o)						_	School (K-1						
Street Address									Subchapter	8 (Oth	er than K-1. & commerci	2) ial build	lings,	home	es,
City (5) West Orange NJ 07	7052								re Feet	# of	Floors	1	ldg. A	ge	
County (6)	1002			County C	Code (7)				nt Use (Pri	10.000	ng demolisi				
Essex					ISE ONLY)			n/a	(2)		255				
Name of Monitoring Firm Standard Envirome		Owner (8)		ASCM	l No.				tement Cor tracting I		(9)				
Street Address 2108 Fulton St Suit	te 2A							Addres							
City, State, Zip Code Brooklyn NY 11233	3								ip Code Park, No	0742	24				
Project Manager for Mor Kayode Adefisoye	nitoring Firm			Telephor 347-24	ne No. -1-7673		100000000000000000000000000000000000000	none N 692-6			License N 01266	10.			
Start Date (10) 2/09/2017		Scheduled 2/29/20		pletion [Date (11)				HA Monitor ntracting	LLC					
Occupancy Status Durin	ng Abatement (Che	ck Only One	e)					Addres							
Facility Closed/Vac							05 030 0	Box 73							
Abatement Perform Other – Describe:		nai Facility	nours			_	2.50		ip Code Park, N	J 0742	24				
Scope of Work (Check A	All That Apply)														
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Name of Registered Wa	ste Hauler		103.7-	JDEP W		100000000000000000000000000000000000000	c Yards		Name of	Registe	ered Landfi	II	-		
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City, State Woodland Park, NJ						2/28		1	City, Sta						
Completed by Tome Maslarkov		Title Projec	ct Ma	nager			Signature	ll	1	2	0.72	ate /30/20	017		
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Date of Notification (1) 01/27/2017				f Building Own as Illsley	er/Operator	(2)		FEB - 2	20	17	
Agencies Notified Type Notification			Street A				100	F0700 00	713.17	DOL	
X EPA X Initial Amended			City Sta	ate, Zip Code			ASB	ESTOS CO LICENS			
DOL Amendment				wood, NJ 07	7040						
X Emergency justification) DCA Cancellation	,			f Contact as Illsley			l Te	elenhone Num	her		
Name of Facility Where Abatement is Takin	a Place (2/	FACI	LITY INFORM	ATION	Type of Fac	sility (4)				_
House	ig Flace (S	P)					I (K-12)				
Street Address						Subch Other	apter 8 (Otl	her than K-12) & commercia		dings,	h
City (5) Maplewood						etc.) Square Fee	et # 0	of Floors /A	3000	lldg. A	ge
County (6) Essex				Code (7) USE ONLY)		Current Use House	e (Prior if be	eing demolishe	ed)		
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	√ No.	0.0000000000000000000000000000000000000	of Abatemen Abatemer		or (9)			
Street Address						Address Rosengren	Avenue				
City, State, Zip Code					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State, Zip Cod					
Project Manager for Monitoring Firm			Telepho	ne No.	10.58	hone No. 345-8685		License No).		
Start Date (10) 02/01/2017	Schedul		npletion	Date (11)	392170,000	of OSHA Mo Abatemer					
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Scope of Work (Check All That Apply)					loto	wa, NJ 07	512				_
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	Is	Locati	ion				I I			Abate	en
Location of Asbestos-Containing Material (ACM)		Normal ed Sole			Description	n of Material (ACM	n	Amount		Ту	Γ
TO BE ABATED In Facility (13)	100000000	intenar todial S (12)		(i.e. then		s insulation, AT, or		(Specify SF or LF)	Removal	Repair	
	Yes	No	N/A						<u>a</u>		
Basement		Х		Pipe 8	Fitting I	nsulation		90 LF	Х		
			-						100		F
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D&S Abatement, Inc.			lauler ID 0996	TB	2002			agement of	РА	- liles	
City, State Totowa, NJ				TB	sposal Date ID		, State rrisville, F	PA			
Completed by	Title				Signatur	ell n/		Dat	e		_

Project Manager

Oliver Hegedis

,01/27/2017

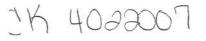
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	1) January 30, 20	17		Nam Mark	e of Buildi K Kellstro i	ng Owner /	Operator	(2)E (E	IVEI	M				
Agencies Notified EPA DEP	Type Notifica			Stree	et Address			KI -	B - 3	2 2017					
⊠DOL ⊠DOH □DCA	Ame	nded ndment #	ŧ	Chat	State & Z ham, NJ	07928			TOS C	CONTROL & SING					
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				FA	CILITY	INFORM	ATION								
Name of Facility Whe Residence	ere Abatement	is Taking	Place (3)			Тур	e of Fac Schoo	cility (4) I (K-12)							
Street Address							Other		ate & co	ommercial bu				tc.)	
City (5)						Sqi	are Fee 3,30	NO.	# of Flo	ors Basement	Bldg	. Age			
Chatham								(Prior if be					9 yea	ars	
County (6) Morris		1	County Cod JSE ONLY												
Name of Monitoring F N/A Street Address	-irm Hired by B	uilding O	wner (8)		ASCM	Syr	ne of Ab atech, I eet Addre		ontracto	r (9)					
01. 01.1.0.7: 0.1						829	Radio F	Road							
City, State & Zip Code	е							& Zip Code Harbor, NJ							
Project Manager for N			Te	elephone	Number	Tele	ephone N -296-691	Number	00007	License	e Numb	er 0081	7		
Scheduled Start Date February 9,		Schedule	ed Complet	on Date		100000000000000000000000000000000000000		SHA Monito	r	a de la companya de l					
Occupancy Status Du		t (Check	only one)			Stre	atech, In et Addre Radio F	ess							
Abatement P Other – Desc	erformed Outs cribe:	ide of No				City	State 8	Zip Code larbor, NJ	08087						
Scope of Work (Check	pied During Ab									10					
≥3 sf or ≥ 50 lf ≥160 sf or ≥260	O If			Renovati Demolitio				Mini-Enc	losure g Proced	with Negative dure and Non-Fria			e.		
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((13)		Yes	No	N/A	insula	ation, sur	rfacing, VA cellaneous)				Removal	Repair	Encapsulate	Enclosure
Basement				Х		Flo	or Tile a	nd Mastic		365 SF		X			П
Name of Registered W	/aste Hauler		NJDEP V		Cubic Y	ards of Was	ste	Name of	Registe	ered Landfill					Щ
Synatech, Inc			Hauler ID	No. 429	10			Fairless	Landfil	ı					
City, State					Disposa	al Date		City, Sta							
ittle Egg Harbor, NJ					March	10, 2017		Morrisvi	IIo DA						
Completed By		Title			Signatu	The same of the sa	00	MOTTISVI		ate				_	-
Diane Aloia		Executiv	ve Adminis	strator	1	ane 1	Wor	(R)	را	anuary 30, 201	17				

Date of Notification (1) Name of Building Owner/Operator (2) 1 - 30 - 17KPMG, LLP Agencies Notified Type Notification Street Address 3 Chestnut Ridge Road FPA Initial DEP City, State, Zip Code Amended X - 2 DOL 2017 Amendment # Montvale, NJ 07645 Emergency (including Name of Contact DOH justification) Telephone Number DCA Cancellation ASBESTOS CONTROL & FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 75 Chestnut Ridge Road School (K-12) Street Address Subchapter 8 (Other than K-12) 75 Chestnut Ridge Road Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg, Age Montvale 35,000 3 60yrs. County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Bergen vacant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Whitestone Associates, Inc. Plymouth Environmental Co., Inc. Street Address Street Address 1500 Manor Drive 923 Haws Avenue City, State, Zip Code City, State, Zip Code Chalfont, PA 18914 Norristown, PA 19401 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jeremy Hassett 610-239-9920 215-712-2700 00398 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1-31-17 Plymouth Environmental Co., Inc. Occupancy Status During Abatement (Check Only One) Street Address X Facility Closed/Vacated During Entire Period of Abatement 923 Haws Avenue Abatement Performed Outside of Normal Facility Hours City, State, Zip Code ☐ Other – Describe Norristown, PA 19401 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf Renovation Full Containment with Negative Pressure Demolition Mini-Enclosure X Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e. thermal systems insulation, surfacing, (Specify Custodial Staff? Removal In Facility Repair VAT, or SF or LF) (12)(13) other miscellaneous) Yes No N/A South stairwell X VAT & mastic 240 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting Minerva Landfill 4509 5 City, State Disposal Date City, State Newark, NJ 2-2-17 Waynesburg, OH Completed by Signature James Kelly President 1 - 30 - 17

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

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Date of Notification (1)		N	lame of Bu	ilding Owner/Ope	erator (2)	るいたと	STOS CONTE	ROL 8	l k		
1/30/17		- 0	Street Addr		14.[20.00	TICENSING			1	
Agencies Notified Type Notification		3	. Addi	uss .	5-50-50 F360570L-0	19704					
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DOH justification				1R. BUI	LES		B 11				
DCA Cancellation				TY INFORMAT	ION						_
Name of Facility Where Abatement is Taking Pla	ice:(3)				Туг	oe of Facility (4)					
AR. Bu	165			_		School (K-12)	0.1 - 4 V 12)				
Street Address		20	_			Other (i.e. priv	Other than K-12) ate & commercial b	uildings	, hom	es, etc	.)
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City (5)						uare Feet	# of Floors		94		
LODI						2800	2 dished	1 ')-1	<u>د</u>	
County (6)			County Co		Cu		being demolished)				
County (6) ZERGEN		1	(STATE US	E ONLY)			DENCE				_
Name of Monitoring Firm Hired by Building Ow	mer (8)		ASCM	No.		batement Contrac					
						Removal In	С				
Street Address					Street Addr		~				
					450 \$	South River	Street				
City, State, Zip Code					City, State,	Zip Code	7601				
						nsack, NJ 0	License No.				_
Project Manager for Monitoring Firm			Telephone	No.	Telephone	NO. 1-329-7444					
7884 V. 35	×			- 41	A STATE OF THE PARTY OF THE PAR	SHA Monitor					
Start Date (10)	Scheduled			e(11)			nental				
2/9/17		2/	10/1		Street Add	ga Environr	iiciitai				_
Occupancy Status During Abatement (Check Or						Huyler Stre	et				
☐ Facility Closed/Vacated During Entire Per				4	City State	Zin Code					
Abatement Performed Outside of Normal I Other - Describe: 8:20 by -	5 S	200	PM	- II	Sout	th Hackensa	ck, NJ 07606				
				`							
Scope of Work (Check All That Apply)	~				-8-	Full Containmer	nt with Negative Pres	sure			
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2 2100 31 01 2200 11						Glovebag Proce	aure (*) and Non-Friable	Proced	ure		
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Asbestos-Containing Material (ACM) TO BE ABATED		intena	ADDER FRANKE P	(i.e. thermal sy	stems insulati	on, surfacing,	(Specify SF or LF)	Ren	Repair	ncar	THEODINE
In Facility	Cus	(12)	Staff?	othe	VAT, or a miscellaneous	us)	Sr of Lr)	Removal	pair	Encapsulate	200
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		L_,		101	ic Yards	Name of	Registered Landfill	١.,	<u></u>	1	1
		4.0	NJDEP W		Vaste ,				Ţ	T ~	
Name of Registered Waste Hauler		- 2	Hauler ID			7	Finne Ento	TDTIS	es, L	LC	
			Hauler ID 171	09	31/20	/	linverva Ente	1			
Best Removal Inc			Hauler ID	Disp	posal Date	/ City, Stat	e				
Best Removal Inc				Disp		/ City, Stat	nesburg, OH	1468			0
Best Removal Inc City, State Hackensack, NJ 07601	Title			Disp	posal Date	City, Stat	nesburg, OH			,7	0
Best Removal Inc				Disp	posal Date	/ City, Stat	nesburg, OH	1468		17	



NOTIFICATION OF ASBESTOS ABATEMENT

K 402200	7						In) E (3 1 7	/ E	M
	Notification Type (X) Initial Notification () Amended Certification () Cancelled FACILIT Abatement is Taking Place (3) Initioring Firm Telephone Number 609-386-8800 D) Scheduled Completion Date (11) 12/23/16 g Abatement (Check only one) Ited During Entire Period of Abatement d Outside of Normal Facility Hours - Removal of ACM within restricted work area in outsi all that apply) Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA NHT X TSI Wer - X TSI NJDEP Waste Hauler ID # 17273		(Pursuant to N.J				1				Manager San	
Date of Notification (1)					Name of Buildi Paulsboro Refi				В -	- 2 2()17	凹
Agencies Notified					Street Address 800 Billingspor			ASBES	TOS	CONT	ROL 8	
(X) EPA () DEP (X) DOL (X) DOH		() Amended	Certification	on	City, State, Zip Paulsboro, NJ					NSINC		
() DCA					Name of Conta Ravi Jarecha	act		Tol Nun	her			
				FACILITY IN	FORMATION			_		7.0		
Name of Facility Where Abate Paulsboro Refining Company	ment is T	aking Place (3	3)		Type of Facility () School (K-1 () Subchapter	12)	nan K-12)					
Street Address 800 Billingsport Rd					(X) Other (i.e.	private & c	ommercial bld	lgs., home	s, etc			
800 Billingsport Ru					Sq. Feet N/A		# of Floor	s N/A				
					Bldg. Age N/.		 demolished)	Oil Refi	nery	Fernanda		
Name of Monitoring Firm Hire ATC Associates, Inc.	d by Bldg.	Owner (8)	ASCM No	<u>0.</u>			Name of Co Mansfield In					
Street Address					Street Address							
3 Terri Lane. Suite 4 Burlington, NJ 08016					26 Colonial Av City State, Zipo							
	Manager for Monitoring Firm Telephone				Woodbury NJ (08096						
Project Manager for Monitorin John Lutz	utz 609-386-8				<u>Telephone Nur</u> 856-224-4392	<u>mber</u>		License 00857	Numb	<u>er</u>		75
Scheduled Start Date (10) 11/21/16	duled Start Date (10) Schedule 1/16 223/16			Date (11)	Name of OSHA Mansfield Indu	strial, Inc.						
() Facility Closed/Vacated Du	uring Entir	e Period of A	batement		Street Address 26 Colonial Av							
(X) Other – Describe – Remov				rea in outside	City, State, Zip Woodbury NJ (45			
area Source of Work (Check all tha	t apply)											
(X) Demolition (X) Renoval	tion 0 LF ACM) (X) SM Proj	. >25<160 ; J () Mini	SF or >10 <260 -Enclosure (LF ACM) () M X) Glovebag Pro	linor Proj. (<25 SF or <10 TBA					
Location of Asbestos- Containing Material (ACM) in	Is Loca	ation Normally	Used	Description of thermal system	ACM (i.e.	Amount (Specify SF or	LF)	Abate	ment Ty	<u>oe</u>	
Facility (13)	Staff?	(12)		surfacing, VAT misc.)	, or other				Rem.	Rep.	Encap E	Enclose
TSI ON C-201 Tower at NHT		X		TSI		Approx 1	,750 SF		Х			
Pipe up side of C201Tower - NHT		X		TSI		Approx 2	00 LF		X			
TSI ON D-1 at NHT		X		TSI		Approx 4	50 SF		X			
Name of Reg. Waste Hauler Waste Management, Inc.			l ste Hauler I	<u>D</u> #	Cubic Yards of 4 CY	Maste		Name of Glouces			ndfill	
City, State South Harrison, NJ							<u>Disp. Date</u> Various			City, Stat South Ha	<u>te</u> arrison, N	11
Completed by (Print or Type)		<u>Title</u>			Signature			Date				
ANDREW GREEN		MANAGER	– KA Indus	strial Services	-Andle Site o	perations S	<u> Lor</u> Supervisor	11/7/16				

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

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			(Pursi	uant to NJA	C 8:60 and 12:12	0)						
Date of Notification (1)	27-17		1	Name of Build	ling Owner/Operator	ECH CO	MTRIACTIV		201	7		
Agencies Notified	Type Notification	on		Street Addres	155 RT	50	ASBESTOS LICE	COI	VTR	OL 8	<u>1</u> &	
⊠ DOL	Amended Amendmen			City, State, Zip	Code RELMFIE	LO NL	530 T	30				
DCA DOH	justification Cancellation)		Name of Cont			Telephone Num	ber		1. 1		
	L				NFORMATION		1 -				=	
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Project Manager for Mor	noring riim		тетери	0116 140.	856-77	9-0472		44			_	
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Facility Closed/Vacate				nt	Olicel Address						_	
Abatement Performed Other - Describe:				90.07.91	City, State, Zip C	ode						
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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DCA Justifica of	on')M							í
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City, State, Zip Code					MAP	LE S	HAD	License No.	080	2)	_	=
Project Manager for Monitoring Firm		Telep	ohone No.		Telephone No. 856 - 77		72	# 00 YI	14			_
Start Date (10)	Scheduled Co	mplet	ion Date (1	11)	Name of OSHA	Monitor M	IA					_
7-6-17	Check only o	ne)		-	Street Address		-			-85		
Ol do located During FOU	e Penou ui r	20010	ment s	+	City. State, Zip (Code						
Abatement Performed Outside of No. 10 Other - Describe:	Jillia 1											
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KLEMCO INC City, State		=1-	1112		Disposal Date	City,	State LEM	SANITUILL	E	M	. 7	=
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		l N	NJDEP V	Vaste	Cubir	c Yards		Name o	f Registered L	andfill				
Name of Registered Waste Hauler			Hauler ID		of Wa			G.R.C	3.50					
United Roll Off			22459		4			70000000						
City, State					Disp	osal Dat	te	City, Sta		2007				
Elm NJ					2/1	4/1-	1	Morris	sville PA 19					
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Anthony T Perna	Pre	siden	t							1113	0	17		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 01/26/2017 SOUTH JERSEY LAND AND WATER TRUST Agencies Notified Type Notification 2017 Street Address FPA Initial DEP Amended City, State, Zip Code DOL ASBESTOS CONTROL & Amendment #_ SWEDESBORO NJ 08085 Emergency (including LICENSING DOH Name of Contact justification) DCA Telephone Number CHRISTINE NOLAN Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL Type of Facility (4) Street Address School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, City (5) SWÉDESBORO Square Feet # of Floors Bldg. Age 2406 3 100+ County (6) County Code (7) GLOUCESTER Current Use (Prior if being demolished) (STATE USE ONLY) OFFICE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. ACER ASSOC Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC. Street Address 1012 INDUSTRIAL DRIVE Street Address 570 CLEMS RUN City, State, Zip Code WEST BERLIN NJ 08091 City, State, Zip Code MULLICA HILL NJ 08062 Project Manager for Monitoring Firm MÁTT DEPALMA Telephone No. Telephone No. License No. 856-809-1202 610-304-4676 01145 Start Date (10) Scheduled Completion Date (11) 01/30/2017 Name of OSHA Monitor 01/31/2017 EMSI Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 200 RT. 130 NORTH Abatement Performed Outside of Normal Facility Hours
Other – Describe: RESIDENTIAL-VACANT DURING REMOVAL City, State, Zip Code CINNAMINSON NJ 08077 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation ≥160 sf or ≥260 If Full Containment with Negative Pressure Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Location of Normally Asbestos-Containing Material (ACM) Type Description of Used Solely by Asbestos Containing Material (ACM) Maintenance/ TO BE ABATED Amount (i.e. thermal systems insulation, Custodial Staff? In Facility Encapsulate (Specify Removal surfacing, VAT, or Repair (13)(12)SF or LF) other miscellaneous) Yes No N/A CRAWLSPACE-OUTSIDE X FLUE PIPE- PAPER 10 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards ASSURED ENVIRONMENTAL SERVICES Name of Registered Landfill Hauler ID No. of Waste MINERVA LANDFILL 0034895 City, State MULLICA HILL NJ Disposal Date City, State 10/27/2016 WAYNESBURG, OH Completed by

Signature

GENERAL MANAGER

Date

01/26/2017

RON SWANSON

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

81/25/2817 81:13PM 18552248799

ASSURED SERVICES

PAGE 03/84

THE REPRESENTATION

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Date of Notification (1) 01/26/2017		Name	of Building Owner JTH JERSEY L	/Onerano	(2)		164	AY_	1	1				
Agencias Notified Type Noti	Acation		Address	NIAD VI	TO WATER									
DEP Initia		City, 8	State, Zip Code EDESBORO N.			1	V	17		_				
Email	gency (including cation)	Name	of Contact RISTINE NOLA		,	MANIFR AL	Numbe Numbe	WED	_					
		EA	CILITY INFORMA											
Name of Facility Where Abetement i RESIDENTIAL	s Taking Place (3)				Type of Facility	(4)			_					
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1012 INDUSTRIAL DRIVE				Address CLEMS RUN										
City, State, Zie Code WEST BERLIN NJ 08091				LICA HILL N.	08082	08082								
Project Menager for Monitoring Firm MATT DEPALMA Start Date (10)			309-1202	Telephi 610-3	ine No. 304-4678	License 01145								
01/30/2017	01/31/20		Date (11)	Name o	d OSHA Menitor L									
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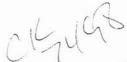
^{*} Do not use this form for asbestos licensure exampled activities.

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Name of Monitoring Firm Hire	ed by Building C	wner (8)		ASCM N	NO.	Name of Abatement Contractor (9) Pernaco Inc.								
N/A														
Street Address							t Address							
							Box 32							
City, State, Zip Code							State, Zip		204					
							and the state of t	n NJ 0809	License No.					
Project Manager for Monitori	ing Firm		T	elephone	e No.		hone No		0072					
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Start Date (10)		Scheduled	Comp	letion D	ate (11)	100000000000000000000000000000000000000		A Monitor						
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	hat Apply)													
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Asbestos-Containing March Registered Waste United Roll Off	aterial (ACM) ED	Used Main Custo	ocatic rmally Solel tenan dial S (12) No	y by loce/ taff? N/A X JDEP W auler ID	(i.e. t	Description Containing hermal system surfacing, vother miscel exterior surfacing with the containing the containing hermal system of the containing the cont	on of Material ms insula VAT, or laneous) siding	Name of G.R.O.	Amount (Specify SF or LF) 800 SF Registered La.W.S.	Removal	Abati	ement /pe		

CK499

Da	te of Notific	cation 1/27	7/17	Fair Ha	Building Oven Retai	il, LLC		E C E							
	esNotified	Type of No	tification ergency Notification	Street A											
Х	EPA DEP		ial Notification		te & Zip Co			FEB - 2	2 2017		/				
Х	DOL		ended Notification		irel, NJ 08					Talan	hone N	ımhar			
X	DOH		ncellation	Name of	f Contact		AS	BESTOS C	ONTRO	meiet	mpne ivi	ullipei			
^	DCA			Matt Ke	elly			LICENS							
				FAC	CILITY INF	FORMA	ΓΙΟΝ								
Vame o	of Facility V	Vhere Abat	ement is Taking Pla	ace (3)			f Facility (4) chool (K-12)								
		Vacant C	ommercial Build	illigs		\dashv	inchanter 8 (Other than K	-12)						
Street /	Address	5	94 River Road			χo	ther (i.e., priv	ate & comme	ercial buildi	ngs, h	nomes, e	etc.			
		5	54 KIVEI KOdu				e Feet	# of Floors		Bldg.	Age				
			County (6)	County Co	nde (7)	- i	30,000	1			50-	F			
City (5)				County oc	,00 (.)		nt Use (Prior i	f being demo	lished)						
	Fair Ha	ven	Monmouth				mercial								
	-f Manitori	a Eirm Hir	red by Building Owr	ner (8)	ASCM No.	Name	of Abatemen	t Contractor	(9)		3.37				
Name	onmental	Tactics	ed by banding o	,	N/A	Global Abatement Services, LLC									
	Address	Taction					Address	<u>-</u>							
	oad Stree	t					choolhous								
	tate & Zip					City, S	State & Zip Co	ode	14						
	wan, NJ 0						oe Townsh		Liconco	Num	her				
Proiec	t Manager	for Monitor	ring Firm	Telephone I	Number		Telephone Number License Number 00714								
	Geiger			732-290-2			05-9062	nitor							
	luled Start	Date (10)	Scheduled Com		÷ (11)	Name	Name of OSHA Monitor Global Abatement Services, LLC								
	2/9/1	7		2/17/17			Street Address								
Occup	ancy Statu	s During A	batement (Check o	nly one)	tament	443	Schoolhous	se Road			v 11 1 1				
X	Facility Clo	sed/Vacate	ed During Entire Pe	Facility Un	ure -		State & Zip C								
		Performed	d Outside of Normal	racilly no	uis -	Mon	roe Townsh	nip. NJ 088	31						
	Describe:					1000									
	Other - De														
10000000000000000000000000000000000000	e of Work (nat apply)				X Full Co	ntainment wi	ith Negativ	e Pre	ssure				
1	Demolition		X Renovation	on				nclosure							
X	Large Proj						Gloveb	ag Procedur	e						
	Quantity is	≥3 SF or	≥ 3 LF ACM					Non-friab							
X	Quantity is		or ≥ 260 LF ACM	Is Locati	ion	D	escription of		Amount		Abater	nent Type			
	ما م ۸	Location of estos-Conf		Normally l		Asbe	stos-Containii	ng _	(Specify			r: Removal epair,			
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		O BE ABA		Maintenan		(i.e., t	hermal syster on, surfacing,	200	Lilleal I Co	,,		closure)			
		in Facility	y	Custodial (12)		or othe	er miscellaned	ous)							
		(13)		(12)		01 0010									
-	indo/Dom	onal Tou	ch/Bike Shop	N/A		V	AT/mastic		5,600			moval			
La		Lairds St		N/A		Join	nt compoun	ıd	5,000		7.00	moval			
-		Lairds St		N/A			ndow glaze	2	100			moval			
Nam	e of Regist			NJDEP W	aste Hauler	· ID#	Cu. Yds. of	Waste	lame of Re Cumberla	gister	red Land	ifill			
	ehold Car		200 ann 130 an	18693		40			iiu C	Julity					
	State	-					Disposal Da 2/18		City, State Newburg,	PA					
	Freehold	, NJ						I I I	tottburg,			Date			
	pleted By (Print or Ty	pe) Title				Signature	1				1/27/17			
Com				ager											

Data of N	1-4:54:00	147	1										
Date of N	Notification 1/26	/1/	John	of Building C)wner/	Operator (2)	EGE	N/I IE					
AgenciesNotif	fied Type of Not	ification		Address				U W I	HAIL:				
EPA	7.5	rgency Notifica	ation /						The second				
DEP		l Notification	0.5000	State & Zip Co			FEB -	2 2017	TUT				
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X DOF		cellation		of Contact		ASI	BESTOS (CONTROL	Telepho	ne Number			
			John				LIGEN						
				CILITY INFO	7.111/19.111/19.11		A CONTRACTOR OF THE PARTY OF TH						
Name of Facili	ity Where Abate	ment is Taking Residence	Place (3)			of Facility (4)							
Street Address		(coldelice			_	School (K-12) Subchapter 8 (Other than	K 12\					
	27					Other (i.e., priva			inas hom	nes etc			
							# of Floors		Bldg. Ag				
City (5)		County (6)	County C	ode (7)	1	2,000		2	0.73 1070	80+			
Tre	nton	Mercer	a l		Curre	nt Use (Prior if	being dem	olished)		-			
						mercial	,						
Name of Monit	toring Firm Hired	by Building Ov	wner (8)	ASCM No.	Name	of Abatement	Contractor	(9)					
Environmen				N/A									
Street Address 64 Broad Str						Address	Б						
City, State & Z						State & Zip Coo							
Matawan, N.	07716					oe Townshi		31					
	er for Monitoring	Firm	Telephone I		Telep	hone Number			ense Number				
Tom Geiger	. D T		732-290-22		732-605-9062 00714								
Scheduled Sta 1/27		Scheduled Con	npletion Date 1/31/17	e (11)		of OSHA Mon		- 110					
Occupancy Sta	atus During Abat	ement (Check	only one)			Address	Service	s, LLC					
Facility C	losed/Vacated [Ouring Entire Pe	eriod of Abate	f Abatement 443 Schoolhouse Road									
	nt Performed Ou	itside of Norma	al Facility Hou	urs -	City, S	State & Zip Coo	de						
Describe					Monr	oe Township	o, NJ 088	31					
X Other - D		a isolated fo	r abatemei	nt									
Scope of vvork Demolitio	(Check all that a												
Large Pro		X Renovati	on					h Negative	Pressure				
	is ≥ 3 SF or ≥ 3	I E ACM				X Mini-Encl							
	is ≥ 160 SF or ≥					X Glovebag Other:	Procedure						
	Location of		Is Locatio	n I	Des	scription of		Amount	Abata	ement Type			
	pestos-Containin	g	Normally Us	sed .	Asbesto	os-Containing		(Specify		fy: Removal,			
	Material (ACM)		Solely by			erial (ACM)		uare Feet o	r F	Repair,			
1	O BE ABATED in Facility		Maintenance Custodial St	75 (1986)		ermal systems , surfacing, VA		inear Feet)		sulation or			
	(13)	ľ	(12)			miscellaneous)			En	closure)			
	Basement		N/A			insulation		20 LF	Re	moval			
	Basement		N/A		Boiler	insulation		30 SF	Re	moval			
	ered Waste Hau	ler 1		te Hauler ID#	‡ C	u. Yds. of Was		ne of Regis					
Freehold Car City, State	1	8693		5		mberland	County						
Freehold,	, NJ				D	isposal Date 1/31/17		, State					
Completed By (Title							Dato				
Dominick T		Manager	r		1.000					1/26/17			
	Wanager Wanager				9								
ACD AT ILIN OF	CARRY						The same of the sa			de la companya della companya della companya de la companya della			



Date of Notification 1/27/17	Name of Building Don Busch	Owner, ope		EGEIV	<u> </u>	
genciesNotified EPA Emergency Notification DEP X DOL Amended Notification X DOH Cancellation	City, State & Zip	NJ 08648		FEB - 2 201		Number
DCA	FACILITY IN	FORMATION	NC			
Name of Facility Where Abatement is Taking Residence Street Address	Place (3)	Sch		ner than K-12)	dings, homes	, etc.
City (5) County (6) Mercer	County Code (7)	Current	5,000 Use (Prior if bential	2 eing demolished)	10	0+
Name of Monitoring Firm Hired by Building Of Environmental Tactics Street Address 64 Broad Street City, State & Zip Code	wner (8) ASCM N/A	Street A443 Solity, Simonro	Address choolhouse tate & Zip Cod oe Township	Road e . NJ 08831	e Number	
2/7/17	Telephone Number 732-290-2217 cmpletion Date (11) 2/11/17	732-6 Name Globa	Address	tor t Services, LLC	00714	
Occupancy Status During Abatement (Check X Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Describe: Other - Describe:	r eriod or / todio	City, S	choolhouse state & Zip Coo oe Townshi	le		
Scope of Work (Check all that apply) Demolition X Renove Large Project X Quantity is ≥ 3 SF or ≥ 3 LF ACM			Mini-Enc X Gloveba			
Quantity is ≥ 160 SF or ≥ 260 LF ACM Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Asbes Ma (i.e., th insulatio	scription of tos-Containing terial (ACM) nermal systems n, surfacing, V r miscellaneou	Square Fe Linear Fe AT s)	fy (Speci eet or eet) Enca Er	ement Type fy: Remova Repair, psulation o nclosure)
Basement	N/A	Pip	e insulation	240Ll	F R	emoval
Name of Registered Waste Hauler Freehold Cartage City, State	NJDEP Waste Hau 18693		Cu. Yds. of W 10 Disposal Date 2/13/1	Cumberl City, State	Registered Land Count	andfill y
Freehold, NJ Completed By (Print or Type) Title	ager		Signature Dominick			Date 1/27/1

State of New Jersey

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			FICATIO		Jersey STOS ABATE 3:60 and 12:12		NT		<u>(b) (</u>	5_		<u>U</u>		
Date of Notification (1) 1/30/2017				of Building C	Owner/Operato	r (2)			FEB	-	2 2	017) have	
Agencies Notified Type Notification	n		Street	Address				ASB	STO	SC	ON	TRO	L &	
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DEP Amended Amendmer				tate, Zip Coo nne NJ 07										
DOH justification Cancellatio)	g	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of Contact Boyle				Telephon	ne Num	ber				
Name of Facility Add			FAC	CILITY INFO	RMATION									
Name of Facility Where Abatement is Taki Private Dwelling	ng Place	(3)					pe of Facility							
Street Address						×	Other (i.e. p	12) r 8 (Other thar private & com	n K-12) mercial	buil	ldings	s, hon	ies,	
City (5) Bayonne nj 07002						Squ n/a	etc.) uare Feet	# of Floor	'S	1100	Bldg.	Age		
County (6) Hudson				Code (7)	rrent Use (Pri	e (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Standard Environmental	Owner (8	3)	ASC	ASCM No. Name of Abatement Contractor (9) Amax Contracting LLC										
Street Address 2108 Fulton St Suite 2A					Street PO E	Addr	ress							
City, State, Zip Code Brooklyn NY 11233			City, State, Zip Code Woodland Park, NJ 07424											
Project Manager for Monitoring Firm Kayode Adefisoye			Telepho	one No. 41-7673	Teleph	none	No.		nse No.					
Start Date (10) 01/31/2017	Schedu 2/02/2		mpletion	347-241-7673 973-692-6298 01266 npletion Date (11) Name of OSHA Monitor										
Occupancy Status During Abatement (Chec	k Only O	ne)			ess									
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of nal Facilit	Abaten y Hours	ent PO Box 734 City, State, Zip Code											
Scope of Work (Check All That Apply)					- Woo	dlan	d Park, NJ	07424						
≥3 sf or ≥3 If ≥160 sf or ≥260 If	por manage	Renova Demolit			××××		ini-Enclosure lovebag Proc					e		
Location of		Locati Normal	ly		Description					-	Abate	emen pe		
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Basement	Yes	No	N/A							<u>n</u>		ate	Ге	
basement		Х		pipe insulat	ion		100 LF	x						
Name of Registered Waste Hauler		N.	JDEP W	aste C	Subic Yards		Name of D	legistered Lar	oden.					
Amax Contracting LLC		H	auler ID 36184	No. o	f Waste CY		GROWS		iuilli					
City, State Woodland Park, NJ		isposal Date /28/17	,	City, State Morrisvil										
Completed by Fome Maslarkov	nager	ger Signature Date 1/30/2017												

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Date of Notification (1)			-	N	CD 71	<u> </u>				- 111	No.			60	11		
Date of Notification (1)	4/17			ivame o	f Building				16	ALL LANGE	Ī						
Agencies Notified	Type Notification		Street A	1/K.	0	80	1-15	ECIL	_	ASBE	STO	STI	TINET	BOL			
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□ EPA	☐ Initial			City St	ate, Zip Co	1.											
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DOH DCA	justification) Cancellation			Ivallie 0	10.4	11	/			lei	ephone Num	Der					
D DCA	La Cancellation			FACI		HEC				ㅗ					_		
Name of Facility Where Al	batement is Taking P	lace (3)		PACI	LITY IN	UKMA	IIUN	Type	of Facility (4)			-				
	C. Bob		(1	5.5	0500 10000								
Street Address	G, 600	1100.							School (K-1 Subchanter		than K-12)						
					į.		-				commercial	buildir	ngs, he	mes,	etc.)		
City (5)								Squar	re Feet	1 # 0	f Floors	TF	Bldg. /	CP.	-		
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County (6)	3,0000010				Code (7)					rifhain	g demolished	1940					
Rev	CGEN				USE ONLY)			Сшіс			NOF	,					
Name of Monitoring Firm I		amer (8)		I ASCI	M No		I Nama o	£ A hat									
,		····or (0)		Twee	ASCM No. Name of Abatement Contractor (9) Best Removal Inc												
Street Address		0	-				Street A			nc	-						
									58	C.							
City State Zin Code	City, State, Zip Code						City, Sta		uth Rive	er Stre	et		300.00				
								0760									
Project Manager for Monito	Project Manager for Monitoring Firm						1		ack, NJ	0700	License No				3450 TH 100		
110,000 1111111111111111111111111111111	Project Manager for Monitoring Firm						Telepho 2		329-744	1		388					
Start Date (10)		Schedule	Com	olation D	oto (11)			186140/E 378	A Monitor		00.	200					
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Occupancy Status During A		ily One)		1-1			Street A		Environ	menu	11						
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☐ Facility Closed/Vacate ☐ Abatement Performed	ed During Entire Peri Outside of Normal I	od of Abat acility Ho	ement	0.			City, Sta										
Abatement Performed Other - Describe: 8	> MA cc:	0 3	: 04	> PM		th.				ack. I	NJ 07606						
Scope of Work (Check All	That Apply)																
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≥160 sf or ≥260 lf			enovat emolit				-15		l Containme ni-Enclosure		Negative Pres	sure					
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(13)			(12)			other r	miscellane	ous)				ova	air	sula	osur		
		Yes	No	N/A						`				te	(S)		
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Name of Registered Waste I	lauler	<u> </u>	N	JDEP Wa	iste	Cubic '	Yards		Name of F	Registere	d Landfill	<u></u>	-				
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City, State	Best Removal Inc				)9	Disposal Date City, State											
Hackensack, NJ (	07601					Dispose	* *	-	City, State								
Completed by	07001	T:41					2/2/1	/	Wayr	esbur	g, OH 44						
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45B-41 (B-04-09)							Ă	\	T								
ASB-41 (R-06-08)							(* 5	o not	use this for	n for asb	estos licensu	re exer	npted	activit	ties.		

NO CK ONIGINAL

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

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Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)			Name o	f Building Owner			150 5	1	6,14					
Agencies Notified Type Notification			C+ + 1		B H.	ECK		ASBEST	08	601	ITR(	 & _IC		
			Street A	address				L	ICE	ISIN	<u>G</u>			
□ EPA		-	City St	ate, Zip Code										
DOL Amendment	#		CONTRACTOR	s Brouch	11=1	C.11-5	. \	07	1~	Ç.				
DOH Emergency (	including	1	Name o	f Contact	HEI	CHLZ.	P J	ephone Num	her	1				
DOH justification)  DCA Cancellation				R. HECK			1 101	optione rvain						
				LITY INFORMA			_				-			
Name of Facility Where Abatement is Taking P						Type of Facility	(4)							
MR. BOB	HEC	K		_		☐ School (K-	12)					1		
Street Address						Subchapter Other (i.e.			L. didi	b.				
												etc.)		
City (5)	P	_				Square Feet	# of	Floors	E	Bldg. A				
HASBOOVCIL H	EIG	HTS		8 1 2		2200		2		( '	PA	)		
BERGEN				Code (7) USE ONLY)		Current Use (Pric			i)					
Name of Monitoring Firm Hired by Building Or	1mar (9)		ASCI	(A)	I No.		_	ENCE						
reame of Monitoring First Filter by Building O	wilei (o).		ASCI	VI NO.		of Abatement Cont								
Street Address					Street A	st Removal	inc							
					7000000		C.	20						
City, State, Zip Code						O South Rive ate, Zip Code	er Stre	et				-		
						kensack, NJ	0760							
Project Manager for Monitoring Firm			Telephor	ne No.	Telepho		0,00	License No						
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Start Date (10)	Schedule	d Comp	oletion D	ate (11)	Name o	fOSHA Monitor								
1/31/17		2	21	7		nega Enviror	nmenta	ıl						
Occupancy Status During Abatement (Check Or					Street A									
Facility Closed/Vacated During Entire Per	od of Aba	tement				0 Huyler Str	eet					8		
□ Abatement Performed Outside of Normal I □ Other – Describe:	S: >c	DM				ate, Zip Code outh Hackens	rock N	II 07606	9					
Scope of Work (Check All That Apply)			-		30	uui i jackeii:	sack, I	43 07000						
□ >3 sf or >3 lf		Renovat	ion		-	F. 11 C	·	t						
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Location of Asbestos-Containing Material (ACM)	Use	ed Solel	y by		escription of	of terial (ACM)	Δ.	mount						
TO BE ABATED		aintenar todial S		(i.e. thermal sys	stems insula		E 500	pecify	Re	×	Enc	臣		
In Facility (13)		(12)		othe	VAT, or r miscellane	eous)	SF	or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A		· impoonant	, (u.s.)			2	-	late	ле		
240-2-	103	110	INA					1 12	10					
BASEMENT				VA-	7		4	454	X					
		-11												
Name of Registered Waste Hauler	N.	IDEP Wa	este Cubic	Yards	Name of I	Registered	I Landfill	,			-			
Best Removal Inc	H	auler ID l			$\neg$	(92)								
City, State			1710		50	/		va Enter	orise	s, L	LC			
Hackensack, NJ 07601					sal Date	City, State								
Completed by	Title				2/2/1	/ Wayı	nesbur	g, OH 44						
J. Maiorano		tim of	.01		Signature \	1 Mois		Date	- 1	-		,		
V. A. ATTA VA TALA V	timat	.01			11000	سرت		1/	20/	1/				

				ON OF ASB			MENT	(		BE	32	- [	W	
Date of Notification (1)		T	Name o	f Building C				W 25						1
1/27)17				MS	. 1	WA	p.	MILE	S		n		בגמפ	
Agencies Notified Type Notification			Street A				1		161	al II	D)	4	CU17	
□ EPA □ Initial			- 33											
□ DEP □ Amended			City, St	ate, Zip Cod					1	ASBEST 073	05	CON	ITRO	B JC
DOL Amendment #_  Emergency (inc	luding			JER:	SE>	1 Ci	TY	. ~				(SIM	<u>G</u>	
DOH justification)			Name o	f Contact	, . '		/		Tele	phone Num	ber			
□ DCA □ Cancellation			4)		1, LE									
Name of Facility Where Abatement is Taking Plan	re:(3)		FAC	LITY INFO	ORMAT	TION	Type of	Facility (4	1)		-	1.00		
5		1.1	= <			1			7					
Street Address	7 5	110	C 7					hool (K-12 hohanter 8		than K-12)				
Succi Addices				2			- O	her (i.e. pr	ivate &	commercial	buildir	igs, ho	mes, e	etc.)
Cim. (5)						-	Square !	Goet	# 01	Floors	TE	Bldg. A	GP.	
City (5)								200	1	7		18		,
JELSEY Cit	7_		0	0.1.00										
County (6) HUDSON	J			Code (7) ·	Current Use (Prior if being den						)			
	(0)				- RESIDENCE									
Name of Monitoring Firm Hired by Building Own	er (8)		ASC	M No.		Name of Abatement Contractor (9)  Best Removal Inc								
G:							noval li	nc						
Street Address					Street A									
							h Rive	Stre	et					
City, State, Zip Code							ate, Zip (		05601					
<u> </u>	_=====							ck, NJ	0760					
Project Manager for Monitoring Firm			Telepho	ne No.		Telepho		0 7444		License No				
						201-329-7444 00388								
Start Date (10)	chedule	d Comp	oletion D	ate (11)		Name of OSHA Monitor								
2/6/17	- 2	2/7	117				nviron	ment	ıl					
Occupancy Status During Abatement (Check Only	One)		Street Add					1 04					-	
☐ Facility Closed/Vacated During Entire Period	l of Aba	itement						ler Stre	et					`
Abatement Performed Outside of Normal Far Other - Describe: 8: 22 PM	ility Ho	ours	RM		8	City, Sta			ande N	11 07606				1
					_:	30	uui n	ackens	ack, I	IJ 07606				
Scope of Work (Check All That Apply)					1									
≥3 sf or ≥3 lf		Renovat							nt with I	legative Pres	sure			1
☐ ≥160 sf or ≥260 lf		Demolit	ion				Mini- Glove							
							Non-l	Exempted	(*) and 1	Von-Friable	Proced	ure		
	L	s Locati					Printer Comment						ement	
Location of		Normal			ρ.							Ty	ре	
Asbestos-Containing Material (ACM)		ed Solel		Asbest		scription of aining Mar		CM)	A	mount			_	
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	Yes	No	N/A							0 -				
BASEMENT BOILER ROOM				THERMA	4L 34	STEM	MSUL	ATION		58LF	X			
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Name of Registered Waste Hauler			JDEP W auler ID		Cubic 'of Was	. 1		Name of R	egistere	d Landfill	. ,			
Best Removal Inc		1	171		01	1 1/2	207	M	inver	va Enter	prise	s, L	LC	
City, State		1/1	-	Dispos	- '		City, State							
Hackensack, NJ 07601					. 2	1 1	7	Wavn	eshur	g, OH 4	4688	3		***
Completed by	Title					ignature	1			Dat		102		-
J. Maiorano	F	stima	tor			1	Ma	ionor	رفر		1/2	271	17	
			-01			X	1					-,1		
ASB-41 (R-06-08)						U+ I	Do not us	e this form	for asb	estos licensu	re exe	mpted	activi	ties.