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								-d L				• •	Luces
Date of Notification (1)					of Building Owner/ angfan Compa		(2)						
Agencies Notified	Type Notification		-	Street A		arry		1	ASBESTO	S C			_ &
					/ 57th Street, #	‡ 906			LIC.	IZ!NO	21140		
DEP	Initial Amended	: [-	City, Sta	ate, Zip Code								
X DOL	Amendment Emergency		- [-	ork, NY 1001	9							
Ŭ DOH □ DCA	justification)				f Contact er Gaboff			l Te	lenhone Nui	nber			
LI DCA	L Cancellation	1		in annual	LITY INFORMAT	ION							
Name of Facility Where	Abatement is Takir	ng Place (3	3)	FAU	ILITTINFORMAT	ION	Type of Facili	ly (4)		-			
Former Marshall's	Store						School (K-12)					
Street Address 1139 - 1151 Hamb	ura Turanika								er than K-1; & commerci		Idinas	hom	PC
City (5)	dig fulfipike						etc.)						
Wayne							Square Feet 35.000	2	f Floors		31dg. / 50	Age	
County (6)			Т	County	Code (7)		Current Use (ina demolish				
Passaic	ł'			(STATE	USE ONLY)		unoccupied			000008.0			
Name of Monitoring Firm Acer Associates	n Hired by Building	Owner (8)		ASCN	Л No.		of Abatement C		(9)				
Street Address							ervices, LLC						
1012 Industrial Driv	ve						Address West Lincoln	Highw	av Suite	500			
City. State, Zip Code						1	State, Zip Code	- Ingrii	ay, Conc.			_	
West Berlin, NJ 08							n, PA 1934	l					
Project Manager for Mor Matt DePalma	nitoring Firm			Telepho			none No.		License N	0.			
Start Date (10)		0.1.1.			09-1202		872-8884		01161				
12/16/16		3/2		npletion	Date (11)	Name EMS	of OSHA Monit L	or					
Occupancy Status Durin	ig Abatement (Chec	k Only On	e)			Street	Address		And the second			X	
Facility Closed/Vac	ated During Entire I	Period of A	baten	nent		200	Route 130 N	orth					
Abatement Perform Other – Describe:	ned Outside of Norn	nal Facility	Hours	3			tate, Zip Code						
Scope of Work (Check A	III That Apply					Cinn	aminson, NJ						
	ai macAppiy)	[E] _				Г	1						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		CONTRACTOR OF THE PARTY OF THE	enova emolit			>	INITII- ETTOIOS	ure	Negative P	ressu	ire		
		-				×	Glovebag P Non-Exemp		d Non-Eriah	la Pro	codin	0	
		Is	Locati	OD			14011-Exchip	1	a North Mad	T	Abat	ement	t
Location		N	lormal	ly	De	scription	of			_	Ty	ре	
Asbestos-Containing TO BE AB			d Sole ntena		Asbestos Con (i.e. thermal			372	mount Specify	70		E	m
In Facil	lity	Custo	odial 8 (12)	Staff?	surfa	cing, VA	T, or		or LF)	Remova	Repair	caps	Enclosure
(13)			- Additional Control	1	other r	niscellar	neous)			val	ar	Encapsulate	sure
		Yes	No	N/A						_			
Retail A				X		iling T		-	000 SF	Х			
Retail A		X	Floor	tile m	astic	31,	000 SF	X					
Back Off	fices			X	Floor	tile m	astic	2	3 SF	X			
-													
Name of Registered Was			5000	JDEP W auler ID		Yards ste			red Landfill				
Waste Management	of Central NJ		1"	Luici ID	150		GRO'	WS via	Mercer So	cale			
City, State				A		sal Date	City, S				77.5		
Trenton, NJ Completed by		Title			TBD			sville, P.					
Jack Bally	oiect	Manag		Sionature	n Bal	40) Da	2/	17				
		101.11	5,500	ana	901	Me	1-120	7.00	10	1	- 1		



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111)	Pursi	uant to	o NJAC	8:60 and 5:16)		IE CIE		W I	=	and of			
Date of Notification (1)			Na	ame of	Building C)wner/Operator (2	2)	TUIT		Ц ,	<u> </u>			
	31 / 201	7		REF	roperty	/ Trust								
	Type Notification	-		reet Ad		11001	1117-27-2	las las	FEB -	3 21	11/	bec	nud	
Agencies Notified EPA	Initial		1.000			22 East		0						
☑ DOLWD	☐ Amended				e, Zip Coo			A	SBESTOS (CON	TRO			
⊠ DOH	Amendment #			350		New Jersey (0700)2	LICEN	ISING	3			1000
☐ DCA	☐ Emergency (in justification)	cluding	N	ame of	Contact	vew delety	0,00		Telephone Nur	mber				
(NJAC 5:23-8)	Cancellation				Heilste	dt								
						ORMATION								
	At the set in Taking	a Place (FACIL	_111 11111	ORIMATION	Туре	e of Facility (4)					
Name of Facility Where	Abatement is Taking	y Place (3)				□ s	School (K-12)		10)				
Runyon Property	У						□ S	Subchapter 8	(Other than K- vate and comm	12) nercial	build	inas.		
Street Address	1							otner (i.e., priv nomes, etc.)	vale and comm	Ciolai	20110			
								are Feet	# of Floors		Bldg.	Age		
City (5)							10000000	,326	2		66	Ye	ars	
Annandale				County	Code (7)	(STATE USE ONLY)	Curr	rent Use (Pric	or if being demo	olished	d)			
County (6)				County	Code (1)(5////2 002 01121/		noccupied						
Hunterdon		0 (0	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	SCM N		Name of Abatem	ent Co	ontractor (9)	4					
Name of Monitoring Fire	m Hired by Building	Owner (8) A	2CIVI IVI	0.	Terra Con			es. LLC					
Kleinfelder						Street Address	liaot	ing contro						
Street Address						5100 Wes	+ N/ic	chigan Av	enue					
3 AAA Drive,	First Floor					City, State, Zip C		Grigari	Citac					
City, State, Zip Code								11 40006						
Hamilton, NJ 08	3691					Kalamazo Telephone No.	oo, ivi	11 43000	License No.					
Project Manager for Mo				hone N	- 1		050)5	01208					
Erik Colonna-l	Romano)-584-		(269) 375 Name of OSHA	Monito	or						
Start Date (10)		eduled Co	mpleti	on Date	0017				atal Inc					
02 / 14		02 /		1 4	.017	Green Pa	th E	nvironmei	ital, inc.			- 7		
Occupancy Status Dur	ing Abatement (Che	ck only o	ne)			Street Address	_							
☐ Facility Closed/Vac	ated During Entire P	eriod of	Abatem	ent	uib o	79 Glover		eet						
Abatement Perform	ed Outside of Norm :AM	al Facility PM/	Hours PM-	- Desc	M M	City, State, Zip (NIV 4020	0					
Time of Abatement					1	Staten Isi	lana,	, NY 1030	0					
Scope of Work (Check	all that apply)					☐ Full Co	ontainr	ment with Neg	gative Pressure	е				
≥3 sf or ≥3 lf		☐ Re	novatio	n		☐ Mini-Ei	nclosu	ıre						
□ >160 sf or ≥260 lf		X De	molitio	n		☐ Gloveb	oag Pr xemnt	rocedure ted (*) and No	n-Friable Proc	edure	Ĺ			
		- 1	Locati	0.0		M Non E	Xompt	.00 ()			Aba	ateme	ent T	ype
		100	Normal			Description	n of				D.	R	Щ	Щ
Locati Asbestos-Containi		(2015):00	d Sole		Asbe	stos Containing I	Materia	al (ACM)	Amount (Specify		Removal	Repair	Encapsulate	Enclosure
TO BE A	ABATED		intena todial S		(i.€	e., thermal system surfacing, VA	ns inst AT. or	ulation,	SF or LF		val	-	sul	sure
TEACH STORY	acility 3)	000	(12)			other miscella	neous	s)					ate	
(1	3)	Yes	No	N/A					-				_	+_
Duilding Extor	ior			X	Tra	nsite			40 SF		X		Ш	L
Building Exter	101		-											
			닏	X							П	П	П	T
				X							+=	-	H	+=
				X								Ш		
Name of Registered \	Naste Hauler	0		JDEP		Cubic Yards of	f I		istered Landfill					
District Control of the Control		n	F	lauler I 166	D No.	Waste 10 CY		High Acr	es Landfill					
	onmental Grou	þ		100		Disposal Date		City, State						
City, State								Fairport,	NY					
Buffalo, NY		Title				Signature				Da				
Completed By (Print	01 1350)	Title	Vice I	Presid	dent	11		1		(01/3	1/20	17	
Steve D	ixon		VICE I	1631	uonit	1/4	Page 1	0			_			

								-	F3	Chec	< #\1	150	11	11
Date of Notification (1)) anuary 31, 2017	3					er / Operator (Medical Cente		ME	651	<u>\</u>		7	
Agencies Notified	Type Notification	n			Address		Medical Cellic	ei	HE					
										FEB - 3	20	17	ine s	1
□EPA				1925 F	acific A	venue			1111	1 LU			Ì	1
□DEP ☑DOL	N Initial			City C	1-1- 0 7:	- 0-4-					1021	TON	占	-
MDOL	Initial Amende	ad			tate & Zi		١.4		ASE	BESTOS (SUM!	3		
DOH	Amendr			Atlanti	c City, N	IJ 0840	л			LICEN	Cillar	-		
DCA	Cancella Cancella			Name	of Conta	ct				Tel	ephor	ne Nu	mber	
				Williar	n Malazi	ita				i				
				FAG	CILITY	INFO	RMATION							
Name of Facility When AtlantiCare Regional			(3)				Type of Facili							
Street Address	wedical center	li .					1	pter 8 (Other th	an K 12)					
1925 Pacific Avenue								i.e., private &		al buildings	hon	20.0	(a.)	
1020 I dellie Avende							Square Feet				. Age		(C.)	
City (5)				THUS			Oquare 1 cet	# 011	10013	Diag		8 Yea	ars	
Atlantic City, NJ						(Prior if being d	emolished)							
County (6)	Code				Hospital		Para Viskonia	-			-			
Atlantic	11. 11. 5.1	USE O	-		1.00.									
Name of Monitoring Fit Hillmann Consulting,		ding Owner (8)		ASCM	No.	Name of Abai	tement Contrac	ctor (9)					
Street Address	1110.				1		Street Addres							1110/00/1
1600 Route 22 East, 5							829 Radio Ro	-						
City, State & Zip Code Union, NJ 07083							City, State & Z		7					
Project Manager for Me	onitorina Firm		Te	ephone N	lumber		Telephone Nu	arbor, NJ 0808 umber		cense Numb	er			
Stephen Cherepany				8-688-780			609-296-6916			00.100 1101115	0081	7		
Scheduled Start Date (February 10, 2		heduled Con		on Date (1			Name of OSH Synatech, Inc							
Occupancy Status Dur	ing Abatement (0	Check only o	ne)				Street Addres	SS						
The second of the second	d/Vacated During	5 1472-444 15 1544-5			IT		829 Radio Ro							
Abatement Pe	erformed Outside	ot Normal I	Hours				City, State & Z							
	nice. pied During Abate	ement					Little Egg Ha	rbor, NJ 0808	57					
Scope of Work (Check										-				
			_					Full Containme	ent with Neg	ative Pressu	ire			
$\ge 3 \text{ sf or } \ge 50 \text{ lf}$				Renovatio	n		\boxtimes	Mini-Enclosure	9					
≥160 sf or ≥260	If			Demolition	n		\boxtimes	Glovebag Prod	cedure					
								Non-Exempte	d(*) and Nor	n-Friable Pro	cedu	re		
Loca Asbestos-Contain	tion of			on Norma Mainten			Descripti Asbestos-Co		Amaun	t (Cassifi	Ab	ateme	ent Ty	ре
	ABATED			dial Staff?			Material (nt (Specify or LF)				
	acility				7. 7.		(i.e., thermal						m	
(1	13)					,	nsulation, surfa				Re	π	nce	E DC
							or other misec	chancous)			Remova	Repair	psu	Sol
		Y	es	No	N/A						val	Ē.	Encapsulate	II'e
Corridor Outside Elev	/ator		-		X		Floor Tile an	nd Mastic	80	0 SF	X	_	+	
North End of Corridor		X		Floor Tile an			5 SF	X		- 1				
South End of Corrido	r				Х		Floor Tile an	nd Mastic	35	0 SF	X			
Hallway Access Pane	ls				Х		Fitting Ins	ulation	1:	5 LF	X		- 1	
Name of Registered W	aste Hauler			Vaste	Cubic \	ards of	Waste	Name of Reg	istered Land	fill				
Synatoch Inc		Hau	ler ID	No. 429	10			Fairless Hills						
Synatech, Inc. City, State			21	123	Dispos	al Date		City, State	,					
Little Egg Harbor, NJ Completed By		itlo			_	13, 201	7	Morrisville, F	7					
Completed by	11	itle			Signatu		. ///		Date					
Diane Aloia	strator	1 1	Menl	- /Clora		January 3	1, 2017							

	N			N OF ASBI				Colo	n de	1	60	9	3	
Date of Notification (1) 1/30/17				of Building Thomson		Operator	r (2)		Th	E	G		W	E
Agencies Notified Type Notified X EPA DEP Amen Amen Amen			City, St	Address tate, Zip Co erford, No		70					EB -		2017	
DOH justific	cation) ellation			of Contact Thomson)				Tele	Parent	LIVE!			OL &
Name of Facility Where Abatement is House Street Address	Taking Place (3))	FAC	CILITY INFO	DRMATI	ON	Туре	school (K-1 Subchapter Other (i.e. p	2) 8 (Othe	r than K-	·12)			nes,
City (5) Rutherford							Squa 210	are Feet 0	# of 2	Floors	0.103	Bldg. 71	Age	
County (6) Bergen				Code (7) USE ONLY)			Curr	ent Use (Prid	or if bein	g demoli	shed)			
Name of Monitoring Firm Hired by Bu Street Address City, State, Zip Code	ilding Owner (8)		ASCI	M No.		ABS Street PO E City, S	Envi Addre Box 4	83, 4 E G Zip Code	l Servi	ces, LL	.C			
Project Manager for Monitoring Firm Start Date (10)	Scheduled	d Con	Telepho			Teleph 973-	none N 764-2			License 703	No.			
2/8/17 Occupancy Status During Abatement Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe: basement	ntire Period of Al Normal Facility I	e) patem	ent			Street .		ss ip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ Re	enova emoliti				×	Mir Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure				re	
Location of Asbestos-Containing Material (ACI TO BE ABATED	M) No Used Main	tenar	y y by ice/	Asbesto	os Conta	cription aining M systems	aterial	(ACM)		ount	70	Ty	emen /pe	
In Facility (13)	Yes	(12) No	N/A		surfac	ing, VAT iscellan	T, or			or LF)	Removal	Repair	Encapsulate	Enclosure
basement		x		pipe i	insulat	ion		45	LF	×				
Name of Registered Waste Hauler		LN	IDEP W	(nata	0 1:- \	· - 1								
Freehold Cartage		Ha	auler ID 939	No.	Cubic Y of Wast TBD			Name of R Western	~					
City, State Freehold, NJ				34.0	Disposa TBD	al Date		City, State Birdsbor						
Completed by A. Scott Higgins	Title Preside	ent			Sig	gnature	1			1000000	ate /30/17	7		

	N		CATION	te of New OF ASBE o NJAC 8	STOS A	ABATE		IT C	J. C.	AP	16	0	717	6
Date of Notification (1) 1/30/17		9 0	Name of Pat Co	Building O	wner/O	perator	(2)			6 6				The second secon
Agencies Notified Type N	otification	5	Street Ac	ddress					1)	rrn .	2 00	117		
▼ EPA	tial									FEB -	3 20	J1 /	- -	
DEP Ar	nended			te, Zip Cod					1					1
	nendment # nergency (including		20.26.097.016.200	e, NJ 0	7834				-ARF	RESTOS	CON	TRO	L&	
X DOH ju	stification)			Contact					l, Leie	epugule And	USAN(ì		
☐ DCA ☐ Ca	ancellation		Pat Co	ITY INFO	DMATI	ON		C-ann						
Name of Facility Where Abateme	nt is Taking Place (3)	FACIL	LITY INFO	RIVIATI	ON	Ту	pe of Facility ((4)	2 2 all - 2 - 2 - 2				
House								School (K-1	12)					
Street Address								Subchapter	8 (Othe	er than K-1	2)			
							×	Other (i.e. p	orivate &	k commerci	al build	lings,	home	es,
City (5)							Sq	uare Feet	# of	Floors	2.0	dg. A	ge	
Denville							22	200	2		6	8		
County (6)			County C				Cu	ırrent Use (Pri	or if bei	ng demolisi	ned)			
Morris			STATE	ISE ONLY)	-									
Name of Monitoring Firm Hired by	y Building Owner (8)		ASCM	l No.				Abatement Con Noticonmenta					-2-0-200	
Street Address						Street		dress (483, 4 E C	Sate D	rive				
City, State, Zip Code					30,1-0,1-0-0-0			e, Zip Code od, NJ 074	118					
Project Manager for Monitoring F	irm	- [Telephor	ne No.		Telepl	hone	e No.	+10	License N	lo.			
								4-2276		703				
Start Date (10) 2/9/17	3/1/17	ed Com	npletion [Date (11)		Name	of C	OSHA Monitor						
Occupancy Status During Abater	nent (Check Only Or	ne)				Street	t Add	dress						
Facility Closed/Vacated Dur Abatement Performed Outsi						City, S	State	e, Zip Code		S - 16				
	nalul						-10							_
Scope of Work (Check All That A			y.			Г	_				_			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				Ė		Full Containm Mini-Enclosur		i Negative i	ressu	re		
E 100 31 01 1200 11	L .	201110111	.011				×	Glovebag Pro	cedure	=	- 5			
					20110-00	L		Non-Exempte	d (*) an	d Non-Friai	ole Pro	Abate		+
		Locati Vormal	5774370	5									ре	
Location of Asbestos-Containing Materia	Hee	d Sole		Ashast		scription		erial (ACM)	Δ	mount			m	
TO BE ABATED	IVIC	iintenar todial S			thermal	system	ns in	sulation,	(5	Specify	Re	Z,	Encapsulate	Enclosure
In Facility (13)	040	(12)	atum.			cing, VA			Si	or LF)	Remova	Repair	psu	losu
(10)	Yes	No	N/A								<u>a</u>		ate	ſĕ
upper & lower attic	s		X	V	ermicu	ılite in	sula	ation	6	0 SF	×			
			-								+	-		
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill														
Name of Registered Waste Haule	51	1 232	lauler ID		of Wa			120000000000000000000000000000000000000	- 1100 House of the latest of	ks Landf				
Freehold Cartage		1	5939		TBD			0.300000000000		No Lanul				
City, State			sal Date	е	City, Sta		Λ							
Freehold, NJ	1				TBD	Nanat:	**	Birdsb	010, P		ate			
Completed by	Title	ident			8	Signatur	ге	A.			ate /30/1	7		
A. Scott Higgins	Fies	nuent	CO-COMP				_	w			.00/1			

no ck

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Date of Notification (1) 1/27/17	1/27/17						perator	(2)	Lamo	E	C		7 [ПГ	5 F
Agencies Notified	Type Notification	1	+	material constraints	eary Exca	availing				1-5	y L	-		<u> </u>	
■ EPA	× Initial			330 L	incoln Bo	oulevard	b		lin	1					
DEP	Amended				ate, Zip Co					FE	В -	3	20	17	
X DOL	Amendmen Emergency	(including	-		esex, NJ	08846									1
≥ DOH DCA	justification Cancellation)			of Contact Sabatino				T	elephone	Mumb	er	TMC	ROI	2
	Caricellation			00 0000000	ILITY INFO	ORMATIO	N.				LIVE	40	NG		
Name of Facility Where	Abatement is Takir	ng Place (3)		1710		J. (1117)		Type of Facilit	y (4)						
								School (F							
Street Address 1346 Route 23										her than & comm		ouile	linas	hom	105
City (5)								etc.)							
Wayne								Square Feet 3100	1	of Floors		1	ldg. /	∖ge	
County (6)				County	Code (7)			Current Use (F		eina dem	olished	10.00			-
Passaic				(STATE	USE ONLY)		-					4			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	И No.			of Abatement C			and the same				-
Street Address								Environmer	ital Ser	vices, L	LLC		100		
Street Address								Address Box 483, 4 E	Cata [Drivo.					
City, State, Zip Code								tate, Zip Code	Gale	JIIVE					
The state of the s								wood, NJ 0	7418						
Project Manager for Mor	nitoring Firm			Telepho	ne No.			one No.	S Process	Licens	e No.				
0							1031101103011	764-2276		703					
Start Date (10) 2/6/17		Scheduled 3/31/17	Com	npletion	Date (11)		Name o	of OSHA Monito	or						
Occupancy Status Durin	g Abatement (Chec)				Street /	Address							
Facility Closed/Vac		250	88	ent		,	olieel /	Address							
Abatement Perform	ed Outside of Norm	nal Facility F	lours	One		(City, St	ate, Zip Code							
× Other – Describe:															
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novat moliti					Full Contain Mini-Enclose	ment wit	h Negativ	e Pres	sur	е		
				011				Glovebag Pr	ocedure						
		T					×	Non-Exempt	ed (*) ar	nd Non-F	riable l			e emen	
Location	of	74700000	ocation rmall	District of the second		D	J-11					,		pe pe	
Asbestos-Containing	Material (ACM)	Used Main				os Contair		aterial (ACM)	1	Amount				m	
TO BE ABA In Facili		Custo	dial S		(i.e. t	hermal sy: surfacin		insulation,		Specify F or LF)		Ren	Re	nca	Encl
(13)			12)			other mis				i oi Li j		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							1			ate	ď
shed north of ma	ain building			х		roc	ofing		3	00 SF	×				
												1			
											-	+			
9// 10/10/10/10/10/10/10/10/10/10/10/10/10/1									-		-	+			
Name of Registered Was	te Hauler		NJ	IDEP W	aste	Cubic Ya	irds	Name o	f Registe	ered Land	dfill	_1			
Freehold Cartage			На	auler ID I	No.	of Waste			0.000	ks Land					
City, State			15	939		TBD	Data	1.0000000000000000000000000000000000000		no Lail	a1111	50.0			
Freehold, NJ						Disposal TBD	Date	City, Sta Birdsh	ate oro, P.	A					
Completed by		Title				200,000,000	nature	1	2.21		Date			-	
A. Scott Higgins		ent					12	-		1/27	17				
								- Carlos							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2703 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) FEB 2017 01 31 / 17 Jared Noel Agencies Notified Type Notification Street Address X EPA ✓ Initial **ASBESTOS CONTROL &** DOLWD. Amended LICENSING City, State, Zip Code X DHSS Amendment # DCA Emergency (including Union, NJ 07083 (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Jared Noel FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Union, NJ 07083 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02 / 09 / 17 02 / 11 / 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/ PM_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Remova Encapsulate Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Attic X Vermiculite insulation X 560 SF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Tewic Wenad Owner 01/31/17 ASB-41

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1).			(Pursuant to NJAC 8:0	60 and 12:1	20)		D _	2 00	247	
1/21/11				Name of Building Own	ner/Operator	r (2)	IT TI LE	B -	0 20)1/	
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Name of Facility Where Abatement is Tal	ing Place	(3)		FACILITY INFORM	MATION	Type of Fa	- Tr. 115				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT E C E I

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

Date of Notification	N	ame (of Build	ling O	wner / Operator	(2)		FEB -	3 201	1		生		
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r Toject Wariager 10	i wontoning		Голор				609-914-427				0118	5		
Scheduled Start Da	ate (10)	Scheduled Cor	npletio	n Dat	e (11)		Name of OSI			721				
02-14-20	17		02-17-2				J&S Environr		oratories	, Inc.				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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	Rich Worrell											
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NOTIFICATION OF ASBESTOS ABATEMENT

Initial Notification

6541-NJ		NC (Pur	TIFICA	to N	JAC	8:60	-7 and 12:12	0-7)	Check#:					enemon.o					
0011111									11	EGE	+	W		[7]					
Date of Notificatio	n (1)		Name of Building Owner/Operator (2)											1					
0 1 1 1/1 3	0 1/1 1 7	1	Veron	na Bo	ard	of Ed	ducation			0 0	047	_							
Agencies Notified	Type Notificat	ion	Street Address LL FEB - 3 20											1					
1.756			121 Fairview Ave.										\dashv						
[]EPA	[X]Initial Notificat	ion	City.	Sta	te,	Zip	Code		ASBESTOS	CON	TRO	L &							
[X] DEP	[]Amended		Vero	na N	1.1 07	044				LICE	VSIN	<u> </u>							
	Notificat	ion	Name						Telepho	ne Number									
(×) DOH	[]Cancella	ion							•					ė.					
[]DCA			Joe				MATTAN							-00					
		- m-1	D				FORMATION	Type of Facility (4)											
Name of Facility W	here Abatement	is la	KING F.	1400	,,,				X]School ([]Subchapt		than	K-1	2)						
Verona High Schoo	l .																		
Street Address								50	cial bul	ldings, hom	Bldg.	Age		=					
151 Fairview Ave.					6.				- 12		80	~ · · · · ·	-31	-					
City (5)		County	(6)			Coun (STA	ty Code (7) TE USE ONLY)		1000 Z	or if being	demo	DIISI							
		Essex						S	chool Building	741				-					
Verona, NJ 07044	g Firm Hired by	Build	ling A	SCM	No.		Name of Abat	emen	t Contractor	127									
Owner (8)	-		- 46				Four Strong E	Build	ers, Inc.	-				_					
Whitman Companie	es, Inc.		[(0110	<u>J</u>		Street Addre	ess											
Street Address	20 2207 27			180 Sargeant Avenue										-					
116 Tices Lane, Ur	nit B-1			City. State, Zip Code															
						Clifton, NJ 0	7013	3-1935	Licens	e Nur	nper								
East Brunswick, N. Project Manager	Firm	Teleph	оле	Numb	er	Telephone No	umbe	r	00807										
	1	732-39	0-58	58	- 1	973-614-037 Name of OSH	77	ritor	100007	-		-	_						
Kevin Lovely Scheduled Start 1		ed.Com	pletio	n Da	te (Name of USH	A MO	miloi										
10 121/11 101	/11	17		Four Strong	Buil	ders, Inc.													
Month / Day	During Abatem	ent (Cr	reck of	TTA	MILE!		Street Addr												
(X) Facility Cl	osed/Vacated D	iring a	Merre				180 Sargear	nt Av	/enue			_							
of Abatement P	erformed Outsi	de of 1	Normal	Fac:	Llit	Y	City, State	2. 6.	ip cour										
Hours - Des	CITUE.				-	_	Clifton, NJ C	0701	3										
Scope of Work (C		apply)					[]F:	ull (Containment wi	th Negative	Pres	SSUIF	•						
[]Demo]	ition		\bowtie 3	Reno	vati	on	DX1W	ini-	Enclosure										
() (1) 7 7	or >3 lf sf or >260 lf						[]N	on-F	riable Procedu	ire	Abat	aman.	F 750	zne					
[12100	31 02 12			Is	1							emen.	E	E					
	- 6			mall			Descrip Asbestos-C	tion	of	Amount	RE	RE	CA	C I.					
Achesti	cation of os-Containing			sed lely	,		Material	LAL	[M]	(Specify SF or	M	P	P	0					
TO	rial (ACM) BE ABATED		by	Mair	1-	,	(i.e., therm	TITTE	acing, vo.	LF)	VA	A	S	S					
in	Facility (13)		Cus	stod:	lal	8	or other m	nisce	ellaneous)		L	R	L	R					
	0.8.2004.0		Yes	No	N/A		V	Mron	2 Cut	10 LF	X								
First Floor Hallw	av			X		Pipe	insulation - V	Mah	a Cut	1									
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										-	-	-	-	+					
									Name of Regis	stered Land	[11]								
Name of Registe	ered Waste Haul	er	N	JDEP	Was	te No.	Cubic Yard	s	Name of Regi-										
				2609		8 188 1			G.R.O.W.S., I	nc.		-							
Four Strong Bui	Iders, Inc.			200			Disposal D	ate	1										
City. State									Tullytown, PA			1222							
Clifton, NJ							Signa	tur?		1	1)ate							
Completed By (FILM, or 115.)							1	\supset	Our	-/	1.	1/30/	17						
Bilyana Kulakovska Office Administrator										1									
ASB-41 JUN 95										/			G4	1667					

CK 3943

	*						170		F-1	W	E	11		
Date of Notification (1)	1	Name	e of Buil	ding Owner	Operator (2)		20011	Lin U			Accessed to the second		
1/31/2017		FY	FRIENDSHIP BAPTIST CHURCH											
Agencies Notified Type Notification		Stree	Addres	S	TEB	9 - 3 2017								
□ EPA □ Initial	-						2	-~						
DDEP Amended Amendment #	_		PA	TERS	,000	NJ.	01:	ASBESTO	S CC	MIT	OL	8.		
☐ Emergency (including		Nam	e of Cor	ntact			- Charles	Telephone Number	GES ICH	1.1				
DOH justification		FL	R. RAFAEL CASTRO											
DCA Cancellation		F	CILIT	Y INFORM	ATION		(A)					\dashv		
Name of Facility Where Abatement is Taking Place (3)						Type of Fa	ol (K-12)							
FRIENDSHIP BAPTIST		7	وييا	3				Other than K-12)	uildings	home	s etc.	,		
Street Address 433 PANIC AU	5							ate & commercial bu			_	_		
		-		-		Square Fe		# of Floors		Age 90				
City (5) PATER SON			13	t ta		10,0	00	being demolished)	1					
- 10		Cou	inty Cod	e (7)		Current U	Se (Prior II	RCH (CCH)	321					
VASSAI C					Name	e of Abateme								
Name of Monitoring Firm Hired by Building Owner (8)		F	ASCM N	iu.		est Rem								
,							0 (0.1			5				
Street Address						Street Address 450 South River Street								
					City	State Zin C	ode	Ducot						
City, State, Zip Code					LI,	ty, State, Zip Code Hackensack, NJ 07601								
***						phone No.	11, 110	License No						
Project Manager for Monitoring Firm		Tel	ephone	No.	Tele	201-32	9-7444	003	388					
Sever Ports (10)	ad Cor	molet	ion Date	(11)	Nam	e of OSHA	Monitor							
Start Date (10)		14		()		mega E	nvironr	nental						
2/3/17 2		1-1	/ 1 /		Stree	et Address			1.0		~~			
Occupancy Status During Abatement (Check Only One)		conserva				280 Huy	ler Stre	et				2		
Facility Closed/Vacated During Entire Period of Ab Abatement Performed Outside of Normal Facility H Other - Describe: 8:30 SM TO 5:30					City	State, Zip C South H	ode ackensa	ack, NJ 07606	5		uese con			
		_			`			-6						
Scope of Work (Check All That Apply)	_	24				□ Full C	Containmer	nt with Negative Pre	ssure					
≥3 sf or ≥3 lf	Reno					Mini-	Enclosure							
□ ≥160 sf or ≥260 lf	Donne	01140.	1.0			Glove	ebag Proce	edure i (*) and Non-Friable Procedure						
						□ Non-	Excilipate	() шли того		Abatement				
	Is Loc	ocation								Туре				
Location of		nally			Descrip	tion of	CM	Amount			т			
Asbestos-Containing Material (ACM)	Jsed So Mainte			Asbesto	s Containin	g Material (Ansulation, su	rfacing.	(Specify	Re	R	Encapsulate	Enclosure		
TO BE ABATED	Custodi	al Sta	0000000	(i.e. dietiii	VAT	, or		SF or LF)	Removal	Repair	psul	osu		
In Facility (13)	(1	12)			other misce	ellaneous)			=	1	ate	re		
Yes	e N	No	N/A					38		_		-		
1 100						-	2	75 LF	12					
	+			4.111	0		YSTEM INSULATION /SCF							
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BASEHENT/CRAWL SPACE				THERMAN	-SYSTER	יא טצעו ו	1100	7501				T		
BASEHENT/CRAWL SPACE				THERMAN	-Syster	יאל מצאו ו	1700	7301						
		130	DED W.					Registered Landfill						
BASEHENT/CRAWL SPACE Name of Registered Waste Hauler			IDEP W	aste	Cubic Yarr	ds	Name of	Registered Landfill		es. I	LC			
				aste No.	Cubic Yard of Waste	ds 2 of 2 CY	Name of	Registered Landfill		es, I	LC			
Name of Registered Waste Hauler Best Removal Inc City, State			auler ID	aste No.	Cubic Yard of Waste Disposal D	ds 2 of 2 CY Date	Name of Name Of City, Sta	Registered Landfill Minverva Ente	erpris		LC			
Name of Registered Waste Hauler Best Removal Inc			auler ID	aste No.	Cubic Yard of Waste Disposal E	ds 2 of 2 CY Date 4/17	Name of Name of City, Sta	Registered Landfill Minverva Entite mesburg, OH	erpris					
Name of Registered Waste Hauler Best Removal Inc City, State			auler ID	aste No.	Cubic Yard of Waste Disposal D	ds 2 of 2 CY Date 4/17	Name of Name of City, Sta	Registered Landfill Minverva Entite mesburg, OH	erpris 4468	8		17		
Name of Registered Waste Hauler Best Removal Inc City, State Hackensack, NJ 07601		Ha	auler ID 171	aste No.	Cubic Yard of Waste Disposal E	ds 2 of 2 CY Date 4/17	Name of Name Of City, Sta	Registered Landfill Minverva Entite mesburg, OH	erpris 4468 Date	8				

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	_ 01 /	30 /	17	7		Narr	ne of Buildi	ng Owner/Operator	(2)	AND AND		記		
Ager	cles Notified	Type Notif		_		Loos	Surgeon					7		
Z E		M Initial				Stra	et Address	6		-	7	+		-
	OLWD	Amend				City	State, Zip	A - 1		_ 11				
		Amend			_	- Control	ige, NJ 07			MANUED ADD	יותה	En	_	
(NJAC 5:23-8) Emergency (Including justification)							e of Conta	d	V	VALVER APP	11/	1		Ţ
_		Cancell	lation			Ryan	McClute	hy	1,500	Lesebecous Mile	MOSI			
Name	e of Earlies little	Abar				FA	CILITY	NFORMATION			_			
	of Facility Where I to house	ADStament is	Teking	Plac	e (3)				Type of Fac	NRY (4)				_
	t Address			_			52	E45	School (K-12)				
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City (5)		Wiles			·			nomes.	FC.)				
Orang	ge, NJ 07050								Square Fee	# of Floors	E	udg. /	(Be	-
Coun 2880x	ty (6)					Cou	nly Code (7)	(STATE USE ONLY)	Current Use	(Prior if being demo	יאמרווו	Whiteham.		
Nama	of Moreloring Firm	Hired by Bui	Irima O	Inma!	2 dt - v						ioi ia4)			
		cas al acu	nanig V	e ante ((6)	ASCM	No.	Name of Abatem	ant Contractor	(9)				
Street	Address			-				Gr Tech LLC Street Address						
Ain.								576 Valley Rd	1703					
uit, i	State, Zip Gode				-			City, State, Zip C	283 008					
mjec	Manager for Moni	foring Firm			1=.			Wayns, NJ 074	70					
•	- Agai an Mon	with Little			Tels	phone	No.	Talephone No.	7.00	License No.				
	Date (10)		Schedi	ulad C	om pla	tion Da	10 (11)	973-638-1777 Name of OSHA A		01127				
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Docup Di co	ency Status During	Abstement (Chael	asly /	fame			Envirovision Co	nsultants, In	2				
	cility Closed/Vacate	CHROMA ALS	Sa seement 6	PR 111		1	_	20-21 Wagaraw	Road, Bide	.# 35E				
Tin	ne of Abstament:	AM-	PM	1/	PM_	16 - LIGS	AM	City, State, Zip Ci	ode				-	
	of Work (Check all					-		Fair Lawn, NJ 0	7410			Tillerance on		
>3	ef or >3 if 80 sf or ≥250 if	*		Q 0.	novet			Full Con	ainment with	mination with negative Negative Pressure	a brea	eure		
1 2 2	80 sf or >250 lf			De	MINOR I	חס		Mini-Enc	Dâura	Tent with Negative	a Drae	DI (BS		
	· Control Solver		-	10	Locat	l m su	,	☐ Nor-Exa	mpled (") and	Non-Frieble Procedu	ורפי	PMI W		
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	TO BE ABA	TED	**)	Ma	id Bols intens	ncel	Asbe	Mos Containing Ma , thermal systems	tariol factor	Amount .	20	Repair	Ene	Enclosur
	IN Facility (13)	4		Cus	todial :	Staff?	(Burmeing, VAT	CIP.	(Specify SIF or LF)	ROMBOWN	MAII.	Encapsulate	mikog
900	1 .7			Yes	No	N/A	1	other miscellane	ona)		型		2	0
d flo	or-bedroom#1					1	Ceiling -	nd wall plester		440.00	N.S	-	-	-
d flo	or-bedroom#2					×	Ceiling p	The second secon	-	440 SP	B	-		Ш
d flo	or-bathroom	***************************************	_			×	-			200 SF	8	Constraint	П	П
	or-storage room		_			-	Celling p			60 SF	×	_		
9me	of Registered Vitaste	Hauler		_	-	EP West to	Coiling a	nd wall plaster		600 SF	×			
	hllc							Cubio Yards of Wash	II .				ATTENDED	
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ayna	NJ 07470							TBD		D.A.				
	sted By (Print or Typ	e)	Title			-		gigneture	Tullytown,	THE RESERVE THE PERSON NAMED IN COLUMN 2 I	da			
	C		Owne				99		leuha We					- 1

Ch 3712

1 0 110	N	OTIFIC (P	ursu	ant to	NJAC 8	:60 and 5:16)				- 00	47	-	- Inches
te of Notification (1)			Name of Building Owner/Operator (2)								11	L	7
1 /	31 / 17		S	state of	New Je	rsey						+	+
encies Notified	Type Notification			Street Address ASBESTOS CONTE									
EPA	☑ Initial				t State S	The same of the sa			LICE	:NSING			+
DOLWD	☐ Amended				Zip Code								
DOH	Amendment #	uding			n, NJ 086	625		Te	elephone Numbe	er			
DCA	☐ Emergency (incl justification)	uumg	Name of Contact John Farrell - Haverstick-Borthwick										
(NJAC 5:23-8)	Cancellation		The second second				thwick						_
			1	FACILI	TY INFO	RMATION	Type of Fa	cility (4)					_
ame of Facility Where	Abatement is Taking	Place (3)					□ School	(K-12)					
Mary Roebling Bu							=	-+ 010	ther than K-12) te and commerc	ial buildir	nas,		
treet Address							M Other (I	.e., priva	ite and commerc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~		
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ity (5)							100,000)	10	80			
Trenton		12	0	Cada (7)/9	STATE USE ONLY)	Current Us	se (Prior	if being demolis	hed)				
ounty (6)	(County	Code (7)(3	TATE GOL OIL.	Office								
Mercer				2011 11-		Name of Abateme							
lame of Monitoring F	rm Hired by Building C)wner (8)	AS	SCM No	. '	Shade Enviro							
USA Environmen	ntal, Inc.				Street Address	,							
Street Address					623 Cutler A	venue							
344 West State S	street				City, State, Zip Code								
City, State, Zip Code					Maple Shade		52						
Trenton, NJ 086	18			L NI-		Telephone No.	,		License No.				
Project Manager for N	Monitoring Firm		hone No 9-656-8		856-755-009	9		00842					
John Duggan		duled Co	10000000		Name of OSHA								
Start Date (10)		1	EMSL Analy							-			
04 / 12		04_ /		_ ' _	11	Street Address							
Occupancy Status D	uring Abatement (Chec	ck only or	ne)	-		200 Route 1	30 North						
· · · · · · · · · · · · · · · · · ·	cotod During Entire Pr	eriod of P	Daten	nent	rihe	City, State, Zip							
	med Outside of Normant:F	al Facility	Hours	9 - 0000	M	Cinnamins Cinnamins)77					
Scope of Work (Che	ck all that apply)					⊠ Full Co	ontainment v	with Neg	ative Pressure				
		⊠ Re	novatio	on		☐ Mini-E	nclosure						
≥3 sf or ≥3 lf≥160 sf or ≥260 l	f	☐ De	molitio	in		☐ Glovet	pag Procedu	ure and No	n-Friable Proced	dure			
≥160 st of ≥200 t						⊠ Noll-L	Xempted ()		Aba	teme	nt T	y	
			Locat			Descriptio	Material (ACM)			R	Re	Ē	
Loc	ation of		d Sole		Asbe	etos Containing			Amount (Specify	Remova	Repair	Encapsulate	
Asbestos-Conta	ning Material (ACM) ABATED		intena todial		(i.∈	e., thermal systen surfacing, V	ns insulation AT or	n,	SF or LF)	\sigma_a		sula	
IN	Facility	Cus	(12)			other miscella	aneous)					te	1
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Freehold Cart				1593		1		State					_
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City, State										1 Jailes			
	nt or Type)	Title				Signatur	e			Date 1/31	1-	1	

NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEME Date of Notification (1) Name of Building Owner/Operator (2) 01/30/2017 John and Jennie Byram Agencies Notified Street Address Type of Notification (X) USEPA (X) Initial Notification City, State, Zip Code ASBESTOS CONTROL & (X) NJDEP) Amended Morristown, NJ 07960 (X) NJDOL Amendment # LICENSING Name of Contact Tel. Number (X) Emergency (including (X) DOH iustification) John and Jennie Byram () DCA) Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) () School (K-12)) Subchapter 8 (other than K-12) Street Address (X) Other (i.e. private & commercial bldgs., homes, etc. County Code (7) City (5) County (6) Sq. Feet: 1500 # of Floors 3 Bldg. Age 80 (State Use Only) Morristown Morris Current Use (if being demolished): Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ISES, Inc. Industrial Safety & Environmental Solutions, Inc. Street Address Street Address 3300 Hudson Avenue 3300 Hudson Avenue City, State, Zip Code City State, ZipCode Union City, NJ Union City, NJ 07087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number David Camacho 201 325-0055 (201)325-0055 01124 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ISES, Inc. 01/30/2017 02/01/2017 Occupancy Status During Abatement (Check only one) Street Address (X) Facility Closed/Vacated During Entire Period of Abatement 3300 Hudson Avenue) Abatement Performed Outside of Normal Facility Hours -) Other - Describe: City, State, Zip Code Union City, NJ 07087 (x) Renovation Source of Work (Check all that apply)) Demolition) Full Containment with Negative Pressure) Minor Project (< 25 SF or < 10 LF ACM)) Mini-Enclosure with Negative Pressure) Small Project (>25 <160 SF or >10 <260 LF ACM) () Glove-bag Procedure and Wrap and cut procedure (X) Large Project (>160 SF or > 260 LF ACM) (X) Non-Exempted (*) and Non-Friable Procedure Amount Location of Asbestos-Is Location Normally Used Description of ACM Abatement Type Containing Material (ACM) (Specify SF or (i.e. thermal systems insulation, Solely by Maintenance or To be Abated in Facility (13) Custodial Staff? (12) surfacing, VAT, or other miscellaneous.) LF) Encapsulate Enclosure Removal Repair YES NO N/A Basement X Mastic and tile residue ~ 347 SFT X X VAT and Mastic ~ 170 SFT X Lower level NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Reg. Landfill Name of Reg. Waste Hauler Grand Central Sanitation Atlas Disposal Options, Inc. 50452 ~ 5 1963 Pen Argyl Road Disp. Date City, State 311 East Blackwell Street, Dover, NJ 07801 Pen Argyl, PA 18072 02/01/2016 Completed by (Print or Type) Signature / Date David Camacho Project Supervisor 01/31/2017

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Name of Building Owner/Operator (2)							11/7	T				
//	17	_		100000000000000000000000000000000000000		River Partners LL	D)_E		Ш	\mathbb{V}						
Agencies Notified Type Notified	cation			Stree	t Address							-				
☐ EPA ☐ Initial				Re	pauno S	ite - 200 N Repau	ino Ave	III II FI	EB -	3 2	2017	2				
□ DOLWD □ Amende					State, Zip							- 1				
DOH Amenda DCA □ Emerger		ıdinə		Gil	bstown,	NJ 08027		40000	7700							
(NJAC 5:23-8) justificat		ading		Name	e of Contac	ct		ASBES	hbeca	CON	UR(DL &				
☐ Cancella	ation							Telephone NumberNSING								
				FA	CILITY II	NFORMATION										
Name of Facility Where Abatement is	Taking F	Place	(3)				Type of Facility	ty (4)								
Repauno Site							☐ School (K-12									
Street Address				310	891062 2 19-02		Subchapter 8	8 (Other than K-12)								
200 N Repauno Ave							homes, etc.)	private and commercial buildings,								
City (5)							Square Feet	# of Floors	В	ldg. A	ge					
Gibbstown							N/A	N/A		N/A						
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demo	lished)							
Gloucester							Port Termin									
Name of Monitoring Firm Hired by Buil	ding Ow	ner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)									
Harvard Environmental, Inc						Controlled Er	nvironmental S									
Street Address						Street Address		/								
760 Pulaski Highway						1121 N. Bethl	ehem Pike - Si	uite 60								
City, State, Zip Code					City, State, Zip Code											
Bear, Delaware 197001						Spring House, PA 19477										
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.	**************************************	License No.								
Duane Reese			30	2 326	2333	215 542 7000		00847								
	Schedule				(5) (5)	Name of OSHA M	onitor				-111					
_2 / _13 / _17		3 A		/ .	17	CES										
Occupancy Status During Abatement (Street Address										
☐ Facility Closed/Vacated During Enti	re Period	d of Al	bater	ment		1121 N. Bethl	ehem Pike - St	uite 60								
☐ Abatement Performed Outside of No Time of Abatement: 7:00AM-5:00P	ormal Fa	cility I	Hour	s - Des	cribe	City, State, Zip Co	de									
	141/	_F1V!		_AIVI		Spring House	, PA 19477									
Scope of Work (Check all that apply)						□ Eull Cont	ainmant with Non									
≥3 sf or ≥3 lf		Rend				☑ Mini-Encl	ainment with Neg osure	ative Pressure								
≥160 sf or ≥260 lf	\boxtimes	Dem	olitio	n		☐ Glovebag	ag Procedure empted (*) and Non-Friable Procedure									
		le I	ocat	ion		⊠ Non-Exer	mpted (*) and Nor	n-Friable Procedi								
Location of			rmal			Description of			Ab	atem	ent T	ype				
Asbestos-Containing Material (ACM	1)	Used			Asbe	stos Containing Mat		Amount	Rer	Repair	Enc	En				
TO BE ABATED IN Facility		Main		nce/ Staff?		., thermal systems in	nsulation,	(Specify	Remova	pair	caps	Enclosure				
(13)			(12)			surfacing, VAT, other miscellaned		SF or LF)	<u> 20</u>		Encapsulate	ure				
Fall	_		No	N/A							e e					
Exterior pump					Pipe Ma	astic White Vinyl		20 SF	\boxtimes							
Exterior pipes					Pipe Ins	sulation - Tar par	per	15 LF	\boxtimes							
Exterior Light] [Light G	asket		5 EA	\boxtimes							
Exterior Flanges] [\boxtimes	Flange	Gasket		42 EA								
Name of Registered Waste Hauler			985.03	JDEP V		Cubic Yards of	Name of Regist	ered Landfill								
Waste Management			1200	auler ID 17273	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Waste 10	Grows/Tull	ytown Landfill								
City, State	-			Disposal Date	City, State											
Fairless HIIIs, PA							Morrisville,	PA								
Completed By (Print or Type)	Title					Signature	21	D	ate		-					
Patricia Visco	Offic	e Ma	nag	er		Pat	Nisco		, /	1						
SR-41						1 junice	- were		1/2	-/1	1	- 1				