D-12 -6 N-1/6 - 1/2 - (4)											6	1		~ A	18	
Date of Notification (1) 2/9/2016					f Building ank Cec		Operator	(2)		S S	h	LEB	16	4	5.	
Agencies Notified	Type Notification		7	Street A	Address						9	Za.		PA	2.	
EPA DEP DEP DOL	x Initial Amended		-	City St	ate, Zip Co	do					4	100	10	A.	8,	6
X DOL	Amendment	and the same of th	_		a,NJ 07							~ /	SIA	16/4	01	
X DOH	Emergency (justification)	including	1	Name o	f Contact					Tele	pl on	ne Nur	nber	Q	4	
DCA	Cancellation				Ceccac					(2					4.	20200
Name of Facility Where	Abatement is Takin	g Place (3))	FAC	ILITY INFO	ORMAT	ION	Typ	e of Facility (4	4)	-			-		
Residence								П	School (K-1:	0000						
Street Address						AN AND COLUMN TO SERVICE AND COLUMN TO SERVI		X	Subchapter Other (i.e. p	8 (Othe	er fila	n K-12 merci	?) al buil	dings	, hom	es,
City (5)					the Communication			-	etc.) are Feet	# of	FI OI	rs	E	Bldg.	Age	-
Verona					-			1,5	00	2				10+	.90	
County (6) Essex					Code (7) USE ONLY))		Cun	rent Use (Pric	or if bein	ig le	molish	ed)			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCN	Л No.		Name	of Ab	atement Con	tractor	(9)					
N/A									Diagnostic		1.6					
Street Address							Street 16 G		ess vild Ave							
City, State, Zip Code			-						Zip Code					-	the same of	
									gdale, NJ 0	7403						
Project Manager for Mon	roject Manager for Monitoring Firm						Teleph (973		No. -3995		0 1	nse N 81	0.			
Start Date (10)							-	<u> </u>	SHA Monitor					-		
2/19/2016	Ab at a sect (Ob.	2/26/20							Diagnostic	LLC						
Occupancy Status During				25 - 02 - 100 - 4			Street 16 G		ess vild Ave							
Facility Closed/Vaca Abatement Perform	ed Outside of Norm	eriod of A al Facility	baten Hours	nent S					Zip Code						-	
X Other - Describe:						-	75.00		dale,NJ 0	7403						
Scope of Work (Check A	ll That Apply)	promp					graces	179								
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Location			ormal Sole				scription							Ty	/pe	-
Asbestos-Containing TO BE ABA	ATED	Mair	ntena	nce/			taining N systems		al (ACM) lation.	1200	no ni		Z	_	E	ш
In Facili (13)	ty	Custo	(12)	stant?		surfa	cing, VA niscellan	T, or			or .F		Remova	Repair	Encapsulate	Enclosure
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Name of Registered Was	Name of Registered Waste Hauler						Yards		Name of R	Register	ed La	andfill				
Hazmat Diagnostic L	Hazmat Diagnostic LLC					of Was	sie		GROW	3						
City, State						Dispos	sal Date		City, State				7.5.0	***		\neg
Bloomingdale,NJ Completed by	completed by Title						ignature		MORRIS	SVILL	E, 3/	-				
Tatiana Rotaru		Clerk				3	ignature	0	14			Dat 2/9	e 9/16			
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Date of Notification (1)	9 /	16		-			Owner/Operator (2 of Property Man		onstru	:ton=	8 6			
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Agencies Notified ⊠ EPA	Type Notificati	ion				Address	e Street, 9th Floo	O.F.		CON	2		75	
⊠ DOLWD	☐ Amended			-		The state of the s		JI		(D)=	=	_		-
☑ DOH	Amendmer	nt#				ate, Zip Co				7.72			-	
□ DCA	☐ Emergency	y (includ	ling			VIIIVANE INVEST	08625-0034				60	1		
(NJAC 5:23-8)	justification					of Contact			Teleph	ne Numbe	r			
	☐ Cancellation	n			Jasr	nine Mor	ris							
					FAC	ILITY IN	FORMATION							
Name of Facility Where A	Abatement is Ta	king Pl	ace (3)				Type of Facility (
Taxation Building								School (K-12) Subchapter 8		on V 12\				
Street Address			551					Other (i.e., pr			al bui	ldings	s.	
50 Barrack Street								homes, etc.)				Š	4	
City (5)								Square Feet	# of F	ors	Bld	g. Ag	е	
Trenton								10,000	10		1	00		
County (6)					Count	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if bein	demolish	ed)			
Atlantic								Taxation Bu	ilding					
Name of Monitoring Firm	Hired by Buildi	ing Owr	er (8)	1	ASCM N	No.	Name of Abateme	ent Contractor (9)						
USA Environmenta							Shade Enviro	onmental, LLC						
Street Address		-		_			Street Address							
344 West State Stre	eet						623 Cutler Av	venue						
City, State, Zip Code	700						City, State, Zip C	ode						
Trenton, NJ 08618							Maple Shade	, NJ 08052						
Project Manager for Mon	- 1-	Tele	ohone I	No.	Telephone No.	16	Licen	e No.						
John Duggan		60	9-656-	8101	856-755-0099	9	00	42						
Start Date (10)	S	chedule	d Con	plet	ion Dat	e (11)	Name of OSHA N	Monitor						
02/26/	_16_	02	_ / _	27	_ / _	16	EMSL Analyt	tical, Inc.						
Occupancy Status Durin	g Abatement (C	heck or	nly one	e)			Street Address							
☐ Facility Closed/Vacat	2				nent		200 Route 13	30 North						
Abatement Performed	d Outside of No	rmal Fa	cility F	lour	s - Des	cribe	City, State, Zip C	ode						
Time of Abatement: _	AM	PM/ <u>5</u>	:00PI	л- <u>1:</u>	00AM		Cinnaminsor							
Scope of Work (Check a	Il that apply)			-										
57 - 2 - 5 2 15			Reno	woti	on		☐ Full Con ☐ Mini-End	tainment with Neg	gative Pr	ssure				-
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Dem	0.000			☐ Gloveba	g Procedure						
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Location			Used	rma Sole		Acho	Description stos Containing Ma		Δτ	ount	Re	Repair	En	En
Asbestos-Containing TO BE AB		,	Main				thermal systems			ecify	Removal	pair	cap	Enclosure
IN Faci			Custo		Staff?		surfacing, VAT	Γ, or	SF	or LF)	/al		Encapsulate	ure
(13)			'es	(12) No	N/A	-	other miscellane	eous)					ite	
10th Floor Mechanica	al Room					Pipe In:	sulation			LF				
			-				sulation			LF				
10 th Floor Mechanical Room					=	i ipo iii				<u> </u>		П	П	
		L	ال					111 (5		- 4611	ш	ш	Ш	ш
Name of Registered Waste Hauler					IJDEP \ lauler II		Cubic Yards of Waste	Name of Regis			====			
Freehold Cartage				1	02265		1	Cumberla	iu Cou	- Land	ш			
City, State							Disposal Date	City, State						
Freehold, NJ							02/27/16	Newburg,	PA					
Completed By (Print or	Гуре)	Title					Signature		_	Da	te			
Christina Lynch		Ope	eratio	ns	Manag	jer	(m)	ROUX	\supset	2	19	11	2	

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CH#	12/0	111

Date of Notification (1) 02/09/2016				f Building C Living LL		perator	(2)				14	000		2016	****
Agencies Notified Type Notification		-	Street A	oddress Iorris Ave		uite 2/	۸					- (1)	[F	امير دوستا ا ا
EPA Initial Amended Amendment	#		City, Sta	ate, Zip Coo	de	uite ZF					ि	000	_	ח	17
Emergency (i justification) DCA Emergency (i justification) Cancellation		1	Name o	f Contact y Fernand					Te	lephor			=	2	
			FAC	ILITY INFO	RMATI	ON					-	~		.,	
Name of Facility Where Abatement is Taking Multi family house (vacant)	Place (3)						Ту	pe of Facility	10.00			_	•	9	3-11-100-11-1
Street Address							×	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth	ner tha & corr	K-12	2), al bui	ldings	, hom	es,
City (5) Elizabeth							Sq	uare Feet	# 0	f Floo	3	E	Bldg. /	Age	
County (6) Union	.,			Code (7) USE ONLY)				rrent Use (Pricant	ior if be	ing de	nolish	ed)			
Name of Monitoring Firm Hired by Building C J&S Environmental Laboratories, L	Owner (8) LC		ASC	И No.				batement Co	ntracto	r (9)	-				
Street Address 2333 Route 22 West						Street	Add		ue		-	7			
City, State, Zip Code Union, NJ 07083						City, S	state,	, Zip Code nd Park, N							
Project Manager for Monitoring Firm Sherrill L. Gelsomino			elepho	ne No. 06-0073	``	Teleph	none		3 07 42		ise N	0.			
	Scheduled	Com				Name	of O	SHA Monitor							
The state of the s	05/20/20							vironmenta	I Labo	rator	es,L	LS			
Occupancy Status During Abatement (Check X Facility Closed/Vacated During Entire P	eriod of Aba	ateme	ent			Street 2333		ress oute 22 We	st					-1100-4	
Abatement Performed Outside of Normal Other – Describe:	al Facility H	ours			_			Zip Code NJ 07083							
Scope of Work (Check All That Apply)	-						_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovati nolitio				×	N	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					·0	
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Location of	11 COA (1979)4-15***	mally	,	-	Des	scription	of						Ty	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custod (*	enandial St	ce/ aff?	(i.e. t	hermal surfac	aining M systems cing, VA niscellan	s insi		(5	moun Specif or Lf		Removal	Repair	Encapsulate	Enclosure
incide	Yes 1	No	N/A								(Ф	
inside		-	X		p	laster				100 s	ft	х			
outside		X		140	pipe				500	_	x				
outside		Х		WI	indows				149	-	х				
Name of Registered Waste Hauler	Name of Registered Waste Hauler				Cubic '	Yards		Name of	Registe	ered L	ndfill				L
Lilich Corporation ,		uler ID 724	No.	of Was			GROW			, ioiiii					
City, State Woodland Park,NJ				Dispos	al Date	_	City, Stat Morrisv		Α						
Completed by Momo Glavatovic	Title Vice pre	eside	ent		Si	ignature	H	10			Dat 02		2016		

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Date of Notification (1) 02/10/2016		9			f Building lair Boa											
Agencies Notified	Type Notification			Street A									E>	2016		**/12
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× EPA × DEP × DOL	Amended Amendmen	#			ate, Zip Co lair, Nev		ev 0704	42				1	13	6	9	()
▼ DOH	Emergency justification)				f Contact		,			Tel	ephone	Num	ber	-	2	F
DCA	Cancellation			Lenny	Sapona	aro			76	1		13	-			<
Name of Facility Where	Ahatement is Takir	n Place (3	87	FAC	ILITY INFO	ORMATI	ION	Tv	pe of Facility (4	\	-		ニニ	0	Ē	1
Hillside School	ributoment le ruini	19 1 1000 (0						×	School (K-12			(5	7		****
Street Address									Subchapter 8	(Oth				⊒	لــ	
54 Orange Road									Other (i.e. pri etc.)	ivate	& comr	ercia	l buile	dings,	hom	es,
City (5) Montclair, New Jers	sey 07042							Sq	uare Feet	# 0	f Floor		В	ldg. A	ge	
County (6) Essex					Code (7) USE ONLY			Cu	rrent Use (Prior	r if be	ing den	olish	ed)	40		
Name of Monitoring Firm Detail Associates, I		Owner (8)		ASC	И No.				batement Cont	ractor	(9)		28			
Street Address							Street									
300 Grand Avenue City, State, Zip Code									Bride Avenue	9						
Englewood, NJ 076				Telepho			Woo	dlar	nd Park, NJ	0742	1000					
Stephen							Salesan Associ	255	-8400		011(e No 4				
Start Date (10) 02/11/2016	Date (10) Schedule								SHA Monitor vironmental l	Labo	ratori	ıs, L	LC			
Occupancy Status Durin	g Abatement (Che	ck Only Or	ne)				Street					_				
× Facility Closed/Vac Abatement Perform	ed Outside of Norr	Period of A	Abaten Hours	nent S	~				ute 22 West							
Other - Describe:							10000		NJ 07083							
Scope of Work (Check A	II That Apply)						_	7								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		National Control	Renova Demolit				×	Y 1	Full Containmer Mini-Enclosure	nt with	Nega	ve Pr	essu	re		
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		Is	Locat	ion						. /		-		Abate	emen	1
Location			Normal d Sole				scription							Ту	ре	Н
Asbestos-Containing TO BE AB	ATED	Ma	intena todial s	nce/	Asbes (i.e.	thermal	system	s ins	rial (ACM) ulation,	(5	mount Specify		Re	70	Enc	En
In Facil (13)	ity		(12)	J.uii.			cing, VA niscellar			SF	or LF		Remova	Repair	Encapsulate	Enclosure
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Ground floor m	Ground floor mat storage				rem	oval o	f pipe	insu	ılation	1	2 LF		х			
50	,															
				JDEP W												
Transfer of the second	Name of Registered Waste Hauler Lilich Corporation					Cubic of Wa	Yards ste		Name of R GROWS			dfill				
City, State	City, State					Dispos	sal Date	1	City, State							
Woodland Park,NJ									Morrisvill	le, P	Α					
Completed by Momo Glavatovic		Title Vice	presi	det		8	Signature	-	100			Dat 02/		2016		

2016-03 B & G proj. #:

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

***NEW Quantities ***

Check # 7687 Date of Notification (1) Name of Building Owner/Operator (2) 10 | 2 | / | 0 | 9 | / | 1 | 6 | Rendina Health Care Agencies Notified Type Notification Street Address X EPA 661 University Boulevard, Suite 200 Initial DEP City, State, Zip Code DOL Amendment Jupiter, FL 33458 ₩ DOH Teleph ine Number Name of Contact Cancellation ☐ DCA Brian Mock 56. FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facilit (4) Sch 101 (K - 12) Abandoned Building Sub hapter 8 (Other than K-12) Street Address Othe (Private/Commercial Bldg :./Homes, etc. 501 - 503 Broadway # of Floors Bldg. Age Square Feet County (6) City (5) County Code (7) (State use only) Current Use Prior if being demolished) Bayonne, NJ 07002 Hudson Former Cc nmercial Buildings Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. N/A B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 01/05/2016 02/26/2016 **** Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) ▼ Demolition Renovation ☐ Full Containment w/negative pressure Glovebag procedure Mini-enclosure Non-friable procedure >3 sf or >3 lf >160 sf or >260 lf Is location normally used solely E Location of E е by maintenance/custodial е n asbestos-containing Amount Description of asbestos-containing n m staff(12) p C material to be (Specify SF or material (ACM) 0 C a a abated in facility (13) Yes No N/A V D Upper roof X 2.432 s built-up roofing / parapet wall tar X / 160 sf 2nd fl roofs (2) 168 sf X built-up roofing X 880 sf Rear roof built-up roofing X Rear roof roof flashing 260 sf X × 100 sf Rear roof roofing tar X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 Tullytown Resource & Fecovery Center 60 Disposal Date City, State Lincoln Park, NJ 01/05/16 - 02/29/16*** Tullytown, PA Signature Completed by (Print or Type) Date Gordana Luna Gordana Luna Secretary/Treasurer 02/09/2016

Ck:# 2953

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Date of Notification		Name o	of Building Ov	wner / Operator	(2)		P	2016			
	1/26/16		n Commun	ications			- <u>F</u> J:		arrest .		_
Agencies Notified	Type Notification		Address	N			M di	1	1.4		
	_=		ntgomery F				- 01	0	5,	7	
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☐ DEP ☑ DOL	Amended R#1-2/9		urgh, PA 1	272			TICA	anhon			r
□ DOH	Emergency		of Contact				SIN				3
☐ DCA	Cancellation	Alex E						<u></u>	į.	3 1	
		FAC	ILITY INFO	RMATION			OI			ALIA .	
Name of Facility W	here Abatement is Taking	Place (3)		Type of Facility	(4)		9	49			
Verizon				School (K-		V 12)					
Street Address				Subchapte	er 8 (Other than private & com	n N-12)	ildinge	home	s etc	-)	
213 Main Stree	et										
				Square Feet	# of Floor		Bid	g. Age			
City (5)	County (6)	County C	ode (7)	6000		3			35+		
Forked River	Ocean	100		Current Use (P)				
1 OIRCA MIVOI				Communicat							
Name of Monitoring	g Firm Hired by Building O	wner (8)	ASCM No.	Name of Abate							
USA Environme	ntal Management Inc			Bristol Envir		c.					
Street Address	<u> </u>			Street Address							
8436 Enterprise	Avenue			1123 Beaver			-				
City, State & Zip C				City, State & Z							
Philadelphia, PA	A 19153			Bristol, PA 1		Lio	nse Nur	mhor			
Project Manager fo	or Monitoring Firm	Telephone		Telephone Nu			09	IIDEI			
Mark Jenkins		215-365-5		(215)788-604 Name of OSH		000	00				
Scheduled Start D	The state of the s	completion Dat	e (11)		ronmental In	C.					
2/9/16		2/12/16		Street Address		<u> </u>					
Occupancy Status	During Abatement (Check	only one)	tement	1123 Beaver							
	osed/Vacated During Entire	e Fellou of Abe	Zom to 3nm	City, State & Z			**				
	t Performed Outside of No	rmai Hours –	ani to spin	Bristol, PA 1							
	5:00 PM - 1:30 AM			Direction, 177							
	ccupied During Abatement							- 55	5854		
Scope of Work (C	heck all that apply)						with Ne	gative	Pres	sure	
≥3 sf or ≥3	R If	⊠ Ren	ovation		Mini-End						
2160 sf ≥2		☐ Den	nolition		Glove Ba	ag Proce	lures	1111	(22)		
					Non-Exe	empted a	id Non-l	Friable	Proc	edu	re
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	in Facility (13)	(12)	Stail:	or other miscella	aneous)			Val	=-	Encapsulate	<u>a</u>
	(13)	Yes No	N/A							(D	
Company Door				VAT & Mas	stic	40	SF				
Generator Roo			H	MASTIC		160	SF	\boxtimes			
OLD TANK RO	OM IN BASEMENT		H								
			H								
			H								
			 								
(5	1 Menta Haular		IDEP Waste	Cubic Yards	Name of Reg	istered L	ındfill				
Name of Register	ed vvaste Hauler	1 100000	auler ID No.	of Waste	Market Server Mark						
Service Transp	ort Inc.	20	990		Minerva La	ndfill					
City, State				Disposal Date	City, State	-3X					
New Castle, DE	=				Waynesbur	g, Ohio					
Completed By (P		Ti	tle	Signature			7 .	Date			
Patrick T. De		1 1 2 2 2 2 2	roject	120	1 M 100	1	10	1/26	3/16		
ratifick I. De	50a10	100000	anager	Parick	2 M.De	John	17				
1			representation and the second				1.7				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check#2419		(Purs	uant	to NJAC	8:60 a	nd 5:16)		L	-				
Date of Notification (1)			N	lame o	f Building	Owner/Op	perator (2	?)					-		
02/	09 / 16	_	D	ana T	hompson	ì									
Agencies Notified	Type Notification		_		Address					Telephone		3		113	•
☐ EPA	Initial										\$	6	2	6	2
DOLWD	Amended		(City, St	ate, Zip Co	ode					3		3		1
DHSS	Amendment #	41	S	ummi	t, NJ 079	01					Se !	'n.			1
DCA (NJAC 5:23-8)	Emergency (incligation)	uaing			of Contact					Telephone	Number	6			- 0.5
(110)10 0.20 0/	Cancellation		D	ana T	hompson	1						- (¬	3	
					ILITY IN		TION					1	4	0	?
Name of Facility Where	Abatement is Taking	Place (3)					Туре	of Facility (4	1)	-	-	2)	0
Residence	· · · · · · · · · · · · · · · · · · ·		200						ichool (K-12)				(2	
Street Address			- V.S.						Subchapter 8 Other (i.e., pri			l buil	dinas		
									nomes, etc.)	ivate and c	IIIIIEIGI	Duit	unigs		
City (5)								Squa	are Feet	# of Floc	S	Bldg	g. Ag	9	
Summit, NJ 07901															
County (6)				County	Code (7) (STATE US	E ONLY)	Curr	ent Use (Pric	or if being (emolishe	d)			
Union															
Name of Monitoring Firm	n Hired by Building O	wner (8)	A	SCM N	No.	Name o	Abateme	ent Co	ontractor (9)						
						Gr Tech	LLC								
Street Address						Street A	ddress								
							ley Rd #								_
City, State, Zip Code							ate, Zip C								
			-				NJ 0747	70		License	No				
Project Manager for Mo	nitoring Firm		Telep	hone N	NO.	Telepho				TO THE PARTY OF TH	NO.				
Start Date (10)	School	uled Co	mnlati	on Dat	a (11)	973-638	f OSHA N	Monito)r	01127					-
02 / 18	AND THE RESERVE THE PROPERTY OF THE PERSON NAMED IN	2 /													
Occupancy Status Durin						Street A		onsul	tants,Inc						-
Facility Closed/Vaca				nent	+0			. Doo	4 DId~ # 3	25E					
Abatement Performe	ed Outside of Normal	Facility	Hours	- Des	cribe		vagaraw ate, Zip C		d, Bldg .# 3	315	-	-			
Time of Abatement:	AMPN	N	PM_		AM	Control of the contro	wn, NJ 0)						
Scope of Work (Check a	all that apply)			-		T all Da			decontamin	ation with	egative p	ress	ure		
	100,10000	V 5		70			Full Cor Mini-End		nent with Neg	ative Pres	ure				
>3 sf or >3 lf 2 160 sf or >260 lf			ovatio nolitio			\boxtimes	Gloveba	aa Pro	cedure Π	Tent with N	egative F	ress	ure		
		Name of the last o			100		Non-Exe	empte	d (*) and No	n-Friable F	ocedure		10		
400-000-00		3331	Locati ormal					00040				Aba	ateme	nt Ty	/pe
Locatio Asbestos-Containing		1000	Sole		Ashe	De stos Coni	scription		L(ACM)	Amo	nt	Re	Repair	En	Enc
TO BE A	BATED	1	ntena			e., therma	systems	insul		(Spe	ify	Remova	pai	caps	Enclosure
IN Fac (13)		Custo	odial 8 (12)	otan?			cing, VAT miscellane			SIF or	LF)	val	7	Encapsulate	ure
(10)	!	Yes	No	N/A		Other	mocnan	cous			1			Θ.	
Danamant			П	X	Dina hit	uminous	inculation	on		50 LF	-	\boxtimes	П	П	П
Basement			1			OII			-						
Basement	Ц_	X	Tar pap	er ceiling	g cover			10 SF			블				
												Ш	Ш	Ц	Ш
Name of Registered W	aste Hauler		NJE	EP Wast	e Hauler ID No	Cubic Y	ards of Wa	ste N	ame of Regis	stered Land	fill	V. 100-110-1			
Gr Tech LLC			(03378	85	TB	D		R.R.F. Inc						
City, State						Dispos	al Date	C	ity, State						
Wayne, NJ 07470						TB	D	Tu	ullytown, P.	A					
Completed By (Print or	Type) Titl	9				Si	gnature /	1.	Wenad	A	Date	е			
N.Jevtic	Ow	ner					He	دسلاح	Wenad	/	02/0)9/2()16		
ASB-41	1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	5 23		200 2	V.28 026	61		AV 7/4	// PM PM PM						

State of New Jersey CA

& Energena	NO	Pu (Pu	CATION rsuant t	OF ASBE o NJAC 8	STOS A	12:120	VIEN)	NT		X		536	5			
Date of Notification (1) 2/9/16				Building C takiwick								\$5B		3110	1	i di
Agencies Notified Type Notification E EPA Initial		Ş	Street Ad	Idress								EST(r	FR		
DEP Amended Amendment #				te, Zip Coo gg Harb		08087						ENS	702	ν Σ	!!	-
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding	100	Name of Jake	Contact						Tele	ph	ne-Num	per =	X.		1
			FACIL	ITY INFO	RMATI	NC	_				_	0	-		- Mari	
Name of Facility Where Abatement is Taking Jake Ptakiwick Private Home	Place (3)						Ту	71	acility (4)			1		-		
Street Address							×		chapter 8 er (i.e. pri					lings,	home	es,
City (5) Little Egg Harbor NJ 08087								quare F 000+	eet	# of	Flo	ors		ldg. A 5+	ge	'
County (6) Ocean			County C	Code (7) ISE ONLY)			11000	urrent (louse	Jse (Prior	if beir	ng (emolishe	d)			
Name of Monitoring Firm Hired by Building Ov N/A	wner (8)		ASCM	No.				Abatem to Inc.	ent Cont	ractor	(9)					
Street Address						Street PO E		dress x 329								
City, State, Zip Code								e, Zip C Serlin N	ode NJ 0809	91	_	-				
Project Manager for Monitoring Firm		1	Telephor	ne No.		Teleph 856-		e No. 3-980	0			ense No				
	Schedule 9/12/16	d Com	pletion [Date (11)		Name Sam		OSHA I	Monitor							
Occupancy Status During Abatement (Check		2)	-			Street	Add	dress			_					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of A	batem				City, S	State	e, Zip C	ode							
Scope of Work (Check All That Apply)											_					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	enteredament.	enova emoliti				×		Mini-E Glovel	ontainment nclosure pag Proce xempted	edure					e	
	ls l	ocati	on			**************************************				(/ =::				Abate	ement	
Location of		ormali I Solei		20.00		scription							_	l y	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maii Custo	ntenar odial S (12)	nce/ Staff?				s in AT, d	nsulation or		(5	mo Spe or	17.57	Removal	Repair	Encapsulațe	Enclosure
Exterior Cidina	Yes	No	N/A		Evto	rior Si	din			10	200	SF	x			-
Exterior Siding		Х		EXIG	1101 31	uiri	19		10	_	31	Α				
			,													
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		l N	lame of F	Registe	erec	Landfill				
United Containers		Н	auler ID 2459		of Was				3.R.O.V							
City, State Elm NJ				Dispos	al Date)	1000000	ity, State Norrisvi		A 1	3067					

Date

2/9/16

Signature

Completed by Anthony T Perna

Title

President

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) 02/09/2016						Name of Building Coremark Mahwah 17,L	Owner/O	per	tor (2)	2		
Agencies Notified		Noti	fication '	Type		Street Address 392 Main Street			‰ G3	-		U
⊠ EPA				tification	20	City, State, Zip Code				60	C	
□ DCA			mended		on (including	Wyckoff, NJ 07481	18/ - 1 1 -	T-1-	_00		un.	
⊠ DOL ⊠ DEP			ergency fication)		on (including	Name of Contact ; Brian	Wasilenko	<u>l ele</u>	hone elu	mbe	-	_
⊠DOH			ancelle					120			€,	=
									DH	(192)	< < —	ent.
		- 11	DI	۵)	FACILITY INF	Type of Facility (4)				-	-	3
Name of Facility Where Al Caps Facility	batement is	aking	Place (<u>3)</u> FOI	rmer Suburban	☐ School (K-12) ☐ Subchapter 8 (other t	than K-12)		ROL	[2]		
Street Address 380 Route 17 South						XOther (i.e. private & cor Sf 2500 Floors .Ag		ings.,	iomes, et	c.		
City (5)	County (6)				Code (7)	Current Use (prior if being	g demolished)	:				
22 20 500	Bergen			(State	Use Only)	Former Suburban Caps						
Mahwah								_				
Name of Monitoring Firm Bioterra Solutions	Hired by Bldg	, Own	ner (8)	ASCM	No.	Name of Contractor (9) BL Contracting,Inc						
Street Address	Transfer of the second					Street Address						
1130 West Chestnut St						5 Marguerite Lane						
City, State, Zip Cod Unio	on NJ 07083	3				City State, ZipCode Towaco 07082						
Project Manager for Monit	toring Firm	Tele	phone N	Number		Telephone Number			se Numb	er		
Ricky Wstaguio		973-	494-372	26		973-901-0153		0120	5			
Scheduled Start Date (10)	1			Completi	on Date (11)	Name of OSHA Monitor						
		02/2	2/2016			BL Contracting Inc.						
02/19/2016 Occupancy Status During	Abatament (Check	only or	ne)		Street Address						
☑ Facility Closed/Vacated	d During Enti	re Per	iod of A	batemen	nt	5 Marguerite Lane						
☐ Abatement Performed												
Describe						City, State, Zip Code						
□Other – Describe:						Towaco, NJ 07082						
Source of Work (Check al	I that apply)					vNo	n EXampted a	nd N	n Friable	Procedu	re	
□ > 3 sf or > 3	If				☐ Renovation		ni-Enclosure	ilia ivi	III IIII	. 100040		
≥ 160 sf or :					□ Demolition		lovebag Proce			_		
171A V						⊠ Fu	III Containmen	it with	Vegative	Pressure	9	
Location of Asbestos-	ls L	ocation	Norma	illy	Description of As	sbestos Containing Materia			Abatem	ent Typ	2	
Containing Material (ACM)		d Sole				mal systems insulation,	(Specif	fy SF	Domono	Repair E	noon E	nologa
Facility (13)			stodial S	itaff?	surfacing, VAT, o	or other misc.)	or LF)		Kemove	Kepan D	neah m	101030
	(12) YE		NO	NA								
Main Bldg. Office Area		T		X	VAT/Mastic		300 sf		X			
		-	-	X	Built-Up Roof F	lashing	800 sf	_	X			
Main Bldg. Roof				CU .	Duite-op Roof P				New Market			
							,					
Name of Reg. Waste Hauler NJDEP Waste Hauler ID #						Cubic Yards of Waste		Nan	of Regis	stered La	ndfill	
Waste Management of Per	Waste Management of Pennsylvania 32604							T.R.				
		-					Disposal Da	ate	2	City, Stat	e DA	
							On about	02/22		ullytowr	, PA	
Completed by (Print or Ty	pe)	Title	× .			Signature		Date			- 3	
Nedo Vasilic			sident			Nedo Vasil	ic		//2016			
								_				

Check a570

Date of Notification (1)	0	Name	of Building Ov	ner/Operato	r (2)	A	. ,					\neg
2-	9-16		/ 1		1550	L	onst	500	-10	1		
	otification	Street	Address Q	Mar	egar	e+"	Ro	ad			44	
	tial nended	City, S	tate, Zip Code		D. 1	1	AIT	(70	111	200		23
	nendment # nergency (including	-	10-4-4	Cak	Kid	ge_	Telepho	Q V	77	分	bet.	177
Z DOH jus	stification)	~	of Contact	nnak	0221		Teleprio	e Mulius	S 1)	. 80	_	Free !
DCA C	incenation		CILITY INFOR					THE C	S	0	Ž.,	_
Name of Facility Where Abateme	12				Type of F	acility (4))	01	00	P		175
Street Address	use	1			☐ Sch	ool (K-12) chapter 8) 3 (Other the	n K-氨	=	E	3	
Sileet Address					Oth etc.		ivate & cor	mercial		ngs,	omes	5,
City (5) Lavalle	He M	T	1875	3	Square F		# of Floo	's	Blo	ig. Ag	e) -t -	
County (6)	110 10	Count	y Code (7)				if being d					
Oceas	<u> </u>	8	E USE ONLY)	Name	Sing e of Abatem		ractor (9)	WRE	_ [7	عدي	5	
Name of Monitoring Firm Hired b	ne.esics	ASI	NO.	Nam	EPC	TEE		logi	es		in	6
Street Address	× 337			Stree	Address Address	ox i		0				
City, State, Zip Code	7.14	05	1537	City	State, Zip (A &	71	05	15	3	3
Project Manager for Monitori g	im.	Telep	hone No.		phone No.	- JY		nse No.	7		1	
Steve Sche	nkea		758-3		758-		5	06	١	7	1	
Start Date (10)	Schedule	Completion	on Date (11)	Nam	e of OSHA		molo	ios	I			.
Occupancy Status During Abater	ment (Check Only One		14		et Address			رحا				
Facility Closed/Vacated Dur	ing Entire Period of A	batement			P-0.		337					_
Abatement Performed Outs Other – Describe:	ide of Normal Facility	Hours			State, Zip (417	- 0	a	33	2	
Scope of Work (Check All That A	(vigos			1	6	TAPE	/0~		0-	ر ر		\neg
≥3 sf or ≥3 lf		enovation			□ Full C	ontainme	nt with Ne	ative Pro	essur	е		
≥160 sf or ≥260 lf	> De D	emolition			A 100 CO	nclosure bag Proc						
							(*) and No	1-Friable		edure Abate	4	-
••	10-000	Location ormally		2 803						Ty		
Location of Asbestos-Containing Materia	Used Used	Solely by	Asbesto	Descriptions Containing		(CM)	Amou	nt			m	m
TO BE ABATED	Iviai	ntenance/ odial Staff?	(i.e. t	hermal system surfacing, \		on,	(Spec		Remova	Repair	сар	Enclosure
In Facility (13)		(12)		other miscell					oval	air	Encapsulate	sure
	Yes	No N/	Α								0	
exterior Wa	lls	X	Sid	ing Sh	lingk	S	1000	SF	X			
Carano				J	J							
						Name of I	Registered	andfill				
Name of Registered Waste Hau	er		Waste ID No.	Cubic Yards of Waste			9030 7 7			,	ດ	Λ,(
	ologies	17	000	Diameter		City, State	e Mai	agen	rent	0	- 1	M
City, State	+ NJ	N		Disposal Da			isville		A			
Completed by	Title	. ^	1	Signati		~ 0		Dat	eg	9-	11	
Steve Schenke	R HRe	siden	Γ	0	leep)	سال	h		×_	1	9	

	NO		ATION	te of New OF ASBES o NJAC 8:	STOS	ABATEN			0	A BES	E	Œ	16	Ei	ì
Date of Notification (1) 02/09/16		1000		Building O				ON	2	MG F	B 1	6	BM I	0	
Agencies Notified Type Notification EPA Initial			treet Ad						A.S	BES	03	CE	HI	J: į	6
DEP Amended Amendment # Emergency (inclu	ding	_ H	AZLE	e, Zip Cod T, NJ 07 Contact					Tele	nhone	Vumb	KS//	YG	401	
DOH justification) Cancellation		1000	IORM.	AN MEY	10120000	ON			1						
Name of Facility Where Abatement is Taking Pla	ce (3)		FACIL	ITY INFO	KINIATI	ION	Туре	of Facility (4	1)						
HOME Street Address								School (K-1; Subchapter Other (i.e. p	8 (Othe			build	ings,	home	s,
City (5) HAZLET, NJ								e Feet	# of	Floors		Bl	dg. A	ge	
County (6) MONMOUTH COUNTY				ode (7) SE ONLY)			Curre	nt Use (Prid /IE	or if beir	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building Owner	er (8)		ASCM	No.	-			tement Con		, ,					
Street Address							Addres	SS DOVE CO	DURT						
City, State, Zip Code			Ť.					ip Code DD, NJ 08	3701		7			0	
Project Manager for Monitoring Firm		+ 7	elephor	ne No.		100	none No 668-9			Licen 1200	e No.) 10 [7	51		
	neduled /19/16	The second secon	pletion [Date (11)				A Monitor PROFE		NALS			2		
Occupancy Status During Abatement (Check Or			0 ×		1,0		Addres	SS DOVE CO	DURT						
Facility Closed/Vacated During Entire Perior Abatement Performed Outside of Normal F Other – Describe:	d of Ab acility H	ateme lours	ent		_	City, S	state, Z	ip Code OD, NJ 0							
Scope of Work (Check All That Apply)							_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic					Mir Glo	I Containment- ni-Enclosure ovebag Prod n-Exempted	edure					e	
		ocatio										9	Abate Ty	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenan	y by ce/		os Cor therma surfa	escription ntaining Mal system acing, VA miscella	Material s insula T, or	ation,	(5	mount Specify or LF		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			OM TU	_	*	2	0 SF		77			
INTERIOR	-				A	CM TIL	.E		3	0 SF	-	X			
					-										
The state of the s		+													
Name of Registered Waste Hauler NEWARK CARTING		Ha	JDEP Wauler ID 509		of Wa		À	Name of IESI	Registe	ered La	ndfill				
City, State NEWARK, NJ						osal Date 9/16	9	City, Stat		ЛРА.					
00p.0	Γitle OWNE	ER				Signatur	е	32			02/	e 09/1	6		

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)											
February 8, 2016					Hundal Group, Inc											
Agencies Notified Type of Notification					Street Address											
[X] EPA	[X] Initial	Notifica	tion													
[] DEP	[] Amen	ded Noti	ification	⊩	City, State, Zip Coo	e										
[x] DOL		dment #	Contract Con		City, State, Zip Coc											
[x] DOH		gency (in	cluding			Union										
[] DCA	- C - C - C - C - C - C - C - C - C - C	cation)			Name of Contact	Number	~									
	[] Cance	mation			Solam	Ahmad			140	_		الا پاسمىسى				
				FACI	LITY INFORM	ATION			Solu		1	-				
Name of Facility Where Al		Place (3)	(i				Type of Facility (-0-	-	_	177				
Off	ice Building						[]	School	k-(あ) C	2	2	111				
Street Address							[]	Subcha	iter & John	er than	k-12)	Firm				
	00-1620 Route 2	22					[X]	Other (e., priwate	e & cor	interci	al build				
City		Count	, (6)		County Code (7)			etc.) I			· Secret					
City		County	y (0)		STATE USE ONL'	0	Square feet 20,000 sf	Foors Bldg. Age 3 60								
Union		Unio	n	'			Current Use (Pri	or if being de	nolished)	T	- 0	0				
Onion		Omo	11					ce Buildin	Control of the Contro							
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM No.	Name of	Abatement Contrac									
Gua	ardian Contract	ing, In	c				Gua	rdian Con	acting,	Inc.						
Street Address		5290				Street Ad										
	39 Rte. 9, Unit 6	51				0: 0:		Route 9,	Jnit 61							
City, State, Zip Code						City, Sta	te, Zip Code	o Divor N	NV Jarsey 09755 1271							
Toms River, NJ 08755 Project Manager for Monitoring Firm Telephone Number						Telephor	ne Number	is River, I	w Jersey 08755-1271							
Nicholas Fernicola 732-349-9932)0624										
Scheduled Start Date (10) Scheduled Complet					n Date (11)											
2/19/16	6	E.M.S.L. Anal rtical														
Occupancy Status During Abatement (Check only one)						Street A										
[X] Facility Closed/Vacated During Entire Period of Aba							1056	6 Stelton F	oad							
Abatement Performed Outside of Normal Facility He					rs	City, Sta	te, Zip Code									
[] Oth					ataway, N	w Jerse	y 088	54								
			r 1													
Scope of Work (Check all			l J	Full Containm		tive Pres	sure			1						
r./1						[X]	Mini-Enclosu									
[\(\sigma \) >3 sf or ≥3 lf [\(\sigma \) Renov						L ^ .			Eriable I	Procedu	ro					
[] ≥160 sf or ≥260 lf [] Demol					on	, L	Non-Exempte	a (*) and No	-Friable r	Tocedu	re					
							Abatement Type									
2007			Is Location	n .		Description				R	R	Е	E			
Location of Normally used						oestos-Con Material (A		100	Ar ount	E	E	N	N			
Asbestos-Containing Material (ACM) Solely by TO BE ABATED Maintenance/Custodial						ify SF	M	P A	C A	C						
TO BE ABA in facilit		Main	tenance/Cu Staff	istodiai	(i.e., thermal systems or LF)								LO			
(13)	У		(12)		insulation, surfacing, VAT, or V R								S			
(15)			(12)		other miscellaneous)							U	U			
+		YES	NO	N/A				L		L	R					
			T	Г								Е	Е			
Boiler room X					Asbestos pipe fittings 30 X											
Name of Registered Waste Hauler NJDEP Waste Hauler					D No. Cubic Ya	ards of Was			īll							
Guardian Contracting, Inc. 20223					2 T.R.R.F.											
City, State	200 B			Disposa		City, St										
				2/23/1												
Completed by (Print or Type) Nicholas Fernicola Title Project Manager			or	Signature Date 2/8/2					2016							
Nicholas Fernicola Project Manager				UI		_	11/			2/0/	2010					

*Do not use this form for asbestos licensure exempted activities

	N			o NJAC 8:						j.	EC	F1	i . ~				
Date of Notification (1) 02/05/2016	100	Name of Building Owner/Operator (2) Tom Trautner										9 5	D				
Agencies Notified Type Notification I linitial I Amended Amendment #_		C		idress e, Zip Code n, NJ 070	E	E C	CO	M IO	i 5								
Emergency (in justification) DCA Cancellation	cluding	N	Name of Contact Tom Trautner									er A	G	O.L			
Name of Facility Where Abatement is Taking I House		FACILITY INFORMATION Type of Facility (4) School (K-12)															
Street Address		etc.)								or mercial buildings, home							
City (5) Millburn							N/A	W 0				N	Bldg. Age N/A				
County (6) Essex			STATÉ U	Code (7) ISE ONLY)	_			molished)									
Name of Monitoring Firm Hired by Building Ov N/A		ASCM	l No.		D&S	of Abate))										
Street Address					11 R		ren Ave										
City, State, Zip Code	-1				Toto	City, State, Zip Code Totowa, NJ 07512											
Project Manager for Monitoring Firm		elephor			Teleph 973-		nse No.										
	d Com 016	pletion [Date (11)			Name of OSHA Monitor D&S Abatement Inc.											
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe		ent	0, 10	70		reet Address 1 Rosengren Ave											
Abatement Performed Outside of Norma Other – Describe: Occupied		City, State, Zip Code Totowa, NJ 07512															
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Full Containment with Net ative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and No																
Location of	Locatio	/		Des	Description of Containing Material (ACM) rmal systems insulation, surfacing, VAT, or her miscellaneous) Amo (Spe						Abatement Type						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	d Solely ntenan odial S (12)	ce/		hermal surfac						у	Removal	Repair	Encapsulate	Enclosure			
Basement	X		pipe	and f	fitting i	ng insulation 128 l				=	Х						
										_							
Name of Registered Waste Hauler	100000	JDEP W	1000	Cubic	9					andfill							
D&S Abatement Inc.		Hauler ID No. of Waste TBD					Waste Managen					r ent Of PA					
City, State Totowa, NJ		Disposal Date City, State TBD Tullytown, PA															
Completed by Oliver Hegedis	Title Proje	ct Ma	nager		S	Signatur	POL	_		_	Date 02/05/2016						

Check#12036

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVER! ITY OF NJ February 8, 2015 Agencies Notified Notification Type ENVIRONMENTAL HEALTH & SAFETY DEPT. ☑Initial Notification **DEPA** D DCA □Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGS ON CAMPUS X DOL City, State, Zip Code ■ Emergency (including PISCATAWAY, NJ 08854 ▼ DEP- No Longer REQUIRED justification) Tele phone Nrimber Name of Contact X DOH □ Cancelled MICHAEL SMITH, ENV. 171 DO LLI **HEALTH & SAFETY** =0 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 00 mon **JOHNSON APTS, BLDG# 3738** ☐ School (K-12) ZO ☐ Subchapter 8 (other than K-12) (1) Street Address Other (i.e. private & commercial buildings, iomes, etc.) **BUSCH CAMPUS** # of Floors: 2 Bld | Age 60+ years Sq. Feet: N/A County Code (7) City (5) County (6) Current Use (prior if being demolished): A(ADEMIC = (State Use Only) **MIDDLESEX PISCATAWAY** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) 0098 CARDNO GREENWOOD ABATEMENT CONS JLTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 **BURLINGTON, NJ 08016** Project Manager for Monitoring Firm Telephone Number Lice ise Number Telephone Number 609-386-8800 BRIAN KEARNY 973-492-0477 00 40 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/18/16 02/29/16 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code ☑Other - Describe: Shift Hours: 3:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure ■ Mini-Enclosure **X**Renovation $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ ■ Demolition Glovebag Proce ure X> 160 sf or > 260 lf X Non-Exempted (*) and Non-Friable Procedure Description of Asbestos Containing Material Amount Abatement Type Is Location Normally Used Location of Asbestos-Containing (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose Staff? (12) or LF) VAT, or other miscell.) YES 1,000 SF Room (APTS 895-897) X VAT Name of Registered Landfill NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Cubic Yards of Waste: 30 CY G.I.O.W.S. North Landfill See Below See Hauler Below #1 & 2 Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill 02/29/16 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 19067 NJ DEP# 04509 215-736-1700 Da : Completed by (Print or Type) Raymand C. Pedalino February 8, 2015 SENIOR PROJECT RAYMOND C. PEDALINO MANAGER

MO 23171650650

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)											EB 16 AMID: 15							
Date of Notification (1) 02/01/16	10 0000	lame of Nick Ku	Building C undla		21	16	EB 16 4											
Agencies Notified Type Notification		S	Street Address							AF	٠.	A	11/1	: 15	-			
EPA X Initial			City, State, Zip Code							Q C	1/05	Ca	NTO					
EPA DEP Amended Amendment #		Edgewater, NJ 07020									ICENSING							
Emergency (inclining justification) DCA Emergency (inclining justification) Cancellation	Name of Contact Telepho										o le Number							
Z DCA Cancellation		FACILITY INFORMATION																
Name of Facility Where Abatement is Taking Pl Nick Kundla)					Ту	pe of Facility (School (K-1											
Street Address		Subchapter								n K-12) mercial buildings, homes,								
City (5)			etc.) Square Feet							Flor								
Edgewater			Square rec							, , , ,			-3	-				
County (6) Bergen County		County Code (7) (STATE USE ONLY)					ırrent Use (Pri	ng d	molished)									
Name of Monitoring Firm Hired by Building Own		ASCM	l No.		Name of Abatement Contractor (9) Pro Abatement									-				
Street Address					Street 1009	ress th Street S	4											
City, State, Zip Code			O#101			, Zip Code ergen, NJ (
Project Manager for Monitoring Firm	T	elephor	ne No.		Telephone No.					nse No.								
		pletion [Name of OSHA Monitor HILMAMM CONSULTING L														
02/12/16 02 Occupancy Status During Abatement (Check O		Stree					AND STREET, ST											
Facility Closed/Vacated During Entire Peri		ent					OUTE EAS	ΤE	07									
Abatement Performed Outside of Normal I Other – Describe:		City, State, Zip Code UNION NJ 07083																
Scope of Work (Check All That Apply)				1		_												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	enovat emoliti	olition Mini-Enclosure Glovebag Proce						e cedure		1								
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Location of	lormally	/		De	escription of							Ту	pe					
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Name of Registered Waste Hauler	1100000	JDEP Wauler ID	Cubic of Wa			Toron section	Name of Registered MEDOWLANCH											
SAN TON SERVICES	100000	22430							ICF	=5 00	JIVIIVI	1010	IN					
City, State KENILWORTH, NJ				Dispos	sal Date		City, Sta KEARI		J									
Completed by Bryan Parra	ect Ma	nager	8.85	S	Signatur	14	KANK	AVIC	7	Dat 02	e /01/1	6						