STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

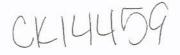
(PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 16 17 Mondelez International Street Address Agencies Notified Type of Notification 2211 Route 208 North EPA Initial City, State, Zip Code DEP Amended Fairlawn, New Jersey, 07410 DOH Amendment # Name of Contact DOL Emergency w/ justification ROBERT GABEL Cancellation FACILITY INFORMATION LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Mondelez International School (K-12) Street Address Subchapter 8 (Other than K-12) 2211 Route 208 Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) County Code (7) # Of Floors Square Feet Building Age Fairlawn 1,000,000 Bergen 3 Current Use (Prior if being demolished) 40 + Bakery/WAREHOUSE Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NON NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 907 Doolittle Drive City, State, Zip Code 32 Williams Parkway Bridgewater, NJ 08807 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number Eric Houseknecth 908-218-1108 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number __19 02 02 17 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway 1 Other - Describe: 11PM - 10AM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition 1 Renovation Full Containment with Negative Pressure V >3sf or >3lf Mini - Enclosure ≥160 sf or ≥260 If 1 Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of ls Description of Abatement Type Asbestos Containing Location Asbestos - Containing R Normally Material (ACM) Amount Е N TO BE ABATED Used (I.e., thermal systems M E C C (Specify in Facility Solely insulation, surfacing, VAT, SF or LF) 0 A (13)by Mainor other miscellaneous) V 0 Α tenance/ A S S Custodial R U I. Staff (12) YES NO N/A BAKERY MEZZ PIPE & FITTING 80 LF 1 Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NEWARK CARTING Hauler ID No. Yards I.E.S.I. 4509 of Waste City, State Disposal City. State NEWARK, NJ Date BETHLEHEM, PA 18105 Completed by (Print or Type) Title Signature Date Steve Stiles Project Manager 02/16/17

ASB-41

CK14460

7		(G		F	Print/For	m	ř
	(7	1
		EEE	4	=,	6847		1

										FFE	1 1	1 2	5011
Date of Notification (1) FEB. 15, 2017				of Building C uis Health			(2)		100				175.6
Agencies Notified Type Notification				Address Duquesne	Boule	vard			ASB	L	CEN	ISIN	(THC G_
EPA DEP DOL Initial Amended Amendment				ate, Zip Cod , NJ 0872			100000000000000000000000000000000000000			-			
DOH Emergency (injustification) DCA Cancellation	ncluding			of Contact han Rhoa	ades			Te	lephone Nun	nber			
			FAC	ILITY INFO	RMATIC	N		_		-			
Name of Facility Where Abatement is Taking Coral Harbor Rehab Center		3)					Type of Facility School (K						
Street Address 2050 6th Avenue							Subchapt	er 8 (Oth	er than K-12 & commercia		dings	, hom	es,
City (5) Neptune City			-				Square Feet		f Floors		190		
County (6) Monmouth				Code (7) USE ONLY)			Current Use (F Rehab Cen	rior if be	•				
Name of Monitoring Firm Hired by Building C			ASCN	M No.			of Abatement C shing Touch A			ent (Corp.	, Inc	
Street Address	1100)	<i>-</i>					Address hompson Str	eet		2	372		
301 E. WARD ST. City, State, Zip Code HIGHTS TOWN, N8 0	050)/\				City, S	tate, Zip Code t Long Branc		7764				
Project Manager for Monitoring Firm	0 V a		Telepho			Teleph	one No. 222.8372	11, 110 0	License No).			
Start Date (10)	Schedul	od Con	onlotion	-37/-29 Date (11)			of OSHA Monito	or	00040			11 12 13 13 13	
MARCH 21, 2017 Occupancy Status During Abatement (Check	Only Or	2/4	22,2	017			Address						
Facility Closed/Vacated During Entire Po	eriod of A	Abatem	nent				tate, Zip Code						
					-		20. 9%						
Scope of Work (Check All That Apply)						_	1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				Y	Full Contains Mini-Enclosu Glovebag Pr	ire ocedure	1000 1000 1000 1000 1000 1000 1000 100				
		1					Non-Exempt	ed (*) and	d Non-Friable	e Pro		e ement	
Location of		Locati Iormal			Dosc	ription	of					ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar odial S (12)	nce/	(i.e. th	s Contai	ining M ystems ng, VAT	aterial (ACM) insulation, Γ, or	(8	mount Specify For LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									te	10
4 PATIENT ROOM			X		1	VAT	4(66	\$ 56 H	X			
Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic Ya	ards	Name o	f Registe	red Landfill				
Finishing Touch Asbestos Abatemen	t Corp.		auler ID 2058	Division of	of Waste	Э			ANDFILL				
City, State WEST LONG BRANCH, NJ 07764					Disposa	10ate	City, Sta MORE	ate RISVILI	_E, PA				
Completed by JOSEPH P. MILLER	Title PRE	SIDEI	NT			nature	for Mela		Date	2//	5/	17	
ASB-41 (R-06-08)					V.	Do not	use this form fo	or asbest	os licensure	exen	pted.	activit	ies.



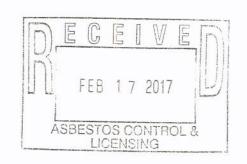
M.	C	B		V	E	
M						
UL	FEB	1	7	2017		11

Data of Notification (4)								IU L	1	LU	1	1	2011
Date of Notification (1) FEB.15, 2017)			Name HAR	of Building Owne OD ARENA	r/Operato 732-86	or (2) 7-6616						
Agencies Notified	Type Notificatio	n		Street	Address				ASBE			COI	
□ EPA	☑ Initial				ELL NECK R	DAD		1		LI	CEI	1011	<u>vu</u>
Ø DEP DOL	Amended Amendme	nt #		SALE	tate, Zip Code EM, NJ 08079								
□ DOH □ DCA	☐ Emergency justification ☐ Cancellation	1)	9		of Contact ETTE MCGR	ANE		7		_	3		
Name of Facility Where	e Ahatement is Tak	ina Place /	21	FAC	ILITY INFORMA	TION		1					
HAROD ARENA	PROPERTY	ing Place (3)				Type of Facility (4	35					
Street Address 9 RIDGE ROAD							School (K-12 Subchapter Other (i.e. prefc.)	8 (Other tha	n K-12) mercial	build	dings	, hom	nes,
City (5) OLD BRIDGE					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Square Feet 1564	# of Floor	rs		ldg. / 954		
County (6) MIDDLESEX					Code (7) USE ONLY)		Current Use (Prio RESIDENCE	r if being de	molished	1)	-		
Name of Monitoring Fir N/A	m Hired by Building	Owner (8))	ASCI	M No.	Name Finis	of Abatement Cont shing Touch Asb	ractor (9) estos Aba	atemer	nt C	orp	., Inc	 D.
Street Address						100000000000000000000000000000000000000	Address hompson Stree	t					
City, State, Zip Code						City, S Wes	State, Zip Code st Long Branch,	NJ 07764					
Project Manager for Mo	nitoring Firm			Telepho	ne No.		none No. 222.8372	Licer 000	nse No. 140				
Start Date (10) 2/28/17		Schedule 3/1/17	ed Co	mpletion	Date (11)	Name N/A	of OSHA Monitor						
Occupancy Status Durin	ng Abatement (Che	ck Only Or	ne)		***************************************	Street	Address				-		
 ☐ Facility Closed/Vac ☐ Abatement Perform ☑ Other – Describe; 	cated During Entire med Outside of Norr	Period of A mal Facility	Abater Hour	nent s		City, S	tate, Zip Code						
Scope of Work (Check A	All That Apply)									-			
☐ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			lenova emoli			1	Mini-Enclosure Glovebag Proce	dure					
		Is	Locat	ion			Non-Exempted (and Non-	Friable I			e emen	t
Location Asbestos-Containing			lormal d Sole		De	scription	of		_	1	Ту	ре	
TO BE AB In Faci (13)	lity		intena odial 3 (12)		(i.e. therma surfa	itaining M I systems icing, VA miscellan	T, or	Amount (Specify SF or LF))	Removal	Repair	Encapsulate	Enclosure
1ST FLO	OOR	Yes	No	N/A X		1/AT						6	
2ND FLO		-		X		VAT		1000SF	100	-			
						VAI		1000SF	Х				
Name of Registered Was				JDEP W		Yards	Name of Re	gistered La	ndfill				
Finishing Touch Asb	estos Abateme	nt Corp.,	1 1	auler ID 2058	No. of Wa		FAIRLES	S LANDE	FILL				
City, State WEST LONG BRAN	NCH, NJ 07764		-		Dispo 3/5/1	sal Date 7	City, State MORRIS	VILLE, PA	LE, PA				
Completed by JOSEPH P. MILLER	}	Title PRES	SIDE	NT	5	Signature	Ille	TRAINING THE	Date 2/15	/17	Y		
						11 14/ 11		and the second s	1				

1 1h	112	
	12000	

			(Pursuar	nt to NJA	C 8:60 a	nd 12:120	0)							
Date of Notification (1) 2/13/2017				Name NJD	of Building	g Owner	Operator RESO	(2) UR	CE DEVE	LOPN	1ENT	F	EB	17	20
L	pe Notification			Street	Address BOX 42				-1 ii			SBE		S CO	
EPA X DEP DEP DOL	Amended Amendment				state, Zip (NTON, N		25						LIV	CIVO	ING
M DOH □ DCA □	Emergency justification) Cancellation		g		of Contac AYNE	t	1000			Te	lephone N	umber			
N				FAC	CILITY IN	ORMAT	TION			-0					
Name of Facility Where Abat RESIDENCE	ement is Takir	g Place	(3)					Тур	oe of Facility School (K-						
Street Address								×	Subchapte Other (i.e. petc.)	r 8 (Oth	ner than K- & commerc	12) cial bui	ldings	s, hon	ies,
OLD BRIDGE TOWNS	HIP							Squ	uare Feet	# 0	of Floors		Bldg.	Age	
County (6) MIDDLESEX					Code (7)	n		Cur	rrent Use (Pri	or if be	ing demolis	shed)		3	
Name of Monitoring Firm Hire USA ENVIRONMENTA	ed by Building (L MANAGE	Owner (8 MENT	, INC		M No.				batement Cor ROTHERS			NG			
Street Address 344 WEST STATE STR	REET						Street /		ess ELAND AV	ENUE	=				
City, State, Zip Code TRENTON, NJ 08618						199			Zip Code A, NJ 0751	12					
Project Manager for Monitorin WILLIAM WEISGARBE				Telepho	one No. 56-8101		Telepho	one	Section of the sectio		License N	No.			
Start Date (10) 2/23/2017		Schedu 3/8/20		mpletion	Date (11)		Name o	of OS	SHA Monitor S (9) ABO	VF	00101				1700-
Occupancy Status During Aba	tement (Check	k Only O	ne)				Street A			-					
Facility Closed/Vacated I Abatement Performed Or Other – Describe: VACA	utside of Norm	eriod of al Facilit	Abater y Hour	ment s			City, Sta	ate,	Zip Code						4
Scope of Work (Check All Tha	t Apply)											1000		7	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	1,000	processor.	Renova Demoli				×	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				۵	
Location of			Locat Normal	NE 182		-			an Exempted	7 / 0111	71171171146	10	Abate	ement pe	
Asbestos-Containing Mate TO BE ABATED In Facility (13)	rial (ACM)	Ma	ed Sole intena todial s (12)	nce/		tos Cont thermal surfac	scription of aining Ma systems in cing, VAT miscellane	ateria insul	lation,	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
SEE ATTACHE	D	Yes	No	N/A								_		ite	Ф
OLL ATTACTIL	.0											X			
Name of Registered Waste Ha	uler		IN	JDEP W	'aste	Cubic '	Yards		Name of R	Penister	ed Landfill				-
TWO BROTHERS CONT			Н	auler ID 8743		of Was			Commission of the Commission o		AGEME		R.O	.W.S).
City, State OTOWA, NJ			,			Dispos 3/8/20	al Date		City, State		E, PA				
Completed by /IVECA RAMOS		Title PRO	JECT	COOR	RDINATO		gnature MM4	en.	a Ru	m	Da 2/	te 13/20	17		

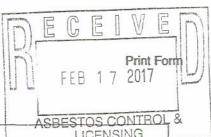
NJDEP Cheesequake State Park 304 Gordon Road Old Bridge Township, NJ 08857



Material	Location	Quantity
Drywall Joint Compound	Throughout	5,500 SF
Flue Cement	108	4 SF
Floor Tile (Multi-layered)	106, 108	497 SF
Window Glazing/Door Pane Glazing	Exterior	4 Units
Condensate Sink Coating	106	6 SF
Ceramic Wall Tile Adhesive	102	150 SF
Tar Roof Flashing	Roof - Chimney, Vents	18 SF

			RECEI	VED	02/10/201	7 04:10PM					
0 2017 05:03PM NJ Asbestos Conf	rol 609.63	3.0664		page	1		D)_	E	C		
UL4096			lets of Now Jors	MAA	passent la constitución de la co	A CONTRACTOR OF THE CONTRACTOR			EB	is E	7 20
	KOT	THICATIO	H OF ASSESTOR to MJAC 8:60 a	ARATE	AMENT D	OL - 10	777	-	#	EM	SING
Dass of Notification (1) 02/10/2017		Neme : Miraj	of Building Owner. Academy	Operator		ig to	11.5	1	+		7
Agencies Notified Type Notifice Bon			Address Main Breet	and the second s		~~~	7	T	+	*********	-
DEP DOL Amended Amendment Emergency	(Inch whom	City, St Clifto	ata, Zip Code n, NJ 07011	enveneendings.	Way.	ER APP	211	<u>J</u>	\dagger		
DOH Emergency justification) DCA Canoalistic	(= structural)	Ferid	of Contact Bedroli		-		a glotterie	- AND SECTION	-	_	-
Name of Finding Where Abstract is Take Mirel Academy	g Pleca (2)	FAG	HUTY WEDSHA	JON	Type of Fedley	(4)	19		b		
Street Address 1251 Main Street		******	NACANTA MATATA		School (K- Subthepts Other (J.e.	-12) 17 & (Ostrer Bran) private & comm	(-12) brokal bud	in a	, hom	50,	
City (5) Cilition	Militaria a sua	⁶⁰ мина [‡] ссиднаванео	and the second of the second o	on which were still	Square Feet 10,000	9 of Floors		504 504	dga .		1
County (6) Passing	E Significant	1	Cede (7) USS OHLY)		School	for if being demo			WATERLAND	and the same of	- Contraction of the Contraction
Name of Meniforing Firm Hired by Building Envirovision Consultants, Inc Street Address	Owner (8)	ASC:	VI No. 79	Name Bake	of Abasement Co Construction	arader (6) I å Resionatio	n, inc	ahrinas Zhapani sa	MANAGES		
20-21 Wageraw Road Bidg, 35E	747	· · · · · · · · · · · · · · · · · · ·		Street	Address Route 46 Su	aga magaarina daarahaa ayaa ayaa ayaa ayaa ayaa ahaa ah	helesan here	NONCOMPRESE DA	with contract,	La Control	
Feir Lawn, MJ 07410	Nonecon	- Paul	- Andreas de la constantina del constantina de la constantina del constantina de la	City, S Talor	late, zip Code WB, NJ 07512	er Auguston comments of the	married or the Section	- Constant	sir(tament)		
Project Manager by Monitoring Parn Frederick Lareson Start Date (10)	The same property constraints.	*	35-9145	973-	258-7010	License 0666	e Alp.	and the same of th	pro-projector)	QSS-re-real	1
02/11/2017 Cocupancy Steple During Applement (Chec	60/eduled 0/ 02/12/201	ompletion 7	Date (11)	Bake	of OSHA Monitor Construction	& Restoration	n, Inc.	ata da de la companya de la company	Marine Constitution		- Charlender
Facility Closest/Acceled During Entire ! Abatament Performed Outside of Norm Other Describe:	1000-0-0-0	erresii 174		295A	Addrese N Rouse 46 Su Ulbs, Zip Cade	in 50	*************	erec puncture to	Section of the latest	alerca and	College representation of the College of the Colleg
Scope of Work (Check All Their Apply)		CONT			WB, NJ 07512	HUP UHOER		1100	441.		
5 5160 BLOL 5380 B 53 81 01 53 BL	Renor Demo		Brond handle	5-60 P	Fre Contelant Mail-Endower Gloveben Pro	on with Hegesin s	e Presseu	TB		unirk.	PINAL
Asherine Completes Metadal Control	la Loca Norm Used So	affy	De	ecription	of	OMMONIBLE CONTRACTOR OF THE STATE OF THE STA		Abole	ymeri ya	*extend to	
Asbestos-Containing Material (ACM) IO BE ABATED as Pacity (13)	Maintan Custodia (12	Brick! Suit?	Asbesbe Con (i.e. thermal surfa other	talning M systame cong, VA niscesen	insulation, T. or	Amount (Specify SF or LF)	Rasmoval	Rapas	Eacajeulsk	Baracopara:	
Basement Corridor	Yes No	N/A	Wet Cleanup	and H	EPA year of	400 SF			100	10	
To contract Auto 1 77 a			C	onldor	COLUMN TO SERVICE STREET	enter and the second se	-			_	
Basement Corridor	 X	-	repair	enda of	pipe	SLF		X			
Name of Registered Waste Hauler Sako Construction & Restoration, In	c. 1	NJOEP W Hauler ID 20889	ente Cueix No. of Wei 2			Repidered Law Win Resource		L_I	acilft	y	
City, State Tolowa, NJ	NAME OF THE OWNER, WHEN THE OW		Disco: 02/13	al Dels /2017	City, State Tultytov	vn, PA		***************************************	- Wash	-	
Camplated by Darnir Valjevac	Project M	anager		Ignatura TUL	Andrew St.	1	Danova Danova	1643	er an Apparet		

CKHO96



Date of Notification (1) 02/10/2017	10800 E01 E0110			Building Cademy		erator	(2)				LI	CE	NSI	NG	-
Agencies Notified Type Notification		1	Street Ac		-										
EPA DEP DOL Initial Amended Amendment # Emergency (ii justification)		- [Clifton Name of						Tel	ephone N	lumber				and the second second second
DCA Cancellation			Ferid E									_			_
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INFO	RMATIC)N	Туре	e of Facility (4	1)		-				\neg
Miraj Academy							V	School (K-1)	2)						
Street Address 1251 Main Street								Subchapter Other (i.e. pi etc.)				aldi	ngs, l	nome	S,
City (5) Clifton							Squa 10,0	are Feet	#0	f Floors	OF LICE AND DESCRIPTION OF THE PERSON OF THE	Blo 50	ig. A(je	
County (6) Passaic		T	County C	Code (7) USE ONLY)	***************************************	_		ent Use (Prio	r if be	ing demol	ished)				
Name of Monitoring Firm Hired by Building C Envirovision Consultants, Inc	wner (8)		ASCM 0007					atement Con			n, Inc				
Street Address 20-21 Wagaraw Road Bldg. 35E						Street 265		ess ute 46 Suit	e 3D						
City, State, Zip Code Fair Lawn, NJ 07410								Zip Code NJ 07512							
Project Manager for Monitoring Firm Frederick Larsson		T	Telephor	ne No. 36-9145		Teleph 973-		No. 7010		License 0666	No.				
	Scheduled 02/12/20			Date (11)				HA Monitor	& Re	storatio	n, Inc				
Occupancy Status During Abatement (Check	Only One)				Street							-		
Facility Closed/Vacated During Entire P	eriod of Ab	aten	nent		1	265/	Ro	ute 46 Suit	e 3D						
Abatement Performed Outside of Norma Other – Describe:	al Facility h	lour	S		_ [Zip Code NJ 07512							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Recovered	nova	ation tion			No.	Fi M G	eT clear ull Containme ini-Enclosure lovebag Proc on-Exempted	ent witt edure	h Negativ	e Pres	SUFE	:		AIHM
	Is L	ocat	tion					The state of the s			T	F	bate		-
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tena	ely by ince/ Staff?		os Conta thermal	system ing, VA	Materia s insu T, or	1	(Amount Specify F or LF)	NG III OV G	Damoud	Repair	e Encapsulate	Enclosure
	Yes	No	N/A					and the state of t				-		6	1,0
Basement Corridor		Χ		Wet C	leanup	and I	HEP/	A vac.of	Ą	00 SF		-			
					С	orrido	r								
Basement Corridor		Х		r	epair e	nds o	f pip	e		3LF	_	-	X		
Name of Registered Waste Hauler		P	NJDEP W	/aste	Cubic	Yards		Name of	Regist	ered Land	160				-
Bako Construction & Restoration, In	c.	1	Hauler ID		of Was			Tullytov				ove	ry F	acili	у
City, State Totowa, NJ					Dispos 02/13	al Date /2017		City, State Tullytov		A					
Completed by Damir Valjevac	Title	t M	anager		S	gnature	en	16/3			Date 02/10)/2	017		

Ch 1063	N		CATION	OF ASBE ONJAC 8	STOS	ABATE		Т	Service and the service of the servi	D.E	C	<u> </u>	$\underline{\mathbb{W}}$	
Date of Notification (1) 02-14-2017		1		Building C Santos	wner/C	perator	(2)		Anna Anna Anna Anna Anna Anna Anna Anna	d heat	FEB	1 7	2017	7
Agencies Notified Type Notification			Street Ad	dress					and professional designation	ASB	ESTO	S CC	NTR	01.8
X EPA X Initial Amended Amendment #				te, Zip Coo sex, NJ		i			-	7,00	Lici	ENSI	NG	
Emergency (ir justification) DCA Emergency (ir justification) Cancellation	ncluding	100		Contact Santos					Tele	ephone Nu	ımber			
			FACIL	ITY INFO	RMATI	ON			G16725		-			
Name of Facility Where Abatement is Taking Private Dwelling	Place (3)					Тур	oe of Facility (4 School (K-1	2)					
Street Address							×	Subchapter Other (i.e. p etc.)	8 (Otherivate 8	er than K-1 & commerc	12) cial buil	dings,	home	s,
City (5) Middlesex							Sq N/	uare Feet A	# of N/A	Floors	100	lldg. A I/A	ge	
County (6) Middlesex			County C	Code (7) ISE ONLY)			Cu	rrent Use (Prid	or if bei	ng demolis	shed)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCM	l No.				batement Cor Safety LLC	tractor	(9)				
Street Address			1			Street 12 N		ress e Ave #F2						
City, State, Zip Code								, Zip Code ook, NJ 070	58					
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 973-		No. 6-0099		License 01317	No.			
	Schedule		pletion [Date (11)				SHA Monitor Safety LLC						
Occupancy Status During Abatement (Check	Only Or	ne)				Street							770	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	eriod of A	Abatem	ent					e Ave #F2 , Zip Code						
Other – Describe: Occupied	ar r aciinty	riours	S.		-			ook, NJ 070	58					
Scope of Work (Check All That Apply)						_	_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				2	×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				e	
	Is	Locati	on									Abat	ement rpe	
Location of		Normal d Sole				scription						T		
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar	nce/					rial (ACM) sulation,	100	rmount Specify	₽ R	77	Enc	E
In Facility	Cus	todial S (12)	Staff?	,,,,,,	surfa	icing, VA	AT, c	or	SI	F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		other	miscella	neot	15)			/al	=	ılate	ıre
Basement		X			Pipe	e Insula	atio	n	7	70 LF	x			
							_				-	-		
Name of Registered Waste Hauler		I N	JDEP W	l /aste	Cubic	Yards		Name of	Regist	ered Land	fill			
United Safety LLC			lauler ID 036820		of Wa	2500000		Grows		51 1				
City, State Pine Brook, NJ					TBD			City, Stat						
Completed by Vanco Petkov	Title Proje	ect Ma	anager		3	Signatur	re	T GOV.	19		Date 02-14-	-2017	7	

Project #			FICATIO	State of N ON OF AS nt to NJA	BESTOS	ABATE		т	Check # 3	3708			
Date of Notification (1)		(1				N 000, 11 N 12 N 12 N 14 N				and a constant		-	
02/13/2017				of Buildin nal Gua	-		(2)						\mathbb{V}
Agencies Notified Type Notification	n			Address Grove	St								
EPA Initial Amended				State, Zip						FE	1	7	2017
DOL Amendmer				y Hill, N					bal b.				
DOH justification)	9		of Contac	ot				Telephone N	umber	202	00	VITRO
DCA Cancellatio	n		Ted	CILITY IN	FORMAT	TON			_);FI	JSIN	IG.
Name of Facility Where Abatement is Taki	ng Place	(3)	FA	CILITIN	FURIVIA	ION	Тур	e of Facilit	y (4)		111001111		
National Guard Armory Street Address								School (F	(-12)				
2001 Grove St								Subchap Other (i.e etc.)	ter 8 (Other than K- private & commen	·12) cial bu	ilding	s, hon	nes,
City (5) Cherry Hill, NJ							Squ	are Feet	# of Floors		Bldg.	Age	
County (6) Camden				Code (7)			Curi	rent Use (F	Prior if being demoli	shed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.				atement C	ontractor (9)				
Street Address 1253 North Church St						Street	Addre	ess					
City, State, Zip Code								Side Rd Zip Code	April				
Moorestown, NJ 08057				12				NJ 07	369				
Project Manager for Monitoring Firm		(one No. 840-880	0	Teleph 973-93			License 01133	No.			
Start Date (10) 02/24/2017	Schedul 02/27/2	ed Cor		Date (11		0.00000 0.000		SHA Monito					
Occupancy Status During Abatement (Chec	k Only O	ne)				Street A	Addre	ess					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of a	Abaten / Hours	nent			2333 F	MIDOO WA	22 Zip Code					
Other – Describe:								07083					
Scope of Work (Check All That Apply)	-					_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Taxable of the last of the las	Renova Demolit				*	Mi Gl	ni-Enclosu ovebag Pr	ocedure				
	Is	Locati	on				INC	n-Exemple	ed (*) and Non-Fria	DIE Pro	3-10-12	emen	
Location of	1	Normali d Solei	У		Des	scription of	of					ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar odial S (12)	ice/	Asbes (i.e		aining Ma systems cing, VAT niscellane	insula , or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Boiler Room	Yes	No	N/A	TSI					15.1.5			ate	œ.
Restroom/ Shower		×		1666000					45 LF	*			
		*		TSI					205 LF	*			-
Name of Registered Waste Hauler		N	IDEP W	/aste	Cubic `	Varde .		Namasi	Registered Landfil				
lick Restoration LLC		Ha	uler ID 782		of Was			G.R.O.					
City, State Randolph, NJ 07869					Dispos TBD	al Date		City, Sta Tullytov					

Signature

Date 02/13/2017

Completed by Elvira Mrda

Title President

	EG	Print Form	F
	FEB	1 7 2017	
Ĺ			

Date of Notification (1) 2/14/17					of Building		Operator	(2)							011
Agencies Notified	Type Notification	N		[15] [15] [15] [15]	Address	uite 30	2				ASBE			CON	
EPA DEP X DOL	Initial Amended Amendmen Emergency justification	(including	-	Lakev	ate, Zip C vood, No	J 0870	1		Те	elephone	e Numi				
DCA DCA	Cancellation			Moe					1						
Name of Facility Where	Abatement is Takir	ng Place (3)	FAC	ILITY INF	ORMAT	ION	Type of Facility	(4)						
233 Lincoln St, Lak								School (K							
Street Address 233 Lincoln St								Subchapt Other (i.e.				buil	dings	, hom	es,
City (5) Lakewood								Square Feet 2000	2	of Floors	3	E	Bldg. A	∖ge	
County (6) Ocean					Code (7) USE ONLY	n		Current Use (P home	rior if be	ing dem	nolishe	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	M No.			of Abatement Co			;				
Street Address								Address	OURT	 Г					
City, State, Zip Code			17 - 12					tate, Zip Code EWOOD, NJ	08701						
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	one No. 668-9078		Licen 1200	se No.				
Start Date (10) 2/24/17		Schedule 2/27/17	d Con	npletion	Date (11)		The state of the state of	of OSHA Monito LEAD PROF		NALS					
Occupancy Status During	g Abatement (Chec	k Only One	e)				Street	Address				77.6			
Facility Closed/Vaca Abatement Perform	ated During Entire	Period of A	baten	nent				IITE DOVE C	OURT						
X Other – Describe: _		nai Facility	Hours				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tate, Zip Code EWOOD, NJ	08701						
Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	II That Apply)	processors.	enova emolit	50 (50 to to			×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure					e	
		100000	ocati	Control of the Contro										ement pe	
Location Asbestos-Containing		Used	ormal Sole	ly by	Ashes		scription	of aterial (ACM)	Δ	mount	F		,,		
TO BE ABA In Facili (13)	ATED	Custo	itenar idial S (12)			thermal surface		insulation, Γ, or	(5	Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
EVTED	00	Yes	No	N/A			0				_	-		Ф	
EXTERI	OR					-	Siding		, 20	000SF	>	2			
Name of Registered Was	te Hauler		IN	JDEP W	/aste	Cubic	Yards	Name of	Registe	ered Lan	dfill				
NEWARK CARTING			Н	auler ID 1509		of Was		IESI	rtogioto						
City, State NEWARK, NJ		- 000				Dispos 2/27/	sal Date 17	City, Sta BETHL		1 PA					
Completed by JOSEPH PERLSTEII	N	Title OWNE	ER			S	ignature				Date				

						*	111111				1 11	
Date of Notification (1) 02 /	14 /	17				g Owner/Operator ovelopment	(2)	FEB 17	2017-	> 6	3	The same of the same
Agencies Notified ⊠ EPA	Type Notifica	ition			Address 4 th Stree	et .	A	SBESTOS CO LICENSII		L &		
□ DOLWD	☐ Amended				State, Zip C	223	Company of the Compan	LICENSII	VO			1
⊠ DOH	Amendme		-	S5		NJ 08701						
DCA (NJAC 5:23-8)	☐ Emergend		g		of Contac			Telephone Num	har			
(13.13 3.23 3)	Cancellat	70		Abe	Myers							
				FA	CILITY IN	FORMATION	1977		7	32		
Name of Facility Where	Abatement is T	aking Plac	e (3)				Type of Facility ((4)			100	
Residence		•					School (K-12					
Street Address								(Other than K-12		ildina		
							homes, etc.)	rivate and comme	ICIAI DU	llulrig	5,	
City (5)	and the same						Square Feet	# of Floors	Blo	dg. Ag	ge	
Lakewood							800 sf	1	(35		
County (6)				Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Ocean							Residence					
Name of Monitoring Firm	n Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
N/A			000			Guardian Co	ontracting, Inc.					
Street Address						Street Address	_	2)				
						1889 Route 9	9, Unit 61					
City, State, Zip Code						City, State, Zip C	ode					
						Toms River,	New Jersey 08	755				
Project Manager for Mor	nitoring Firm		Tele	phone	No.	Telephone No.		License No.				W ===
						732-349-993	2	00624				
Start Date (10)	S	Scheduled (Comple	tion Da	te (11)	Name of OSHA	Monitor					
02 / 24 /	17	02	/ _ 27	_ / _	17	E.M.S.L. Ana	alytical					
Occupancy Status Durin	g Abatement (0	Check only	one)			Street Address						
□ Facility Closed/Vacat	ted During Entir	e Period o	Abate	ment		1056 Stelton	L					
Abatement Performe						City, State, Zip C	ode					
Time of Abatement:	AM	PM/	PM-		AM	Piscataway,	New Jersey 08	854				
Scope of Work (Check a	III that apply)						va ce we serverowne	Taken uses				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enovat emolitio			☐ Mini-En☐ Gloveba	ntainment with Neg closure ag Procedure empted (*) and No		ıre			
			s Loca	tion					1	atem	ent T	vne
Location	n of		Norma			Description	of		-	_		T
Asbestos-Containing TO BE AB			ed Sole aintena			stos Containing M e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facil		7,000	stodial	Staff?	(1.6	surfacing, VA		SF or LF)	oval	=	psu	Sur
(13)		-	(12)	1	-	other miscellan	eous)				ate	CD
		Yes		N/A								
exterior					asbest	os siding		800 sf				
Name of Registered Wa	ste Hauler		1.00	JDEP		Cubic Yards of	Name of Regis	tered Landfill				
Guardian Contract	ing, Inc.		F	lauler I 2022:		Waste 3	T.R.R.F.					
City, State				2022	,	Disposal Date	City, State					
Toms River, New J	lersey					2/28/17	Tullytown,	Pennsylvania				
Completed By (Print or T	Гуре)	Title				Signature		1 0	ate			
Nicholas Fernicola		Projec	t Man	ager			1///	1	2	14	10)

				8	06	EN			Prin	t Form
NOT	State of Ne FICATION OF ASB Pursuant to NJAC	ESTOS AE 8:60 and 1	2:120)		B	e ce	\$ A			900
Date of Notification (1)	Name of Building PSE&G	Owner/Ope	erator (2)		FEB 1	7 21)17		
Agencies Notified Type Notification	Street Address 4000 HADLE	Y ROAD			last les			own was controlled		and the second
EPA Initial Amended Amendment # Amendment #	City, State, Zip C	ode	o Fi	ELD.	b J	ASBESTOS (SINC	TRO	L &	
Emergency (including justification) DCA Cancellation	Name of Contact	1		1/4 R		Telephone Nun	nber			-
	FACILITY IN				acility (4)	•				
Name of Facility Where Abatement is Taking Place (3)				Sch	100l (K-12)) (Other than K-12	2)			
Street Address	111			Oth	er (i.e. pri	vate & commerci	ial buil	dings	, home	s,
7801 TONNELLE	HVE.			Square I		# of Floors	1	Bldg.	,	
NORTH BERGEN	County Code (7)			APP > Current	600 Use (Prior	if being demolis		pps	60	YRS
County (6) + LUDSON	(STATE USE ONL		_		Su	BSTAT		N		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS	ASCM No. 0045		UNIC	QUE SY	ment Control STEMS	ractor (9) OF AMERIC	A IN	D	New years	
Street Address 64 BROAD STREET			Street 396	Address WHITE	HEAD A	VE.				
City, State, Zip Code MATAWAN, NJ 07747				State, Zip JTH RIV	Code ER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER	Telephone No. 732-290-221	17	732-	hone No. -432-83		License I	No.			
	Completion Date (1	1)	Name	of OSHA	Monitor STEMS	OF AMERIC	A IN	C.		
Occupancy Status During Abatement (Check Only One			Stree 396	t Address WHITE	HEAD A	VE.				
Facility Closed/Vacated During Entire Period of Ab Abatement Performed Outside of Normal Facility F Other – Describe:	stors only			State, Zip JTH RI\	Code /ER, NJ	08882				
Scope of Work (Check All That Apply)	<u>. </u>									
	novation molition			Mini-	Enclosure	edure				
				X Non-	Exempted	d (*) and Non-Frid	able P		ure ateme	nt
No.	ocation ormally	De	scriptio	on of			-	_	Туре	\top
Asbestos-Containing Material (ACM) TO BE ABATED In Facility Asbestos-Containing Material (ACM) Mair Custo	Solely by atenance/ idial Staff? (12)	bestos Con (i.e. therma surfa	taining I syster icing, V	Material ((ACM) ion,	Amount (Specify SF or LF)	Kelliova	Kepali	Encapsulate	Enclosure
(13) Yes	No N/A								fe	L CD
NE OF CONTROL HOUSE	× TRI	ANS:1	= 1	ANE	15	325,				
CONTROL HOUSE	× AC	2m C	AUI	1		40 41		X L	-	
RooF		o Fing				300 SF	100	<u> </u>	-	
Roof	NJDEP Waste		Yards	SHIN	Name of	Registered Land				
Name of Registered Waste Hauler ETGI	Hauler ID No. 000692061	of W	aste	20		STOGA LANI	DFILL	-		
City, State FLANDERS, NJ			B B	2	City, Sta MORG	ANTOWN, P	Doto			
Completed by Title CAROL RAIMO OFFI	CE MGR		Signat	ure Rol	La	ins	Date 2	11.	3/	7

40	DEN	Print Form
N	OT FAIR	9700000

		(Pu	rsuant 1	to NJAC 8	:60 and	12:120)	Ψ			E 00	1 6	100	-
Date of Notification (1)		4,000	lame of	Building O	wner/Op	erator	(2)		M	FFR	1 7	20	17	1
Agencies Notified Type Notification			Street Ad 1000 F	ddress IADLEY	ROAD					FEB	+-/	-20	1/	- Santage
DEP Amended X DOL Amendment #		_ 3	Sou 7	te, Zip Cod		oF.	ELI	, N.		SBESTO			ROL	&
	cluding		2:01	Contact HARD	FA	m	14		Tele	nhone Numl	ner			-
Name of Facility Where Abatement is Taking	Place (3)	FACII	LITY INFO	RMATIC	N	Туре	of Facility (4)					
PSE4 G		to.						School (K-1		10 - 10-01-12-11				
7801 TONNEL	LE	A	VE	,				Other (i.e. p	rivate &	r than K-12) commercial	buildi			S,
City (5)							*****	e Feet	10000000	Floors		dg. Ag		100
NORTH BER	GE	N	County C	Code (7)			Curre	600 nt Use (Prid	or if bein	g demolishe	(d)	(× (60 }	RS
HUDSON		(-	STATE	ISE ONLY)		1				TAT	, 0	J		
Name of Monitoring Firm Hired by Building Ov ENVIRONMENTAL TACTICS	wner (8)		ASCN 0045					ement Cor SYSTEMS		(9) AMERICA	INC.			
Street Address 64 BROAD STREET						396 \		EHEAD A	AVE.					
City, State, Zip Code MATAWAN, NJ 07747						SOU	TH R	p Code VER, NJ	08882					
Project Manager for Monitoring Firm TOM GEIGER			relephor 732-29	ne No. 90-2217		1	none No 432-8			License No 01111				
Start Date (10) (5)	Schedule 3	d Com	1	Date (11)				A Monitor		MERICA	INC			
Occupancy Status During Abatement (Check	Only Or	ie)					Addres	s EHEAD A	Δ\/F					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	I Facility	Hours		ely		City, S	state, Zi	p Code IVER, N.		2				
Scope of Work (Check All That Apply)	stol	2		/				,						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demolitio					Min	i-Enclosure	e cedure	Negative Pr			9	
	Is	Locatio	on.			1						Abate	ment	
Location of		Normally d Solel				cription						Ту		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenan todial S (12)	ce/		os Conta thermal surfac other m	system ing, VA	s insula T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			A								_
NE OF CONTROL HOUSE		×		TRAN				·/s		32 SF	X		-	
CONTROL HOUSE		×		ACM						OLF	X			
RooF		X		ROO F	,			2915		00 57	×			_
RooF		X	JDEP W	Roo F	Cubic		HiA	Name of		red Landfill	X			
Name of Registered Waste Hauler ETGI		Ha	auler ID 06920	No.	of Was	te	٥			A LANDFI	LL			
City, State FLANDERS, NJ					T	al Date	S	City, Stat MORG		WN, PA				
Completed by CAROL RAIMO	Title OFF	ICE M	GR		S	ignatur	e Bal	Las	mà	Dat /		91	16	2
						-		-				-		

	MPEN	Print Form
NT	NOTIFICA	Tion"

Date of Notification (1)	100 000000	me of B	uilding Own	er/Operator	(2)	The second second	D/L	G			7 [5	
Agencies Notified Type Notification		eet Add	ress ADLEY RO	DAD		-		FEB	17	201	7	
EPA Initial Amended Amendment #_C	-	y, State OUTH	, Zip Code PLAINFIE	ELD, NJ (7068	of tillah need to	ASI	PECTO	0.00			
Emergency (including post post post post post post post post	uding Na	me of C	ontact ARD	FAM	uLAK	20	Telepho	e Numb	S.CC	MIF	IOL	& -
		FACILI	TY INFORM	IATION		Facility (4)						
Name of Facility Where Abatement is Taking Pl	ace (3)				□ Sc	hool (K-12)						
Street Address	4				T SI	bchapter 8 her (i.e. pri	(Other tha	an K-12) nmercial	buildir	ngs, h	omes	,
1801 TONNELLE	E AVE	E			Square	c.)	# of Flor			lg. Ag		
City (5)	GEN					600	/		1000	-		YRS
County (6)	C	ounty Co			Current	Use (Prior			d) '			1
HUDSON			SE ONLY) _	Nome	of Abata	Su E		110	N			-
Name of Monitoring Firm Hired by Building Own ENVIRONMENTAL TACTICS	ner (8)	ASCM 0045	NO.	UNI	QUE S'	YSTEMS	OF AM	ERICA				
Street Address 64 BROAD STREET					t Address WHITE	HEAD A	VE.					
City, State, Zip Code MATAWAN, NJ 07747				. City.	State, Zip UTH RI\	Code VER, NJ	08882					
Project Manager for Monitoring Firm TOM GEIGER		elephon	e No. 0-2217		hone No.			ense No 1111				
Start Date (10)/	cheduled Comp					A Monitor YSTEMS	OF AM	ERICA				
Occupancy Status During Abatement (Check C	Only One)	1/9	000		et Address							
Facility Closed/Vacated During Entire Per		ent				HEAD A	VE.					
Abatement Performed Outside of Normal Other – Describe: Melasam of	Facility Hours		ly		State, Zip UTH RI	Code VER, NJ	08882					
Scope of Work (Check All That Apply)	_				П					_		
23 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovati Demolition				Mini Glov	Containme i-Enclosure vebag Proc	edure					
					X Non	-Exempted	(*) and N	on-Friabl			ment	
	Is Location			Descripti	on of	1				Ту		
Location of Asbestos-Containing Material (ACM)	Used Solely Maintenan	y by		Descripti Containing	Material		Amo (Spe		R R		Enc	回
TO BE ABATED In Facility	Custodial S (12)		•	ermal syste surfacing, \	VAT, or	uori,	SF or		Removal	Repair	Encapsulate	Enclosure
(13)		NVA	c	ther miscel	laneous)				val	=	ılate	ure
N.C. = 0 (1)	Yes No	N/A	TPANS	ITE PA			21	SF	X			
N.E. OF CONTROL HOUSE	×			CAULK		2		LF	×			
CONTROL HOUSE	1			19 MATE			300		×			
Roof	X		ROOF		HING	c	300	SF	X			
RooF Name of Registered Waste Hauler	N.	JDEP W	/aste	Cubic Yards		Name of	Registere					
WASTE MANAGEMENT		auler ID 125		of Waste	10	GROW	S NORT	Н				
City, State ELIZABETH, NJ		1110		disposal Da		City, Stat MORRI	e ISVILLE	, PA		V.		
Completed by	Title			Signat		0 .		07127	ate /	1	,	
CAROL RAIMO	OFFICE M	IGR		La	rall	air	no	10	1/12	//	6	

Print Form # 7528 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) PSEG Street Address Type Notification Agencies Notified ASBESTOS CONTROL & 4000 HADLEY ROAD LICENCING Initial EPA City, State, Zip Code DEP Amended SOUTH PLAINFIELD, NJ 07068 × Amendment# DOL Emergency (including Name of Contact Telephone Number × justification) DOH FAMULARO CHARD Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, Square Feet # of Floors Bldg. Age Appx 600 HAPX GOVRS Current Use (Prior if being demolished) County Code (7) County (8 (STATÉ USE ONLY) SUBSTATION UDSON Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA **ENVIRONMENTAL TACTICS** 0045 Street Address Street Address 396 WHITEHEAD AVE. 64 BROAD STREET City, State, Zip Code City, State, Zip Code SOUTH RIVER, NJ 08882 MATAWAN, NJ 07747 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 732-290-2217 732-432-8350 01111 TOM GEIGER Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) UNIQUE SYSTEMS OF AMERICA Street Address Occupancy Status During Abatement (Check Only One) 396 WHITEHEAD AVE. Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Molestan and a form SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Mini-Enclosure Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Removal Custodial Staff? Repair SF or LF) In Facility surfacing, VAT, or (12)other miscellaneous) (13)Yes No N/A N.E. OF CONTROL HOUSE TRANSITE PANEIS 32 SF

Estimator

J. Majorano

ASS-41 (R-06-08)

2/13/17

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

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notificatio	n (1)					Owner/Operator	(2)					
2/13/2017			Joi	natha	n T	homas		In E	C	E	\mathbb{W}	F
Agencies Notified	Type Notifi	cation	Stree	t Addre	ss	_				tional LI		L
[]EPA	[X]Initia		-			-			550		0.04	_
[]DEP	Notif	ication	City,	State,	Zip	Code		lad lad.	FEB	1/	201	7
[X] DOL	[]Amende	d ication	Cha	atham	,NJ	,07928		1				
[X] DOH	NOULL	ICACION	Name	of Cont	act		Telephor	ne NumberASE	BESTO	S CC	NTF	01.8
[]DCA	[]EMERGE	NCY	Joi	natha	n T	homas	1.			ENSI	VG	
[]201	[]Cancel	lation			*							
				CONTRACTOR.	LITY	INFORMATION	m .6 m .: 1	i //\			-	
Name of Facility Wh		t is Taki	ing Pla	ace (3)			Type of Facil	500 N				
Jonathan Thom	nas						[]School	(K-12) oter 8 (Othe:	r than	K-12)	
Street Address	_						[X]Other	(i.e., priva	te & co	mmer	cial	
								homes, etc		d~ 7	.~~	
C: L- /E)		County	(6)		Col	inty Code (7)	Square Feet 1950	# of Floo	10000	ag. 1 31	age	
City (5) Chatham		Esse				PATE USE ONLY)	Current Use	(Prior if be			hed)	
Cita citam			-				0022000		-			
Name of Monitoring	Firm hired b	y Buildin	ng AS	CM No.		Name of Abater	ment Contracto	or (9)		-		
Owner (8)						AZTECH M	ANAGEMENT	, Inc.				
N/A Street Address						Street Address	3					
						86 Chris	topher St	: .				
City, State, Zip Co	ode					City, State,	Zip Code					
						Montclai	r, NJ 070	142				
Project Manager for	Monitoring	Firm Te	elephor	ne Numb	er	Telephone Numb	per	I	icense		er	
			/A			(973)744	-8800		0037	1		
Scheduled Start Dat	e (10) Sc	hed. Com	pletion	Date	(11)	Name of OSHA 1	Monitor		17			
		03	09	20:	17	N/A						
Month Day Occupancy Status Du		Month	Day	Year		Street Address	9					
[X] Facility Cl	osed/Vacated	During E	ntire	Period		Street Address						
of Abateme []Abatement P		side of N	ormal	Facili	tv	City, State,	Zip Code					
Hours - Des	cribe: «OffHo	urs Descr	ipt»			Crey, Seaso,						
[]other - Des			y Desc	ript»								
Scope of Work (Chec	ck all that a	apply)				[]Full	Containment w	ith Negative	Press	ure		
[X]≥3 sf o:				ovation		[]Mini-	Enclosure					
[] <u>></u> 160 sf	or ≥260 lf		[]Dem	olition	1		-bag Procedure riable Proced					
			Is	0.0					Aba	ateme		-
Locatio		ĺ	Locati Normal	ly		Description Asbestos-Con		Amount	R	R	E	E
Asbestos-Co Material	11 Table 2 Table 2 Table 2		Solel	У.		Material ((ACM)	(Specify	4.4	E	CA	C
TO BE A		1 -	Mainte: Custod	ial		(i.e., thermal sulation, surf		SF or LF)	V	A	PS	OS
In Fac:		Yes	Staff No	12) N/A	1.	or other misce			A	R	U	UR
		100	110				/	10E TH	7.7	+-		E
Basement	7			X	Pip	e Insulati	on	105 LF	X	1		
				1						-		
							Name of Reg	istored Tand	fill			
Name of Registered			NJDEP ' Hauler	Waste ID No.		ibic Yards Waste 1.5		a Enterp		INC	2	
AZTECH MANA	JENENI, .		1704								70 	
City, State	T 07040					sposal Date 03/10/2017	City, State	ourg/Oh	io 44	1689	3	
Montclair, N	0 0/042					03/10/2011	, way ites	/ /			-	
Completed By (Prin	t or Type)	Title				Signature	/- /-	+/	Date			
Constantine '	The state of the s	Presid	ent			1	att these	1/100 -	2/13	/201	7	
						(16)	may well	000				

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

		(Pursu	ant	to NJAC	8:60)-7 and 12:120-7)	(
Date of Notification	n (1)		Name	of Bui	lldin	g Owner/Operator	(2)		FA	r	n	TI // [F
2/10/2017			M	ichae	1 C	ollado			E G		Ц	W
Agencies Notified	Type Notifica	ation	Stre	et Add	-000			IN				
[]EPA	[X]Initial		1						FE	3 1 7	7 2	017
[]DEP	Notific	ation	City	, State	e, Zi	p Code			4 to b	J 1	6	UII
[X]DOL	[]Amended		100000000000000000000000000000000000000			ark,NJ,0743	32					
[X]DOH	Notific	ation	Name	of Cor	tact		Talanhor	ne Number	SBEST			
	[X]EMERGENC	Y				ollado	lierebuor	ie ivaniber		CENS	SINC	3
[]DCA	[]Cancella	tion		-01140		011440	I -					
				FAC	ILITY	INFORMATION						
Name of Facility Who	ere Abatement	is Taki	ng P	lace (3)		Type of Facil	ity (4)		****		
Michael Colla	.do						[]School	(K-12)				
Object 2 ddieses								ter 8 (Othe				
Street Address								i.e., priva homes, etc		ommer	cial	L
							Square Feet	# of Floo	-	Ldg. A	cre.	
City (5)		County	(6)		Co	ounty Code (7)	1650	2		67	.gc	
Midland Park		Essex			(5	STATE USE ONLY)	Current Use (Prior if be	ing de	molis	ned)	
Name of Monitoring H	Firm hired by	Building	JA	SCM No.		Name of Abater	ment Contracto	r (9)				
Owner (8) N/A						AZTECH M	ANAGEMENT	, Inc.				
Street Address						Street Address	S				- 120-	
						86 Chris	topher St	•				
City, State, Zip Cod	de					City, State, 2	Zip Code				ALEXA .	
						Montclai	r, NJ 070	42				
Project Manager for	Monitoring Fi	rm Tel	Lepho	one Numb	per	Telephone Numb	oer	上	icense	Numbe	er	
		N/				(973) 744		1	0037	1		
Scheduled Start Date	(10) Sche	d. Compl	Letic	on Date	(11)	Name of OSHA N	Monitor					
	017 02	선생하다 - 전조보다 프릿슨	.5	201		N/A						
			ay	Year	c							
Occupancy Status Dur [X]Facility Clos					L	Street Address	3					
of Abatemen	t											
[]Abatement Per	rformed Outsion ribe:«OffHour:			Facili	ty	City, State, 2	Zip Code					
[]other - Desc	4		Christians	cript»		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Scope of Work (Check	all that app	ly)				- 11						
	Miles Despi		r1 n				Containment wi	th Negative	Press	ure		
[X]>3 sf or []>160 sf or		57		novation nolition			Enclosure -bag Procedure					
_							riable Procedu					
Location	of		Is ocat	ion		Description	n of		Aba	atemen	E	ype E
Asbestos-Con		N	orma Use			Asbestos-Cont	S 9	Amount	RE	R	N	N
Material			Sole		ĺ	Material ((Specify	M	E	A	C
TO BE ABI		Cu	istoc	lial	i	(i.e., thermal nsulation, surfa	(37)	SF or LF)	V	A	PS	0
(13)		Yes	aff No		-	or other miscel		1	A	R	U	U R
								0 = = ==				E
Basement				X	PIP	e Insulation	on	25 LF	X	1	_	
Name of Registered W		**		Waste ID No.	11.	ubic Yards f Waste 1.0	Name of Regi:			T370		
AZTECH MANAG	EMENT, IN		704		ľ	I waste 1.0	Minerva	Enterpr	cise	INC		
City, State					Þ	isposal Date	City, State					
Montclair, NJ	07042					2/16/2017	Waynesb	urg, Ohi	0 44	1688		
Completed By (Print	or Type) Tit	:le				Signature		+/	Date			
Constantine V:		eside	nt				7-1	1/	2/10		17	
				-		1 00	Meriller b	/ ~	2/1	1/20	T 1	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

√ √ √ √ √ √ √ √ √ √ √ √ √ √ √ √ √ √ √	<u> </u>	C	E ((2)	Owner/Operator Oyner		of Buil	1000		n (1)	ate of Notification 2/14/2017
7 2017		y L				oyner	ie i	arjori				2/11/2017
7 2017												2/14/2011
7 2017						_	ess	eet Addr	n St	otificati	Type Not	gencies Notified
	17	EB :	FI								[X]Init	[]EPA
							,	y, state	on 1 lo	Notificati	Not	[]DEP
ONTRO	200	TOS	ODEC	1		7106	,NJ	ewark		mended Notificati	[]Amer	[X]DOL
SING					Telephone		tact	e of Con		votilicati	NOT	[X]DOH
	-					oyner	ie :	arjori		MERGENCY	[X] EME	[]DCA
									n	ancellatio	[]Cano	1 1200
						NFORMATION				i.		
					Type of Facilit)	lace (3)	Taking	tement is		Name of Facility Whe
2)	K-12	han F	er ti		[]School (K []Subchapte						er	Marjorie Joyne
					[X]Other (i.					j.		Stroot Add
					buildings, h							
Age			ors	# of Flo			la.					
ahadi	2			3	2600	nty Code (7) ATE USE ONLY)			nty (6 sex			City (5)
snea	DIIS	demo	eing	rior ii b	Current Use (Pr		1		Sex	2.2		Newark
				(9)	ent Contractor	Name of Abatem		ASCM No.	lding	red by Bu	Firm hiro	Name of Monitoring F
				200	NAGEMENT,			10011 1101	raring	red by bu	ETTM HITTE	Name of Monitoring F Owner (8)
						Street Address						N/A
					opher St.							Street Address
	-				177.5	City, State, Z					1-	
				2	, NJ 0704						ae	City, State, Zip Cod
nher	Numb	nse ì	T.i.ce			Telephone Numb		>7. 1	m 7			
		371				(973) 744	ber	one Numb	N/A	ring Firm	Monitori	Project Manager for
					The state of the s	Name of OSHA M	(111)	D-6-	1000.	10.11	(1.0)	
					MILCOL	N/A		on Date	Comple 15	02	e (10) 2017	Scheduled Start Date 02 14 20
						172		Year		Mont	ear	-
						Street Address		y one)	heck o	atement (ring Abat	Occupancy Status Dur
							1	e Period	ng Ent:	ated Duri		[X]Facility Clos
and the second					ip Code	City, State, Z	ty				erformed ([]Abatement Per
												Hours - Desci []other - Desci
	1207											Scope of Work (Check
	re	essu	re Pr	h Negativ	ontainment with					nde appai	IL CLIE DATA	scope or work (oneck
					nciosure bag Procedure	[X]Mini-E		enovation emolition	1777	1 1 f		[X]>3 sf or []>160 sf or
				е	iable Procedure			241022 020		**	01 2200 1	[]\[\]
ent Typ	teme	Abat			of	Description		s tion	Lo			+
N I	R	R	t	Amount	80 10 10 10 10 10 10 10 10 10 10 10 10 10	Asbestos-Cont		ally ed		.g		Location Asbestos-Con
A I	E P A	M	7	(Specif SF or	2000 200 and a contract of the	Material (ely cenance/	S			Material
S	A	V		LF)		(i.e., thermal sulation, surfa		odial	Cus			TO BE ABI
L	R	A				or other miscel	-	(12) o N/A				(13)
+++		v	ঘ	OF T	-	T 1 - 4 - 1						
-		~		00 11	on	insulation	PI	X				Basement
++	-											
			AF: 1	tomad Tro	None of None							
4C	IN				Minerva	oic Yards Waste 1.5		er ID No.	Hau			Name of Registered W AZTECH MANAG
		10 01		11	City, State	sposal Date						City, State
₹8	688	44	nio	irg, Ol	Waynesbu	2/16/2017				42	07042	Montclair, NJ
- 0		ate	D:		1	Signature				e) Title	or mass	Completed By (Print
										(C) IIITIE	OI IVDE	
	,		9,500	-1/		Digital day			ider	1		
4 (Ze)	111		9,500	1/11	Aka ali	1		:	sider	1		Constantine V
	IN	X x se	ndfil pri:	Enter	Name of Regis	or other miscel Insulation Dic Yards Waste 1.5 Sposal Date 02/16/2017	Pi _I	o N/A X	Yes NJD Hau	T, INC	Waste Hau SEMENT,	Name of Registered W AZTECH MANAG City, State Montclair, NJ

Ch10544	NOT	(Pursu	ION OF ant to N	of New Jersey ASBESTOS ABATEN IJAC 8:60 and 12:120)	DEC	<u> </u>	\mathbb{V}	E,	
Date of Notification (1)		Nan	ne of Bu	ilding Owner/Operator	(2)	FEB	17	2017	1	14)
		1	150	FRVER		hel ko				- ALTER
2-14-17			eet Addr	ess		1				
Agencies Notified Type Notification			.c.r.raar			ASBESTO	S CC	NTR	OL 8	X
□ EDA □ Initial		-		-	1	LIC	ENSI	NG		
EPA Initial Amended		1	ا دسان	zip couc	\overline{T}	To the same of the	COLUMN TO SERVICE DE LA COLUMN			
Amendment #_		191	171	JAN N	<i>J</i> ,	m t t Ni waha				-
Emergency (inc	cluding	Nat	me of Co	ontact		Telephone Number	l			1
DOH justification) Cancellation		1	(-1)		f			v. 94	-	
DCA Cancellation		10	-(= ()	Y INFORMATION						-
Taking I	Dlaco (3)		AUILII	T IIII OTAM	Type of Facility (4)					
Name of Facility Where Abatement is Taking F	-lace (3)				School (K-12)	i				
RESIDENTIAL					Cubahantar 9	(Other than K-12)				
Street Address	-				Other (i.e. pri	vate & commercial b	uilding	js, hor	nes,	
*** Control of the co					etc.)					-
	-				Square Feet	# of Floors	Bldg	. Age		
المارين المارين					1600	2	1	1		
KITMAN				. 77	Current Use (Prior	if being demolished)	1		
County (6)		Co	unty Co	de (7) E ONLY)						
CAMPEL		(5)	IAIE US		RESIDEN	VIAL				-
Name of Monitoring Firm Hired by Building Or	wner (8)		ASCM N	No. Name	e of Abatement Cont	ractor (9)	_		~	
Name of Monitoring Fill Filled by Building 5				1-K	VMAR CI	NSTRUCT.	100	/	,	
				Stree	Address					
Street Address				000	1	1527				
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				1	0/30X /	100/				
City, State, Zip Code				City,	State, Zip Code	10111				
City, State, Zip Code				(A)	41/A 1/A	17116				
		T T	elephone	No Teler	phone No.	License No.	1			
Project Manager for Monitoring Firm		1 10	ciepitoti		7-784-4694	1 0127	6			
				U	e of OSHA Monitor	0.07				
Start Date (10)	Scheduled	d Comp	letion D	ate (11) Nam	ie of USHA MUNICUL	DIA				
- /-	2-2	7-1	//	151-	KAMI L	77				-
2-27-//			/	Stree	et Address	0 11				
Occupancy Status During Abatement (Check				2-	75 HERN	KIX P.				
Facility Closed/Vacated During Entire F	eriod of A	bateme	ent	City	State, Zip Code					
Abatement Performed Outside of Norm	al Facility	Hours		Oil oil	TIII PA	19/16				
Other - Describe:				0/	TUA UN	17.0				
Scope of Work (Check All That Apply)	/				_/					
The state of the s	12 B	enovati	ion		Full Containm	ent with Negative Pr	essure	9		
23 sf or ≥3 lf	H	emolitic	on		Mini-Enclosur	е				
≥160 sf or ≥260 lf		Ciriona			Glovebag Pro	cedure d (*) and Non-Friable	e Proc	edure		
					Non-Exemple	u () and Non-i nabi	, , , ,	Abater	ment	
	la la	Locatio	nn				1	Тур		
		Jormall	24000	Descript	ion of			Ť	T	
Location of		d Solel		Asbestos Containin	g Material (ACM)	Amount			四	Ш
Asbestos-Containing Material (ACM)	Ma	intenar	ice/	(i.e. thermal syste	ems insulation,	(Specify	Remova	Repair	Encapsulate	Enclosure
TO BE ABATED	Cus	todial S	taff?	surfacing,	VAT, or	SF or LF)	no	pa	pst	osı
In Facility		(12)		other misce	ellaneous)		\alpha	=	lat	Te
(13)		7/258							O	
	Yes	No	N/A			2010	1			
		./		PIPE WRI	AP	20 CF	V			
HTTIC		V		1110 0-11	1.5					
							1			
			-							
					1 Name -	 of Registered Landfill				
Name of Registered Waste Hauler			JDEP V		as Name o	i registered Landini				
	5003		lauler ID	No. of Waste	GRU	1116				
FRVITAR CONSTRU	1077C	a (036	759 1	17:			0		
City, State /				Disposal I	Date City, St	11	1	11/	1	
0/1/2				2-27	7-1/19	15/1000	oto	V		
F/+1/A	Title			Signa	ature /	V	ate	7	1-	
Completed by		- /	20	4/100	roim the	L 0	2-/	2-1	/	
K-TRAIM DUA	V	. /	AE	5 4						
ASB-41 (R-06-08)				/ *1	Do not use this form	for asbestos licensul	re exe	mpted	activ	ities.

(.K10851	NOTI	Pursu	TION OF lant to N	of New Jerse ASBESTOS IJAC 8:60 an	ABATEN d 12:120))		DEG		201	rintif	OFF
Date of Notification (1) 02/13/2017		Nar	ne of Bu	ilding Owner/o d Apartmer	Operator nts & Co	(2) ounty C				ONT	001	0
Agencies Notified Type Notification	3		eet Addre	ess Hill Lane		8		ASBEST	OS C	SING	HUL	~
EPA Initial Amended Amendment #_		Ol	d Bridg	Zip Code je, NJ 0885	57			Telenhone Num	ber			
Emergency (inclusion) DOA Emergency (inclusion) Cancellation	uding	Er	me of Co ic Priet	0				Telennone Willi				a a
			FACILIT	Y INFORMAT	TION	Tuno of	Facility (4)					
Name of Facility Where Abatement is Taking Pl Glenwood Apartments	ace (3)					☐ Sc	chool (K-12)	Other than K-12	2)			
Street Address 28-30 Red Oak Ln						X O	ther (i.e. priv c.)	# of Floors	al bullali	g. Age		4
City (5) OldBridge, NJ						6,000		2 if being demolish	65	3		-
County (6) Morris		(ST		E ONLY)		Apart						_
Name of Monitoring Firm Hired by Building Own N/A	ner (8)		ASCM N	lo.	DIA	Genera	al Constru	ction, Inc				\dashv
Street Address					136		n Ave, PM	IB Suite 218				_
City, State, Zip Code					Clift	State, Zip on, NJ	07012	License N	lo.			_
Project Manager for Monitoring Firm		Te	elephone	No.	973	ohone No -389-00	089	00693				
	cheduled 3/06/20		oletion Da	ate (11)	DIA	Gener		uction, Inc	8.7	BCG - G	F	
Occupancy Status During Abatement (Check C	Only One)				Stree	et Addres	s n Ave, PN	/IB Suite 218				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	riod of Ab Facility F	ateme lours	ent		City,	State, Zi						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic				Mit	ni-Enclosure	nt with Negative edure (*) and Non-Fria		cedure	e	
	ls l	ocatio	on I							Abate Ty	ment	- 7
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Solel solel ntenan odial S (12)	y y by nce/	· s	Descripti Containing mal syste urfacing, ' her miscel	g Materia ems insul VAT, or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	Pine	/Elbow	Insulati	ion	180 LF	X			
28 A-D Red Oak Ln-Crawl Space	X				/Elbow			150 LF	X			
30A-D Red Oak Ln-Crawl Space	X			Pipe	LIDOW	modia						
									ien			
Name of Registered Waste Hauler Service Transport Group		H	J IJDEP W Hauler ID 0990	No. O	ubic Yard f Waste CY	is	1	Registered Land a Landfill	IIIII			
City, State New Castle, DE 19720		2	0000	D	0isposal D 3/06/20		City, Stat Wayne	te sburg, OH 44	1688			
Castle DL 10770				0		ature (/			Date			