HEICATION OF ASBESTOS ABATEMENT	
Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120)	Cl# 2961

Date of Notification	* *							Owner / Operato			J. FEE	120	201	6	3.00
Agencies Notified	2/23/16	ation.						rsey Departme	ent o	f Human	Services				1
EPA	Type Notific	ation	117	Street				ge Plaza, PO I	2 a v 7	0.5	I		· · · · · · · · · · · · · · · · · · ·		_
□ DEP		al.					Zip C		SUX /	05	# 24 215 A	3 (4)	75		
⊠ DOL	-	ended					J 086			4.	was a second to the second			e : .	A L
	The second second	ergency		Vame				123				elepho	no N	umb	or
□ DOH     □ DCA		cellation	1		-		Fling					cichilo	110 11	uiiib	CI
								ORMATION							
Name of Facility Wh	nere Abatem	ent is Taking Pla	ace (3		<b>∠</b>   _		IIVI	Type of Facili	ty (4)						
Hunterdon Devel					BI	da		School (F							
Street Address						-5			- 1	Other than	n K-12)				
40 Pittstown Roa	d										mercial building	s, hom	es, e	etc.)	
								Square Feet		# of Floo	rs B	ldg. Ag	е		
City (5)		County (6)	Cou	unty C	Cod	e (7	7)								
Clinton		Hunterdon						Current Use (	Prior i	if being de	molished)				
								Various Ser	vices	3					
Name of Monitoring	Firm Hired I	by Building Owne	er (8)		Α	SCI	M No.	Name of Abat	temen	t Contract	or (9)				
Environmental C	onnection	Inc.						Bristol Envi	ironn	nental, In	c.				
Street Address								Street Addres							
120 North Warrer								1123 Beave		200.000					
City, State & Zip Co								City, State & 2							
Trenton, NJ 0860 Project Manager for		Firm T	Telep	hono	Nin	mho	or	Telephone Nu			License N	umbor			
Steven Mania	World of the	10-0107905	609-3				51	(215)788-60			00509	ullipel			
Scheduled Start Dat	te (10)	Scheduled Com			_		_	Name of OSH		nitor	100000				
3/8/16			3/17/			,		Bristol Envi			C.				
Occupancy Status D								Street Addres	s						
		During Entire Pe						1123 Beave	CT - 1015-07-07-07-07	2020000					
	Performed O	utside of Norma	l Hou	ırs – 7	7am	ı to	3pm	City, State & 2							
Describe:								Bristol, PA	19007	7					
Scope of Work (Che		Abatement 7AN	1-3:3	0 PM											
ocope of work (one	on all triat a	ppiy)							П	Full Cont	ainment with N	egative	Pres	sure	)
≥3 sf or ≥3 lf	•		$\boxtimes$	Ren	ova	tion	1			Mini-Encl		_			
≥160 sf ≥260	) If			Dem	nolit	ion				Glove Ba	g Procedures				
									$\boxtimes$	Non-Exer	mpted and Non		2017		17-17-17-1
	cation of			ocati		,		Description			Amount	Aba	tem	ent T	ype
	os-Containir erial (ACM)	ig	Norm	olely b		a		Asbestos-Cont Material (AC		3	(Specify SF or LF)			т	
	E ABATED		Maint			or		(i.e., thermal sy		S	0. 0. 2. /	Re	R	nca	Enc
	Facility	1	Custo		staf	f?		nsulation, surfac				Remova	Repair	Encapsulate	Enclsoure
	(13)	-	-	(12) No	N/	^		or other miscella	aneou	s)		<u>a</u>	_	late	Ire
Cottono 7			res	NO ⊠	11/	7		Floor tile and	moot	io	485 SF				
Cottage 7 Cottage 13	17 - 12 - 12 - 12 - 17 - 17		H		F	┽┼		Floor tile and			485 SF		H	Η	H
Cottage 17			H		누	┽		Floor tile and	2012/03/2015		160 SF		+	ዙ	H
Building 5			Ħ	X	卡	┽		Floor tile and			885 SF		Ħ	Ħ	H
	Building 5					Ħ							Ħ	Ħ	Ħ
Name of Registered	Waste Hau	er		NJI	DEF	W	aste	Cubic Yards	Name	e of Regis	tered Landfill				
								of Waste							
Service Transpor	t Inc.			209	990	)		5 Cu YD		erva Land	atili				
City, State New Castle, DE	State							Disposal Date 3/17/16		State nesburg	Ohio				
Completed By (Print	or Type)			Title	a .			Signature	ay	cobarg	, 01110	Date			
Gino Pizzigoni	5000 00			Pro		ct			~	3	1.	2/23	/16		
				Ma	-			Dina Pr	33c	you	/ st				

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Cl# 2960

					50 V 100 S					,	1, -0.21	*******		٧.,	13	
Date of Notification (1)					Na	me	of Building	g Ow	ner/Operator (2	2)	972				11	
/	23 /	16			١	/eri	zon				FEB	2.8	20	16	ź ;	1
Agencies Notified	Type Notifica	ation			Str	eet.	Address					100 5	20	10	-	-12.2°
⊠ EPA					1	15 E	ast Mon	itgo	mery Place,	Lower Level	14011 1200				1	
□ DOLWD	☐ Amended					200	tate, Zip C				7 1 1 2 2 3	211	7	71	1	
□ DHSS   □	Amendm		7-1 7-07 C				sburgh,								-	
DCA	☐ Emergen justificati		cluding				of Contac		10212		Telephone N	umhar				
(NJAC 5:23-8)	☐ Cancellat				1 38575	1110	hony Po	50			Telephone 14	uniber				
									RMATION					-		
Name of Facility Where A	Abatement is 1	Taking	Place	(3)		, , ,			T. T	Type of Facility	(4)					
Verizon Asbury Par										School (K-12						
Street Address	7									Subchapter 8			1 6		_	
507 Bangs Ave.										Other (i.e., p homes, etc.)		mercia	l bu	ilaing	S,	
City (5)			-						-	Square Feet	# of Floors	+:	Blo	g. A	ge	-
Asbury Park											W - A.A.A.		Nesti:			
County (6)					С	oun	ty Code (7	)(STA	ATE USE ONLY)	Current Use (Pr	ior if being dem	olishe	d)			
Monmouth									M21	Office						
Name of Monitoring Firm	Hired by Build	ding O	wner (	8)	ASC	1 MC	No.	Na	me of Abateme	ent Contractor (9)	Y					
USA Environmenta	l Manageme	ent						E	BRISTOL EN	VIRONMENTA	L, INC.					
Street Address								Str	eet Address				0.0			
8436 Enterprise Av	е							1	1123 BEAVE	R STREET						
City, State, Zip Code								Cit	y, State, Zip Co	ode						
Philadelphia, PA 19	153							E	BRISTOL, PA	19007						
Project Manager for Moni	itoring Firm			Te	lepho	ne N	No.	Tel	lephone No.		License No.					
Mark Jenkins				2	215-3	865-	5810	2	215-788-6040		00509					
Start Date (10)			uled Co					Na	me of OSHA M	lonitor						
3 / 8 /	16		/	-	1	/ _	16	E	BRISTOL EN	VIRONMENTA	L, INC.					
Occupancy Status During	Abatement (	Check	only o	ne)				Str	eet Address							
Facility Closed/Vacate								1	1123 BEAVER	R STREET						
							cribe	City	y, State, Zip Co	ode						
Time of Abatement	AIVI-	PIV	1/5.00	PIVI-	1.30/	-\IVI		E	BRISTOL, PA	19007						
Scope of Work (Check all	I that apply)								M Full Conf	ainment with No.	rativa Procesura					
≥3 sf or ≥3 lf			⊠ Rei	nova	ation				☐ Mini-Enc	ainment with Neg losure	jative Pressure					
≥160 sf or ≥260 lf			Der						Glovebag	g Procedure		200 <b>2</b> 00 000				
			lo	1 00	otion			_	∐ Non-Exe	mpted (*) and No	n-Friable Proce	edure				.0
Location	of			lorm	ation ally				Description o	f		-	0.000000	atem	Secretary.	1
Asbestos-Containing		1)			lely b		Asbe	stos	Containing Ma		Amount		Remova	Repair	Enc	Enclosure
TO BE ABA					ance. I Staf	3324	(i.e		ermal systems i		(Specify		No.	air	aps	losı
IN Facilit (13)	ty			(12					surfacing, VAT,		SF or LF)		<u>n</u>		Encapsulate	Гe
(7			Yes	No	N	/A		35.0		,					Ф	
Throughout Basemer	nt		$\boxtimes$				Floor ti	le ar	nd mastic		5800 SF		$\boxtimes$			
			1								П	П				
										_	$\overline{\Box}$	$\overline{\Box}$				
							-						_		$\exists$	
Name of Decistered Man	to Haules	-		Ц	NUDE		Vaste	C	bic Yards of	Name of Regis	tered Landfill			П	ш	
Name of Registered Was SERVICE TRANSPO		P, INC	:.	1/	Haule		No.	200600	iste	MINERVA						
City, State								Dis	posal Date	City, State						
NEW CASTLE, DE 1	19720									WAYNESB	URG, OH 44	688				
Completed By (Print or Ty	ype)	Title						-	Signature	1 .	1.	Date	,	1		
Brian Scafiro		Es	stimat	or					Bris	a Scolie.	1/18	2/	23	3//	6	

ASB-41

B516012

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

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

CK # BoE 1379

Date of Notification (1) February 18, 2016				Name o Town:	of Building ship of T	Owner/0	Operator iver	r (2)			13.	J	11	-		
Agencies Notified	Type Notification Initial			Street A 33 Wa	ddress ashingto	n Stre	et			FE	6 2 3	2016	ì	1 -		2
DEP DOL	Amended Amendment		_	City, Sta Toms	ate, Zip Co River, N	ode NJ 087	53						ă.,	Ţ		
DOH DCA	Emergency justification) Cancellation				f Contact rt Chank	alian			1.	Tele	ephone				5.51	
				FAC	ILITY INF	ORMAT	ION									
Name of Facility Where Toms River Munici	Abatement is Takin pal Building	g Place (3	3)						of Facility (4 School (K-12	)	2200					
Street Address 33 Washington Str	eet								Subchapter 8 Other (i.e. pr etc.)				uild	ings,	hom	es,
City (5) Toms River								Squa 10,0	re Feet 000	# of 2	Floors		BI 4	dg. A O	ge	
County (6) Ocean					Code (7) USE ONLY			Curre Mur	ent Use (Prior nicipal Buil	if beinding	ng demo	olished)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	Л No.				tement Cont Pirozzi Ger			acting	LL	.C		
Street Address				Š				Addres Sand E	ss Bridge Roa	ad						
City, State, Zip Code						2			ip Code , NJ 0831	8						
Project Manager for Mor	itoring Firm			Telepho	ne No.			hone No 3)521-			Licens 0127		- 11			
Start Date (10) February 29, 2016		Schedule April 8			Date (11)		Name	of OSH	HA Monitor							
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)				Street	Addres	SS							
Facility Closed/Vac Abatement Perform	ated During Entire I	Period of A	Abatem Hours	nent			City S	State Zi	ip Code							
Abatement Perform Other – Describe:	Monday - Friday 7ai	m to 3pm 1	(Buildin	g Occup	ied)	_ =	,									
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		THE REAL PROPERTY.	Renova Demolit					Min Glo	I Containmer ni-Enclosure evebag Proce n-Exempted	dure	7				-	
		1	1 1					1 1401	ii-Exempled	( ) and	I NOH-FI	lable P	_		ment	
Location	of	1 22	Locati Normal			De	scription								ре	
Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	Ma	d Sole intenar todial S (12)	nce/		tos Cont thermal surfa	aining N	/laterial s insula T, or		(S	nount pecify or LF)	Neillova		Repair	Encapsulate	Enclosure
, , ,		Yes	No	N/A		001011	iioooiiai	icoucy				ā		Ť	ılate	ure
Window	Χ		Wind	ow Ca	ulk/Gla	azing l	Putty	3	5 SF	Х						
										-		4				
													+			
Name of Registered Was Carnevale Disposal	te Hauler		H	JDEP W auler ID 7297		Cubic of Was 40			Name of Re GROWS	3230000	red Land	dfill				
City, State Hamilton, NJ						Dispos	al Date		City, State Morrisvil	le, P	Α					
Completed by Thomas Pirozzi		Title Proje	ect Ma	nager			ignature	•	10.			Date Febr	Jai	ry 18	3, 20	16

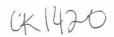
Agencies Notified    Type Notification   Street Address	-
DEP Amended Amendment # □ Emergency (including justification) □ Cancellation □ Type of Facility (4) □ School (K-12) □ Subchapter 8 (Other than K-12) □ Other (i.e., private & commercial buildings, homes, etc.) □ City (5) □ Square Feet □ # of Floors □ Bldg. Age	
Name of Contact   Telephone Number	
Name of Facility Where Abatement is Taking Place (3)         Residential       X School (K-12)         Street Address       Subchapter 8 (Other than K-12)         Other (i.e., private & commercial buildings, homes, etc.)         City (5)       Square Feet # of Floors Bldg. Age	
Residential         Street Address       ☐ Subchapter 8 (Other than K-12)         ☐ Other (i.e., private & commercial buildings, homes, etc.)         City (5)       Square Feet # of Floors Bldg. Age	
Street Address  Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.)  City (5)  Square Feet # of Floors Bldg. Age	
City (5) Square Feet # of Floors Bldg. Age	
D : NT 00000	:
	<u>'-</u>
County (6) Somerset County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9)	
(8) MECS Stevens Environmental Services, Inc.	
Street Address PO Box 341 PO Box 322	
City, State, Zip Code Crosswick, NJ 08515 City, State, Zip Code Allentown, NJ 08501	
Project Manager for Monitoring Firm Telephone No. Telephone No. License Ne-	
William Weisgarber (609) 298-4070 (609) 259-9688 00493	
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor	
3/7/163/18/16 MECS	
Occupancy Status During Abatement (Check only one)  Street Address  DO Doy 241	
□ Facility Closed/Vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours □ City, State, Zip Code	
Crosswicks, NJ 08515	
Scope of Work (Check all that apply)  K Full Containment with Negative Pressure	
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure	
Is Location Abateme	ent
Normally Type Location of Used Solely by Description of	
Ashestos-Containing Material (ACM) Maintenance/ Ashestos Containing Material (ACM) Amount	T
TO BE ABATED Custodial Staff? (i.e., thermal systems insulation, Surfacing, VAT, or (13) (12) (12) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous) (Specify SF or LF)	inclo
(13) (12) other miscellaneous) $\frac{\nabla}{\Delta}$	Enclosure Encansulate
Basement X Thermal Pipe Insulation 180 lf X	+
Basement X VAT 1050 sf X	+
Basement X Transite Walls Ceiling 1600 sf X	+
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill	
Stevens Environmental Services, Inc.   Hauler ID No. 18292   of Waste 10 CU   GROWS Landfill	
City, State Disposal Date City, State/	
Allentown, NJ 3/18/16 Morrisville, PA	
Completed By Mahlon E. Stevens Project Manager Date 2/23/16	

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					Name	of Building	owr	ner/Operator (	2)	T Ma I			marin, i	11.
	25 / _	16				izon					ER 9	: 20:	16	11
Agencies Notified	Type Notifica	tion			Street	Address					-11	1 41	1.)	1 -
⊠ EPA					250	-260 Stat	e St	reet						1
□ DOLWD	☐ Amended				City, S	tate, Zip C	ode			2.15.15	C1 - 42 1	11.11	7-1	14
⊠ DHSS	Amendme					kensack		07601		1		- 1		
□ DCA     (NJAC 5:23-8)	☐ Emergend justification		cluding			of Contact	2			Telephone N	umher			_
(110/10/0.20-0)	☐ Cancellati					x Baylor	7.			1 clopilone it	umbo:			
		171511					FOR	RMATION						
Name of Facility Where A	hatement is T	akina	Place	/2)	FAU	JILII T IN	FUR	RIMATION	Tune of Facility	. /4\				
Verizon	Abatement is 1	aking	riace	(3)					Type of Facility					
Street Address									School (K-1	8 (Other than K	-12)			
250 State Street										orivate and comi		ouilding	JS,	
City (5)		. 1							Square Feet	# of Floors	T F	Bldg. A	ae	
Hackensack NJ									15000	6	- 1	75	5-	
County (6)					Coun	tv Code (7	VSTA	TE USE ONLY)		rior if being dem	nolished)			
Bergen							//							
Name of Monitoring Firm	Hired by Build	lina O	wner (	3)	ASCM	No.	Nar	me of Abateme	ent Contractor (9	0)				
TTI Environmental,				,	5744		1	VN Restora		,				
Street Address								eet Address						-
1253 North Church	Street							7 Foster Ro	ad					
City, State, Zip Code								, State, Zip Co						-
Moorestown, NJ							2000000	taten Island						
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tele	ephone No.		License No	Ç.			
Harold Balwin				=3.5	6-840		1200	18-605-6256	5	00774				
Start Date (10)	S	ched	uled Co	mple	tion Da	te (11)	Nar	me of OSHA N	Ionitor					
3 / 07 /				155	/	- H - B	Т	estor Tech						
Occupancy Status During	Abatement (0	Check	only o	ne)			Stre	eet Address					_	
☐ Facility Closed/Vacate	T				ment		10.58	0 59 Jackso	n Avenue					
☐ Abatement Performed						cribe		, State, Zip Co						
Time of Abatement: 9	:00AM-7:00P	PM/	PN	/I- <u></u>	AM		1 3	IC, NY 1110						
Scope of Work (Check al	I that apply)										_			
☐ >3 sf or >3 lf			⊠ Rei	novati	on				tainment with Ne	egative Pressure	)			
≥160 sf or ≥260 lf			☐ Der	CONTRACTOR				☐ Gloveba	g Procedure					
								☐ Non-Exe	mpted (*) and N	on-Friable Proce	edure			
1 35			0.70	Locat lorma				5			A	batem	ent T	уре
Location Asbestos-Containing	N.T.13	)			ely by	Ashe	stos (	Description of Containing Ma		Amount	7	Re	En	E
TO BE ABA		,		ntena			., the	rmal systems	insulation,	(Specify	Kemova	Repair	cap	Enclosure
IN Facili	ty		Cust	(12)	Staff?			surfacing, VAT her miscellane		SF or LF)	/al	-	Encapsulate	ure
(13)		8	Yes	No	N/A		Oti	nei miscenane	ous)				te	
Pent House		$\boxtimes$		VAT				400 SF	×					
			П	П	$\Box$						П		П	П
Name of Registered Was	te Hauler				JDEP \		Cub	oic Yards of	Name of Red	istered Landfill				_
Newark Carting				200	lauler II	O No.	Wa:	ste	IESI					
City, State			_		NJ-56	0		posal Date	City, State					
Newark, NJ							500000000	/21/16	Bethlehei	n, PA				
Completed By (Print or Ty	vpe)	Title						Signature		2	Date			
Ignatius Marraccino				ct M	anage	r		0 7	· hn	~	950	25	-i /	
.gac marraconic		Jenny mer		111			V/076065	Fruit	in Mane	com		25	10	6

ASB-41 MAY 11

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



Date of Notification (1) 02/23/2016				Name o	of Building P - Divis	Owner/G	Operator Fish a	r (2) nd Wildl	ife	FF	Eb 2	3 20	16		
Agencies Notified	Type Notification			Street A									-		
▼ EPA				NI OS SECURIOS	3ox 402				i		Spine - Star St			_	
× EPA × DEP × DOL	Amended Amendment		_		ate, Zip Co on, NJ (		0402	į	,	-,,,,,,		1			j
DOH DCA	Emergency ( justification) Cancellation	including			of Contact h Maio				i.	Tel	ephone N	Number			
Name of Facility Where	Abatement is Taking	n Diago /	2)	FAC	ILITY INF	ORMAT	ION	T	F						
Guard House - For	ked River Game	Farm	3)						Facility (4	500					
Street Address						- 8/-		∏ Su	hool (K-1) bchapter	8 (Othe	er than K	(-12)			
Game Farm Road								Ott etc	ner (i.e. p	rivate 8	comme	ercial bu	ilding	s, hon	nes,
City (5) Lacey, NJ 08731								Square		# of	Floors		Bldg.	Age	
County (6) Ocean	0				Code (7) USE ONLY	)		Current	Use (Pric	or if bei	ng demo	lished)			
Name of Monitoring Firm Bio Terra Solutions		Owner (8)		ASCN	И No.			of Abater ro Mana							
Street Address P.O. Box 1224	1				10.00		Street	Address Outwater		121					
City, State, Zip Code								State, Zip (							
Union, NJ							Garfi	ield, NJ	07026						
Project Manager for Mon Rick Eustaquio	itoring Firm			Telepho 973-49	ne No. 94-3762		100000000000000000000000000000000000000	none No. 928-488	8		License	No.			
Start Date (10) 03/03/2016	7.	04/29/2	2016	npletion	Date (11)		Name	of OSHA	Monitor			===			
Occupancy Status During	g Abatement (Check	Only Or	ne)				Street	Address							
Facility Closed/Vaca Abatement Perform	ated During Entire P ed Outside of Norm	eriod of A al Facility	Abaten Hours	nent			City, S	state, Zip 0	Code						
Other – Describe:							5500								
Scope of Work (Check A	Il That Apply)						155	7							
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf			Renova Demolit				×	Mini-E Glovel	ontainme inclosure bag Proc	edure	F				
		le	Locati	on				I NOH-E	xempted	( ) and	NON-FII	able Pr		ire temen	ıt
Location		_ N	Normal	ly		Des	scription	of						уре	
Asbestos-Containing TO BE ABA		Mai	d Sole intenar	nce/		tos Cont	aining M	Material (A			nount	,,		g	ш
In Facili		Cust	odial 8 (12)	Staff?	(1.6.	surfac	cing, VA	T, or	",		pecify or LF)	Removal	Repair	caps	Enclosure
(13)		Yes	No	N/A		otner n	niscellan	ieous)				va	air	Encapsulate	sure
Interio	r	X				Grey F	lue Ce	ement		4	SF	Х		$\vdash$	X
Attic				Ve	rmiculi	te		1,30	00 SF	х			Х		
Interio	r	Х				VAT	& Mas	stic		84	SF	х			X
Interio	r	X				Boiler	Insula	ation		84	SF	Х			X
Name of Registered Was	te Hauler			JDEP W		Cubic		N	ame of R	Register	ed Land	fill			
ALL PRO MANAGEN	MENT LLC			auler ID 034860	500,50		eded		ESI Lar						
City, State Garfield, NJ						TBD	al Date	В	ity, State Bethlehe		A				
Completed by Allen Monchik		Title Proje	ct Ma	nager		S	ignature	200)	$\wedge$			Date 2	23	11	5



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

CK 5350

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Date of Notification (1) 2/22/16		Nai Da	me of Bu ante Ni	uilding Owr ni Private	er/Ope	erator (i	2)	1		1111-11			٠	
	tification	Str	reet Addr	ress				1		FEB 26	2016	Ò	12.	
DOL Am	ended endment # ergency (including	Lo	ty, State, ong Be	Zip Code ach Twp	. NJ 0	8008			Tele	ohone Numbe	er		1,	
	tification) ncellation	1000	ante											_
	et in Taking Place (3)		FACILI	TY INFOR	OITAN	N	Type of	Facility (4)						$\neg$
Name of Facility Where Abatemer Dante Nini Private Home Street Address	it is faking Flace (o)				es es		Sch Sul X Oth	nool (K-12) ochapter 8 ner (i.e. pri	(Othe	r than K-12) commercial	buildir	ngs, h	omes	
City (5)	0						Square 1000+		# of 2	Floors	Bld 35	g. Ag +	е	
Long Beach Twp. NJ 0800  County (6)  Ocean			ounty Co	ode (7) SE ONLY)			Current	Use (Prior	if beir	ng demolishe	d)			
Name of Monitoring Firm Hired by N/A	/ Building Owner (8)		ASCM I	No.			of Abater aco Inc	ment Contr	ractor	(9)		r		
Street Address							Address Box 329							
City, State, Zip Code							state, Zip t Berlin	Code NJ 0809	91					
Project Manager for Monitoring F	îrm	T	elephone	e No.			ione No. 753-98	00		License No 00727				
Start Date (10) 2/23/16	Scheduled 2/26/16	Comp	pletion D	ate (11)		Name		Monitor						
Occupancy Status During Abater	ment (Check Only One)	)				Street	Address							
Facility Closed/Vacated Dur Abatement Performed Outs Other – Describe:	ring Entire Period of Ab ide of Normal Facility H	ateme	ent		_	City, S	State, Zip	Code						
Scope of Work (Check All That A	Apply)						-	× 2						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Experience 1	novat molitic					Mini	-Enclosure	edure	h Negative Pr			9	
	lo I	ocatio	on				110					Abate	ment pe	
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	al (ACM)  No Used Main Custo	Solel Solel ntenan odial S (12)	ly by nce/ staff?	Asbesto (i.e. t	os Conf hermal surfa	systen	Material ns insulat	(ACM) tion,	(	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Exterior Siding			^											
								-						
Name of Registered Waste Hau	ıler	6.55	JDEP W			Yards		A STATE OF THE STATE OF		tered Landfill				
United Containers			tauler ID 2459	NO.	of Wa	asie		G.R.O.						
City, State Elm NJ					Dispo 2/26	osal Da /16	te	City, Sta Morris		PA 19067	-,			
Completed by Anthony T Perna	Title Presi	dent				Signati	ure				ate 22/1	6		



CK535

Date of Notification (1) 2/22/16					f Building aeffer F				1 1 1 1 1	F	EB :	2 5	201	6		
Agencies Notified	Type Notification			Street A		Tivate	7 1 101110	-						-	-	
EPA DEP	X Initial								į	1-54		Į, į		1	+ 1	
DEP DOL	Amended Amendment				ate, Zip Co / Hill NJ		4		* 140 ** 1 ~		- 1-				23	- 1
DOH DCA	justification)  Cancellation	1. 0000 0000 000 <del>1</del> .4	- 1	Name o Jennif	f Contact er					Tel	ephone	Num	ber			
				FACI	LITY INFO	ORMAT	TION			1						
Name of Facility Where J. Schaeffer Private		g Place (3)						Туре	e of Facility (4							
Street Address								H	School (K-12 Subchapter 8		er than	K-12)				
								×	Other (i.e. prietc.)					dings,	hom	es,
Checcy Hill	ALT OSO3	U							are Feet	100000	f Floors	3	100	ldg. A	ge	
County (6)	0.0.0305	7	- 1	Country	Code (7)	. 12		100		2	na dam	aliaha		5+		
Camden					USE ONLY			Ho	rent Use (Prior me	r IT Del	ng aem	iolisne	ea)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCI	/ No.				atement Cont	ractor	(9)	37755				
N/A							Pern									
Street Address							Street PO E									
City, State, Zip Code									Zip Code 'lin NJ 0809	)1						
Project Manager for Mo	nitoring Firm			Telepho	ne No.		Teleph 856-		No. 9800		Licen:	se No 27				
Start Date (10) 3/4/16		Schedule 3/10/16		npletion	Date (11)		Name Sam		SHA Monitor							
Occupancy Status Durin	ng Abatement (Chec	k Only One	e)				Street	Addre	ess							
Facility Closed/Vac	ated During Entire I	Period of A	batem	ent												
Abatement Perform Other – Describe:	ned Outside of Norm	nal Facility	Hours				City, S	State, 2	Zip Code							
Scope of Work (Check A	All That Apply)							_								
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Statement	enova emoliti					M	ull Containmer ini-Enclosure lovebag Proce		Negati	ive Pr	essu	re		
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Asbestos-Containing	Material (ACM)		Solei			tos Cor	escription ntaining N	/lateria			mount				Ш	
TO BE AB In Faci	lity	100000000000000000000000000000000000000	dial S (12)		(i.e.	surfa	l systems acing, VA	T, or			pecify or LF)		Remova	Repair	псар	Enclosure
(13)						other	miscellar	neous)	)				oval	air	Encapsulate	sure
=	<del></del>	Yes	No	N/A											œ.	
Exterior S		Х		Exte	erior Sid	ding		19	00 SF		x					
Name of Registered Was	eta Llavilar		LAI	IDEDIA	I											
United Containers	ste nautei		H	JDEP W auler ID 2459		of Wa	Yards aste		Name of R		red Lar	ndtill				
City, State Elm NJ		×				Dispo	sal Date		City, State	1 11	4665					
Completed by		Title				3/10/			Morrisvill	e PA	1906					
Anthony T Perna		Presid	lent				Signature	-0		-		2/2	2/16	i		

### NOTIFIC (Pu

State of New Jersey CATION OF ASBESTOS ABATEMENT ursuant to NJAC 8:60 and 12:120)	Clock	14800
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Date of Notification (1) 2/23/16					Building C				tion Servi	ces	F	<del>// C</del> FR	9	د ۲	715	
Agencies Notified	Type Notification		133	Street A	ddress 10th Ave	enue,	Suite 4	100					-6		910	
EPA DEP DOL	Initial Amended Amendment				te, Zip Coo e, OR 9					í	73					
	Emergency ( justification) Cancellation	ncluding	1168		Contact in Unswo	orth, (	Ground	swell		Tele	ephone	Numb	er			
				FACI	LITY INFO	RMA	ION									
Name of Facility Where A House Street Address	Abatement is Takino	Place (3	)						of Facility (4) School (K-12 Subchapter 8	) B (Othe						
								E .	Other (i.e. pri			ercial				es,
City (5) Bergenfield								Squar 2300	re Feet )	# of	Floors		6 6	ldg. A 3	ge	
County (6) Bergen					Code (7) USE ONLY)			Curre	nt Use (Prior	if bei	ng dem	olishe	d)			
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCN	No.		100000000000000000000000000000000000000		tement Contro			10	-			
Street Address								Addres		Jeiv	1063, L			_		
City, State, Zip Code							A		33, 4 E Ga	ite Di	rive					
					59		Glen	wood	, NJ 0741	8						
Project Manager for Mor	nitoring Firm			Telepho	ne No.		150000000000000000000000000000000000000	none No 764-2			Licens 703	se No.				
Start Date (10) 2/26/16		Schedule 3/26/16		pletion I	Date (11)		Name	of OSF	A Monitor							
Occupancy Status Durin	g Abatement (Chec	c Only On	e)				Street	Addres	SS							
Abatement Perform	ated During Entire F ned Outside of Norm						City, S	State, Zi	p Code							
Other - Describe:	II That Apply					_										
Scope of Work (Check A  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	ы тпас Арріу)	-	enova emoliti				>	Mir Glo	I Containmer ni-Enclosure ovebag Proce	edure					e	
		le.	Locati	on						/ /					ement	
Location	n of	l N	lormall	у		D	escription	n of						Ту	ре	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED lity	Mai	d Solel intenar odial S (12)	nce/		os Co therma surf	ntaining N al system acing, VA miscellar	Material s insula \T, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
basem	ent .			X		nin	e insula	ation		5	0 LF		x			
5400111				PiP					O LI							
Name of Registered Was	ste Hauler		100000	JDEP W		MODEST	c Yards		Name of R	egiste	ered Lan	ndfill				
Freehold Cartage				auler ID 5939	NO.	of W TBD		7.	Western		ks Lan	dfill				
City, State Freehold, NJ						Disp TBD	osal Date	E .	City, State Birdsbor		A					
Completed by A. Scott Higgins		Title Presi	dent				Signature	e /	2	_		Date 2/2	3/16	i		

CK1729

Date of Notification (1) 02/22/2016	10-				Building O Schilling	wner/O	perator	(2)	111	FE	B 25	2016	:		1
7.5	pe Notification			Street Add	dress e, Zip Cod	Δ				1, 2	3.55 CC	YATEG			
DOL.	Amended Amendment i Emergency (i		_   L	ittle Fa	alls NJ					Tele	ephone Nu	ımber			
DOH DCA	justification) Cancellation		1		Schilling										
Name of Facility Where Abat	tement is Taking	Place (3)		FACIL	ITY INFO	RMATIC	ON	Туре о	of Facility (4)	)					
House							D10-1-22-7-1	S S	chool (K-12	) (Oth	arthan V	12)			
Street Address								× C e	ubchapter 8 other (i.e. pr tc.)	ivate 8	& commerc	cial build			s,
City (5) Little Falls								1	e Feet		Floors		ldg. A	ige	
County (6) Passaic				County C STATE U	ode (7) SE ONLY)			Currer	nt Use (Prio	r if bei	ng demoli:	shed)			
Name of Monitoring Firm Hir Competent Supervisor		Owner (8)		ASCM	No.				ement Cont Construct						
Street Address							170 (70) (70)	Address Route	s 46 West					201	
City, State, Zip Code									p Code 07512						
Project Manager for Monitor	ing Firm			Telephon	e No.			one No 332 42			License 01155	No.			
Start Date (10) 03/04/2016		Scheduled 04/04/20		pletion D	Date (11)			of OSH e As A	IA Monitor Above						
Occupancy Status During A	batement (Chec	k Only One	)				Street	Addres	S				72		
Facility Closed/Vacated Abatement Performed Other – Describe:	Outside of Norm	nal Facility I	atem Hours	ent		_	City, S	State, Zi	p Code					21.5	
Scope of Work (Check All T	hat Apply)												77		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Second 1	nova moliti					Min Glo	Containme i-Enclosure vebag Prod n-Exempted	edure	•			re	
		T		Sin S			E.	i Nor	-Exempled	() ai	וע ואטוו-ויזו	able i it	Abat	emen	
Location of		N	ocati rmal	ly		De	scription	n of				-	Т	уре	-
Asbestos-Containing Ma TO BE ABATE In Facility (13)	aterial (ACM)	Used Mair Custo	tenar	nce/	Asbest (i.e.	thermal surfa	taining N I system icing, VA miscella	s insula T, or	(ACM) ation,	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
_		Yes	No	N/A		Dine	e Insula	otion			70 LF	x	-	X	
Basemen	t	1				Pipe	IIISUI	111011			70 LI		-	1	
Name of Registered Waste			1 1 2 2 3 3	IJDEP W lauler ID		of Wa	Yards aste		Name of GROW		tered Land	itill			
Academy Construction	I INC		0	034422	?	3 Dieno	sal Date		City, Stat						
City, State Totowa NJ						TBD			Tullytov		9				
Completed by Zlate Geleski		Title VP					Signatur	t	Del	1		Date 02/22/	201	5	

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

Check #2899

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) February 19, 2016 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address **X**EPA Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. X DCA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL Postponed: new start and City, State, Zip Code ■ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854. completion dates X DOH ■ Emergency (including Name of Contact Telephone Number MICHAEL SMITH, ENV. justification) **HEALTH & SAFETY** □ Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LIPMAN HALL, BLDG# 6025 ☐ School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **COOK CAMPUS** # of Floors: 4 Bldg. Age: 80+ years Sq. Feet: N/A City (5) County (6) County Code (7) **NEW BRUNSWICK MIDDLESEX** (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Cartestor (9) CARDNO 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode **BURLINGTON, NJ 08016** BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Completion Date (11) Scheduled Start Date (10) Name of OSHA Monitor 03/04/2016 04/04/2016 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: FRI 4PM - MON 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) X Full Containment with Negative Pressure  $\geq$  3 sf or  $\geq$  3 lf ■ Mini-Enclosure ≥ 160 sf or ≥ 260 lf Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA Various locations (spot X SURFACING MATERIALS 300 SF X abatement) NJDEP Waste Hauler ID.# Name of Reg. Waste Hauler Name of Registered Landfill 10 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 28969 04/04/2016 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ NJ DEP # 04509 215-736-1700 Completed by (Print or Type) Date SENIOR PROJECT RAYMOND C. PEDALINO Raymand C. Pedalino February 19, 2016 MANAGER

CK 1133

Date of Notification (1) 02/23/2016	N.			ame of E	Building O	wner/O	perator	(2)		EE	D 9 S	2016			
Agencies Notified Typ	1								64 A		<del></del>			2.	
EPA X DEP DOL	Initial Amended Amendment # Emergency (i		_   1	Hillside	0.00000	е									
DOH DCA	justification) Cancellation		1.888	lame of 0 /Ir Brow						Telep	hone Num	ber			
		51 (6)		FACIL	TY INFO	RMATIC	N	Time o	f Facility (4	\					
Name of Facility Where Abate House	ement is Taking	Place (3)							chool (K-12						
Street Address	HXV - TO SEE SEE SEE							S x	ubchapter (	(Other	than K-12) commercia	l buildi	ngs,	nome	s,
City (5) Hillside	62							Square	Feet		Floors		dg. A	ge	
County (6) Union			(	County C	ode (7) SE ONLY)			Curren	t Use (Prio	r if bein	g demolish	ed)			
Name of Monitoring Firm Hire Competent Supervisor		Owner (8)		ASCM	No.		Name of Abatement Contractor (9) Academy Construction Inc								
Street Address		-					Street Address								
							205 Route 46 West  City, State, Zip Code								
City, State, Zip Code							Totowa NJ 07512								
Project Manager for Monitori	1	Telephon	e No.		973	none No 832 42	244		License No 01155	),					
Start Date (10) 03/05/2016								of OSH e As A	A Monitor Above						
Occupancy Status During Ab	patement (Chec	k Only One	)				Street	Addres	S						
Facility Closed/Vacated Abatement Performed ( Other – Describe:	During Entire I Outside of Nom	Period of Al nal Facility	oatem Hours	ent		28	City, S	State, Zi	p Code	1					
Scope of Work (Check All Th	nat Apply)							157							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti					Min Glo	i-Enclosure	edure	Negative P			e	
		1 (-1)	ocati					1101111100	Friable Procedure Abatem						
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)		N Used Mai	ormall I Solel ntenar odial S (12)	ly ly by nce/		os Con thermal surfa		Material is insula AT, or		(S	mount pecify or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A		Diag	. In a sele	_4:		2	0 LF	75		V	
Basement	t	-				Pipe	Insula	ation			U LF	x	_	X	
										+					
Name of Registered Waste		JDEP W		Cubic Yard		-	Name of	Registe	red Landfill						
Academy Construction	0.00	lauler ID 034422		of Wa	GROVVS Landfill										
City, State Totowa NJ					sal Date	е	City, Stat								
Completed by Zlate Geleski					Signatur	t	Dele	de		ate 2/23/2	2016				

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

									N R S E S		(0	- 4	
Date of Notification (1) February 19, 20	16			Name of	Building C	wner/Oper Walter		2) esidential, LLC		23	390	63	
r., 1	Notific	ation tification		Street Ad		14 740 7	arneg	gat Blvd. North	FEB	2 8	2016		
[x] DOL Ame	ndment #			City, Stat	e, Zip Cod		gat, 1	NJ 08005			70	-18	1
IX I DOR I	ication) ellation			Name of	Contact Victor			Tel	ephone Number			, t	112
			FAC	ILITY I	NFORM	ATION							
Name of Facility Where Abatement is Taking Residence	Place (3	)					Тур	(E) (E) (E)	School (k-12) Subchapter 8 (oth	er than	k-12)		
Street Address								[x]	Other (i.e., private homes, etc.)	e & con	nmercia	ıl buildi	ngs,
City	Coun	ty (6)		County Co (STATE U	ode (7) USE ONL	Y)		uare feet 1000 sf	# of Floors	Bldg.	Age 6	0	
Beach Haven West	Oce	an				*	Cu	rrent Use (Prior if b Residence					
Name of Monitoring Firm Hired by Building N/A	Owner (	8)		ASCM N	0.	Name of Abatement Contractor (9)  Guardian Contracting, Inc.							
Street Address						Street Address 1889 Route 9, Unit 61							
City, State, Zip Code				City, State, Zip Code Toms River, New Jersey 0						271			
Project Manager for Monitoring Firm	lumber			Telephor 732-34	9-99	932	License N 00624	umber					
Scheduled Start Date (10) 2/22/16		Scheduled C 2/23/16	57.6	on Date (1	1)				. Analytical			/ <u> </u>	
Occupancy Status During Abatement (Check			l of Abat	tement		Street A	ddres		elton Road				
Abatement Performed Other – Describe		of Normal Fac		ours	<u> </u>	City, Sta	ite, Zi		vay, New Jerse	y 088	54		
Scope of Work (Check all that apply)						[ ]	*	Full Containment v Mini-Enclosure	with Negative Pres	sure			
$\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$		[ ] [x]	Renova Demoli			[ [x	3	Glovebag Procedur Non-Exempted (*)		Procedu	re		
	T			T						Abat	ement '	Гуре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	n eed stodial N/A		(i.e ins	Description bestos-Co Material (a.e., thermal sulation, so VAT, ner miscel	ntain ACM syste urfactor	ing  (i)  ems  ing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Exterior house		Asbe	stos sidi	ng			900 sf	X			_		
											_		
Name of Registered Waste Hauler Guardian Contracting, Inc	e Hauler 0223	ID No.	Cubic Y	ards of Wa	ste	Name of Register T.R.R.F.	red Landfill						
City, State Dis						City, S							
Toms River, New Jersey Completed by (Print or Type)	2/24	/16 Signat	tore	Tully	towi	n, Pennsylvania		Date					
Nicholas Fernicola	er		1 -		1			2/1	9/16				

Jun 13 2000 08:18PM NJ Asbestos Control 609.633.0664

02/18/2015 04:55PM 2013297440

BEST REMOVAL INC

page 1

PAGE 82/84

State of New Jersey
NOTIFICATION OF ASSESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

CAC 6033 FEB 2 6, 2016

Date of Notification (1)			Man	1	( 124 EM 12	140)			ſ.
2/16/16		٠.	1	Th.	MAILL ST	SECHY			1
Agamey Natified Type Nationalist	,		Stre	et Addres	T IPHICAL (I	- CAN		11/	
G EPA LE PANEL							70.0	·	
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G DCA (Correction)			10mm	no ser wen			Tojophote M	unher	
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Name of Facility Where Absternant is Take	g Plade (	9		- MIT II	POTURATION	Type of Pacing			
HR REON	LAA					The state of the s			
Street Address				-	<del></del>	School (K-1)	h B (Other Wein K-1		
						E CHIEF (LA. DI	Note & common	ial buildings	
City (6)						Square Post	# of Plants		
MONTCLAIR	19					2200	4 04 630018	Bag. A	
Columbia (g)			Cett	RyCode	O GTATE USE		ior if being dom:	000	TYPES
ES SEX.			ONE	1) .		\ Ke	SI DAN CE		
Name of Monitoring Plan Hired by Building ( (6)	-Janes	ASC	No.	- 1		ment Contractor (6	)		
Street Address			t:		Best Rei	moval In	2		
•			6		2000 A001000 '	19-2			
City, Stelle, Zip Gode					450 Soul	th River	St		
* 0 0 00000					Cay, State, Zip C	Logia -			
reject Manager for Manifesting Firm	13	elapho	ne Na		Tamphone No.	ck, N.J.			
<u> </u>					201-329-	7444	License No.	The state of the s	20
2/19/16 Schools	d Comple	en De	to (11)		Neate of OSHA	denter	00388		
Decupatory Status During Abelianent (Check	120	115	•	53.	Omega E	nvironme	ntal		
T English Class data and a mark					Street Adgress				
Facility Closed/Vacated During Entire Peri P Appliament Parformed Outside of Normal	od of Abe	tement	Ē.		City, State, Zip Co	yler St		- 6	
Application of Performed Outside of Normal Performance	(	-	• *			kensack	N		
hoope of Work (Chack all that apply)									
243 at at 2 5 ft 2 2 160 at at 2 200 ft	•		er Ker	ovaden .	O Pario	entelement with h	iogadvo Prodekt	e e	7
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Asheston-Containing Material (ACM)	Uee	d Solet	y bay	-	Description of the Containing Man				7
W.Facility	0	tunin dia Charry	1	(E.o.	Castalan Mar.	noutelion,	Amount	3	_ 7 -
(13)	1.	(12)		8	opportunite AV.	Of	SFOCLE		
•	Yes	No	NA					E	- 5
FIRST FLOOR			757	dr 1.10-	dud -				
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Registered Wante Haufer	NE	PP W	ista H	Puler	Cubic Yards of	Harps of Register	ad I sad		
Best Removal Inc	IDI	ila.			this also				
y, State		171	n A		-	Minerva	enterpri	ses ,	TPC
Hackensack , N.J. O	7601					City, Stella		-	
Priprieted by Title		_	-		2/2/1/2	Waynesb	urg, Oh.	44688	
J.Maiorano Est	imat	or		1	LN	1			100
° Do n	of the th	term !	des 14	rates (ice	meure exempleted an			2/16	16
					() -				



Date of Notification (1)		11	Name of	Building Owner/C	Operator (2)	1	1110				
2-22-	-16			57#51	r r 1	bmes	LLC		2016		
Agencies Notified Type Notification		8	Street A	ddress /6 (	onstit	a tion	Blud				
□ EPA Initial □ DEP □ Amended		(	City, Sta	te, Zip Code	70,75	A 17	- 0000	29	• i.,		
DOL Amendment #				Be	elin	100	080	- 1		Y 20	-
DOH - justification)	noiceing	1	Ω	Contact	HADO	1	Telenhone Nu	mher			-
□ DCA □ Cancellation				Chard LITY INFORMAT	INON		·				
Name of Facility Where Abatement is Taking	Place (3					of Facility (	(4)				
Single tami	14	De	we.	lling		School (K-1	12) 8 (Other than K-1	2)			
Street Address	' 1					Other (i.e. p	private & commerci		lings,	home	s,
City (5)			2 102 20			etc.) re Feet	# of Floors	В	ldg. A	ge	-
Berlin NJ	C	180	109				2				
County (6) Cander				Code (7) USE ONLY)		nt Use (Pri	family	-	1/10 M	125	
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	No.	Name of Aba		ntractor (9)		. ,		
Street Address	216	3		MA	Street Address	<u> </u>	chaoles	) le i	,	Ln	-
P.O. Box 3.	37				P.O.	Box	337				
City, State, Zip Code	NJ	5 (	80	533	City, State, Z	Equ	TUN + A	0	85	13	3
Project Manager for Moeithril gi Firm	-	1	Telepho		Telephone No		License N	lo.	10	u	
Jeve Schenken	C-b-d-d			758-3365 Date (11)	609 758 Name of OSH		25 O	0	27	1	
Start Date (10)  Magch 7, 2016	Λ Λ	RC	9	2016	EPO	-	hnologies	I	nc		-
Occupancy Status During Abatement (Check					Street Addres	ss	7				
☐ Facility Closed/Vacated During Entire P					City, State, Z		337			•	
☐ Abatement Performed Outside of Norm ☐ Other – Describe:	ai Facility	riouis			New &	*	ALT	78.	53	3	
Scope of Work (Check All That Apply)						JIP.	700	204			
≥3 sf or ≥3 lf		Renovat					ent with Negative	Pressu	re		
≥160 sf or ≥260 lf		Demoliti	ion		☐ Glo	ni-Enclosur ovebag Pro	cedure				
	T			T	No	n-Exempte	d (*) and Non-Frial	ble Pro	110000	e ement	-
3	10000	Location Normall								ре	
Location of Asbestos-Containing Material (ACM)	Use	ed Solel	ly by	Asbestos Cor	escription of staining Material		Amount			Ē	Е
TO BE ABATED In Facility	03.5357	todial S			I systems insula cing, VAT, or	ation,	(Specify SF or LF)	Remova	Repair	ıcap	Enclosure
(13)		(12)			miscellaneous)		***************************************	oval	air	Encapsulate	sure
	Yes	No	N/A							Ф	
exterior Walls			X	Siding	Shing	es	2000 5	X			
				ر							
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				10	Vanda	l Name - '	Dogistored Londs				
Name of Registered Waste Hauler			JDEP W auler ID		Yards aste		Registered Landfi		,		۸,(
EPC Technologies	\$		170		12	City, Sta	te Manage	men	to	FY	M
City, State  New Egypt  Completed by	NJ			3-	sal Date	More	usville '	PA			
Completed by	Title	^			Signature	CI		ate	1. 7	a-1	1
Steve Schenker	HR	sid	ent	1	Deers	DCK	sky	0	, a	a, 1	0

#### MO#23456159021

MAY 11

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)							
02/	23 /	16		Mark S	Santos			FEB	25	20	16			
Agencies Notified	Type Notificat	ion		-	Address									
☐ EPA	✓ Initial											4		
☑ DOLWD	Amended Amendmer	nt #	;	City, S	tate, Zip C	ode				1				
☑ DHSS ☐ DCA	☐ Emergency		na	Carlsta	adt, NJ 07	7072								
(NJAC 5:23-8)	justification		-3	Name	of Contact	t		Telephone Numb	er					
	Cancellation	on		Mark	Santos			ľ						
	And the second second			FAG	CILITY IN	FORMATION								
Name of Facility Where A	Abatement is Ta	king Plac	e (3)				Type of Facility (	4)						
Residence							School (K-12	) (Other than K-1 2)						
Street Address								rivate and commer		ldings	5.			
							homes, etc.)							
City (5)							Square Feet	# of Floors	Bio	lg. Ag	e			
Carlstadt, NJ 07072								1						
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	or if being demolis	hed)					
Bergen Name of Monitoring Firm	Hisad by Build	ina Ouuna	- (0)	10011	N	16.	1.0 1.10							
Name of Monitoring Firm	miled by build	ing Owne	(0)	ASCM	NO.	Name of Abatement Contractor (9)								
Street Address						Gr Tech LLC								
Street Address					Street Address 576 Valley Rd #283									
City, State, Zip Code			_			City, State, Zip C						-		
						Wayne, NJ 074								
Project Manager for Mon	itoring Firm		Te	lephone	No.	Telephone No. License No.								
			100			973-638-1777 01127								
Start Date (10)	S	cheduled	Comp	etion Da	ite (11)	Name of OSHA N	Aonitor	101121						
03 / 03 /	16	03	/_(	)4/	16	Envirovision Co	onsultants Inc							
Occupancy Status During	g Abatement (C	heck only	y one)			Street Address								
☐ Facility Closed/Vacate						20-21 Wagaraw	Road, Bldg .#	35E						
Abatement Performed						City, State, Zip C								
Time of Abatement: _	7 (14)	PIVI/			_AM	Fair Lawn, NJ 0	7410							
Scope of Work (Check al	I that apply)							nation with negative	e press	ure				
≥ >3 sf or >3 lf		$\mathbf{X}$	Renova	ition		Mini-End	itainment with Ne closure			,				
☐ ≥ 160 sf or ≥260 lf			Demoli	tion		Gloveba	g Procedure	Tent with Negative	Press	ure				
			1-1	-tin-		☐ Non-Exe	empted (*) and No	on-Friable Procedu		1				
Location	of		Is Loc			· Description	of		Ab	ateme	ent Ty	/pe		
Asbestos-Containing	Material (ACM)	2		lely by	Asbe	estos Containing Ma		Amount	Re	Repair	Enc	Enc		
TO BE ABA		55.0	Maintei ustodia	nance/		e., thermal systems	insulation,	(Specify	Removal	pair	aps	Enclosure		
(13)	ity		(1)			surfacing, VAT other miscellane		SIF or LF)	<u>a</u>		Encapsulate	ıre		
		Ye	s N	o N/A							е			
Basement				X	Pipe ins	sulation		30 LF	$\boxtimes$	П	П			
			П							П	П			
			-1-		1									
		_	ᆜᆜ		-					Ш	Ш	Ш		
Name of Registered Was	ste Hauler			NJDEP Was	te Hauler ID No	Cubic Yards of Was	Name of Regi	stered Landfill						
Gr Tech LLC				00337	85	TBD	T.R.R.F. Inc							
City, State		MALIPERSON AND ADDRESS OF THE PARTY OF THE P				Disposal Date	City, State							
Wayne, NJ 07470						TBD	Tullytown, P	A						
Completed By (Print or Type) Title						Signature	1	60	ate	-				
N.Jevtic		Owner				1 7	Teulic Wend	02	/23/20	16				
ASB-41						· //				_CUADS				

Daie of Notification (1)			an Outles	ir on Man	C 8:60 and 12	120)	heck 6	-37	( ) ( )	1.2 .				
2 - 23 - 16			Na	me of Build	ting Owner/Operat	tor (2)	rece 6	03!	-19	7				
Agency Notified				D. RI	220		r en acessa			11				
reactive received	Type Notification		Str	eet Addres	S			0.00	2010					
□ EPA	<b>S</b> Initial						FE	B 26	2010					
□ DEP ■ DOL	☐ Amended		Can	y, State, Zi	p Code .					1				
	Amendment #  © Emergency (inci-	uring.	1	30 G0	TA, N.I	- 0760	3		(T. /					
DOH DCA	pushification)	acan rg	Nas	me of Cont	act I	0,00	Telephone Nr	umber		1				
- GLCA	☐ Cancellation		$\bot D$	2. Riz	220		W		W 8	1				
N					FORMATION			-						
Name of Facility Where	Abatement is Taking	Place (3)		•	-	Type of Facilit	y (4)							
D. 181220	>						50(5)(50)							
Street Address						☐ School (K-1	2) 8 (Other than K-	12\						
			5		i.	Other (i.e. ;	aivate & commen	iał buildin	as.					
On, (c)	\$4,5°E.7				- 7	homes, etc	.)							
BOGOTK	)				*****	Square Feet		Bidg.						
County (6)			Com	mb. Codo (	7. /07/77 150	2000		91	ypes	i.				
BERGEN			ONL	TA)	7) (STATE USE	Current Use (Prior if being demolished)  (F) WENCT								
Name of Monitoring Firm	Hired by Building Ow	mer I A	SCM No.	****	T.W 544 /									
(8)	•	7.	OGE NO.		Name of Abater									
Street Address					Best Removal Inc									
				÷);	Street Address									
City, State, Zip Code					City. State. Zip (	th River	St							
				124										
Project Manager for Mon	ioning Firm	Tele	phone No	). ).	Telephone No.	ack, N.J	License No.							
					201-329-		00388							
Start Date (10)	Scheduled (	Completion	Date (11	f)	Name of OSHA		00300							
3-4-16	3-5	-11		<i>.</i>		Environm	antal			and the same of				
Occupancy Status During	Abatement (Check o	nly one)			Street Address	-12 V Z L O HIM	ental							
☐ Facility Closed/Vacated	During Entire Period	of Abaten	nont		280 Hz	ıyler St				İ				
	THEND OF BLOOMS !	citity Hours	;		City, State, Zip C	ode								
Other - Describe:							,N.J. 07	7606						
Scope of Work (Check all	that apply)													
B≥3 sfor≥3 # B≥160 sfor≥260 #			Re Re	novation	. □ Full C	Sontainment with Enclosure	Negative Pressur	e						
= 1,00 3r 0r E 250 b			□ De	molition	☐ Glove	ebag Procedure		702		1				
				T	U Non-I	Exempted (*) and	Non-Friable Prox							
. Location			cation mally						Abaten Type					
Asbestos-Containing	Material (ACM)	Used S	Solely by		Description o	of	** **		TT	T				
TO BE AB	ATED	Cus	enance/ todial	(Le.	tos Containing Ma . thermal systems i	terial (ACM)	Amount (Specify	7	E E	F 12				
(13)	WA.	3	==?		stationing VAT.	70.	SF or LF)	Kemova	Rephir	Enclosure				
		- (7	2)	_	other miscellane	ott2)		NA.	A I	Sur				
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BASEMENT			X	THE	RMAL INS	LATION	130	LF X	++	+				
						-1770-0	100	~ ~	++	+				
									++	11				
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ame of Registered Waste	Hauter	NJDE	P Waste I	Hausier I	Cubic Yards of	Name of Regist	arod I on dies	1	1					
Best Remov	al Inc	ID No.			Waste					1				
ity, State		1	7109	-	2 yos	minerva	Enterpr	ises	,LLC	:				
	NT T 0-				Disposal Date	City, State				-				
Hackensack			3-5-16	Waynesh	ourg, Oh.	44688	2							
	Title	•			Signature;		1	Date		-				
VELDRAN SB41		imato:			R. Veldr	en	Parket State of State	2-23	-16					
AND THE PROPERTY OF THE PARTY O	in bot	INCO MON S	f											

Completed By (Print or Type)

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Owner

02/22/2016 10:57AM 9736381778 PAGE 83/84 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2431 (Pursuant to NJAC 8:80 and 5:18) Date of Nolification (1) Name of Building Owner/Operator (2) 02 . 1 16 Simon Raymond Agencies Notified Type Notification Street Address EPA M Initial DOLWD Debne mA City, State, Zip Code Amendment # SCHO S Emergency (including justification) Chatham, NJ 07928 □ DCA Name of Contact (NJAC 5:23-8) Telephone Number Cancellation Simon Raymond FACILITY INFORMATION Name of Facility Where Absternant is Taking Place (3) Type of Facility (4) School (K-12)
Subphapter 8 (Other than K-1 2) Rasidanca Street Address Other (i.e., private and commercial buildings, homes, etc.) Chy (5) Souare Feet & of Floors Bidg. Apa Chatham, NJ 07928 County (8) County Code (7) (STATE USE OWLY) | Current Use (Prior if being demolished) Morris Name of Monitoring Firm Hired by Building Owner (B) Name of Abatement Contractor (9) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Flm Telephone No. Telephone No. License No. 973-638-1777 01127 Stan Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02 / 23 / 16 02 / 24 / 16 Envirovision Consultants,Inc Occupancy Status During Abatement (Check only one) Street Address T Facility Closed Vacated During Entire Pariod of Abstement 20-21 Wagaraw Road, Bldg .#35E Abstament Performed Outside of Normal Facility Hours - Describe City, State, Zip Code 3. Time of Abatement: Fair Lawn, NJ 07410 Scope of Work [Check all that apply] Clean up and decontaining on with negative pressure Full Containment with Negative Pressure >3 sf or >3 if > 160 sf or >260 if Renovation
Demolition Mini-Enclosure Glovebag Procedure Tent with Negative Pressure
Non-Exempted (\*) and Non-Prieble Procedure Abatement Type Normally Used Solely by Lecetion of Description of Removal Asbestos-Containing Material (ACM) Encapsulate Enclosure Asbestos Containing Meterial (ACM) Amount Maintenance TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF (12) (13) other miscallanequa) Yes No N/A X Besement Pipe insulation -30 LF X Crawl space 120 LF Pipe Insulation -NOSEP Wests House ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler Gr Tech LLC 0033785 TBD T.R.R.F. loc City, State Disposa Date City State Wayne, NJ 07470

" On not use this form for asbestos licensure exempted activities.

TBD

Tullytown, PA -

Date

02/22/2016

### CK 14129

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

K 19129		(Pu	ursuant t	to NJAC 8	:60 and	12:120	)	Service of	COMMISSION OF THE PARTY OF THE	1 1	3	. ;		
Date of Notification (1) FEB. 23, 2016				Building C					9					
Agencies Notified Type Notification			Street Ac PO BC							FEB	262	2016	1.	
EPA Initial Amended Amendment				te, Zip Cod PHIA, N		0		:	7 8			75.11		
DOH justification) DCA Cancellation			Name of SCOT	Contact T PICCI	ONE			•	Tele	enhone N	lumber	1		
			FACIL	LITY INFO	RMATIC	ON								
Name of Facility Where Abatement is Takir FORMER RESIDENCE	g Place (3)						Тур	oe of Facility  School (K-						
Street Address							<u> </u>	Subchapte Other (i.e. petc.)				dings	home	es,
City (5) HAMILTON TOWNSHIP, NJ								uare Feet 32 SF	# of	Floors		3ldg. <i>A</i> 1950		
County (6) MERCER			County C	Code (7) USE ONLY)			Cur	rrent Use (Pr DRMER R	ior if bei	ng demol	ished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	1 No.		Name Finis	of Al	batement Co g Touch As	ntractor sbesto	(9) s Abate	ement (	Corp	, Inc	
Street Address						Street 17 T		ress npson Stre	et					
City, State, Zip Code								Zip Code ong Branch	n, NJ 0	7764				
Project Manager for Monitoring Firm N/A			Telephor	ne No.		Teleph 732.		No. 2.8372		License				
Start Date (10) MARCH 3,2016	Scheduled MARCH			Date (11)		Name N/A	of O	SHA Monitor						
Occupancy Status During Abatement (Che	0.0040090040000040	0.0				Street	Add	ress	7					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nord Other – Describe:						City, S	State,	, Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				_		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure					
	11 11 11 11 11 11 11 11 11 11 11 11 11	Locat	100000000000000000000000000000000000000		_								emen ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	d Sole ntena	ely by ince/ Staff?		tos Cont thermal surfac		Mater s ins AT, or	r	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
EVITERIOR	Yes	No	N/A			OIDIA	10			00.05			-	
EXTERIOR	EXTERIOR					SIDIN	NG.		11	00 SF	X	-	-	
Name of Registered Waste Hauler Finishing Touch Asbestos Abateme	NJDEP Waste Hauler ID No. 12058			Cubic Yards of Waste 5 Cy				f Registe LAND	ered Land FILL	dfill				
City, State WEST LONG BRANCH, NJ 07764	Di				Disposal Date City, State TYLLYTOWN, PA									
Completed by JOSEPH P. MILLER	Title PRES								Date 2/23/	16				

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

C16 46 3924

Date of Notification (1)	22-11			Name	of Buildin	g Owner/Operator	(2) (S.T.(2.1)	TION IN							
	82-16			Ctrack	Address	N CON	DIKUC	110111111			_	=			
Agencies Notified	Type Notificatio	n		Street	P. O	Box 3	6				++				
☑ BPA □ DBP	☐ Amended		-	City, S	State, Zip (	Code		- 30 -							
Ø DOL	Amendment Emergency		-	,.	400	RESTOU	UN NL	7 0805	7		,	_			
<b>⊠</b> DOH	justification	)	-	Name	of Contac	ot		Telephone Number	er						
□ DCA	☐ Cancellation				MIK	E						_			
-		-		FAC	CILITY IN	ORMATION									
Name of Facility Where	Abatement is Tak	ing Place	(3)				Type of Facilit								
R	ESIDENI	(E			<u> </u>		School (K-	r 8 (Other than K-12)	·						
Street Address							Other (i.e., homes, etc	private & commercia	l build	ings,					
Cit. (5)							Square Feet	# of Floors	Blo	lg. Ag	je _				
City (5)	CEAW C	IT	1				1500	_		50.	+ •	_			
County (6)	CLINO		-	Cour	nty Code (	7) (STATE		Prior if being demolish	ned)						
CAPE	MAY			10000000	ONLY)			ACIANIT		_		_			
Name of Monitoring Firm		Owner		ASCM	No.	Name of Abatement Contractor (9)									
(8) N	A					KLEMCO INC. Street Address									
Street Address															
						City, State, Zip C	UCE AUE	_			_				
City, State, Zip Code	20					MAPLE	SHAD	E N.JC	(०४)	25		_			
Project Manager for Mor	nitoring Firm		Tele	phone	No.	Telephone No.		License No.	111						
1 Toject Warager for Wild						856-77		0041	14		_	=			
Start Date (10)		eduled C				Name of OSHA Monitor									
3-14-1	b  _	3-7		-16			NA				_	=			
Occupancy Status Durin	ng Abatement (Ch	eck only	one)			Street Address									
Facility Closed/Vacat	ed During Entire F	eriod of	Abate v Hou	ment rs		City, State, Zip C	code					_			
Abatement Performer	a Uutside of North	idi Favilli	, 1100			Oity, Oldie, Ep c	1 <del>2 1 1 7</del> 1								
Scope of Work (Check a	all that apoly)						1985 N 1206 DA								
	an area ebbit/					Full Co		legative Pressure							
≥3 sf or ≥3 ff [>≥≥160 sf or ≥260 ff			enovati emolitic			□ Gloveb	ad Procedure	Non Erichlo Drocedin	e e						
₽8=100 0. 0. <u>2</u> 200 1.						Non-Ex	empted (*) and f	Non-Friable Procedur		bate	ment				
			_ocation				_			Тут					
Location			Soleh		Achee	Description o tos Containing Ma	f terial (ACM)	Amount			ш				
Asbestos-Containing N		C	ustodia		(i.e.	thermal systems	insulation,	(Specify	Rer	Re	ncal	1			
IN Facility		1	Staff? (12)			surfacing, VAT other miscellane	, or ous)	SF or LF)	Removal	Repair	Encapsulate	Enclosura			
(13)			_	T			*		<u>a</u>		ate	a			
		Yes	No	N/A				1500	X	-	-	1			
SIDIM (		-		X		TRAWSI	TE	1500 50	X	-	-	-			
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								-	-	-	-	-			
		-					T N	gistered Landfill	_						
Name of Registered Wa	ste Hauler			UDEP \		Cubic Yards of Waste	Name of Re	2 0 4 4	1.1	И					
KLEMCO	INC.	_ []	tauter IC	04	3	<u> </u>	M.C.M.	U.	H	_	_				
City, State		1		4	Disposal Date-	City, State	ODBINE								
MAPLE SHADE M.S						Signature	1_00	Date	_	_	1,	_			
Completed By	Tit	ste Su	0.			Du	lion.	2-	-5.	5-	16	2			
MAIL HUEE ILL	CMM	36	15.												

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

CK, #8 3924

Date of Notification (1)	23-16			Nar	ne of Buildi		Owner/Operator	STRUC	TIDÁ	I TA	( )				
Agencies Notified	Type Notification	n .		Stre	et Address									-	
Ø BPA □ DBP	Manual Initial Amended			City	State, Zip	_	BOX 3	36	in the same of		_	- 1	_	=	
☑ DOL	Amendment Emergency		na	City			ESTOL	UN NU	. T	2080	7				
DOH DCA	justification	)	19	Nar	ne of Conta	ct			Telepi	none Numl	per		1		
	☐ Cancellation			_	MIK	E								_	
		- BI-	(2)	F	ACILITY IN	FOF	NOITAMS	Type of Facility	h. (4)						
Name of Facility Where	ESIDEN	ing Pla	ce (3)					Type of Facilit							
Street Address	e ja ven							Subchapte Other (i.e.,	r 8 (Other private &			dings			
City (5)		-				=		homes, etc Square Feet		Floors	В	ldg. A	\ge		
OCEV	AN CIT	TY						1500	_	1	-	50	+	_	
County (6)	14. A . A 1.)			Co	unty Code ( E ONLY)	(7)	STATE	Current Use (F			shed)				
Name of Monitoring Firm	MAY Hired by Building	Owne		ASCH		IN	ame of Abatem	nent Contractor (	A CIAM					_	
(8)	A	OWITC		7.00	1140.	"	KLEMCO INC.								
Street Address						S	treet Address	_		<i>i</i> \(\)					
City State 7in Code	, State, Zip Code					-	369 ity, State, Zip C	HUE			_	_			
City, State, 21p code								SHAD						_	
Project Manager for Mon	Project Manager for Monitoring Firm						Telephone No. License No. 00444								
Start Date (10)	Sch	eduled	Comple	etion D	ate (11)	1 -	ame of OSHA N	Monitor							
3-4-16		3 -		-16	2	_		NA						_	
Occupancy Status During				mont		St	reet Address								
Facility Closed/Vacate Abatement Performed						Ci	ty, State, Zip Co	ode						=	
Other - Describe:	I that analy)					_							_	=	
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	і тат арріу)		enovat emolitic				☐ Mini-End	tainment with No closure g Procedure empted (*) and N			re				
		0.000	Location		1						_	bate			
Location of			lormally d Solel				Description of				_	Тур	æ		
Asbestos-Containing Ma			ntenan ustodia				Containing Maternal systems in		Amo (Spe	ount ecify	R		Enc	En	
IN Facility			Staff? (12)				urfacing, VAT, er miscellaneo		SF o	r LF)	Remova	Repair	Encapsulate	Enclosure	
(13)		Yes	No	N/A	1			/			/al	-	late	ıre	
Sinuit		165	110	X		Tu	CAWSIT	r <i>5</i>	150	0 35-	X		-	-	
SIDIM G		^	-	1 4	Chwal		100	) 32	~						
				_											
						_									
					Waste		bic Yards	Name of Reg	istered La			_			
KLEMCO INC. 1					04		Waste 3		M.C	M.	U.	A			
City, State MAPLE SHADE WI.J						Dis	posal Date-	City, State	OBI	NE					
Completed By Title							Signature_ (	1A		Date 1	7 7	11	2		
MICHHEE KLO	MM	DU	P.			_	Mul	loc 2 23/16							

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Natification (4)				L				- L L L 7			- 1			
Date of Notification (1)	25/16			_	GAK			COGETALO	_	9 19				
Agencies Notified  EPA  DEP	Type Notificati	ion		Str	eet Addres	cltr	MONT	DR,						
DOL.	Amended Amendmer		lina	City	y, State, Zip	CLTR M	DNT. W	J 08	711	0				
DCA DOH	justification  Cancellation			Nai	me of Conta			Telephone Num	ber		:, 1			
	×		•	F	AÇILITY IN	FORMATION						_		
Name of Facility Where	Abatement is Tal	king Pla	ice (3)			4	Type of Facil							
Street Address	251170	100						er 8 (Other than K-1, private & commerc		ilding	s,	2		
City (5)	WILDU	JOON	D				Square Feet	# of Floors	.   E	Bldg. /	Age O+			
County (6)	MAY			Co	unty Code (	(7) (STATE	Current Use (Prior if being demolished)							
Name of Monitoring Firm		Owne	r	ASCI	M No.	Name of Abaten								
(8) N	/A					KLTU	100 1	INC						
Street Address						Street Address	5,51	PRIVE A	4UE	=				
City, State, Zip Code						City, State, Zip C	05	305	2					
Project Manager for Moni	toring Firm		Tele	phone	e No.	Telephone No.   License No.   856-779-0472   (X) 444								
Start Date (10)		eduled	Comple	tion D	ate (11)	Name of OSHA	Monitor SEP14	Klemm				_		
Occupancy Status During						Street Address	- V	^ -	Č.					
Facility Closed/Vacated  Abatement Performed					=		369 5.	SPRUCE	A	Œ	_	_		
Other - Describe:		di i doi:	ity mout			City, State, Zip C	APLE St	HADE WID	01	10	5 2	,		
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)		enovation emolition			Full Con Mini-End Gloveba	tainment with Nelosure g Procedure	egative Pressure						
			Location	n					T	Abate				
Location of Asbestos-Containing Ma	torial (ACM)	Used	d Solely		A-1	Description of	-1-1/4040		-	Тур	re T	-		
TO BE ABATE: IN Facility (13)		C	ustodial Staff? (12)			os Containing Mate thermal systems in surfacing, VAT, other miscellaneo	sulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure		
		Yes	No	N/A					a	ं	ate	Ге		
SIDANG			X		RAWSIT	E	1500 SE	X						
		_					-							
		-	-						$\vdash$			-		
Name of Registered Waste	Hauler		I NJ	DEP V		Cubic Yards	Name of Reg	istered Landfill				$\dashv$		
KLEMCO	- Ha	uler ID	24 1	of Waste	C.M	.C. M. L	NA	<u>اء</u> _						
City, State  MADLE	M	<u>T</u>		Disposal Date	City, State	DOBINE	W	7	_					
Completed By MICHAEL K	10			Signature	lon	Date 2	23	16						
			- 1						1					