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Date of Notification (1)			Name of	f Building Owner/	Operator (2	A GO	PALL	ANT		<u> </u>	U				
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Agencies Notified Type Notification	1		Sireet A	daress					M.	- 3	201	7			
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Street Address						Subchapte	er 8 (Other	than K-12) commercial b	mildin	ine ho	mes e	tc)			
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Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.	0.0000000000000000000000000000000000000	of Abatement Co)							
2570						st Removal	Inc								
Street Address						Address									
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City, State, Zip Code						tate, Zip Code	T 07/0	1							
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Project Manager for Monitoring Firm			Telepho	ne No.		one No. 201-329-74	44	003							
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Scope of Work (Check All That Apply)				- '\		~	15								
≥3 sf or ≥3 lf	-	Renovat	tion		_	Full Contain	ment with	Negative Pres	sure						
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* Emergency *

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Date of Notification (1) 12/28/16									ligh Scho	ol I	JAN	1 - 3	-20	17	13			
Agencies Notified	Type Notification				Address						SBEST	00.0	TIAC	DOL	0.			
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Name of Facility Where A Oakcrest High Scho		ig Place (3	3)						e of Facility	(4)								
Street Address								M	School (K-		orthon l	C 40)						
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County (6) Atlantic					Code (7) USE ONLY)			Curr	ent Use (Pr	ior ir be	ng aemo	nisnea)						
Name of Monitoring Firm	Hired by Building	Owner (8)		LASCI	M No.		Name	of Ah	atement Co	ntractor	(0)		_					
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Project Manager for Moni			Telepho	ne No.		Teleph				License	e No.							
Cathy Ledden				20-9312				9800		0072	7							
Start Date (10)		Schedule	ed Con	npletion	Date (11)		Name	of OS	HA Monitor									
12/29/16		12/30/					Sam	e										
Occupancy Status During	Abatement (Chec	k Only Or	ne)	10/2-3-46			Street	Addre	ess									
Facility Closed/Vaca Abatement Performe Other – Describe: a	ed Outside of Norn				City, State, Zip Code													
Scope of Work (Check All	That Apply)	Comments					\succeq	SWE	et wro	up c.	CUT	•						
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Agencies Notified	Type Notification		91.5	Street Ad 31 Bird							ASBE	STC	EN:	NON SINC	I HO	Lα				
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	Abatement is Takin ARLBORO	ig Place (3)	//					☐ s	f Facility (4 chool (K-12 ubchapter 8)	ar than k	⟨-12\								
Street Address								× o	ther (i.e. pr	ivate 8	k comm			er buildings, homes, Bldg. Age i) ssure Procedure Abatement Type Removal						
City (5) MARLBORO								Square 1000	e Feet	# of	Floors		BI	dg. A	ge					
County (6) MONMOUTH				County C	Code (7) ISE ONLY)			Curren home	t Use (Prior	r if bei	ng demo	olishe	d)							
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.				PROFES											
Street Address								Address HITE D	OVE CO	URT										
City, State, Zip Code								tate, Zip EWOO	Code D, NJ 08	701										
Project Manager for Mor	nitoring Firm		Telephor	ne No.		500000000000000000000000000000000000000	one No. 368-90			Licens 1200										
Start Date (10) 01/06/17									A Monitor PROFES	SSIO	NALS									
Occupancy Status Durin	g Abatement (Chec	ck Only One	e)				Street	Address	3					sure Abatement Type						
Facility Closed/Vac Abatement Perform	ated During Entire ned Outside of Norr	Period of A	batem Hours	ent				HITE D tate, Zip	OVE CO	URT										
X Other - Describe:							LAKE	EWOO	D, NJ 08	701										
Scope of Work (Check A	III That Apply)																			
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City, State NEWARK, NJ						Dispo 01/09	sal Date 9/17		City, State BETHLE		1 PA									
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Date of Notification (1)
Agencies Notified
City County Code (7) STATE USE ONLY) Current Use (Prior if being demolished) County (6) County (
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Name of Contact Daniel Vitale Name of Contact Daniel Vitale Name of Facility Where Abatement is Taking Piace (3) School (K-12) S
Cancellation
FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
School (K-12)
Street Address
City (5)
City (5) Lavallette County (6) Ocean Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address Street Address Street Address Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. 732-349-9932 O0624 Start Date (10) 12 / 28 / 16 12 / 29 / 16 Cocupancy Status During Abatement (Check only one) Sereit Address Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. 732-349-9932 O0624 Start Date (10) 12 / 28 / 16 12 / 29 / 16 Street Address Street Address Street Address 1062 Analytical Street Address 1062 Analytical City, State, Zip Code Toms River, New Jersey 08755 Telephone No. 72-349-9932 O0624 Start Date (10) 12 / 28 / 16 12 / 29 / 16 City, State, Zip Code Toms River, New Jersey 08755 Telephone No. 72-349-9932 O0624 Start Date (10) 12 / 28 / 16 12 / 29 / 16 City, State, Zip Code Time of Abatement (Check only one) Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 Scope of Work (Check all that apply) State Code
City (5)
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County (6) Ocean County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Residence
Name of Monitoring Firm Hired by Building Owner (8)
Name of Monitoring Firm Hired by Building Owner (8)
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Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement: ☐ AM- PM/ PM- AM ☐ PM- PM- AM ☐ PM- PM- AM ☐ PW PM- AM ☐ P
Second Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/_PMAM Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/_PMAM PMAM PMAM PMAM PMAM
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Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM PMAM PMAM Piscataway, New Jersey 08854 Scope of Work (Check all that apply) Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mon-Exempted (*) and Non-Friable Procedure Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mon-Exempted (*) and Non-Friable Procedure Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Mon-Exempted (*) and Non-Friable Procedure Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Mon-Exempted (*) and Non-Friable Procedure Scope of Work (Check all that apply) Mini-Enclosure Mini-Enclosure Mini-Enclosure Mon-Exempted (*) and Non-Friable Procedure Abatement Type Asbestos Containing Material (ACM) Amount Mini-Enclosure Mini-Enclos
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Solution
Is Location Location of Normally Used Solely by Maintenance / Custodial Staff? (12) Yes No N/A N/A
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Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF pr LF) The description of the miscellaneous) Amount (Specify SF pr LF) The description of the miscellaneous) Asbestos Sontaining Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) The description of the miscellaneous of the miscel
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IN Facility (13) Ves No N/A exterior Custodial Staff? (12) Yes No N/A surfacing, VAT, or other miscellaneous) SF pr LF) SF pr LF) A Se of Custodial Staff? (12) Other miscellaneous) 1450 sf
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exterior
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill
Guardian Contracting Inc. Hauler ID No. Waste T.R.R.F.
20223 3
City, State Disposal Date City, State
Toms River, New Jersey 12/30/16 Tullytown, Pennsylvania

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Name of Registered Waste Hauler	_	EP W		Cubic			Vaste			ered Landfill								
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HACKETTWON, NEW JERSEY 07840 6/3-12/3/2016 MORRISVELL PA 19067 / MORRISVILLE, PA

Completed by (Print or Type) Title
BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS Signature



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TRENCH-EXTERIOR POWERHOUSE	OR POWERHOUSE X PIPE IN								150 SF	X					
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ROOF -POWERHOUSE	ROOF MAS					600 SF	X	1							
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POWERHOUSE -THROUGHOUT Name of Registered Waste Hauler	NID	D 141	X	PIPE INSUL	20.10.2 (2).2	260/02/10	N.L.		5 LF	X					
GLOBAL WASTE	NJDE Haule			Cubic Yards	s of W 160	/aste	Name of Registered Landfill GROWS LANDFILL / TULLYTOWN RESOURCE								
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17 Erial Road									ate & commer	cial buildi			etc.)				
							Square Feet		# of Floors		Bldg. Ag	е					
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Blackwood		Warminster					Current Use	(Prior	if being demol	emolished)							
							Retail	Landers Maria									
Name of Monitoring	Firm Hired b	y Building Own	er (8))	1	ASCM No	. Name of Aba	atemen	nt Contractor (9)				}			
Pennoni Associa	tes, Inc.						Bristol Env	/ironn	nental, Inc.								
Street Address							Street Addre										
515 Grove St.							1123 Beav										
City, State & Zip Coo							City, State &										
Haddon Heights,							Bristol, PA			Terr							
Project Manager for	Monitoring F	0.00000000				umber	Telephone N		t.		Number						
Tom Adams	110			656-			(215)788-6	788-6040 00509 of OSHA Monitor									
Scheduled Start Dat 12/28/16		Scheduled Com	The Control of the Co	on Da 9/16		(11)	Bristol Env										
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Occupancy Status D Facility Close		During Entire Pe			nate	ment	Street Addre		oot								
-		utside of Norma				mont		City, State & Zip Code									
	10:00 AM - 11		1 110	uis			Bristol, PA										
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≥3 sf or ≥3 lf			\boxtimes	Re	nov	ation			Mini-Enclosu	losure							
≥160 sf ≥260) If			De	mol	ition			Glove Bag Pr	rocedures	3						
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	E ABATED Facility		Stranger Str.	odial			insulation, surfa				Remova	Repair	aps	Clos			
311.1	(13)		5401	(12)			or other miscel				oval	air	Encapsulate	Enclosure			
			Yes	No	N	/A							6				
Ist Floor Hallway	and Offices	5	П	\boxtimes	T		Floor ti	le		950 SF		П	П	П			
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Name of Registered Waste Hauler					JDF	P Waste	ste Cubic Yards Name of Registered Landfill										
Name of Registered Waste Hauler						r ID No.	of Waste	1	- J								
Service Transport Inc.						0990	3 Cu Yd	Mine	erva Landfill								
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New Castle, Delay	ware						12/29/16		nesburg, Ol	-							
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#24219176016 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 26 / Julia Smith Agencies Notified Type Notification Street Address ASBESTOS CONTROL & ✓ Initial ₩ EPA LICENSING DOLWD Amended City, State, Zip Code X DHSS Amendment # Mountain Lakes, NJ 07046 □ DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Gery Toriello **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg, Age Mountain Lakes, NJ 07046 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01 / 04 / 16 01 / 06 / 16 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-___PM/__PM___AM City, State, Zip Code Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf > 160 sf or >260 lf Renovation Mini-Enclosure Demolition Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Encapsulate Remova Enclosure Asbestos Containing Material (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 miscellaneous) No Yes N/A Bedroom-third floor \boxtimes Ceiling plaster 225 SF П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City. State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner Tente Wenas 12/26/16 ASP-41

D&S Proj. #:

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

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Name of Building Owner/Operator (2) Date of Notification (1) 1 12 1/12 17 1/11 16 1 ASBESTOS CONTROL & kevin cullinane Agencies Notified Type Notification Street Address EPA Initial Amended DEP City, State, Zip Code Amendment #: DOL M Emergency UNION, NJ 07083 (including M DOH Name of Contact Telephone Number justification) ☐ DCA kevin cullinane Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) kevin cullinane Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) UNION UNION Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Telephone Number Phone Number License Number 973-345-8020 01169 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. 12/28/16 01/20/16 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \boxtimes >3 sf or >3 lf Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of Е by maintenance/custodial e e asbestos-containing Amount Description of asbestos-containing n m staff(12) p C material (acm) to be (Specify SF or material (ACM) C 0 a a abated in facility (13) LF) Yes No N/A p PIPE INSULATION BASEMENT BOILER Rm. 45 1 ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 vd. TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State PATERSON, NJ 07503 12/29/16 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT 12/28/16

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Date of Notification (1)					of Building C		/Operator	r (2)	700	1	F	(M)	C	η 7	<i>//</i> / Γ	2 1
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Street Address							Street						-			
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Project Manager for Monito	oring Firm			Telepho	one No.		Teleph				Licen	se No.	12,400			
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Start Date (10)		Schedul	ed Cor	mpletion	Date (11)		Name	of OS	HA Monitor							
1/5/17		2/2/17														
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street	Addre	ess							
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		and biological and a second			D & S RESTOR	ATION, INC.		Yes 90		E5a
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	or the second			10000 L	Paterson, NJ 0	7503	Tucanse Nur	10.00		Estra.
Project Manager for Monitoring Firm		Phone Numb	@f		973-345-8020	,	0116			_
5un Date (10)	Sched, Comp.	ation Date /11		ementant.	Name of OSHA Mo	nitor			-	Se .
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Scope of Work (check all that apply)	Ranovation					Mini-anchaura	michana bia			
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Registered Waste Hauler D & S RESTORATION, INC.	13506		1 yd	TARGET F	TULLYTOWN	, RESOURCE R	ECOVERY			
City, State		Disposal			City, State	T DA				3000
PATERSON, NJ 07503	Tiele	12/29/	Signature		TULLYTOW	Y, FA	Deta			
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	111111111111111111111111111111111111111	L	1	<u> </u>	
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Agencies Notified	Type Notificat	tion		Street	Address			IIIII JAN	-	3 2	UII	
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DCA	☐ Emergenc justificatio			Name	of Contact	1		Telephone Number	er -			
(NJAC 5:23-8)	Cancellation			Will	liam Kor	nio						
						FORMATION						
Name of Facility Where A	Abatement is Ta	aking Place	(3)	-			Type of Facility (4	()				
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Street Address							Subchapter 8	(Other than K-12) vate and commerc	ial hui	Idinos		
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City (5)		~~					Square Feet	# of Floors	Bld	g. Ag	е	
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County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolish	ed)			
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Haddon Heights, N	108035					Spring Hous						
Project Manager for Mon			Tele	phone l	Vo.	Telephone No.		License No.			-	
Matthew Z. Kensil	Roming i min			56 547		215 542 7000)	00847				
Start Date (10)	Ts	cheduled Co				Name of OSHA N					-	
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Occupancy Status During	g Abatement (0	check only o	ne)			Street Address						
☐ Facility Closed/Vacati				ment		1121 N. Beth	lehem Pike - Su	lite 60				
Abatement Performed					cribe	City, State, Zip C	ode					
Time of Abatement: 7	7:00AM-7:00PI	W/PM		_AM		Spring Hous	e, PA 19477					
Scope of Work (Check a	ll that apply)					П Б.// Con	tainment with Neg	ativa Praesura				
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Name of Registered Was	ste Hauler			NJDEP		Cubic Yards of	Name of Regis	tered Landfill				
Hilltop Enterprises			1	Hauler II	O No.	Waste 60 Yards	GROWS To	illytown				
City, State				3175		Disposal Date	City, State					
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Completed By (Print or Type) Title						Signa)ure	1	Da	te	,		
Patricia Visco	,,,,,	Office !	Mana	ager			ucea M	1000	17	/31	110	.
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Date of Notification (1)		TA	ame of Bu	ilding Owne	el Dansot	(2)		II A	SBE		ne 7 1 m	- 4 .
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ed Manager for Monitoring Firm		fe.	aphone No		Taleph	1915 No. 389-00		License				_
ort Date (10) 2/28/2016	\$chedule 12/29/2		ilon Date (11)	Name	of OSHA	Monitor	regou' jue				
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Facility Closed/Vazated During Entire Abatament Parformed Outside of Nor Caher – Describe:	Pariod of A mail Facility	batement Hours			City, St	ste, Zip	Gods	, PMB Suite	215			
ope of Work (Check All That Apply)					Cilfic	on, NJ c	27012					
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:60 and 5:16)

				(Pt	ursua	nt to NJ	AC 8:60 and 5:1	6)					and i have
Date of Notification (1)					Nam	e of Buildir	ng Owner/Operator	(2)		AN =	3 2	017	-1
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Agencies Notified	Type Notifi	ication			Stree	et Address			10000				
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	☐ Amende	TO CONTROL OF			City	State, Zip	Code		L	LICEIA	OHAC	Д 	-
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Name of Facility Where Ab	atement is	Taking Pla	ace ((3)			20	Type of Facility	(4)				-
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Street Address				-				☐ Subchapter 8	Other than K-				
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PO Box 316							3859 Sylon E	Roulevard					
City, State, Zip Code				_			City, State, Zip C					2-7-7	
Thorofare, NJ 08086							Hainesport, I						
Project Manager for Monito	ring Firm		-	Tele	phone	No	Telephone No.	10 00000	License No.				
Dave Flanigan	71119 T 11111					3-0800	609-702-0400	1					
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			_				EMSL Analyt	icai, inc.					
Occupancy Status During A							Street Address						
☐ Facility Closed/Vacated☐ Abatement Performed C						oribo	200 U.S. Rou				4		
Time of Abatement:	AM	PM/	ility i	PM-	3 - Des	AM	City, State, Zip Co						
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Scope of Work (Check all th	iat apply)						☐ Full Cont	tainment with Neg	ative Pressure				
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TO BE ABATE IN Facility	<u>-D</u>	727			Staff?	(i.e	., thermal systems		(Specify	VOL	ar	aps	OSL
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Basement/Crawlspace/	Garage					Pipe Ins	sulation		300 LF				П
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City, State							Disposal Date	City, State					
Lafayette, NJ							1/17/17	Penn Argyle	e, PA				
Completed By (Print or Type		Title					Signature /	N		Date			
Kimberly A. Trumbett	į	Office	Co	ordi	inator	•	IVI			12-2	7-1	10	

ASB-41 MAY 11

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Name	of Buildin	Owner/Operator ((2)					
12 / 30 /	16			SDA		Г	P P P	n	N. 17	F	
Agencies Notified Type Notific	ation		Street	t Address			n & b E		M	E,	H
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□ DOH	Access to the second se			nton, NJ		7	LL UAR	U	ZU11		
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(NJAC 5:23-8) justificati			1101110	or comac		1	ASBESTOS	CO	VTR	OL 8	ž.
				OH ITV IN	FORMATION		LICE	4511	IG_		
Name of Facility Where Abatement is	Fakina Dina	(2)	FA	CILITY	FORMATION	Type of Equility	. (4)				
Abandoned Residental -slated						Type of Facility ☐ School (K-1					
Street Address	TOT Dettio						8 (Other than K-12)				
22 S 5 th Street						Other (i.e., homes, etc	private and commerce.)	cial be	uilding	js,	
City (5)						Square Feet	# of Floors	B	dg. A	ge	
Harrison						3,500	3		50+		
County (6)			Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolish	ned)			
Hudson						Abandone	d Residental Stru	ctur	es-D	emo	i.
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	3)				
Louis Berger Group					Controlled E	nvironmental	Systems				
Street Address					Street Address						
412 Mt Kemble					1121 N. Beth	lehem Pike - S	Suite 60				
City, State, Zip Code		1969			City, State, Zip Co	ode					
Morristown, NJ 07962-1946					Spring House	e, PA 19477					
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.	(A)			
Bruce Lockwood	MI TO THE RESERVE OF THE PARTY	20	1-247	-8907	215 542 7000		00847	2012/2012			
Start Date (10)			te (11) 17	Name of OSHA N	onitor						
Occupancy Status During Abatement (Check only	one)			Street Address					-	
☐ Facility Closed/Vacated During Enti			ment			lehem Pike - S	Suite 60				
☐ Abatement Performed Outside of No	ormal Facilit	y Hour	s - Des	cribe	City, State, Zip Co	ode			40.400		
Time of Abatement: 7:00AM-5:00P	M/PN	1	_AM		Spring House						
Scope of Work (Check all that apply)							egative Pressure				
≥3 sf or ≥3 lf	□ Re	enovati	on								
≥160 sf or ≥260 lf	⊠ De	emolitic	n		⊠ Gloveba	g Procedure	Were + Cur				
	1 .	1 1		T	☑ Non-Exe	mpted (*) and N	on-Friable Procedure	T -	100		
Location of		Locat Norma			Description of	AF.			atem		-
Asbestos-Containing Material (ACM		ed Sole		Asbe	stos Containing Ma		Amount	Removal	Repair	Enc	Enclosure
TO BE ABATED	100	intena todial		(i.e	, thermal systems		(Specify SF or LF)	NOC	air	aps	losu
IN Facility (13)		(12)			surfacing, VAT other miscellane		SF (I LF)	2		Encapsulate	ře
	Yes	No	N/A							Œ	
Basement Throughout		\boxtimes		Pipe Ins	sulation & Elbov	vs	150 LF	\boxtimes			
Rear Roofing		\boxtimes		Roofing	J- Non Friable E	xterior	100 SF	\boxtimes			
Name of Registered Waste Hauler		IN	JDEP \	Vaste	Cubic Yards of	Name of Reg	istered Landfill				
Champion Waste removal		Н	auler II	O No.	Waste 2	GROWST	Tullytown				
City, State				Disposal Date 2/28/2017	City, State Morganto	wn. PA					
Completed By (Print or Type)	Title				Signature		Dat	۵			
Patricia Visco	Office	Vlana	ger		Patrix	in Vior		2/	361	2016	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 6:16) Chalet 11040

Date of Notification (1)					Name	e of Buildin	g Ow	ner/Operator	(2)						
12 / 2	29 /	16	-		NJ	SDA				IN E	CE		\ <i>\</i> //	E	
Agencies Notified T	ype Notific	cation			Stree	t Address					9 13		-	-	
	☑ Initial				32	E Front S	St								
] Amende				City.	State, Zip (Code				AN	0	201	1	
□ DOH	Amendn	-	-		2.5	enton, NJ				17 14					I
DCA (NJAC 5:23-8)	☐ Emerger justificat		uding			e of Contac				Telanhona	Airmita		-	~	1
1] Cancella									Telegistes	STUS	00 191	NTF NG	UL	Ò.
					FA	CILITY IN	(FOI	RMATION			LIGH	miles bearing			
Name of Facility Where Aba	atement is	Taking I	Place	(3)					Type of Facilit	y (4)		-			
Abandoned Resident	al -slated	for De	emo						School (K-	12)					
Street Address										8 (Other than		- Non-contra			
24 S 5 th Street									homes, etc	private and cor :.)	mmercia	I DU	Haing	S,	
City (5)				2722	-				Square Feet	# of Floors	3	Bk	dg. Ag	je	
Harrison									3,500	3			50+		
County (6)					Cour	nty Code (7	7)(STA	TE USE ONLY)	Current Use (F	Prior if being de	molishe	d)			
Hudson										d Residental			s-D	emo	
Name of Monitoring Firm Hi	red by Buil	ding Ow	mer (8)	ASCM	No.	Na	me of Abateme	L ent Contractor (9				-		_
Louis Berger Group		-	10						nvironmental	•					
Street Address	mble							eet Address					-		
412 Mt Kemble							1	121 N. Beth	lehem Pike - :	Suite 60					
City, State, Zip Code				107.62.516			City	, State, Zip Co	ode						
Morristown, NJ 07962	-1946							pring House							
Project Manager for Monitor	ing Firm			Tele	phone	No.	1	ephone No.		License N	0.				
Bruce Lockwood				20	1-247	-8907	2	15 542 7000		00847					
Start Date (10)		Schedul	ed Co	mple	ion Da	ite (11)	Nar	ne of OSHA N	lonitor						
1/18/	17	2	_ /	_ 28	_ / _	17	C	ES							
Occupancy Status During At	patement (Check o	nly o	ne)	-		Stre	eet Address						-	
☐ Facility Closed/Vacated D	During Enti	re Perio	d of A	bater			1	121 N. Bethl	ehem Pike - S	Suite 60					
Abatement Performed Ou						cribe	City	, State, Zip Co	ode						
Time of Abatement: 7:00	AM- <u>5:00</u> P	W/	_PM-		AM		1	pring House							
Scope of Work (Check all that	at apply)														
☐ >3 sf or >3 lf		г	7 Rar	ovatio	10				ainment with Ne	gative Pressur	e				
≥160 sf or ≥260 lf				nolitio				☐ Glovebag	Procedure						
								☐ Non-Exe	mpted (*) and N	on-Friable Proc	cedure				
				Locati ormal				20 000			L	Aba	ateme	nt Ty	/pe
Location of Asbestos-Containing Mat	erial (ACM	n		I Sole		Ashes	etne (Description of Containing Mar		Amount		Re	Re	E I	En
TO BE ABATE	D			ntenar				rmal systems i		(Specify		Remova	Repair	cap	Enclosure
IN Facility (13)			Cusic	dial S (12)	idii!			urfacing, VAT, er miscellane		SF or LF)	/al		Encapsulate	ure
(10)		7	es	No	N/A		Cui	or imacenance	145)					to	
Interior Throughout] [\boxtimes		Plaster	Wall	s & Ceilings)	7000 SF	=		П		П
Basement						Pipe Ins	ulat	ion & Elbow	rs	200 LF		X		H	司
Bedroom closet			-		П	Tile				12 SF		X	ᆔ		ᆔ
		1		П						1.001	- [7	귀		
Name of Registered Waste H	lauler		7	-	DEP V	Vaste I	Cuhi	ic Yards of	Name of Regi	L stered Landfill		-1	ш		_
Champion Waste Rem				1	uler ID		VVas	ite	GROWS T						
City, State							40 Disp	osal Date	City, State		-				-
								28/2017	Morganto	wn, PA					
Completed By (Print or Type)		Title						Signature			Date				-
Patricia Visco		Offic	ce M	anag	er			Poitre	as Vis	cer	12	13	0/2	010	2

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

Date of Notification (1) Name of Building Owner/Operator (2) 12 30 / 16 NJSDA Agencies Notified Type Notification Street Address Initial 32 E Front St **⊠** DOLWD ☐ Amended City, State, Zip Code M DOH Amendment # Trenton, NJ 08608 ☐ Emergency (including □ DCA Teléssesting Control & Name of Contact (NJAC 5:23-8) iustification) LICENSING ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Abandoned Residental -slated for Demo School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 26th S 5th Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Harrison 3,000 3 50+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Hudson Abandoned Residental Structures-Demo Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Louis Berger Group Controlled Environmental Systems Street Address Street Address 412 Mt Kemble 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code City, State, Zip Code Morristown, NJ 07962-1946 Spring House, PA 19477 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bruce Lockwood 201-247-8907 215 542 7000 00847 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1 / 18 / 17 2 / 28 / 17 CES Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1121 N. Bethlehem Pike - Suite 60 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-5:00PM PM- AM Spring House, PA 19477 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ≥3 sf or ≥3 if ☐ Renovation ≥160 sf or ≥260 lf □ Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Remova Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13) other miscellaneous) Yes No N/A Main Roof X Roof Tar П 100 SF X Porch Roof X Roofing 100 SF X Shed Roof X Roofing 300SF M Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Champion Waste Removal GROWS Tullytown City, State Disposal Date City, State 2/28/2017 Morgantown, PA Completed By (Print or Type) Title Signature Patricia Visco Office Manager

ASB-41 JAN 13

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

5	C			V	E Print	Form	
	JAN	QI	3	2017	Name of Street, Street		

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Date of Notification (1) 12/27/16			Name PSE	of Buildin &G	g Owner	/Operato	r (2)	10 de		SBES	STOS	GON	TRO	 L &
Agencies Notified Type Notifica	ition		100000000000000000000000000000000000000	Address Hadley	Road						LICEN			
EPA Initial X Amenda Amenda	ment #1		City, S	State, Zip (h Plainfi	Code	07080)		***					
DOH Justifica Cancell		ı	1000000	of Contac n Neville					Te	elephone	e Numb	er		
Name of Facility Where Abatement is 1	aking Place (3	3)	FA	CILITY IN	FORMA"	TION	Ιτν	pe of Facility	(4)					
Bayway Switching Station								School (K-	00000					
Street Address 602 Trenton Ave								etc.)				uilding	s, hon	nes,
City (5) Elizabeth, NJ 07202							Sq N/	uare Feet A	# 0 N/	of Floors 'A		Bldg. N/A	Age	
County (6) Union				Code (7)	Y)			rrent Use (Pr ectric Swit			notished)		
Name of Monitoring Firm Hired by Build N/A	ing Owner (8)		ASC N/A	M No.				batement Co nvironment			Inc.			
Street Address N/A		-				Street 17 O		ress Jock Road						
City, State, Zip Code N/A								Zip Code c, NY 1198	10				====	
Project Manager for Monitoring Firm N/A	t Manager for Monitoring Firm						one 924	No. -8111		Licens 0113	se No.			
Start Date (10) 5/2/16	Schedule 7/31/17		mpletion	Date (11)				SHA Monitor above		1				
Occupancy Status During Abatement (C	heck Only On	e)	30			Street /	Addr	ess						
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: Work performed	ormal Facility	Hours	S			N/A City, St N/A	late,	Zip Code						
Scope of Work (Check All That Apply)				-		1								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	SWINTING	enova emolit				×	M G	ull Containme lini-Enclosure llovebag Proc on-Exempted	e cedure	1151			ro.	
	F 255.52	Locati				- A local		Lacingto	2 () (1)	u Hone	I abic i	Abat	ement	ı
Location of Asbestos-Containing Material (ACM)		ormal Sole		Aches		scription		al (ACM)		mount	-	T	уре	
TO BE ABATED In Facility (13)	Custo	ntenar odial S (12)	Staff?		thermal surface	systems sing, VAT niscellane	insu r, or	lation,	(S	specify or LF)	Removal	Repair	Encapsulate	Enclosure
26KV Switching Yard	Yes	No	N/A X	Transit	te Pipe	(Encas	sed	conduit)	20	00 LF	X		O.	
												-		
Name of Registered Waste Hauler Waste Management Services		H	JDEP W auler ID		of Was			Name of F					1	
City, State Newark, NJ 07114		17	7273		Dispos	al Date	-//	City, State						
Completed by Pedro Guerra	Title Super	visor			1.00000000	gnatura	1/	I WIONIISVI			Date	16		
	Joupen	-1001				0/	/	~			12/27/	10		and the same

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EPA	Date of Notification (1) 4/18/16					ng Owner	/Operato	(2)	ASE	LICI	S UU ENSII	NTH VG	UL d	4
Indian Content Conte		n		The Part of the Pa										70
Emergency (Including) Dawn Maville Dawn Mavil	DEP Mended			City, S	State, ZIp	Code								
Dawn Noville PAGILITY INFORMATION Type of Facility (4) School RK-12) School RK-12 Subhaptor a Collection Street Address Infa Infa Street Address Infa	Emergenci	y (Including					07080			Talanhan	o Mentah			
Name of Facility (Nero Abstament is Taking Place (3) Bayway Switching Stellon Sircel Address (City (6) County (8) Union Name of Molitoring Firm Hired by Building Owner (6) In A Sircel Address (In County (6) Union Name of Molitoring Firm Hired by Building Owner (6) In A Sircel Address (In County (6) Union Name of Molitoring Firm Hired by Building Owner (6) In A Sircel Address In County (6) Union Name of Molitoring Firm Hired by Building Owner (6) In A Sircel Address In County (6) Union Name of Molitoring Firm Hired by Building Owner (6) In A Sircel Address In County (6) In A Sircel Address In	DOH [ustification of Cancellation of Cancellat			Dawi	n Neville	0				retephon	e Mumo	GI		
Street Address 602 Trenton Ave 602 Trenton Ave 602 Trenton Ave 603 Elizabeth, NJ 07202 County (6) County (70) County (8) County (9)	Name of Facility Where Abatement is Tak	ing Place (3)	FA	CILITY IN	FORMA	LION	Type of	Facility (4)					
City (6) City (7) City (8) County										Otherthe	16 400			
City (6) Union County (7) County (8) Union County (8) County (30						IN OU	her (i.e. priva	ile & com	nercial i	uildin	gs, ho	nes.
Union Name of Monitoring Firm Hired by Building Owner (8) n/a Name of Monitoring Firm Hired by Building Owner (8) n/a Name of Monitoring Firm Hired by Building Owner (8) n/a Name of Monitoring Firm Hired by Building Owner (8) n/a Street Address n/a 17 Old Dock Rd City, State, 2ip Code n/a Project Manager for Monitoring Firm n/a Start Date (10) Scheduled Completion Date (11) 12/31/16 Start Date (10) Scheduled Completion Date (11) 12/31/16 Start Date (10) Facility Closed/Nacated During Entire Period of Abstement Abstement Performed Outside of Normal Pacility Hours Other – Describer work period granded granding engling construction Full Containment with Negative Pressure Mini-Enclosure Clovebag Procedure Nor-Exempted (1) and Non-Frisble Procedure Nor-Exempted (1) and Non-Frisb	Elizabeth, NJ 07202							Square n/a	Feet	n/a		n/a	. Age	
N/a Street Address In/a City, State, Zip Code In/a Project Manager for Monitoring Firm In/a Telephone No. In/a Start Date (10) Star	Union			County (STATE	Code (7)	.y)					nollshed)		
17 Old Dock Rd City, State, Zip Code n/a Project Manager for Monitoring Firm n/a Project Manager for Monitoring Firm n/a Telephone No. n/a Telephone No. n/a Telephone No. n/a Telephone No. n/a Start Date (10) Street Address 12/31/16 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe; work performed during ongoing construction Telephone No. n/a Telephone No. n/a Telephone No. n/a Street Address n/a City, State, Zip Code n/a Full Containment with Negative Pressuro Mini-Enclosura Mini-Enclosura Mini-Enclosura Scope of Work (Check All That Apply) I st Location Abatement Type Abatem	n/a	Owner (8)			M No.						Inc.			
Project Manager for Monitoring Firm Infa Telephone No. Telephone No. G31 924 8111 O1136			1770						: Rd	77.00				
Telephone No. n/a Name of OSHA Monitor Same as above	City, State, Zip Code n/a													
Cocupancy Status During Abatement (Check Only One) Facility Closed/Nacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours (Other – Describer Work performed Outside of Normal Facility Hours (Other – Describer Work performed Outside of Normal Facility Hours (Other – Describer Work performed Outside of Normal Facility Hours (Other – Describer Work performed Outside of Normal Facility Hours (Other – Describer Work (Check All That Appty))	Project Manager for Monitoring Firm n/a				one No.		Teleph	one No.	C.1	1/2				
Facility Closed/Nacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: work performed during ongoing construction City, State, Zip Code	Start Date (10) 5/2/16			mplellon	Date (11)							reduite.	
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code n/a City, State Name of Registered Landill North City, State Text Disposal Date Type City, State Text Disposal Date Type City, State Text Disposal Date Type City, State Text Disposal Date Type City, State Text Disposal Date Type City, State City, State Type City, State City	Occupancy Status During Abatement (Che	ck Only On	e)					Address						
Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) 23 sf or 23 if	Abatement Performed Outside of Non	nal Facility	Hours	S			City, St	ale, Zip C	Code					
Demolition Demolition Demolition Demolition Description of Asbestos-Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asbestos Containing Material (ACM) Amount (Specify Italian) Description of Asb	Scope of Work (Check All That Apply)						ma							
Is Location of Asbestos Containing Material (ACM) Asbestos Containing Material (A							×	Mini-E Glovet	nclosure pag Procedur	re			I/A	
Asbestos Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A 26KV Switching Yard NJDEP Weste Hauler Waste Management Services NJDEP Weste Hauler ID No. 17273 Description of Waste Hauler Waste Management Services NJDEP Weste Hauler ID No. 17273 Description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NJDEP Weste Hauler iD No. 17273 Disposal Date City, State Disposal Date City, State Date NJDEP Weste Hauler ID No. 17273 Disposal Date Titlle Signature Date	*											Aba	temen	t
TO BE ABATED Custodial Staff? (12) (1.e. thermal systems insutation, surfacing, VAT, or other miscellaneous) SF or LF) September		Used	Sole	ly by	Asbes				CM)	Amount	-	Τ,	T	Ι
26KV Switching Yard X Transite pipe(encased conduit) 2000 LF x Jame of Registered Waste Hauler Vaste Management Services NJDEP Weste Hauler ID No. 17273 Oity, State Lewark, NJ 07114 Disposal Date Signature Date	In Facility	Custo	dlal S		(I.e	surfac	TAV, gnk	, or			Kemoval	Repair	incapsula	Endosur
lame of Registered Waste Hauler Vaste Management Services NJDEP Waste Hauler ID No. 17273 Of Waste 200 Disposal Date Worrisville, PA 19067 Title Signature Date	001010 1111 1/ 1	Yes	No	-								_	6	
Vaste Management Services Hauler ID No. 17273 of Waste 200 GROWS Landfill North Disposal Date City, State Morrisville, PA 19067 Completed by Title Signature Date	26KV Switching Yard	+-+		X	Trans	ite pipe	(encasi	ed cond	luit) 2	2000 LF	×	-	-	
Vaste Management Services Hauler ID No. 17273 of Waste 200 GROWS Landfill North Disposal Date City, State Morrisville, PA 19067 Completed by Title Signature Date														
Vaste Management Services Hauler ID No. 17273 Of Waste 200 GROWS Landfill North	Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic '	Yards	N	ame of Regis	lered Lan	dNII			
ewark, NJ 07114 TBD Morrisville, PA 19067 Completed by Tille Signature Date	Waste Management Services		100		No.		te							
lighted I Dillaria	City, State Newark, NJ 07114						al Date			PA 1906	67			
	Completed by Michael J DiMaria						gnature	m	ni.	The state of the s		6		

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Qb	, -, -		ICATION	tate of Ne N OF ASE to NJAC	ESTOS	ABATE		г			IAN -		2017	100000
Date of Notification (1) 12/27/2016				of Building and Gros		Operator	(2)						-V-10	-
Agencies Notified Type Notification			Street A							ASBE	STOS	CON	ITRO	5L &
EPA Initial											LICE	VSIN	G_	
DEP X Amended Amendment #			200	ate, Zip Ci and Park		3904								
Emergency (ir justification) DCA Cancellation			Name o	f Contact					Tele	ephone N	lumber			
			FAC	ILITY INF	ORMAT	ION								-
Name of Facility Where Abatement is Taking Former Midland Ross site	Place (3	3)					Тур	e of Facility (4 School (K-1)	2)	70 500				
Street Address							×	Subchapter Other (i.e. pretc.)	8 (Otherivate &	er than K & comme	-12) rcial buil	dings	, hom	es,
City (5) Highland Park							30,	are Feet 000	N/A	8	1	3ldg. A	\ge	
County (6) Midllesex				Code (7) USE ONLY)			ent Use (Prio Ilpaper ma			ished)			
Name of Monitoring Firm Hired by Building Or Environmental Tactics	wner (8)		ASCN 0045					atement Con Environme			,Inc.			
Street Address 64 Broad Street						Street 6392		ess ere Road						
City, State, Zip Code Matawan N.J.07747								Zip Code N.Y. 1320	6					
Project Manager for Monitoring Firm Thomas P. Gieger			Telepho 732-29	ne No. 90-2217		Teleph 315-				License 01323				
	Schedul 1/20/20		npletion	Date (11)				HA Monitor vironmenta	al					
Occupancy Status During Abatement (Check	Only Or	ne)				Street								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of /	Abatem / Hours	nent			City, S	tate, 2	Karner Roa Zip Code .Y. 12205	10					
Scope of Work (Check All That Apply)							.,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	M G	ull Containme ini-Enclosure lovebag Proce on-Exempted	edure				e	
Location of	1	Locati Vormal	ly		De	scription						Abate	ement	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ма	d Sole intenar todial S (12)	nce/		tos Cont thermal surfa	aining M	lateria insu T, or		(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Evnancian Isiata in Foundation alab	Yes	No	N/A	- Francis		int			47	200 15			ate	O O
Expansion Joints in Foundation slab			X	Expar	ision jo	orni cor	npot	ınd (nf)	47	60 If	×			
1000														
Name of Registered Waste Hauler Horwith Trucks, Inc.		Н	JDEP W auler ID JDEP1	No.	Cubic of Was EST.6		ds	Name of R Waste M			fill			
City, State Northhampton, P.A.					Dispos	al Date		City, State Morrisvil	le, P.	Α.				
Completed by Don miles	Title Proie	ct ma	nager		S	ignature	1	1-		100	Date 12-27-2	2016		

Pursuant to NJAC 8:807 and 12:120-7 Date of Notification (1) 12
Agencies Notified Type Notification Type
EPA
DEP X DOL Cancellation Cance
DEP
Name of Contact Sandra M. Schenk School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12)
FACILITY INFORMATION School (K-12) School (K-12) Subchapter 8 (Other than K-12) School (K-12) Subchapter 8 (Other than K-12) X Other (ie. private & commot. blidgs., homes, etc.) Street Address Square Feet # of Floors Blidg. Age 7,500 1 38 Square Feet # of Floors Blidg. Age 7,500 1 38 Square Feet # of Floors Blidg. Age 7,500 1 38 Square Feet # of Floors Blidg. Age 7,500 1 38 Square Feet # of Floors Blidg. Age 7,500 1 38 Square Feet # of Floors Blidg. Age 7,500 1 38 Square Feet # of Floors Blidg. Age 7,500 1 38 Square Feet # of Floors Blidg. Age 7,500 1 38 Square Feet # of Floors Blidg. Age 7,500 1 38 Square Feet # of Floors Blidg. Age 7,500 1 Square Feet # of Floors Blidg. Age 7,500 1 Square Feet # of Floors Blidg. Age 7,500 1 Square Feet # of Floors Blidg. Age 7,500 1 Square Feet # of Floors Blidg. Age 7,500 1 Square Feet # of Floors Square Feet # of Floors Square Feet # of Floors Blidg. Age 7,500 1 Square Feet # of Floors Square Feet #
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Subchapter 8 (Other than K-12) City (5) County (6) UNION County (7) Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. City, State, Zip Code SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm Folicy Manager for Monitoring Firm Folicy State Date Date (10) Expected State Date (10) A Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Pacility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Pacility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Pacility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Pacility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Pacility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Pacility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Pacility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Non-Friable Procedure X Non-Fr
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126 EAST LINCOLN AVENUE - BUILDING 80Y LINK 7,500 1 38
City (5)
RAHWAY Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Street Address 655 WEST SHORE TRAIL City, State, Zip Code SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH 1 / 9 / 17 Month 2 / 10 / 17 Month 2 / 10 / 17 Month 2 / 10 / 17 Month 3 / 10 / 17 Month 2 / 17 Month 3 / 18 Coccupancy Status During Abatement (Check only one) 2 / 17 Abatement Performed Outside of Normal Facility Hours - Describe: 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Street Address SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number 973-729-5649 Telephone Number 973-729-5649 Street Address New YORK 10901 Name of OSHA Monitor AMERISCI LABORATORIES INC #11480 Name of OSHA Monitor AMERISCI LABORATORIES INC #11480 Street Address Street Address Street Address Street Address Street Address Tr EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016 Street Address Street Address Street Address Street Address Tr EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure New YORK, NEW YORK 10016 Full Containment with Negative Pressure New YORK, NEW YORK 10016 Full Containment with Negative Pressure New YORK, NEW YORK 10016 Full Containment with Negative Pressure New YORK, NEW YORK 10016 Full Containment with Negative Pressure New YORK, NEW YORK 10016 Full Containment with Negative Pressure New York (Check all that apply) Full Containment with Negative Pressure New York (Check State Date of New York State of New York
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Street Address 655 WEST SHORE TRAIL City, State, Zip Code SPARTA, NEW JERSEY 07871 Telephone Number 973-729-5649 S45-369-7500 1101 Expected State Date (10) 1 / 9 / 15 / 17 Month Day Year Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe: MONDAY - FRIDAY 7 AM- 3:30 PM Scope of Work (Check all that apply) Demolition SSSF OR LF X > 160 SF OR 260 LF Location of Asbestos-containing Material (ACM) Solely by TO BE ABATED Maint/Custodial in Facility (13) IST FLOOR -THROUGHOUT X DUCT WORK FLANGES Street Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Mini-Enclo, Glovebag Procedure Abatement Type Containing Material (ACM) Amount Material (ACM) Solely by insulation, surfacing, VAT, SF or LF) Staff (12) Yes No N/A DUCT WORK FLANGES Street Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Full Containment with Negative Pressure Mini-Enclo, Glovebag Procedure Abatement Type Containing Material (ACM) Amount Material (ACM) Amount Negative Pressure Full Containment with Negative Pressure Mini-Enclo, Glovebag Procedure Abatement Type Containing Material (ACM) Amount Negative Pressure Full Containment with Negative Pressure Mini-Enclo, Glovebag Procedure Abatement Type Containing Material (ACM) Amount Negative Pressure Full Containment with Negative Pressure Mini-Enclo, Glovebag Procedure Abatement Type Containing Material (ACM) Amount Negative Pressure Full Containment with Negative Pressure Non-Friable Procedure Abatement Type Containing Material (ACM) Amount Negative Pressure Full Containment with Negative Pressure Non-Friable Procedure Abatement Type Containing Material (ACM) Am
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City, State, Zip Code SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH 1 / 9 /17 Month Day Year Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe: MONDAY - FRIDAY 7 AM- 3:30 PM Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) Material (ACM) Material (ACM) Material (ACM) Material (ACM) Maint/Custodial in Facility (13) EXPERTACION AND AND AND AND AND AND AND AND AND AN
SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Telephone Number 973-729-5649 Stafe Date (10) 1 / 9 / 17
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH 973-729-5649 Sched. Completion Date (11) Month Day Year Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe: MONDAY - FRIDAY 7 AM- 3:30 PM Scope of Work (Check all that apply) Demolition Scope of Work (Check all that apply) Demolition Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) Material (ACM) TO BE ABATED in Facility (13) AND AMAGERISCI LABORATORIES INC MINITERIAL Name of OSHA Monitor NAMERISCI LABORATORIES INC #11480 MAMERISCI LABORATORIES INC #11480 Street Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Mini-Enclo, Glovebag Procedure X Non-Friable Procedure X Non-Friable Procedure Abatement Type Containing Material (ACM) Amount RElephone Number 1010 AMERISCI LABORATORIES INC #11480 #11480 #11480 City, State, Zip Code NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Mini-Enclo, Glovebag Procedure X Non-Friable Procedure X Non-Friable Procedure Abatement Type Containing Material (ACM) Amount RELECTION Abatement Type Containing Material (ACM) Amount Staff (12) Yes No N/A DUCT WORK FLANGES 800 LN. FT. X
WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Expected State Date (10)
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Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe: MONDAY - FRIDAY 7 AM- 3:30 PM Scope of Work (Check all that apply) Demolition S3SF OR LF X >160 SF OR 260 LF X Other - Describe: Describe: Monday - Friday Procedure Location of Asbestos-containing Material (ACM) Material (ACM) TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) IST FLOOR -THROUGHOUT X DUCT WORK FLANGES Street Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016 Street Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016 NEW YORK 10016 NEW YORK, NEW YORK 10016 NEW YORK 1
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Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code NEW YORK, NEW YORK 10016
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IST FLOOR -THROUGHOUT X COVE BASE MOLDING 200 LN. FT. X
Jame of Paristand Wests Units - NUPSER W. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NAME OF REGISTERS AND ADDRESS OF TAXABLE PROPERTY O
FREEHOLD CARTAGE, INC. Hauler ID No. 30 LYCOMING COUNTY RESOURCE MANAGEMENT SE 15939 447 ALEXANDER DRIVE/ROLLTE 15
THE POWER OF THE P
City, State Disposal Date City, State 1/9/17-6/15/2017 MONT GOMERY, PA 17752
Completed by (Print or Type) Title Signature Date
BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS 12/27/16

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

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Date of Notification (1)			TA	lama of Puils	diag O 10	,		AN -	. 2	201	7
12 /27	/ 16		1	A&H Parti	ding Owner/Operatonership, LLC		Job #1611-21:		U	-01	1
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	gency (men cation)	Jaing	N	ame of Conta							
☐ Cance	ellation			Kirk Harpe			Telephone N	lumbe			
N				Diam'r Alland	INFORMATION						
Name of Facility Where Abatement	is Taking P	lace (3)			Type of Facility	(4)				
Commercial Property						School (K-1					
Street Address						─ ☐ Subchapter	8 (Other than K	(-12)			
69 King Street						Other (i.e., phomes, etc.	private and com-	mercia	l buil	dings,	
City (5)						Square Feet					
Dover						217,800	# of Floors			, Age	
County (6)			C	ounty Code	(7)(STATE USE ONLY)		4)7	
Morris			- 1		(NOTHE OUR ONET)	Current Use (Pr Warehouse	for it being dem	olished	i)		
Name of Monitoring Firm Hired by Bu	uilding Own	er (8)	ASC	CM No.	Name of Abatam	ent Contractor (9)					
Criterion Laboratories											
Street Address					Street Address	d Mold Service	es, Corp.				
3370 Progress Drive, Suite J) mula 1					
City, State, Zip Code					3859 Sylon E						
Bensalem, PA 19020					City, State, Zip C					A 0 = 5	
roject Manager for Monitoring Firm		T	elephor	ne No	Hainesport, I	NJ 08036					
Mike Panepresso				44-1300	Telephone No.		License No.				
tart Date (10)	Scheduled	Com			609-702-0400		00862				
_1 / 10 / 17	1	/	25 /		Name of OSHA M						
Occupancy Status During Abatement	(Check only	·			EMSL Analyti	cal, Inc.					
I Facility Closed/Vacated During Ent	tire Dariad	£ 01-			Street Address						
I Abatement Performed Outside of N	Jormal Eagl	liter Lin		2000	200 U.S. Rout						
Time of Abatement:AM	PM/	P	M	_AM	City, State, Zip Co						
cope of Work (Check all that apply)					Cinnaminson	NJ 08077					
] ≥3 sf or ≥3 lf	-				⊠ FullsConta	inment with Nega	tivo Drazzoon (
≥160 sf or ≥260 If		lenova Jemoli			☐ Mini-Encl	osure Nega	live Plessure	incl	DSU	RE	
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W 10 10 10 10 10 10 10 10 10 10 10 10 10		s Loc			LI Non-Exem	npted (*) and Non-	Friable Procedu	-			
Location of Asbestos-Containing Material (ACM	a lle	Norm	ally lely by		Description of			At	aten	nent T	ур
TO BE ABATED	M	ainten	ance/	Asbes	tos Containing Mate	erial (ACM)	Amount	Re	Re	E	1
IN Facility	Cus	stodia	I Staff?	(I.e.,	thermal systems in surfacing, VAT, of	sulation,	(Specify	Removal	Repair	cap	1
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t Floor & 2nd Floor - Center		-			e & Mastic		2,500 SF	\boxtimes			
ctions of building		12		Pipe Insu	ılation		200 LF	\boxtimes			
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ne of Registered Waste Hauler											_
aste Management			JDEP V		ubic Yards of	Name of Register	ed Landfill		П		_
, State			fauler IE 17273		Vaste 5	Grand Centra	ıl				
						City, State					
afayette, NJ					1/25/17	Penn Argyle,	DA				
	Title				1 2	. cili Aigyle,	FA				
mberly A. Trumbetti	Office C	oord	linator		Signature		Dat		g 250		
41					141 V-			2-27	-21	فاال	

ASB-41 MAY 11

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



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

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Feet	# of Floors	Bldg. A	ge .		
Use (Prior	if being demolishe	d)			
actor (9)	C				
				-	
				10.0	
+	License No. 1188		*		
IENT LL					

Date of Notification (1)			Name	of Buildir	g Owner/Operator (2	2)	11 11 11	N -	- 3	201	7
//	16		Lev	in Mana	gement Corpora	tion	Li L	VEVC	2.50		
Agencies Notified Type Notifica	tion		Street	Address			ASBES	TOS	00	MITE	301
			975	US Hig	hway 22 West			JGE			102
☐ DOLWD ☐ Amended	W Marine		City, S	state, Zip	Code						
⊠ DOH Amendme	X-1500	-	Nor	th Plain	field, NJ 07060		*				
DCA Emergence Image: DCA Im		g		of Contac			Telephone Numb	er	-		7
Cancellation			0.000.000.000	id Tolch							
			FAC	CILITY II	NFORMATION				7.		
Name of Facility Where Abatement is Ta	aking Plac	e (3)			*-	Type of Facility (4)	8 81		11	
Commercial						School (K-12					
Street Address						Subchapter 8	(Other than K-12) ivate and commerce	ial bu	ildina		
982 Easton Avenue						homes, etc.)	ivate and commen	iai bu	mumg	5,	
City (5)			-	- 62		Square Feet	# of Floors	BI	dg. A	ge	8
Somerset, NJ						55 25				To the second	
County (6)		+	Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Somerset					Cabra, C. F.	e.			12		
	nerset of Monitoring Firm Hired by Building Owner (Terra Solutions Address Box 1224 tate, Zip Code on, NJ		ASCM	No.	Name of Abatement Contractor (9)						
Bio Terra Solutions	ing ownion	(0)			7.1	NAGEMENT L					
Street Address					Street Address						J. Dog 65
11)	Harris				27 Outwater	ane					
				-	City, State, Zip Co						
					Garfield, NJ						
Project Manager for Monitoring Firm	* * * *	Tole	phone	No	Telephone No.	07020	License No.				-
Rick Eustaquio		200	73-494		973-928-4888		1188			7	
	cheduled				Name of OSHA M		1 1100	W	-	-	- 1
01 /07 /16		0.00	/			NAGEMENT LI	C				
	110					MACLMENT		-	1		
Occupancy Status During Abatement (C			mont		Street Address						
 □ Facility Closed/Vacated During Entire □ Abatement Performed Outside of No 				crihe	27 Outwater I						
Time of Abatement:AM					City, State, Zip Co Garfield, NJ						
Scope of Work (Check all that apply)					M Full Cont	ainment with Neg	ativo Proceuro		*		
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	100	enovat emoliti			☐ Mini-Enc ☐ Glovebag	losure g Procedure	n-Friable Procedure	9			
		s Loca	ion					Ab	atem	ent T	vpe
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	M	Norma ed Soli aintena stodial	ely by ince/		Description o estos Containing Ma e., thermal systems i surfacing, VAT,	terial (ACM) insulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	Yes	(12) No	N/A		other miscellane	ous)		1		ate	(1)
First Floor				Wall B	oard Joint Comp	ound	3,528 SF				
First Floor				Mastic			1,100 SF				
		In							П		П
							(6)	1	1		17
30000									Ш	П	
Name of Registered Waste Hauler ATC		200	IJDEP \	No.	Cubic Yards of Waste	Name of Regis Minerva Er					
City, State			SW-2	4310	As Needed Disposal Date	City, State				Z	
Shirley, NY					TBD	Waynesbu	rg, OH				
Completed By (Print or Type)	Title	- 111-21-5-2			Signature	1	Dat	p /	-	7	
Allen Monchik	Projec	t Man	ager		COUL	Moe	1	/	291	1/6	0
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Name of Facility Control Part P		(Pu	rsuant to	NJAC 8:60 8	ina 12:120	J)	Cned	CK # 439 /	IA	V -	2	2017	
Section County			Name of E Norther	Building Owne n Valley Re	r/Operator gional H	(2) ligh Scl	hool Distr		0 1 1 1				
India	Agencies Notified Type Notification				Road			ASE	BEST LI	OS CEI	CO!	ITRO	JL &
Name of Facility Where Abstement is Taking Place (3)	DEP Amended	100	City, State	e, Zip Code				Iu.					
Name of Facility Where Abatement is Taking Place (3) Demarest High School Street Address School (K-12) Other (in. private & commercial buildings, homes, etc.) Other if being demolished; Other (in. private & commercial buildings, homes, etc.) Other if being demolished; Other if being demo	Emergency (Include	ding						Telephone	Numb	er			\neg
Name of Facility (Mhera Abatement is Taking Place (3) Country Code (7) Subchapter 8 (0) Christopher 8 (0) Christop	DCA Justification Cancellation		II POODBASSASSO - CAMILO		71011								
Street Address Street Address Street Address Substraint Sub	Name of Escility Where Abatement is Taking Pla	ce (3)	FACIL	ITY INFORMA	ATION	Туре о	f Facility (4)						
Other (i.e., private & commercial buildings, homes, tots) Square Feet 40,000 + 2 50 50 50 50 50 50 50	Demarest High School	00 (0)					chool (K-12))					
County (6) County (6) County Code (7) Current Use (Prior if being demolished) County (6) County (7) County						o et	ther (i.e. pri tc.)	vate & comme	K-12) ercial				5,
County (6) Bergen County Code (7) County Code (7) SCATE USE ONLY) Color (7) SCATE								250 / 200 / 2		1200000		je	
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental Street Address 307 North Walnut Street City, State, Zip Code West Chester, PA 19380 Project Manager for Monitoring Firm Paul F. McCaa Start Date (10) 1-15-2017 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entrice Period of Abatement Abatement Performed Outside of Normal Facility Hours Other—Describe. Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Apply) Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Apply) Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Apply) Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Apply) Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Apply) Abatement Performed Outside of Normal Facility Hours Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Apply) Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Apply) Abatement Performed Outside of Normal Facility Hours Abatement Performed Outside of Normal Facility Hours Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Apply) Abatement Performed Outside of Normal Facility Hours Abatement Performed Outside Procedure Normally Again Hours Abatement Performed Outside Procedure Normally Again Hours Abatement Performed Outside Proc	County (6)		County C	ode (7) SE ONLY)				if being demo	olishe	d)			
Vest Chester Environmental Vest Christophic Vest Chester		er (8)	2007.75.55.55.00					ractor (9)				aulin é a	
307 North Walnut Street	Westchester Environmental		00127	7									
Project Manager for Monitoring Firm Telephone No. 610-431-7545 Telephone No. (201)710-9725 License No. 01084					140	Hambu	urg Tpke						
Telephone No. 610-431-7545 Telephone No. 610-431-7545 (201)710-9725 Closes No. 01084	City, State, Zip Code West Chester, PA 19380							7403					
Start Date (10) 1-13-2017 at 4pm Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Other Describe: Other Describe: Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 if ≥ 160 sf or ≥ 260 if □	Project Manager for Monitoring Firm				0.0000000000000000000000000000000000000			77337-3333					
1-13-2017 at 4pm		neduled Cor			Name	e of OSH	A Monitor						
Scope of Work (Check All That Apply) Scope of Work (C	1-13-2017 at 4pm 1-1					2000							
Abatement Performed Outside of Normal Facility Hours City Check All That Apply) Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf Location of Asbestos-Containing Material (ACM) I DBE ABATED In Facility (13) Auditorium Air Handler Auditor			nent		140	Hambi	urg Tpke						
Same of Registered Waste Hauler Supply Room Basement Supply R	Abatement Performed Outside of Normal F	acility Hours	3					7403					
23 st of 23 ii 2160 sf or ≥260 if Demolition Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and	Scope of Work (Check All That Apply)												
Substitute Containing Material (ACM) Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Auditorium Air Handler X Asbestos Fittings 39 X Auditorium Air Handler X Asbestos Elbows 16 X Supply Room Basement X Asbestos Elbows 16 X Name of Registered Waste Hauler GL Group, Inc City, State Custodial N City, State Custodial Staff? (12) City, State Cit	23 51 01 23 11					× Min	i-Enclosure	edure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Auditorium Air Handler X Asbestos Fittings 39 X Auditorium Air Handler X Asbestos Elbows 16 X Supply Room Basement X Asbestos Elbows 16 X Name of Registered Waste Hauler GL Group, Inc City, State Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Page 17 Ramount (Specify SF or LF) Ramount (Specify SF or LF) Ramount (Specify Specify SF or LF) Ramount (Specify Specify SF or LF) Ramount (Specify Specify Specify SF or LF) Ramount (Specify Specify Speci		20 22 23				Nor	n-Exempted	(*) and Non-	-riable				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Auditorium Air Handler Auditorium Air Handler Supply Room Basement NJDEP Waste Hauler ID No. 0033034 Name of Registered Waste Hauler GL Group, Inc City, State Disposal Date TBD Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Fittings Amount (Specify SF or LF) Population Amount (Specify SF or LF) Asbestos Fittings Asbestos Fit					Description	on of					Ту	ре	
Auditorium Air Handler X Asbestos Fittings 39 X Auditorium Air Handler X Pipe Insulation 50 If X Supply Room Basement X Asbestos Elbows 16 X Name of Registered Waste Hauler GL Group, Inc City, State City, State Disposal Date TBD Disposal Date TBD City, State Pen Argyl, PA	Asbestos-Containing Material (ACM)			Asbestos (Containing	Materia!	(ACM)			Ŋ.	_	Enc	Ē
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Name of Registered Waste Hauler GL Group, Inc NJDEP Waste Hauler ID No. O033034 City, State City, State Disposal Date TBD City, State TBD City, State Pen Argyl, PA		X		As	bestos E	Elbows		16			Х		
Hauler ID No. Of Waste TBD City, State City, State City, State TBD City, State Pen Argyl, PA	Cappi, included												
GL Group, Inc O033034 TBD Grand Central Sanitary Landing City, State TBD Disposal Date TBD Pen Argyl, PA	Name of Registered Waste Hauler	1.62				XX	1			Lor	dfill		
City, State TBD Pen Argyl, PA	GL Group, Inc	1.00		TE	3D				mary	Lai	IGHII.		
Completed by Title Signature Date				1,112,532			Pen Arg	yl, PA	1 -				
Elena Solakov President Cleru Solulla 12-21-2010	Completed by				Signatu	ure E	Ceru St	who _			2016	5	

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Data of Matification (4)								1		41.470		
Date of Notification (1)	. 2040		N	ame of Buil	ding	Owner/Operator	(2)		SDE	STO	70 (2011
			E	ERE Pro	per	ty Trust				1.15	1011	SiMC
Agencies Notified Type No	tification		S	treet Addres	s							
☑ DOLWD ☑ Ame						22 East						
□ DOH Ame	ndment# I			ity, State, Zi		1000 44					150	
	gency (inclu cation)	ding	N	Annanda ame of Cont	le,	New Jersey	07002					
(NOAC 5.23-6) Gand						-11		Telephone N	lumber			
				Alek Hei								
Name of Facility Where Abatement	is Taking Pl	ace (3)	FACILITY	INF	ORMATION	TT 55 W					
Runyon Property			-,				Type of Facilit					
Street Address							☐ Subchapte	r 8 (Other than K	-12)			
1561 Route 22							Other (i.e., homes, etc	private and com	mercial	build	ings,	
City (5)							Square Feet	# of Floors	-	Bldg.	Age	
Clinton							1,326	2			Yea	ire
County (6)			C	ounty Code	(7)(5	STATE USE ONLY)	Current Use (F	Prior if being dem	olished		100	113
Hunterdon							Unoccupi					
Name of Monitoring Firm Hired by E	uilding Own	er (8)	ASC	CM No.	1	Name of Abatem	ent Contractor (9	9)				
Kleinfelder Street Address						Terra Cont	tracting Sen	rices, LLC				
					S	Street Address						
1340 Charwood Road, S City, State, Zip Code	uite I				1	5100 West	: Michigan A	venue	-11			
Hanover, MD 21076					10	City, State, Zip C						
Project Manager for Monitoring Firm		Tī	elephor	ne No	+	Ralamazor elephone No.	o, MI 49006					
Dan Beard				77-0727	1	(269) 375-	0505	License No.				
Start Date (10)	Scheduled				IN	lame of OSHA N		01208				
<u>12</u> / <u>12</u> / <u>2016</u>				2016				angultina Ca				
Occupancy Status During Abatemen	(Check onl	y one)		Si	treet Address	resuring & Co	onsulting Se	vices			
☐ Facility Closed/Vacated During En	ntire Period (of Aba	tement			14625 Dos	ter Road					
Abatement Performed Outside of Time of Abatement:AM	Normal Faci	lity H	ours - D	escribe	Ci	ity, State, Zip Co	de					-
			141-	_AIVI		Plainwell, N	/II 49080					
Scope of Work (Check all that apply)						ME.110		12 12 c				
≥3 sf or ≥3 lf		Renov				■ Mini-Encl		gative Pressure				
∑ ≥160 sf or ≥260 lf		emol	ition			Glovebag	Procedure					
		Is Loc	cation	1		□ Non-Exer	npted (") and No	n-Friable Proced				
Location of		Norn	nally			Description of				1	ent T	ype
Asbestos-Containing Material (AC TO BE ABATED			olely by nance/	7300	stos	Containing Mat	erial (ACM)	Amount	Remova	Rep	Enc	Enc
IN Facility		stodia	al Staff?	(1.6	., th	ermal systems in surfacing, VAT,	nsulation, or	(Specify SF or LF)	SVOL	air	aps	Enclosure
(13)	76-	(1:	T			ther miscellaneo		Of Of Elij	=		Encapsulate	ire
Duilding 8 Co	Yes	-									CD	
Building & Garage Exterio				Tra	nsit	te		2060SF	X			
First & Second Floor			X	Joir	t C	ompound		3,995 SF	X			X
Kitchen				Floo	ог Т	Tile		140 SF	X		П	X
Basement/Exterior Windo	ws 🗆		X			Insulation/Wind	low Glazing	256 LF	X	П		
lame of Registered Waste Hauler			NJDEP		Cul	bic Yards of	Name of Regist		144			믝
Hazmat Environmental Gre	quo		Hauler 166	55 No.	Wa	ste 20 Tons	High Acres	s Landfill				
City, State					Dis	posal Date	City, State					
Buffalo, NY							Fairport, N	1Y				
Completed By (Print or Type)	Title					Signature		To	ate			
Gregory G. Moe	Directo	or of	Abate	ement		C.	Thegay!	771/0C 1	2/2	1/2	0/	6
R-41						1	· ·	,	1	1	NESS TO	

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

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Date of Notification (1)							ng Owner/Operator (1 6.4 1.51	(N -			1
/	22 /	16			00	ean Bay	Developers	/ Jo	b #1612-2143	3 0	hk. #	4574	4
Agencies Notified EPA	Type Notific	cation			55.547.450.5	t Address 05 Route	22 West		ASBES	TOS (CON	TRO	L &
□ DOLWD	☐ Amende	77723			City,	State, Zip	Code						
☑ DHSS □ DCA	Amendr Emerge	-		-	Br	dgewate	er, NJ						
(NJAC 5:23-8)	justifica		Ciddiii	g	Name	e of Conta	ct		Telephone Nu	mber			
	☐ Cancella	ation			Ste	even Bid	dle						
					FA	CILITY	NFORMATION						
Name of Facility Where A	Abatement is	Taking	Place	e (3)				Type of Facility (4)				
Residential Propert	:y							School (K-12)					
Street Address	,,,							☐ Subchapter 8 ☑ Other (i.e., pr			wildin	ne	
119 West Sea Way								homes, etc.)	ivate and commi	Ci Ciai L	ranam	93,	
City (5)								Square Feet	# of Floors	E	Bldg. A	ge	7. 15
Lavallette								1000	1		50		
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Prid	or if being demo	lished)			
Ocean								Vacant					
Name of Monitoring Firm	Hired by Bui	lding C	wner	(8)	ASCM	No.	Name of Abateme						
NA							Asbestos an	d Mold Services	s, Corp.				
Street Address							Street Address						
							3859 Sylon B						
City, State, Zip Code							City, State, Zip Co						
D.:				T= .			Hainesport, N	NJ 08036					
Project Manager for Monit	toring Firm			Tele	ephone	No.	Telephone No.		License No.				
Start Date (10)		Cabad	Jan C	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4' D	t- (4.4)	609-702-0400		00862				
1 /16 /				65		ite (11) 17	Name of OSHA M						
					_ ′		EMSL Analyti	icai, inc.					
Occupancy Status During Facility Closed/Vacate						54	Street Address						
☐ Abatement Performed						scribe	200 U.S. Rout						
Time of Abatement:							City, State, Zip Co						
Scope of Work (Check all	that annly)						Cillianinison	, NJ 00077				200	-
	mat apply)						☐ Full Cont	ainment with Nega	ative Pressure				
$\square \ge 3$ sf or ≥ 3 lf $\square \ge 160$ sf or ≥ 260 lf				novati molitic			☐ Mini-Encl	Procedure	F. 11 D				
			le	Locat	ion	T	☑ Non-Exe	mpted (*) and Non	-Friable Proced	- 1			
Location of	of		1	Vorma	lly		Description of	f			patem	T	2000
Asbestos-Containing N		Λ)		d Sole			estos Containing Mat	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABAT				todial		(i.e	e., thermal systems i surfacing, VAT,	nsulation,	(Specify SF or LF)	lova	ar.	apsı	nso
(13)	K.	-		(12)			other miscellaned		Of Or Ery	=		ılate	Гe
			Yes	No	N/A							U	
Exterior					\boxtimes	Transit	e Siding		600 SF	\boxtimes			
										ПП	П	П	П
				П						15			
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Nome of Decision 1147	. 1141		Ш	Ц	10.5-		I a					Ш	Ш
Name of Registered Waste Waste Management	e Hauler			2000	JDEP \ auler II 1727 3	No.	Cubic Yards of Waste 5	Name of Registe Grand Cent					
City, State					1121		Disposal Date	City, State					
Lafayette, NJ							1/17/17	Penn Argyle	, PA				
Completed By (Print or Typ	oe)	Title				-2-10-20-21	Signature			ate			
Kimberly A. Trumbet	tti	Of	fice C	Coord	inator		CKI II			12-	10	110	

ASB-41 MAY 11

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

Ch 2928		NO.	TIFICAT (Pursu	State of New TON OF ASBE ant to NJAC 8	STOS ABAT	EME: 20)	NT		G	E [L W	Print F
Date of Notification (1) 12/29/16				ne of Building C vnship of W		or (2)		The second of th	JAN	-3	20	17
Agencies Notified Type Notificat EPA Initial	ion		4 0000000000000000000000000000000000000	et Address Valley Rd				ASBE	STO	s oc)NTF	30L &
DEP Amender Amender	ent #			State, Zip Coo yne, NJ 074					LICE	<u>HSI</u>	NG	
DOH justification Cancellai		ing	U.S. 500 SECTION 1	e of Contact ne Kuca				Telephone	Numb	er		
Name of Facility Where Abatement is Ta	king Place	2 (2)	F/	CILITY INFO	RMATION						00000	
Abandoned House	iking riaci	3 (3)				Ty	oe of Facility					
Street Address 10 West Rd.						×	Other (i.e.	(-12) er 8 (Other than . private & comm	K-12) ercial b	uildin	gs, ho	omes,
City (5) Wayne						Squ 15	etc.) Jare Feet 00	# of Floors		Bldg 50+	. Age	
County (6) Passaic				y Code (7) E USE ONLY)		Cur	rent Use (P andoned	rior if being demo	olished)			
Name of Monitoring Firm Hired by Buildin N/A	g Owner	(8)	ASC	CM No.	Name Yanı	of At	atement Co i Environt	ontractor (9) mental Servic	es			
Street Address					Street 135		ess elon Rd s	suite 102				
City, State, Zip Code			- 13		City, S	State,	Zip Code , NJ 0740					
Project Manager for Monitoring Firm			Teleph	ione No.	Teleph 908-	none l	Vo.	License 01228	Company of the Compan			
Start Date (10) 12/9/17	Schedu 12/11	uled Co /17	mpletion	n Date (11)	Name	of OS	HA Monitor					
Occupancy Status During Abatement (Che	73					Yannuzzi Environmental Services Street Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of mal Facili	Abater ty Hour	ment s		City, St	tate, Z	elon Rd sı Zip Code					
Scope of Work (Check All That Apply)					Kinne	elon,	NJ 0740	5				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli			X	Mi Glo	ni-Enclosure ovebag Prod					
		s Locati						() and Hon-1 he	able F1	Abat	emer	nt
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole aintenar	ly by	Asbestos (Description of Containing Ma	of aterial	(ACM)	Amount		1	уре	\mathbf{T}
TO BE ABATED In Facility (13)		todial S		(i.e. there	mal systems urfacing, VAT	insula . or	ation,	(Specify SF or LF)	Ren	Re	Encar	End
(10)	No	N/A	oth	er miscellane	eous)			Removal	Repair	Encapsulate	Enclosure	
Roof		Х		Roofing			500 sf	X			\vdash	
Roof			х		Flashing			50 sf	х			
amo of Deviator- IIII												
ame of Registered Waste Hauler annuzzi Group		Ha	JDEP Wauler ID 467		bic Yards Naste		Name of R	egistered Landfil				
ty, State nnelon NJ		Dis	posal Date		City, State Morrisvil	 Ιο ΡΔ						
ompleted by hn Mucha	Title Proje	ct Mar	na		Signature	1	7	/ Da	ate 2/20/1	0		

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

Print Form

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Date of Notification (1) 12/29/16		Name	e of Buildin /nship of	g Owne Wayne	r/Operato e	The state of the s	-JA!	1	Ú s	U1#-						
_	Type Notificatio	n			t Address Valley R	ld	ASE	ASBESTOS CONTROL 8 LICENSING								
DEP X DOL	Amended Amendme	nt #		City, Way	State, Zip (/ne, NJ 0	Code 17470				Anges Spiller House, out						
DOH DCA	Emergenci justification Cancellation	1)	ng	1 5000000	e of Contac ne Kuca	t			Telephone Number							
Name of Earth 145				FA	CILITY IN	FORMA	TION									
Name of Facility Where Ab Abandoned House	atement is Tak	ing Place	(3)					Тур	e of Facility School (K							
Street Address 17 West Rd.								×	Subchapte	er 8 (Other t private & co	han K- ommer	12) cial bu	uilding	s, hor	nes,	
City (5) Wayne								Squi 120	are Feet	# of Flo	oors		Bldg. 50+	Age		
County (6) Passaic					y Code (7) E USE ONL	Y)		Curr	ent Use (Pr	rior if being	demoli	shed)				
Name of Monitoring Firm Hi N/A	red by Building	Owner (8)	ASC	CM No.		Name	of Aba	atement Co	Contractor (9)						
Street Address							Street	Addre			1 11063	-				
City, State, Zip Code					•		City, S	tate, Z	ip Code	500	-					
Project Manager for Monitoring Firm					ione No.		Teleph	one N		Lic	cense l	No.				
Start Date (10) Scheduled Coi 12/10/17 12/13/17					n Date (11)		1 0000000000000000000000000000000000000	of OSI	HA Monitor		228					
Occupancy Status During Abatement (Check Only One)										nental Ser	vices					
Facility Closed/Vacated During Entire Period of Abater Abatement Performed Outside of Normal Facility Hours								(inne	lon Rd si	uite 102						
Other – Describe: Scope of Work (Check All That Apply)									p Code NJ 0740:	5						
23 sf or ≥3 lf	ат Арріу)		D	.41												
23 ST of ≥3 if Renovat ≥160 sf or ≥260 lf Renovat Demoliti							×	Min Glo	i-Enclosure vebag Prod	cedure						
		le	Locati	00				Nor	n-Exempted	d (*) and No	n-Friab	le Pro				
Location of			Normal	ly Barrier				of					Abatement Type			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used Sol. Maintena Custodial			intena	ance/ Asbestos C Staff? (i.e. thern			aining Ma systems i ing, VAT iiscellane	insula , or	(ACM) tion,	Amour (Speci SF or L	fy	Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A								val	Ť	ulate	ure	
Basement				X		Wind	low glaz	ze		280 s	f	х				
Exterior				Х		Transite bond 4 windows x						x				
Name of Registered Waste Ha	uler	1	1	JDEP W	200	Cubic Y		T	Name of F	Registered L	andfill				_	
'annuzzi Group Dity, State				auler ID 467		of Wast			Grows							
innelon NJ		T SOME				Disposa 1/13/1	7		City, State Morrisvil							
Completed by ohn Mucha		Project	ct Mai	ng		Sig	gnature				Dat 12	e /29/1	6			

0									I P	rint Form		
Ch 2927		State of New Jersey IFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)					RECEIVE					
Date of Notification (1) 12/29/16		of Building Owne way Family Y		(2)		J.F	N -	3 2017				
Agencies Notified Type Notificati	on		Address Madison Ave				ASBES	TOS	CONTR	OL &		
DEP Amended DOL Amended	ent #	1.770 000 000 000	tate, Zip Code beth NJ 0702	0				a	ISING			
DOH justification Cancellati			of Contact nis McNany				Telephone Nu	mber				
		FAC	CILITY INFORMA	ATION	_							
Name of Facility Where Abatement is Ta Former VFW Building	king Place (3)				Ту	pe of Facility (4) School (K-12						
Street Address 1491 Campbell St	0				×	Subchapter 8	Other than K-1 vate & commerc	2) al build	fings, hom	es,		
City (5) Rahway, NJ					Sq 60	uare Feet	# of Floors 1 1/2		ldg. Age 0+			
County (6) Union					Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Buildin					Name of Abatement Contractor (9) Yannuzzi Environmental Services							
Street Address				Street 135 I		ress nelon Rd suit	e 102					
City, State, Zip Code						Zip Code , NJ 07405						
Project Manager for Monitoring Firm		Telepho	one No.	Telephone No. 908-218-0880			License N 01228					
Start Date (10) 1/16/17						Name of OSHA Monitor Yannuzzi Environmental Services						
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire		nent		Street /		ess elon Rd suite	e 102	***************************************				
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: closed/abandoned Bldg.					City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)							2-1-1-2					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Renova X Demoli			×	N G	lini-Enclosure lovebag Proced	with Negative P lure) and Non-Friabl					
Lecation of	Is Locat Normal	ly		escription				1	Abatement Type			
Asbestos-Containing Material (ACM)	Used Sole Maintena		Asbestos Co			al (ACM)	Amount		_ m			

					×	Glovebag Pro Non-Exempte	cedure d (*) and Non-Fr	iable Pro	cedu	re			
Location of		Locati Normali	ly	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)					Abatement Type				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) interior walls/ceiling basement basement	Ma	ed Sole intenar todial S (12)	nce/				Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A					1 20		ate	6		
interior walls/ceiling			Х		plaster		7930 sf	х					
basement			Х		VAT		1167 sf	×					
basement			Х		pipe and flu packi	ing	45 If	x					
roof			Х		roof		2320 sf	x					
Name of Registered Waste Hauler		14	JDEP Was		Cubic Yards	Name of	Registered Lanc	Ifili					
Yannuzzi Group		19 30000	auler ID N '467	0.	of Waste 100	Grows							
City, State Kinnelon NJ	J				Disposal Date 1/31/17	e City, State Morrisville PA							
Completed by John Mucha	Title Proje	ct Mai	ng		Signature	Min		Date 10/17/1	6				

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ASBESTOS CONTROL A	的华	CE4	J W	
ASBESTOS CONTROL &	112121	14N - 3	2017	
LICENSING	ASSE	STOS CO	MTDO	- C
LICEIVONIA	7.002	LICENSI	NG NG	- a

Date of Notification (1) 12/27/16					Name of Building Owner/Operator (2) Borough of Raritan							11			
Agencies Notified	Type Notificatio	n			Address inicipal Dr		ASBESTOS CONTRO LICENSING								
DOH	Amended Amendmer Emergency justification	(includin	g	City, S Flem Name	state, Zip Code ington, NJ 08 of Contact	8822	Telephone	Telephone Number							
☐ DCA	Cancellatio	n		100000000000000000000000000000000000000	ert Bogart			H 1							
Name of Facility Where Former Abandoned Street Address	Abatement is Taki	ng Place	(3)	FAC	CILITY INFORM	IATION		12) r 8 (Other than K-12)							
401 Tillman St.							Other (i.e. etc.) Square Feet	private & comm	ercial bi	uilding Bldg.		nes,			
Raritan NJ County (6)							1600	1 1/2		50+					
Hunterdon					Code (7) USE ONLY)		Current Use (Pr Abandoned	ior if being demo	olished)						
Name of Monitoring Firn	n Hired by Building	Owner (8)	ASC	M No.		of Abatement Co nuzzi Environr	ntractor (9) nental Services							
Street Address					Address Kinnelon Rd s	uite 102									
City, State, Zip Code					tate, Zip Code elon, NJ 0740	5									
Project Manager for Mor		Telepho	one No.	Teleph	one No. 218-0880	License 01228									
Start Date (10) 1/3/17	ed Co	mpletion	Date (11)		of OSHA Monitor	nental Services									
Occupancy Status During	ne)				Address	Torritar Gervice									
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hour Other – Describe:						City, St	Kinnelon Rd suite 102 State, Zip Code nelon, NJ 07405								
Scope of Work (Check A	II That Apply)					Ninne	eion, NJ 0740	5							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		personneg.	Renov			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		Is	Locat	tion				7/	Abatement						
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Use Ma Cus	(12)	ely by ince/ Staff?	Asbestos Co (i.e. therm		aterial (ACM) insulation, r, or	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure			
ENTIRE STRU	ICTURE	Yes	No	N/A	ENTID	E CTDLIC	TUDE				(D				
LIVIIIL STA	JCTURE			X	ENTIR	E STRUC	TURE		X	-					
									+						
Name of Registered Wast	o Haudor		1.	IIDEE ::											
Yannuzzi Group	е пашег		Н	IJDEP W lauler ID 7467		ic Yards /aste	Grows	Registered Land	fill						
City, State Kinnelon NJ					Disp 1/6/	osal Date	City, State								
Completed by John Mucha	110	Title Proje	ct Ma	ang		Signature	71)		Date 1/6/17						
				111		100	1 10	1							