

Date of Notification (1) 01/15/2016			lame of Omar E	Building O	wner/Ope	rator (	(2)			TEC		15	r <sub>i</sub>	
Agencies Notified Type Notification			treet Ad						2016	IAN 2			wi -	
EPA Initial Amended Amendment	#			e, Zip Cod ield NJ	е				A SUE	STOS	CO	1 1:	22	
DOH Emergency ( justification)  Cancellation		N		Contact				The state of the s	Telep	one Nun	ibè//V	G	DĮ.	
				ITY INFO	RMATION	1								
Name of Facility Where Abatement is Taking House	g Place (3)							Facility (4	5)					
Street Address				Annual Control	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Sub X Oth	nool (K-12 ochapter l ner (i.e. pr	3 (Other			ings,	home	ıs,
City (5) Bloomfield							Square I		# of F	ors	В	dg. A	ge	
County (6) Essex			County C	ode (7) SE ONLY)			Current	Use (Prio	r if being	demolish	red)			
Name of Monitoring Firm Hired by Building	Owner (8)	$\dashv$	ASCM	No.	- 1			nent Cont			-			
Competent Supervisor								Construc	ction In	:				
Street Address							Address Route 4	6 West	Suite 1	4				
City, State, Zip Code			<del></del>			The state of the state of	tate, Zip (			-				
Project Manager for Monitoring Firm		T	elephon	ne No.	T	elepho	one No.			cense N	0.		144	-
Start Date (10)	Scheduled	Com	pletion F	) ata /11\			332 424 of OSHA	756	(	1155				
01/18/2016	01/25/20		pietion	Date (11)			e as ab							
Occupancy Status During Abatement (Chec	k Only One	)			S	Street A	Address							
Facility Closed/Vacated During Entire   Abatement Performed Outside of Norm Other – Describe:	Period of Ab nal Facility I	ateme	ent			City, St	tate, Zip	Code				V 100 1		
Scope of Work (Check All That Apply)							-			-				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Total Control of the	novat molitic				×	Mini-E Glove	ontainme Enclosure bag Proc	edure					
	Т						l Non-E	Exempted	(*) and	on-Friat	le Pro		ment	
Location of	No	ocatio	y		Descr	ription	of						ре	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Main Custo	Solely tenandial S (12)	ce/		os Contair thermal sy surfacin other mis	ystems ng, VA	s insulation T, or		(Sp	unt cify ·LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						450		ļ.,		-	
Basement			Х		pipe in	nsulat	tion		150	LF	X		Х	
					<del>71.0</del>									
Name of Registered Waste Hauler	0.000	JDEP W auler ID		Cubic Ya			Name of I	Register	d Landfil	l				
Academy Construction Inc								GROW		ill				
City, State Totowa NJ					Disposa TBD	Date		City, State Morrisv						
Completed by Zlate Geleski	Title VP				Sig	náture	5	In A	sh	10000	ate 1/15/	2016	,	

Date of Notification (1)			Name of Building Owner/Operator (2)	
01/15/2016			Mack-Cali Realty Corporation/9 Campu	
Agencies Notified	Type of Notifi		Street Address 343 Thornall Street	ZIN JAN 25 PM
(X) EPA (X) NJDEP (X) NJ DOL	( ) Amen	Notification ded dment #	City, State, Zip Code Edison, NJ 08818-7817	1VE
(X)DOH ()DCA	(X) Emer		Name of Contact Scott A. Rowohlt	Tel-Number :
			Project Manager	
	ū	FACILIT	YINFORMATION	
Name of Facility Where Aba Comercial Property	tement is Taking	Place (3)	Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X ) Other (i.e. private & commercial blo	as homes etc
Street Address  9 Campus Drive			Sq. Feet: $\sim 40000$ # of Floors $4$	
City (5) Parsippany, NJ	County (6)  Morris	County Code (7) (State Use	Current Use (prior if being demolished)	
raisipparty, 145	1011115	Only)		
Name of Monitoring Firm Hi Owner (8) Matrix New World	red by Bldg.	ASCM No. N/A	Name of Contractor (9) ISES, Inc.	
Street Address 26 Columbia Turnp	ike		Street Address 3300 Hudson Avenue	
City. State, Zip Code Florham Park, NJ (	07932		City State, ZipCode Union City, NJ	
Project Manager for Monitoring Firm Gavin Gilmore	<u>Telephone</u> 973.585		<u>Telephone Number</u> (201)325-0055	License Number 01124
Scheduled Start Date (10) 01/15/2016	Scheduled Date (11) 01/29/2	Completion	Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one)  ( ) Facility Closed/Vacated During Entire Period of Abatement			Street Address 3300 Hudson Avenue	
( ) Abatement Performed Hours - ( X ) Other - Describe: U			City, State, Zip Code Union City, NJ 07087	

Source of Work (Check all t	hat apply	)	( ) [	emolition	(X) Renovation					
( ) Minor Project (< 25 ( ) Small Project (>25 ( X ) Large Project (>16	5 < 160 S	F or >10	0 <260 LF	- ACM)	( X ) Full Containr ( ) Mini-Enclosu ( ) Glovebag Pr	ıre	gative	e Pres	sure	
NOTE: removal via wrap				anual wet met	thods of removal with	in a nega <mark>l</mark> ve	e plea	sure e	nclos	ure
Location of Asbestos-	law &			D	aniahian af A OBA	T				
Containing Material	Solely b	y Mainte	ally Used nance or		cription of ACM all systems insulation,	Amoun (Specif	-	oateme I		
(ACM) To be Abated in Facility (13)	Custo	odial Staf	f? (12) N/A		ing, VAT, or other scellaneous.)	SF or LF)	Re mo val	Rep air	Enc aps ulat e	En clo sur e
0 10 110		110	Add N							
Ground floor, 1st floor and 2nd floor			Х	Pipe dope to (sprinkler line	threaded couplers	~ 2000 LFT	Х			
						<u> </u>				
Name of Reg. Waste Haule Newark Carting	ŗ	NJDEP 22393	Waste Ha	l uler ID #	Cubic Yards of Waste	Name of Re Grows L				
City. State 369 Raymond Blvd.	Newa	k, NJ	07105	Disp. Date 01/22/201	6	City, Stat 2 Falls Tov	wnsh	ip, P	A	
Completed by (Print/Type)	<u>Title</u>			<u>Signature</u>		<u>Date</u>				
David Camacho	Supe	ervisor	×	David Cam	асћо	01/15/20	15			

Oher # 10379

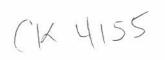
Date of Notification (1)				-	Tar	(5 111	_	10 1 11						1	
1 /	22 /	16				of Building		ner/Operator (2	2)						
			-				uen								
Agencies Notified  EPA	Type Notifica	ation			10000000	Address	2.2								
⊠ DOLWD		10				Box 951	598,					>_	2016		
⊠ DOH	Amendme					State, Zip C					80,0	<u> </u>	65	9	الراسة
☐ DCA	☐ Emergen		cluding	I		nden, NJ		01			(	n	JAN		T
(NJAC 5:23-8)	justification				Service Petro	of Contac	t			Telepho	e Numbe	eri	2		0
	☐ Cancellat	ion			Joh	n Bond				1250			5	i	T
					FA	CILITY IN	FOR	RMATION			575	2	7		-
Name of Facility Where A			Place	(3)					Type of Facility	(4)					11
ATLANTIC AVENUE	RESIDENC	E							School (K-1	2)		-		Ę	7
Street Address									☐ Subchapter ☐ Other (i.e., p				ilandas		
									homes, etc.		OH III IOIO	iui bu	agc	,	
City (5)									Square Feet	# of Flo	ors	Ble	dg. Ag	е	
Camden									varies	varie	S		50÷		
County (6)					Cour	ty Code (7	)(STA	TE USE ONLY)	Current Use (P	rior if being	demolish	ed)			
CAMDEN									HOUSING I	DEEMED	INSAFE	Ξ.			
Name of Monitoring Firm	Hired by Build	ling C	wner (	(8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9	)	100				
Health and Safety S	ervices				117	10	C	ontrolled En	nvironmental	Systems					
Street Address							Stre	eet Address			Con-				
PO Box 365							1	121 N. Bethl	lehem Pike - S	Suite 60					
City, State, Zip Code	79-19-19						City	, State, Zip Co	ode						
Berlin, NJ 08009							S	pring House	e, PA 19477						
Project Manager for Monit	oring Firm			Tel	ephone	No.	Tele	ephone No.		Licens	No.				
Jim Proctor				(	609-8	39-2432	2	15 542 7000		0084	7				
Start Date (10)	S	ched	uled C	ompl	etion Da	te (11)	Nar	me of OSHA M	lonitor		8				
2/3/	16	:	3/	_ 3	1 /	16	С	ES							
Occupancy Status During	Abatement (0	Check	only o	ne)		=	Stre	eet Address			-			-	
☐ Facility Closed/Vacate							1	121 N Bethle	ehem Pike -Su	ite 60					
☐ Abatement Performed						cribe	City	, State, Zip Co	ode		-				
Time of Abatement: 7:	<u>00</u> AM- <u>5:00</u> P	PM/	PN	1	AM		28	pring House							
Scope of Work (Check all	that apply)														-
☐ >3 sf or >3 lf			П п.		41				ainment with Ne	gative Pres	ure				
≥3 \$1 01 ≥3 11     ≥160 sf or ≥260 If			☐ Re 図 De					☐ Mini-Enc	osure g Procedure						
									mpted (*) and No	on-Friable I	rocedure	2			
				Loca								Ab	ateme	nt Ty	/pe
Location of				Norm	ally lely by			Description o				R	Z.	ш	ш
Asbestos-Containing N TO BE ABA		)			ance/			Containing Ma mal systems i		Amo (Spe	20.00	Removal	Repair	nca	nclo
IN Facility			Cust		Staff?	(		surfacing, VAT,		SF or		val	=	Encapsulate	Enclosure
(13)				(12	-		oth	ner miscellane	ous)	1000 1000				late	O
			Yes	No											
SEE ATTACHED						SEE AT	TAC	HED		200 YD	er res				
		1													
			П								***	П			
											-			_	
											-	Ш		Ш	Ш
Name of Registered Wast				- 1	NJDEP \ Hauler I[		Cub	oic Yards of	Name of Regi	stered Lan	fill				
Waste Management	of NJ				17273		100000000	00/residenc	GROWS						
City, State		722.						posal Date	City, State						
Fairless Hills, PA							3/	/31/16	Tullytown	PA -					
Completed By (Print or Ty	pe)	Title						Signature	1		Date	e /	4		
Patricia Visco		0	ffice I	Vlana	ager			Pot	w Proc	205		12	2/16	2	
ACD 44					NOS ITA			1 wire	w 1 hor	e _	- 1	0	116		

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	l N	ame of Building C			endonca		-	2 8	57	30				
Agencies Notified  [ X ] EPA  [ ] DEP	Amend	on Notificati ed Notif ment #_	ication		treet Address	le				000	2018	DAY 2	77	
[x] DOL [x] DOH [] DCA	TOTAL STATE OF THE PARTY OF THE	ency (incation)	2000		Name of Contact	Sinom		ach, NJ 07720 Tele	phone N	imber_	5011	N 25		LINEO
				FACIL	ITY INFORM	IATION					<u>ټ ان</u>	- 6	<del>-</del>	
	batement is Taking P sidence	lace (3)	*				Тур	[ ] s		r 8 (other			8	
Street Address									Other (i.	, private			l buildii	igs,
City  Long Branc	ch	County			ounty Code (7) STATE USE ONL	Y)		nare feet 1500 sf rrent Use (Prior if be			Bldg.	Age 10	0	_
Name of Monitoring Firm	Hired by Building C	wner (8)	)	A	SCM No.	Name of	f Abate	Residence ement Contractor (9) Guardian	)	cting	Inc			
Street Address	ardian Contracti	1875	)			Street A	ddress			. 10 (515)	iiic.			
City, State, Zip Code	89 Route 9, Unit					City, Sta	ate, Zi <sub>l</sub>		ver, Ne	w Jerse		55-12	71	
Project Manager for Mon Nicholas Fer	itoring Firm		Telephone N 732-349-9			Telepho 732-34			100	cense No 0624	umber			
Scheduled Start Date (10)	)		Scheduled C 1/21/16		Date (11)	Name o	f OSH	A Monitor E.M.S.L.	Analy	ical				
	Abatement (Check of cility Closed/Vacated patement Performed (	During	Entire Period			Street A		1056 Ste	lton R	ad				
	her – Describe					City, 50	58% %	Piscataw				54		
	I that apply)  I sf or $\geq 3$ If  I sf or $\geq 260$ If		[x]	Renovati		[ [ [x	] ]	Full Containment w Mini-Enclosure Glovebag Procedure Non-Exempted (*)	е			ıre		
[	00 31 01 =200 11										Abat	ement '	Гуре	
Location Asbestos-Containing TO BE AB in facil (13)	Material (ACM) ATED ity		Is Location Normally us Solely by tenance/Cu Staff (12)	ed	(i.	Description Description Material (e., therma sulation, s	ontain (ACM al syste surfac , or	ing I) ems ing,	(Spe	ount ify SF _F)	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			X		Asbestos sid	ing			600	f	X			
Interior			X		Asbestos flo	or tile			250	f	X			
Exterior			X		Asbestos del	oris on gr	ound				X			
	ste Hauler Brothers Disposal		NJDEP Wast		3	Yards of W		Name of Register T.R.R.F.	ed Land					
	4 Colts Neck, No		sey 07722	Dispose 1/22/2	16	City, Tull		n, Pennsylvania			Dat	2		
Completed by (Print or 7 Nicholas F		Title Proj	ect Manag	er	Signature	′	_	2			(31/A) NA	9/201	6	



# RECEIVED

Date of Notification (1) 01/19/16					Building C			(2)		2016	JAN	25	A	10:	27	
Agencies Notified	Type Notification				NMOOD		NUE, S	SUIT	E 412	हर बे हे	EST & LH	IS (		√TR	01	06.
DEP × DOL	Amended Amendment				e, Zip Cod ORANG		07017					L11.	SIM	G		
	justification)  Cancellation		1983	Name of HENRY	Contact Y EHRM	IAN				Tele	phone			T 0	no	
		DI (0)		FACIL	ITY INFO	RMATI	ON	-	- 5 F 1114 - / /							
Name of Facility Where A HOME	Abatement is Takin	g Place (3)						process	e of Facility (4							
Street Address								×	School (K-12 Subchapter Other (i.e. p etc.)	8 (Othe			build	ings,	home	s,
City (5) PASSAIC, NJ								Squa 200	are Feet	# of 2	Floors		Bl	dg. A	ge	
County (6) PASSAIC COUNT	7			County C	Code (7) ISE ONLY)			Curr	ent Use (Pric	or if bein	ng dem	lished	i)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				atement Con			•				
Street Address							Street 6 WI		ess DOVE CO	DURT					-	
City, State, Zip Code					15				Zip Code	3701						
Project Manager for Mor	nitoring Firm		1	Telephor	ne No.	100	Telep		No. 9078		Licen 1200	e No.				
Start Date (10) 01/29/16		Schedule 02/01/1		pletion [	Date (11)	•	100,000,000		SHA Monitor D PROFE	SSIO	NALS					
Occupancy Status Durin	g Abatement (Chec	k Only On	e)				Street	Addr	ess			-				
Facility Closed/Vac Abatement Perform					40.00			ni basansan	DOVE CO Zip Code	DURT					4	-
Other – Describe:					.=	-	LAK	EWC	OOD, NJ 0	8701						
Scope of Work (Check A	All That Apply)	-					E	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The state of the s	enova emoliti			10 20 H		M G	ull Containme lini-Enclosure lovebag Prod on-Exempted	e cedure	=				a.	
		le	Locati	on					On Exempted	2 ( ) un	4 11011			Abate	ment	
Locatio	n of	1	lormal	ly			scription					-		Тy	pe	
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Mai	d Sole intenar odial S (12)	nce/		therma surfa	taining I I system icing, V/ miscella	s insu AT, or		(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
SECOND	EL OOR	165	INO	IN/A			TILE		-	1(	00 SF	-	Х			
SECOND	FLOOR	-					1166			- 1		-	21		-	
												-	71.000	-		
		17				1.4				-						
Name of Registered Wa	- N	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered La	dfill				F-1		
NEWARK CARTING	H	lauler ID 4509		of Wa	ste RDS		IESI	-		e consents		*	=			
City, State NEWARK, NJ			- 1			Dispo 02/0	sal Date 1/16	9	City, Stat BETHL		/I PA					
Completed by JOSEPH PERLSTE	IN	Title OWN	IER			1	Signatur	е				Date 01/	: 19/1	6		

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	×	Name of Building	Owner/Oper	ator (2)	-		. `		_	
January 19, 2016	5		Aggre	ssive Contracting			2	8	29	1
[ ] DEP [ ] Amen [ X ] DOL Amen	Notification  ded Notification  dment # gency (including	Street Address  City, State, Zip Co.		ox 712 Pleasant, NJ 08742		17 8 P.C. U	2010	MIR JAN 25	THO E	4
[x] DOH justifi	cation)	Name of Contact		Te	lephone 1	umber	<u>0</u>	<u></u>	4	_
[ ] DCA [ ] Cance	llation	Jim					_ \	_	1	71
Name of Facility Where Abatement is Taking		CILITY INFORM	IATION	T CF 35 (4)	_	- 6	5=		3	
Residence	Place (3)			Type of Facility (4)	School (		10	-	٦	
Street Address				[x]	Subchap Other (i. homes, e	., private			al build	ings,
City .	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 1200 sf	# of Flo		Bldg	. Age	0	
Point Pleasant	Ocean	(033330 002 0330	-/	Current Use (Prior if t	_	olished)			0	
Name of Monitoring Firm Hired by Building C	Owner (8)	ASCM No.	Name of	Abatement Contractor (9 Guardian	9)	cting.	Inc.			
Street Address			Street Ac			A 100				
City, State, Zip Code			City, Sta	te, Zip Code Toms Ri			v 087	755-17	271	
Project Manager for Monitoring Firm	Telephone Numbe	म	Telephor 732-34	e Number	L	cense Nu 1624		55 11	-/1	
Scheduled Start Date (10) 1/20/16	Scheduled Complete	etion Date (11)		OSHA Monitor E.M.S.L		200 200				
[ ] Abatement Performed C	only one) During Entire Period of Ab Dutside of Normal Facility I		Street Ac							
Other – Describe				Piscataw	ay, Ne	Jerse	y 088	54		
Scope of Work (Check all that apply)			[ ]	Full Containment v Mini-Enclosure	vith Nega	ve Press	sure			
$\begin{bmatrix} & & >3 \text{ sf or } \ge 3 \text{ lf} \\ & & \geq 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix}$	1 1	vation	[ x]	Glovebag Procedur Non-Exempted (*)		riable P	rocedu	re		
							Abate	ement '	Гуре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodia Staff (12)  YES NO N/A	al (i.e ins	Description bestos-Con Material (A, thermal ulation, su VAT, of ther miscell	ntaining ACM) systems rfacing, or	Ama (Spec or )	y SF	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	X	Asbestos sidir	ıg		1200	f	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haul 20223	er ID No.   Cubic Ya	ards of Was	te Name of Registere T.R.R.F.	ed Landfi	_				
City, State Toms River, New Jersey		oosal Date 2/16	City, St	ate oŵn, Pennsylvania/	E .					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	- Turiyi	2 Chinisylvania		•	Date 1/19	9/2016	5	

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building (					7	$\bigcirc$	
January 19, 2016	5		Semin	ole Construction			18	120	
[ ] DEP [ ] Ameno	Notification  ded Notification  dment # gency (including	Street Address  City, State, Zip Coo	le	artlett Avenue		\$38€.¢	2016 JAN 25	で同り	
[ X ] DOH justifie	cation)	Name of Contact Joyce			Telephone 1	uraber		FORIV	
	FA	CILITY INFORM	ATION			500	3	13	<u> </u>
Name of Facility Where Abatement is Taking I Residence	Place (3)			Type of Facility (4)	School (		Than k	)	
Street Address				[x]		., private	& comme	rcial build	lings,
City	County (6)	County Code (7)	V)	Square feet	# of Flo	ors	Bldg. Ag		
Ship Bottom	Ocean	(STATE USE ONL	r)	1800 sf Current Use (Prior Reside		olished)		60	
Name of Monitoring Firm Hired by Building C	Owner (8)	ASCM No.	Name of	Abatement Contracto					
N/A Street Address			Street Ac		ian Contr	cting, I	nc.		_
Street Address			Succi Ac		Route 9, I	nit 61			
City, State, Zip Code				te, Zip Code Toms	River, Ne	N Jersey		1271	
Project Manager for Monitoring Firm	Telephone Numbe		732-34	ne Number 9-9932		)624	mber		
Scheduled Start Date (10) 1/19/16	Scheduled Comple 1/20/16	etion Date (11)	Name of	OSHA Monitor E.M.S	S.L. Analy	ical			
Occupancy Status During Abatement (Check of X ] Facility Closed/Vacated			Street Ad	ddress 1056 te, Zip Code	Stelton Ro	ad	08854		
Scope of Work (Check all that apply)			[ ]	Full Containmen	nt with Negs	ive Pressi	ure		
$\begin{bmatrix} \\ \\ \\ \\ \\ \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} \\ \\ \\ \\ \\ \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$		vation olition	[ ] [x]	Glovebag Proce		Friable Pr	rocedure		
					T		Abateme	nt Type	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A	al (i.e ins	Description bestos-Con Material (A ., thermal ulation, su VAT, her miscell	ntaining ACM) systems urfacing, or	Am (Spec or	2399914	R E E P A O I R A L	P	E N C L O S U R E
Exterior house	X	Asbestos sidi	ng	8	1600	f	X		
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haul 20223	3	ards of Was	T.R.R.F.	stered Landf	1			
City, State Toms River, New Jersey		posal Date 1/16	City, Si	<sub>tate</sub> town, Pennsylvan	ia				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature			7		Date 1/19/20	016	

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

## CK 4154

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

### RECEIVED

Date of Notification (1) 01/18/16				Building O			(2)	4	2016	JAN	25	AH	10:	26	
Agencies Notified  Type Notification  EPA DEP  Initial Amended		C		e, Zip Cod				£	153	EST & LI	IS I	201 811	NTF	OL	
DOL Amendment # Emergency (in justification) Cancellation		N	lame of	ETON, N Contact SMITH	NJ 08	540			Tele	phone	lumb	er			
Name of Facility Where Abatement is Taking I	Place (3)		FACIL	ITY INFO	RMATI	ON	Tyne	of Facility (4)							
HOME	lace (5)						THE REAL PROPERTY.	School (K-12)							
Street Address							×	Subchapter 8 Other (i.e. privetc.)	(Othe			build	ings,	home	s,
City (5) PRINCETON, NJ							19252-1900	re Feet		Floors			dg. A	ge	
County (6) MERCER COUNTY			County C	ode (7) SE ONLY)		_	Curre	nt Use (Prior /IE	if beir	ng demi	ished	1)			
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.		200000000000000000000000000000000000000		tement Control PROFES							
Street Address						Street 6 WH		ss DOVE COU	JRT						
City, State, Zip Code	0					20,000,000		ip Code OD, NJ 087	701						
Project Manager for Monitoring Firm		T	elephon	e No.		Teleph 732-6				Licens 1200	No.		-		
	Scheduled 01/22/16		pletion D	Date (11)				HA Monitor D PROFES	SIO	NALS					
Occupancy Status During Abatement (Check	Only One)			11.55%	-	Street		Killian and Albanian and Albania	ını	_	12				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	eriod of Aba I Facility H	ateme	ent			City, S	tate, Z	DOVE COL							
Other – Describe:					-	LAKE	EWO	OD, NJ 08	701			2			
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	novati				×	.Mir Glo	Il Containmen ni-Enclosure ovebag Proce n-Exempted (	dure	11.7				9	
	ls Lo	catio	on I		- 27				,				Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Maint Custod (	enan	y by ce/		os Con therma surfa	escription taining M I systems icing, VA miscellar	Materia s insula T, or		(8	mount specify or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
EXTERIOR	165	INO	IN/A			SIDING	}		1	0 SF	+	Х		_	
INTERIOR	-			T.S		D TSI E		IS		0 LF		X			
INTERIOR					517414							-			
		1.0			0.11		- 100	Non-	!		16"				
Name of Registered Waste Hauler NEWARK CARTING		Ha	IDEP Wauler ID 509		of Wa	Yards iste RDS		Name of R	egiste	red Laf	Juil				
City, State NEWARK, NJ					Dispo 01/22	sal Date 2/16		City, State BETHLE	HEN	1 PA			V		
Completed by JOSEPH PERLSTEIN	Title OWNE	R		1.5		Signature	9				Date 01/		6		

-				ursuan	N OF ASI t to NJAC	8:60 ar	nd 12:12	0)		ck	11	11	9	9		
Date of Notification (1) 1/15/16				Name of	of Building A, Inc.	Owner/	Operato	r (2)			-1-					
Agencies Notified	Type Notification  X Initial				Address th Union	n Squa	re					-	<u>&gt;</u>	2016		enegos
× EPA DEP × DOL	Amended Amendment		[		tate, Zip C ord, NJ		3					201	27	NAL		IT C
DOH DCA	Emergency justification) Cancellation		9		of Contact een Mur					To	Johan	KR.	nhar			m
Name of Facility Where	Ahatement is Takin	n Place	(3)	FAC	ILITY INF	ORMAT	ION	T	7.5			5		3		<
The same of the sa	TOUTOTTO TO TOUT	g riace	(3)					Тур	e of Facility ( School (K-1			ñ	_	d,		
Street Address 670 Passaic Avenu	е							×	Subchapter Other (i.e. p	8 (Oth	ner thar & comi	K-12 erci	al bu	ildings		nes,
City (5) West Caldwell								Squ 300	are Feet	# 0	of Floor			Bldg.	Age	
County (6) Essex				County (STATE	Code (7) USE ONL	n		Curr	ent Use (Prid	or if be	ing der	olish	ied)			
Name of Monitoring Firm	Hired by Building (	Owner (8	)	ASCI	M No.		Name	of Ab Env	atement Cor ironmenta	tracto	r (9) /ices.	.LC				
Street Address						Street	Addre									
City, State, Zip Code						City, S	State, 2	Zip Code d, NJ 074								
Project Manager for Mon	itoring Firm			Telepho	one No.		Teleph 973-	none N	No.	-	Licer 703	e No	٥.			
Start Date (10) 1/25/16		Schedu 3/1/16		npletion	Date (11)				HA Monitor		700	_				
Occupancy Status During	Abatement (Chec	c Only O	ne)				Street	Addre	ess			_				
Facility Closed/Vaca .Abatement Performe Other – Describe:	ed Outside of Norm	eriod of al Facilit	Abaten y Hours	nent S			City, S	tate, 2	Zip Code			-				
Scope of Work (Check Al						_										
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		- International Contractions of the Contraction of	Renova Demolit				×	Mi GI	II Containme ni-Enclosure ovebag Proc on-Exempted	edure						
			Locati						T EXCHIPTED	( ) 411	4 14011-1	lauli	e FIC	Abate	ement	1
Location Asbestos-Containing TO BE ABA In Facilit (13)	Material (ACM) TED	Use Ma	Normall ed Sole iintenar todial S (12)	ly by nce/	Asbes (i.e.	tos Cont thermal surfa	scription aining M systems cing, VA niscellan	lateria insul T, or	ation,	(5	mount Specify or LF)		Remova	Repair	e Encapsulate	Enclosure
		Yes	No	N/A									<u>a</u>	7	late	ıre
office				X		pipe	insulat	tion		10	00 LF		х			
								_								
Name of Registered Wast	ame of Registered Waste Hauler					Cubic	Yards		Name of R	agista	rod Lor	1611				
Freehold Cartage	hold Cartage					of Was			Western							
City, State Freehold, NJ						Dispos TBD	al Date		City, State Birdsbor	o, NJ						
Completed by A. Scott Higgins		Title Presi	dent			Si	gnature	1				Date	5/16	3		

Date of Notification (1) 1/1 Type No		Name of Bu		r / Operator (2)			No.	
Agencies Notified	uncauon	Street Add					-0	7 2 0
EPA	Emergency Notific	cation					300	N Property
DEP X	Initial Notification		& Zip Code				Z	,
X DOL	Amended Notifica	tion Marlboro	NJ 07746				770	
X DOH	Cancellation	Name of C					22	Talandana Milimhar
DCA		Jamie Dia	mond					1 34-140-3333
		FACILI	TY INFORM	MATION			-	ජා
Name of Facility Where Al	patement is Taking Residence	Place (3)	Ту	pe of Facility (4 School (K-12				
Street Address				Subchapter 8	(Other than K		wild	ings, homes, etc.
				uare Feet	# of Floors	erciai	Juliu	Bldg. Age
O:t. (E)	County (6)	County Code		5.9				
City (5)	County (6)	County Code		2,800	2	liaha.	_	60
Marlboro	Monmout	n		urrent Use (Prio esidence	r it being demo	olisne	)	
		(0)	1			(0)		
Name of Monitoring Firm I		wner (8) AS		ame of Abateme				
Environmental Tactics	s, inc			lobal Abatem	ent Services	, LL		
Street Address			100.000	reet Address 13 Schoolhou	se Pood			
64 Broad Street				ty, State & Zip (			-	
City, State & Zip Code Matawan, NJ 07747				onroe Towns		1		
Project Manager for Monit	oring Firm	Telephone Num		elephone Numbe			nse	Number
Tom Geiger		732-290-2217	73	32-605-9062				00714
Scheduled Start Date (10) 1/29/16	Scheduled C	ompletion Date (11 1/30/16		ame of OSHA N lobal Abatem		, LL	;	
Occupancy Status During			1.77	reet Address				
	cated During Entire			13 Schoolhou				
	med Outside of Nor	of high particular properties of the properties		ty, State & Zip (				
X Describe: Area Other - Describe:	Isolated During	Abatement	M	onroe Towns	hip, NJ 0883	1		
Scope of Work (Check all		751		370.5 (80.42)	2000V 86 WG	200	000	
Demolition	X Renov	ation			ontainment with	h Ne	ative	Pressure
Large Project					nclosure			
X Quantity is ≥ 3 SF	or ≥ 3 LF ACM SF or ≥ 260 LF ACI	М		X Glovel Other:	bag Procedure			
Location		Is Location		Description of		Amou	nt	Abatement Type
Asbestos-Co		Normally Used	Ast	bestos-Containi	V 10	Spec		(Specify: Removal,
Material (A		Solely by		Material (ACM)		uare		
TO BE AB		Maintenance or		., thermal system		or		or Enclosure)
in Facil	ity	Custodial Staff?		ation, surfacing,	CHANGE TO THE PROPERTY OF	near F	eet)	597
(13)		(12)	or ot	ther miscellaned	ous)			
Basement		N/A		TSI Pipe		50 L	•	Removal
Name of Registered Wast Freehold Carting	e Hauler	NJDEP Waste H		Cu. Yds. of 5		me of	Regi	istered Landfill
City, State		100		Disposal Da		y, Sta	e	
				1/30		llyto		Pa
Trenton, NJ							-	
Trenton, NJ Completed By (Print or Ty	pe) Title			Signature				Date
	pe) Title Pres.	*			k Tringali			1/19/16

CK 5990

Date of Notification (1)			N			Owner/Operator		11	Ú.		27	O	
1/20/16	8.5	781		- 6-		ERACE 1	CELLY		20-	5	pr.	7	$\dashv$
Agency Notified Type N	otification		S	street A	ddress		1		- S	2	(	7	
□ EPA Initia			-						OC S	25		77	-
□ DEP □ Ame	nded endment#		0	ity, Sta	ate, Zip C	ode .	- 1	TO		2 _		_	
□ Eme	enament # rgency (including		-			L TEND C	96 . 10	J. C	ne Numb		_		-
	fication)		1	lame o	f Contac			Telebin	(CSIMILE)	-			
□ DCA □ Can	cellation					KELLY				(5)		Per	$\dashv$
				FACIL	ITY INFO	ORMATION '	mai e 200 - 190 a	10		NO			$\dashv$
Name of Facility Where Abateme		(3)					Type of Facility	(4)					
MS.	KELLY						☐ School (K-1)						
Street Address					**	:	Subchapter  Other (i.e. p	8 (Other th	nmercial	buildina	s		
955				,		e .	homes, etc.		·		-		
City (5)	0.00	-		11	** **		Square Feet	# of Flo	rs	Bidg. A	700		
· DAIL TI	21000					*	1800	- Z		7	07	三个	28
County (6)	. *:		10	County	Code (7)	(STATE USE	Current Use (F						
PASS	SAIC		1	DNLYI			Q.E	5106	J CE	1	1775	2015	(
Name of Monitoring Firm Hired b	y Building Owner	.( A	SCM	No.		Name of Abaten	ent Contractor (	9)					
(8)			, ,			Best Re	moval In	C					
Street Address						Street Address						Ů.	
						450 Sou	th River	St					
City, State, Zip Code						City, Starte, Zip C			N. 5-7-5-1-1				
						Hackens	ack, N.J	. 076	01				
Project Manager for Monitoring F	im	Tel	ephon	e No.		Telephone No.		License					
[						201-329	-7444 -	00	388				
Start Date (10)	Scheduled Con	npletic	n Dat	e (11)		Name of OSHA	Monitor						
2/2/16	214					Omega 1	Environm	ental					
Occupancy Status During Abater	ment (Check only	one)				Street Address							
☐ Facility Closed/Vacated During	Entire Period of	Abata	mont			.280 Hi	ıyler St						
☐ Abatement Performed Outside	of Normal Facility					City, State, Zip (		(i)					
Z Other - Describe: 7 A	5PM		4			S. Ha	ckensack	,N.J	. 076	506			
Scope of Work (Check all that ap	ply)						Containment with	h Nogotiva	Processo				
□≥3 sf or≥3 lf			4	a Ren	ovation		Enclosure	i Negauve	riessuic	(4) (4)			
_D ≥ 160 sf or ≥ 260 lf	75		1	□ Dem	olition	☐ Glov	ebag Procedure Exempted (*) ar	al Nain Sci	No Proce	dista			
-					Γ	U NOIP	-Exempled ( ) as	NO MOSTELLIA	910 1 1000	1	Aba	terne	nt
	1	15000	Location or all							-	T	ype	
. Location of			Sole			Description			<u> </u>	-	1	_	
Asbestos-Containing Mater TO BE ABATED	al (ACM)		ntenan ustodia			stos Containing M ., thermal systems		1	mount		20 2	Encapsulate	Enclosure
IN Facility	ļ		Staff?	41		surfacing, VA	Г, ог	s	or LF)		Removal	pau	108
(13)			(12)			other miscellan	eous)				9 7	late	19
120		Yes	No	N/A									
BASEMENT					-	VAT		6	758	F	X	1	
0/82	<del></del>	$\neg$			-	7.1					+	1	
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Name of Registered Waste Haut		N P	DED 14	Vaste H	lauhr	Cubic Yards of	Name of Reg	istered La	垢				
Best Removal		ID		vaste n	awer	Waste	1		10.		т	TC	
Dear Kemoval	T11C		17	109		4e4	Minerv	a LNI	sr br.1	ses	, ⊥	יותי	
City, State		1				Disposal Date	City, State		6				
Hackensack ,	N.J. 076	01				2/4/16	Wayne	sburg			88		
Completed by	Title					Signature /	1			Date	i	, ,	
J.Maiorano	Esti	mat	or	10.000	<u> </u>	VM	مرعممد	4		1/2	0	16	
	45			-		Δ	- Allerton						

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						Owner/Operator			7	5		7	g T	7
Date of Notification (1)	10		Idai	110 01	IR.	HOG	KISZA		80 LL	A		13	Í	
Agency Notified	Type Notification		Stre		dress							<		
Agency Notice						,			CHO	ु दा		\$ 1 1000	-	4
□ EPA □ DEP	☐ Amended		City		te, Zip C			7-7	TO S			4	<	
- DOL	Amendment#	2		· Ly	NDA	HURST	3 TU.	707	2.0	===			n,	4
₽-DOH	<ul> <li>Emergency (including justification)</li> </ul>	3	Na		Contact			Teleph	ne Munit	oer —		E	Ī	
DCA	☐ Cancellation			- 1		CISZA			· -	2 2	)			$\dashv$
	<u></u>		F	ACILI	TY INFO	RMATION							_	_
Name of Facility Where	Abatement is Taking Place	e (3)			•		Type of Facility	(.4)						
MR	KISZA.			☐ School (K-12)										
Street Address			☐ Subchapter 8 (Other t an K-12) ☐ Other (i.e. private & α nunercial buildin											
				homes, etc.)										_
City (5)			v	Square rest									- ^/	9
LUN	DHURST						2000		-		5	76	180	_
County (6)					Code (7)	(STATE USE	Current Use (F	Prior if bein	) demoli	shed)				
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Name of Monitoring Fire	m Hired by Building Owner	r A	SCM N	0.	1.0	Name of Abaten	nent Contractor	(9)						
(8)			0.65				moval Ir	1C						_
Street Address				Street Address										
				450 South River St										
City, State, Zip Code					City, State, Zip		- 07	0.1						
	2				4		ack, N.	1. 07	01				_	_
Project Manager for Mo	ephone	No.		Telephone No.		Licens								
						201-329		0	1388					_
Start Date (10)	Scheduled Co			(11)		Name of OSHA		onta					100	
1/28/16		30	0			Street Address	Environ	Tenta	-					_
Occupancy Status Duri	ing Abatement (Check only	y one)	47					_						
☐ Facility Closed/Vaca	ted During Entire Period o	of Abate	ement			City, State, Zip	uyler St		-					_
Abatement Performe	ed Outside of Normal Facil	lity Hou	irs 	2 *		S Ha	ckensacl	. N.	1. 07	7606				
Scope of Work (Check									30.0					_
	an ulat approx		-	1000	a. otion		Containment wi	th Negativ	Pressul	re				
2 ≥ 3 sf or ≥ 3 lf 2 ≥ 160 sf or ≥ 260 lf				☑ Renovation ☑ Mini-Enclosure ☐ Demolition ☑ Glovebag Procedure										
Q 2 100 SI 01 2 200 II				-		□ Nor	n-Exempted (*) a	nd Non-F	able Pro	cedure	Al	bate	mei	nt
		ls	Locatio	n				1.	Ÿ			Тут		
lam	tion of		lormally d Solely		:	Description	of		<b>.</b> .					
Asbestos-Contain	ning Material (ACM)		intenan		Asbe	stos Containing N	Material (ACM)		Amount (Specify		70	20	Enci	En
	ABATED acility	11.2	ustodia Staff?	I	(4.6	e., thermal system surfacing, VA			F or LF		Removal	Repair	Bole	Enclosure
140 Park 1 Park	13)	i	(12)			other miscellar					1	=	Encapsulate	oln
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		Yes	No	N/A			110 1 14-11-11	, , ,	LE		M		П	
BASENE	74				MIER	MAL SYSTEM	t than be the	+ 1	-47			$\vdash$	Н	
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Name of Registered V	Vaste Hauler	10000	DEP W	laste l	Hauler	Cubic Yards of Waste	1					т т		
Best Rem	noval Inc	ID		109		1420	Miner	va En	erp	rises	,	, ы	ناد	
City, State		- / -			Disposal Date	City, State	584	-						
Hackensa				4/30/18	Wayn	esbur	3, 01	n,446	88	3		_		
Completed by				Signature	7)			Date ,						
J.Maioran	tor			VF	صدينه	وس		1/50	11	0				
ASB-41				for a	sbestos	licensure exempte	ed activities.							

CIC 5989

Date of Notification (1)	*		N			Owner/Operator			E>	~	9					
1/20/	16	4		MS	5 . <	SANET	SECOR		<u>G</u>	_=	2					
Agency Notified	Type Notification		S	treet A	ddress				80 L⊔ (∑)	JAN	-	A.				
□ EPA	☑ Initial								-0				3.5			
	☐ Amended		C		ate, Zip C		14		2	2	1000					
D DEP E DOL	Amendment#				144N	, Goou	NJ. 0		7m0		1	4,00	41			
☑ DOH	□ Emergency (including justification)	19	N		f Contac	500		Telepho	ie Mümber — 63m							
□ DCA	☐ Cancellation			M =	5. S	econ		l		-	1 2	ייייי	1			
				FACIL	JTY INFO	DRMATION			5 5							
Name of Facility Where	Abatement is Taking Pla	ce (3)			•	<i>y</i>	(4)	2 6								
Ms.	SECOR.				-		School (K-12	2)	3. <b>9</b> 0 59.7352							
Street Address					7.5		in K-12) nmercial b	v didina								
				-	ranan 19	ys,										
City (5)		10.5		١,		172	homes, etc.) Square Feet		rs	Bldg. A	_					
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County (6)	11. 1 4000 5		T	County	Code (7)	(STATE USE	Current Use (P	rior if bein	demolish	ed)	-					
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Name of Monitoring Fire	SCM	No.		Name of Abater	nent Contractor (											
(8)	,		0.0		moval In											
Street Address						Street Address			Ge -							
Sueet Address				60		450 5011	th River	St								
City, State, Zip Code				N. 134500000-0		City, State, Zip	Code									
City, State, 2p code				Hackensack, N.J. 07601												
Project Manager for Mo	nitoring Firm	Tele	nodae	e No.		Telephone No.		License		8						
Project Manager for Mic						201-329		00	388							
Start Date (10)	Scheduled C	ompletio	n Dat	e (11)		Name of OSHA							_			
2/1/16	2/3			Omega	Environm	ental										
Occupancy Status Duris			4.51			Street Address				THE PAS						
		-6 4 h -4-		*		.280 Н	uyler St									
☐ Facility Closed/Vacat	ed During Entire Period of d Outside of Normal Fac					City, State, Zip		6	0444	20.07.488		20000	-11123			
Other - Describe:			÷	-		S. Ha	ckensack	, N.J	. 076	06						
Scope of Work (Check	all that apply)						Containment with	Monotine	Processia							
□≥3sfor≥3lf				Ren	ovation		i-Enclosure	i ideAquae	ricsourc	0.40						
21 ≥ 160 sf or ≥ 260 lf				□ Den		□ Glo	vebag Procedure -Exempted (*) an	a Nan Ed	ble Proce	dura						
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Asbestos-Containi TO BE A		Main	tenar	ice/		stos Containing N ., thermal system			mount pecify	1	2	Ence	E			
	cility		istodia Staff?		l lere	surfacing, VA	T, or		or LF)		Removal	pade	Enclosure			
(1	3)		(12)			other miscellar	ieous)				9	Encapsulate	ure			
		Yes	No	N/A	1							-				
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City, State				Disposal Date	City, State											
Hackensa				2/3/16	Wayne	sburg	, Oh,	446	88							
Completed by Title						Signature	À			Date	1					
J.Maiorano	Est	imat	or			VC	for som	سنع		1/5	0	16				
ASB-41		bestos li	censure exempte	d activities.		-		,	20 20							

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CHE	FUE	1000
	-	IVET

Date of Notification (1) 12/16/2015		Name of Building Owner/Operator (2) Hilltop Partners, LLC  Street Address 1212 Springfield Avenue											- 47			
Agencies Notified Type Notification			Street A		S, LLC				11		20	A	110.			
				Springfie	eld Ave	nue			438	ESI	00	0		13		
EPA Initial Amended Amendment;	<u></u> 2			ate, Zip Co					ASS	- 1-1	EN	SIN	TR.	OL		
Emergency (i	ncluding	-	_	f Contact	100 magazin				Tel	ephor	Num	her			_	
DCA Cancellation			Mr. Ma	att Gros	s (Own	er's R	ep)		1		10.0					
Name of Facility Where Abatement is Taking	Place (3	3)	FACI	LITY INF	ORMATI	ON	Type	of Facility	(4)							
Former Irvington General Hospital	1 1000 (0	-)	School (K-12)													
Street Address								Subchapte	r 8 (Oth							
832 Chancellor Avenue							×	Other (i.e. etc.)	private 8	& com	nercial buildings, homes,					
City (5) Irvington								are Feet	100000000000000000000000000000000000000	Floo						
County (6)			County	Code (7)			0.020,00	,500	6		- all ala		0			
Essex				USE ONLY								nolished)				
Name of Monitoring Firm Hired by Building C TBD		ASCN	/ No.				atement Co racting, L		(9)							
Street Address					Street	Addre	ss									
City Charles 7' O. I.							ey Road,	Suite	K							
City, State, Zip Code				City, State, Zip Code Wayne, New Jersey 07470												
Project Manager for Monitoring Firm		Telepho	ne No.		100000000000000000000000000000000000000	none N ) 928	lo. -5040		Lice 008	se No	ke:					
Start Date (10) 09/25/2015	ed Con 2015	pletion	Date (11)				HA Monitor acting, L									
Occupancy Status During Abatement (Check	Only Or	ne)				. (8)	Addre	27500		_	_		- 0-1		-	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	eriod of A	Abatem / Hours	ent					ey Road, ip Code	Suite	K						
Other – Describe:					_	18		lew Jerse	ey 074	70						
Scope of Work (Check All That Apply)			_													
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Renova Demolit				Full Containment with Neg Mini-Enclosure Glovebag Procedure										
	1	1 4:						n-Exempte	ed (*) and	d Non	Friable Procedure  Abatement					
Location of	1	Locati Normal	у		Des	scription	of							ре		
Asbestos-Containing Material (ACM)  TO BE ABATED		d Sole intenar				aining N	//ateria	I (ACM)	7400	moun		-		Щ	ш	
In Facility	Cus	todial S (12)	staff?	(1.0.	surfa	cing, VA	T, or	35.	200	pecifi or LF		Removal	Repair	Encapsulate	Enclosure	
(13)	V	03 - 05	T		other n	niscellar	neous)					oval	air	sulat	sure	
Building B - Breezway & Ground FI	Yes	No	N/A		Di-	- F:M:-								CD		
Building B - First Floor		X				e Fittir				eac	-	х				
Building B - Second Floor		×				e Fittir e Fittir				eac		х				
Building B - Third Floor	X			R		<u> </u>		- 5	each		х					
Name of Registered Waste Hauler		JDEP W	/aste		e Fittir Yards	igs	Name of	165	each	24611	X					
Service Transport Group, Inc.	Н	auler ID		of Was			Minerv				.C					
City, State New Castle, Delaware						sal Date		City, Sta Wayne		Ohi						
Completed by	Title					ignature	>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a. g,		Date	Э				
Predrag Sarcev	Vice	dent		1		12/16/2015										

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check#2409		(Pursuant to NJAC 8:60 and 5:16)													
Date of Notification (1)					of Buildin					P. 1016 JA		TVE			
01	20 /16	5			olutions l		operator (	-/		116 JA	A 25				
	Type Notification				Address	LLC				BES!	. 20	M 9.			
	Initial			011001	71001000				5-4	JAES!	TAC -				
	☐ Amended			City S	State, Zip	Code				& LI	CERT	ONTR			
□ DHSS	_ Amendment #							25024			-rus	ING "			
DCA (NJAC 5:23-8)	Emergency (in justification)	ncluding			pany Tro		wp. NJ	07/034		Numbe					
(NONO 3.23-0)	Cancellation								relebilor	3 Mullipe					
			- 1773		Gupta										
Name of Facility Where At	atomont in Tokin	o Diasa	(2)	FA	CILITY II	NFORMA	TION	T = 000		-					
SOUTH TOTAL STATE	delient is takii	ig Place	(3)					Type of Facility	30.00						
Residential Street Address								School (K-1) Subchapter		1 K-1 2)					
Street Address						private and		al buildir	ngs,						
City (5)								homes, etc.	-						
Section and	377.0500.			(4)				Square Feet	# of Flo	rs	Bldg.	Age			
Parsippany Troy Hills T County (6)	wp. NJ 07034			Com	tu Code /=\	/CTATE	OF ONE VE	0.000	1-163		15				
				Coun	ty Code (7)	STATE	SE UNLY)	Current Use (P	rior if being	temolishe	ed)				
Morris Name of Monitoring Firm F	Hired by Building	Owner /	8) 1	ASCM	No	Nar	E A = -/								
The state of the s	od by ballanig	OWING! (	٥,	ASUM	NO.			ent Contractor (9	)						
Street Address						Gr Tec	h LLC Address								
51, 501, 104, 000						The second second									
City, State, Zip Code						576 Va		10 <del></del>							
-1,7 -1210, 2.0 -0000							ate, Zip C								
Project Manager for Monito	orina Firm		Tele	phone	No	Telepho	NJ 0747	70	License	No					
			1010	priorie	NO.	5-55-55-6-6-5-6			10 march 200 march 200 m	INO.					
Start Date (10)	Sche	duled C	omple	tion Da	to (11)	973-63	8-1/// of OSHA N	Annitar	01127						
01/_29/		01 /				1									
Occupancy Status During								nsultants,Inc		Ø <del>=</del>					
□ Facility Closed/Vacated				ment	8.		Address	each to statement out							
Abatement Performed (	Outside of Norma	al Facility	Hou	s - Des	cribe	20-21 V	Vagaraw	Road, Bldg .#	35E						
Time of Abatement:	AMF	PM/	_PM_		AM	\$500,000	ate, Zip C								
Scope of Work (Check all t	hat apply)					Fair La	wn, NJ 0	7410 and decontamin	notion with	2 gotive n					
74.00		<u></u>			3	Н		tainment with Ne			nessure				
<ul><li>⇒3 sf or &gt;3 if</li><li>⇒ 160 sf or &gt;260 if</li></ul>		☐ Re ☑ De	novati			Н	Tont with h	testive F							
2		⊠ De	month	211		$\forall$	Non-Exe	g Procedure mpted (*) and No	n-Friable F	ocedure	ressure				
			Locat					Abater	ment Type						
Location of Asbestos-Containing M			lorma d Sole				scription o			ŀ		7,			
TO BE ABAT			intena					terial (ACM)	Amo	THE RESERVE	Remov	inca			
IN Facility		Cust		Staff?	(1.5		cing, VAT		(Sper		Remova	Encapsulate			
(13)		-	(12)	1	-	other r	miscellane	ous)	50.54.00		<u>n</u>	late			
		Yes	No	N/A	1										
House and garage		14	Ш	X	Transit	e siding		<u> </u>	1,800 SF						
								20 12			ПГ				
		П	П	П			- 2-3/190-				一一				
				1						-		· L L			
Name of Registered Waste	Hauler		N1 -7	LED IN	Haute- ID N	10.11.15	1 415	W.,							
	, i iauiči			IJDEP Waste Hauler ID No.   Cubic Yards of Waste   Name of Registered La											
Gr Tech LLC			(	03378	35	TBI	340	T.R.R.F. Inc		-					
City, State						Disposa	l Date	City, State							
Wayne, NJ 07470			TBI	)	Tullytown, P.	A									
Completed By (Print or Typ	oe) Tit	le				Sig	nature/			Date					
N.Jevtic	Ow	ner					Hew	he wenad	′	01/20//2016					
ASB-41 MAY 11		* D=		hin f			//	ted activities.							

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check#2408			(Pui	rsuani	t to NJA	C 8:60 a	nd 5:16)		REC	-					
Date of Notification (1)			Т	Name	of Building	Owner/O	perator (2)	0-		HIV	FI	3			
01	20 / 16	_		P.R.So	lutions L	LC		207	ESTOS	fi e	- 1	ē.			
Agencies Notified	Type Notification				Address			Aso	ESTUS LICEN Telephon	AM	9: 5	0		-	
<b>⊠</b> EPA	Initial							490	ESTAC		U	J			
<b>⊠</b> DOLWD	Amended		ľ	City, S	tate, Zip C	ode			LICE	THUS	Un.				
□ DHSS     □ DASA     □	Amendment #_	ali and the se	1	500	pany Troy		wn NIO	7834	TO CA	SING	TUL	8			
DCA (NJAC 5:23-8)	Emergency (indigential justification)	cluaing	ľ		of Contact		wp. 143 0	7034	Telephon	Numbe	г				
	☐ Cancellation		h	Roger	Gupta										
					CILITY IN	FORMAT	TION								
Name of Facility Where	Abatement is Taking	Place	(3)		712777 111	· Ortinire		Type of Facility	(4)	y <del>i v</del>		-			
Residential			(-)					School (K-12							
Street Address						(Other than									
						rivate and c	mmercia	al bu	lding	S,					
City (5)					's	Blo	dg. Ac	ge	-						
Parsippany Troy Hills	Twp. NJ 07834						WEST CONTROL			9	200				
County (6)				Count	y Code (7) (	STATE US	E ONLY)	Current Use (Pr	ior if being	emolishe	ed)				
Morris							G:								
Name of Monitoring Fire	m Hired by Building C	wner (	8)	ASCM	No.	Name of	Abateme	nt Contractor (9)	)						
1						Gr Tech	LLC								
Street Address				Street A	ddress										
						576 Val	ley Rd #2	283							
City, State, Zip Code							te, Zip Co								
						Wayne,	NJ 0747	0							
Project Manager for Mo	nitoring Firm		Tele	phone I	No.	Telephor			License	Vo.					
						973-638	-1777		01127						
Start Date (10)	Control of the Contro			tion Da		Name of	OSHA M	onitor							
01 / 29	/16	)1	31	_ / _	16	Envirov	ision Cor	nsultants,Inc							
Occupancy Status Duris	ng Abatement (Check	conly c	ne)			Street A		isaitants,inc							
☐ Facility Closed/Vaca						20-21 W	Jagaraw 1	Road, Bldg .#	35F						
Abatement Performe	ed Outside of Normal	Facility	Hour	s - Des	cribe		te, Zip Co		332						
Time of Abatement:	AMPI	W	PW_		AM										
Scope of Work (Check a	all that apply)							and decontamin		th r egative pressure					
>3 sf or >3 lf		Про	novati	Full Containment with Negative Pre											
≥ 160 sf or ≥260 lf			molitic			Н	Glovebag	Procedure	Tent with N	N :gative Pressure					
							Non-Exer	mpted (*) and No	on-Friable P	ocedure		1			
	COLUMN TO THE PARTY OF THE PART		Locat Vorma			09200	587/A25 V				Ab	atem	ent T	уре	
Location Asbestos-Containing			d Sole		Ashe		scription of	f erial (ACM)	Amoi	at	R	R	E	En	
TO BE A	BATED	7,000	intena				systems in		(Spec		Removal	Repair	cap	Enclosure	
IN Fac (13)	1 17	Cus	todial ( (12)	olali?			ing, VAT, iscellaned		SIF or	<b>.</b> F)	val	3	Encapsulate	ure	
(10)		Yes	No	N/A	1	Other II	liscellariec	ous)					te		
TT 1			INU	X	l										
House and garage			닏		Transite	siding			1,200 SF		$\boxtimes$		Ш	Ш	
						_%						П			
		$\Box$	П	In					-	-					
Name of Registered Wa	aste Hauler	1	NJI	DEP Waste	 Hauler ID No.	Cuhic Yar	ds of Waste	Name of Regi	stered Land	II	ш				
Gr Tech LLC				003378											
City, State					2	TBD		T.R.R.F. Inc				-			
1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -															
Wayne, NJ 07470			TBE		Tullytown, P	A	1-								
Completed By (Print or Type)  N.Jevtic  Owner						Sig	nature	whe Wena	0	Date					
N.Jevtic ASB-41				//e	wic Wena	of	01/2	0//2	016						
NOD-41							V								

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

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CI	In.
	EI

Date of Notification (1) 01/18/16	1	Name of CASA	Building ONDRAS	Owner/C	perator VS		2016	A	25	la.	M 9: 52								
Agencies Notified	Type Notification		1	Street Ad	ddress				SBE	7:	10	47 5	3	?					
EPA DEP DOL	Initial Amended Amendment		_  -		te, Zip Co VAY,NJ,0				\$8ES	h	ENSI	NTI	POL						
DOH DCA	iustification) Cancellation				Contact NDRA S	TOW	NS		Tele	ph i	ne Number								
				FACIL	LITY INFO	RMATI	ON												
Name of Facility Where A		g Place (3)	A	Type of Facility (4)															
Street Address	3	-						School (K- Subchapte Other (i.e.	r 8 (Othe			K-12) nercial buildings, homes,							
City (5)								etc.) Square Feet	# of			Bldg. Age							
RAHWAY								2700	3				940	90					
County (6) UNION					Code (7) JSE ONLY)			Current Use (PI RESIDENC		g	emolished)								
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM No. Name of Abatement Contractor (9 ASBESTOS ROBOTICS of							of INDIAN ARROW								
Street Address		<u>.</u>			- F. 100 T. C. C.	Address MILL ST.													
City, State, Zip Code				700			y, State, Zip Code ATERSON,NJ,07501												
Project Manager for Mon	itoring Firm	1	Telephor	ne No.			none No. -653-9652			ense No 57			-						
Start Date (10) 02-01-16		Schedule 02-11-1		pletion [	Date (11)			of OSHA Monito RAN IGEV	r 1	-									
Occupancy Status During	g Abatement (Ched	k Only One	e)					Address_											
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norn						City, S	MILL ST.	7504										
Scope of Work (Check A							PAI	ERSON,NJ,0	/501						_				
≥3 sf or ≥3 lf	п тпас Арріу)	<b>₽</b> Re	enovat	vation Full Containment with N							l∈ jative Pressure								
≥160 sf or ≥260 lf		Section 1995	emoliti	tion   Mini-Enclosure  Glovebag Procedure							\$20 Co. (20 A read, in Access ) The 40 hash had deleted that								
		1-	41	Non-Exempted (*) and							n-Friable	Friable Procedure Abatement							
Location	ı of	N	Location	у	Description of								Ту	ре					
Asbestos-Containing TO BE AB		Mai	l Solel ntenar	ice/				Material (ACM) s insulation,	55,000	no i	1000	æ	_	Enc	щ				
In Facil (13)		Custo	odial S (12)	Staff?	(	surfa	cing, VA	AT, or		or .		Remova	Repair	Encapsulate	Enclosure				
()		Yes	No	N/A								a		late	ıге				
BASEM	ENT	Y					TSI		4	OL F	=	У							
Name of Registered Was	I NI	JDEP W	laste	Cubic	Yards	Name	f Registe	rer I	andfill										
INDIAN ARROW	Н	auler ID 6031		of Wa	ste	G.R.C		oc I	Landilli										
City, State PATERSON,NJ						Dispo TBD	sal Date		ite RISVILL	LLE PA									
Completed by GORAN IGEV Title SECRETARY						5	Signatur	4/1			Dat 01	e -18-	16						

CK 2698

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

11 2098		NO						OS ABATI and 5:16		MENT		RE(	DE.	/1/					
Date of Notification (1)	20 /	16		١				r/Operator (2 w Jersey	2)		201	JAN 2	5 1	* /	: ()				
Agencies Notified  ⊠ EPA  ⊠ DOLWD  ⊠ DOH	Type Notificatio  ☑ Initial ☐ Amended Amendment	t#			City, Sta	ddress Penning ate, Zip Co	de	Road			A 5 61	STOS LICEA	CON	VIR	: <b>5</b> 2	3			
DCA (NJAC 5:23-8)	☐ Emergency justification) ☐ Cancellation	)	ng	1	Name o	f Contact nda Rado					Telephor	Numbe	r						
				2	FACI	LITY INF													
Name of Facility Where A TCNJ Packer Hall Street Address 2000 Pennington R		king Pla	ce (	3)						ype of Facility (4)  School (K-12)  Subchapter 8 (  Other (i.e., priv homes, etc.)	Other th	ommerci							
City (5) Ewing									-	quare Feet 20,000	# of Flo	ors	1000	g. Ag <b>00</b>	е				
County (6)					County	y Code (7)(	STATE	USE ONLY)	С	urrent Use (Prior	r if being	demolish	ed)						
Mercer										School						_			
Name of Monitoring Firm		er (8	(i)   A	SCM N	lo.				Contractor (9) mental, LLC										
USA Environmenta				et Address	JIII	illeritai, LLO		-				-							
Street Address 344 West State Str				000000	3 Cutler A	vei	nue												
City, State, Zip Code	eet				- 3577	State, Zip C	9750												
Trenton, NJ 08618								aple Shade											
Project Manager for Mor				Telep	ohone N	10.	Tele	phone No.	200		Licens	No.							
Bill Weisgarber	5 <del>5</del> 57			60	9-656-	8101	85	6-755-0099	Э		008	2							
Start Date (10)	100.00	heduled				1000		e of OSHA N											
01 /29 /	16_	02	- /	01	_ / _	16	Εľ	ISL Analyt	tica	al, Inc.									
Occupancy Status Durin								et Address											
<ul> <li>☐ Facility Closed/Vacat</li> <li>☐ Abatement Performe</li> </ul>						rihe		0 Route 13	_							_			
Time of Abatement:	AM	_PM/_	Jilly	_PM-		AM	80 m (80 m)	State, Zip C nnaminso											
Scope of Work (Check a  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	all that apply)			novatio				☐ Mini-End	clos										
			Is	Locati	ion								Aba	ateme	ent T	уре			
Locatio Asbestos-Containing TO BE AB IN Fac (13)	g Material (ACM) BATED ility	(	Use Mai Cust	lormal d Sole intena odial ( (12)	ely by nce/ Staff?		, ther	Description Containing M mal systems urfacing, VAT er miscelland	ate in: T, c	sulation, or	(Sp	unt cify LF)	Removal	Repair	Encapsulate	Enclosure			
and Floor Wolness C	Cantar's Storag		es	No 🖂	N/A	Pine Inc	sulat	ion (Wrap	& (	Cut)	30	LF							
2 <sup>nd</sup> Floor Welness C	enter's Storaç	ge   L				1 ipe iii	Julac	ion (map	_	-									
									-	$\frac{1}{\Box}$									
Name of Registered Wa	acta Hauler				JDEP V	Naste.	Cub	ic Yards of		Name of Regist	tered La	dfill	1	_	_				
Freehold Cartage				115.00	lauler II 02265	O No.	Was			GROWS No									
City, State								osal Date		City, State									
Freehold, NJ					2		0:	2/01/2016		Morrisville,	, PA								
Completed By (Print or	Type)	Title			7 40			Signature				Da							
Christina Lynch		Ope	erati	ions	Manag	jer		uns	2	Wer	) 1/20/16								

ASB-41 JAN 13

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

Date of Notification (1) Name of Building Owner/Operator (2) 20/16 TOM WELSH - BUILDER Agencies Notified Type Notification Street Address M BA

M DOL 661 City, State, Zip Code Amendment # N.J. 080 HAPPONFIELD Emergency (including DOH DCA iustification) Name of Contact Cancellation SAME FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RESIDENCE School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e., private & conmercial buildings, Street Address homes, etc.) Square Feet # of Flox s City (5) Bldg. Age 1000 40+ County Code (7) (STATE Current Use (Prior If being ( amolished) County (6) USE ONLY) VACANT Name of Abatement Contractor (9) Firm Hired by Building Owner ASCM No. KLEMCO INC Street Address Street Address City, State, Zip Code City, State, Zip Code SHADE, N.J. 08052 MOPLE Telephone No. Project Manager for Monitoring Firm Telephone No. 856-779-0472 Name of OSHA Monitor Scheduled Completion Date (11) JOSEPH KLEMM Street Address Occupancy Status During Abatement (Check only one) Abatement Performed Outside of Normal Facility Hours City, State, Zip Code ,08052 Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pres ure \_\_ ≥3 s1 or ≥3 l1 ≥ 160 s1 or ≥260 l1 Mini-Enclosure Renovation Glovebag Procedure Demolition Non-Exempted (\*) and Non-Friable F ocedure Abatement Is Location Type Normally Used Solely by Description of Location of Maintenance/ Asbestos Containing Material (ACM) Amour I Asbestos-Containing Material (ACM) (i.e., thermal systems insulation. Custodial (Speci y TO BE ABATED surfacing, VAT, or SF or L ) Staff? IN Facility (12)other miscellaneous) (13)No N/A Yes TRANSITE SIDING Name of Registered Lan fill Cubic Yards NUDEP Waste Name of Registered Waste Hauler Hauler 10 No. of Waste\_ , M. C. M. U. A. Disposal Date BINE N.J. Signature Completed By SOE AS8-41