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

Date of Notification	(1)	(FULSC				g Owner/Operator								
1/19/2017						Montclair e		al corp	E	C	3	1///		
Agencies Notified T	Ype Notific	ation	Str	eet Addr	ess				4	(J) [L	=	W [		
[ ]EPA	[X]Initial		1	Wood.	lan	d Ave.		115						
[ ]DEP	Notific	cation	Cit	y, State	Zir	o Code			J	AN :	6	2017		
[X]DOL	[ ]Amended		2000			,NJ,07042		17 -			_ 0	2011		
[X] DOH	Notific	cation		e of Con	3	, , , , , , , , , , , , , , , , , , , ,	lm 1				-	WHILE PROPERTY.		
	[ ]EMERGENO	CY	1	eirdr		211017	rere	ohone Number		STOS LICE				
[ ]DCA	[ ]Cancella	ation	-		_ 11	arroy				-iVL	NOIN	10		
						INFORMATION								
Name of Facility Wher							Type of Fa	cility (4)						
Homes of Monto	lair ecu	umenio	cal	corp	•		[]Scho	ol (K-12)						
							100000000000000000000000000000000000000	hapter 8 (Oth				,		
Street Address							( )	r (i.e., priv gs, homes, et		comme	ercla	ĐΙ		
9 Washington	Street										_			
City (5)		County	(6)		Co	ounty Code (7)	Square Feet # of Floors Bldg. Ag							
		Essex			1000	TATE USE ONLY)		e (Prior if b	eina d	100000	shed	11		
Montclair														
Name of Monitoring Fi	rm hired by	Buildin	g A	SCM No.		Name of Abater	tement Contractor (9)							
Owner (8) N/A						AZTECH M	IANAGEME	NT, Inc.						
Street Address						Street Address	s							
						86 Chris	topher :	St.						
City, State, Zip Code						City, State, 2	Zip Code							
						Montclai	ir, NJ 07042							
Project Manager for Mo	nitoring Fi	rm Tel	Leph	one Numb	er	Telephone Numb	per		Licens	e Nun	ber			
		N	A			(973) 744	-8800		003	71				
Scheduled Start Date	(10) Sche	d. Compl	leti	on Date	(11)	Name of OSHA N	Monitor		-					
1-28-17		1-30	)-1	7		N/A	N/A							
Month Day Yea Occupancy Status Durin		nth I	only	Year										
[X]Facility Closed	d/Vacated Du	ring En	tire	Period		Street Address	5							
of Abatement [ ]Abatement Perfo	ormed Outsid	e of No	rma 1	Facilit										
Hours - Descril	oe: «OffHours	Descri	pt»		·Y	City, State, Zip Code								
[ ]other - Describ			Des	cript»										
Scope of Work (Check a	ll that app	ly)				[ ]=-11 6								
[X] >3 sf or >3	lf	[3	K]Re	novation			Containment Enclosure	with Negative	Pres	sure				
[ ] <u>≥</u> 160 sf or	≥260 lf	]	]De	molition		(D ((Z)))	-bag Procedu							
			Is			[ ]NON-FI	ciable Proce	edure	Al	ateme	ent 7	Pyme		
Location o			ocat orma			Description					E	E		
Asbestos-Conta Material (AC			Use Sole			Asbestos-Cont Material (A	_	Amount (Specify	F	K	C	C		
TO BE ABATE		By Ma		enance/	yaesa a	(i.e., thermal	systems	SF or	C	1 2	A P	D O		
In Facilit (13)	У	Sta	aff	(12)	ir	sulation, surfa or other miscel		LF)	V A	I	S	S		
		Yes	No	N/A		or outer misser			I	1	L	R E		
Basement				X	Pi	pe insulati	Lon	22LF	X					
Name of Registered Was		-		Waste	1000	bic Yards	THE CONTRACT OF THE PARTY	gistered Land						
AZTECH MANAGEM	ENT, IN		704	O No.	of	Waste 1.0	Minery	a Enterp	rise	IN	C			
City, State					Di	Disposal Date City, State								
Montclair, NJ 0		1-31-17				Waynesburg, Ohio 44688								
Completed By (Print or	le				Signature		<u> </u>	+						
Constantine Viv		eside	nt			Jugila cure	/	1/	Date	≥ 9/201°	7			
							115 CM/4	d Hillse						
						A. Commercial Commerci		# /						

Date of Notifical Agencies Notifi  EPA DEP DOL	tion (1)	Name City, S	to NJ	ding Ov	ersey TOS ABATEM 10 and 12:120  vner/Operator	(2)	SOA	212	JAN 2  ASBESTOS LICEI ne Number	6 20 CONNSING	TRO		
	instification)	Eric	Plac	kis	TION								
DOH DCA	Cancellation		ACILIT	Y INFO	ORMATION		of Facility (4)						
	ility Where Abatement is Taking Place (	3)	1				etc.)	Other thate & co	- Bio	dg. Age	mes,		
Street Addre	ess						re rect	# 01 1 1	2	65			
	0 12	-				11	ent Use (Prior i	f being					
City (5)	Tall RIVE			ode (7)	1	Curre	ent Use (Prior I	n Dema				-	
	JOU 11)	Co (S1	unty C	ode (7)	Y)	-	HOM	actor (9	9)				
County (6)	innidallsex_		ASCN		1 3.1	lame of Ab	atement Contrustries Inc.	401	i.			-	
	Monitoring Firm Hired by Building Owner	(8)	ASON										
Name of N	Nourround					Street Addr P.O. Box	y 915					-	
Street Ad	dress						7in Code	or Serokes					
Street No				7-7-2-63		Brick, N	ew Jersey	)8723	License No.				
City, Sta	te, Zip Code					Telephone	No.		01196				
			Teleph	one No	).	(732)89	39-7499		0110				
Project I	Manager for Monitoring Firm			- Data	(11)	Name of 0	OSHA Monitor						1
	Sch	neduled Con	npletio	n Date	(,,,								
Start Da	ate (10)	2121	1	1		Street Ad	dress						+
	ancy Status During Abatement (Check O	nly One)				Cto	te, Zip Code						
Occup	ancy Status During Abatement (estimated activity Closed/Vacated During Entire Perfacility Cosed Performed Outside of Normal	od of Abatel	rs			City, Sta	ILC,						7
		1 admity											
	Other - Describe:					П	Full Contain	ment w	rith Negative Pre	essure			
Scope	e of Work (Check All That Apply)	TV Reno	vation				Alini Enclos	uic			dure		
-	>2 of or >3 If	Demo	olition			-	Non-Exemp	oted (*)	re and Non-Friable	A	baten	nent	
	≥160 sf or ≥260 lf										Тур	e	-
	Location of Asbestos-Containing Material (ACM)	Nor	enance	by e/	Asbestos C (i.e. therr	Description ontaining Nat system urfacing, Vier miscella	viaterial (AOM) ns insulation, AT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	TO BE ABATED In Facility	(	(12)		oth	er miscelle	41.00			1			
	(13)	Yes	No	N/A				-	LDSF	8		_	-
1		163			11900	tile		-	Thores	X			
					0,00	10511	lahon		10007				
					1								
					-				- intered Land	Ifill			
					Meato	Cubic Yard			Registered Land	A BOAT LO			
	Winds Hauler		N	JDEP Hauler I	VVasio	of Waste	H G	ROW	S Inc.				
	Name of Registered Waste Hauler		2	1602	1	Disposal	Date C	ity, Stat	е				
	Brick Industries Inc.					2 U	17 F	A		Date		11.	1
-	City State						ature C	1111)		1	120	1/	1
	Brick, New Jersey	Title				2.5	CI	10					(93)
	Completed by	Pre	sider	ìt				form f	or asbestos lice	nsure e	xemp	ted a	ctiviti

Eric Plackis

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

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

			Nam	ne of Buildi	ng Owner/Operator	(2)			7		
	17			NA Demo		<b>(-</b> )		211	38	1	
Agencies Notified Type Not	ification		Stre	et Address			IN F	101	FT	TV	7 1
□ Initial			21	56 Camp	lain Road			(U)	<u> </u>	/A/	
☑ DOLWD ☐ Amend				State, Zip			11011		- 2-2		
	dment #	_	1		gh, NJ 08844			JAN	2.6	201	1 7
(NJAC 5:23-8)   Emerg	gency (includ	ing		e of Conta					2 0	201	1
☐ Cance			170000000000000000000000000000000000000	ntonio Di			Telephone Nu	mber			
					NFORMATION			1105	. CO	NTR	3OI
Name of Facility Where Abatement i	is Taking Pla	ce (3)	1,7	CILITT	NFORMATION	Type of Facility	(4)	LICE	:NSII	VG_	
Residence	5	(-)				School (K-12	• /				
Street Address						Subchapter 8	) 3 (Other than K-	12)			
DESTRUCTION OF A POSSOCIONES						Other (i.e., p	ivate and comm	ercial	buildir	ngs,	
City (5)						homes, etc.)					
Trenton						Square Feet	# of Floors	1	Bldg. /	Age	
County (6)						2000 sf	2		65		
Mercer			Cou	inty Code (	7)(STATE USE ONLY)		or if being demo	lished)	)		
	7.11. 0					Residence					
Name of Monitoring Firm Hired by Bu	uilding Owne	r (8)	ASCN	1 No.	Name of Abateme						
Guardian Contracting, Inc.					Guardian Cor	ntracting, Inc.					
Street Address					Street Address						
1889 Rte. 9, Unit 61					1889 Route 9	, Unit 61					
City, State, Zip Code					City, State, Zip Co	ode					
Toms River, New Jersey 0875	55				Toms River, I	New Jersey 087	755				
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				11
Nicholas Fernicola		7	32-349	9-9932	732-349-9932		00624				
Start Date (10)	Scheduled	Comple	etion Da	ate (11)	Name of OSHA M	onitor					1000
01 /24 /17	_01_	/ _2	6_ /	17	E.M.S.L. Anal	ytical					
Occupancy Status During Abatement					Street Address						-
Facility Closed/Vacated During En	tire Period o	f Abate	ment		1056 Stelton						
Abatement Performed Outside of I	Normal Facil	ity Hou	rs - Des	scribe	City, State, Zip Co	de					
Time of Abatement:AM	PM/	PM		_AM		lew Jersey 088	54				
Scope of Work (Check all that apply)							· .			112000	
· · · · · · · · · · · · · · · · · · ·											
	Ma	uma san disera	**************************************		☐ Full Conta	ainment with Nega	ative Pressure				
≥3 sf or ≥3 if		enovat					ative Pressure				
≥3 sf or ≥3 If		enovat emoliti				osure Procedure		ıre			
		emolitions s Loca	on			osure			hatem	ent T	vne
≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of		emolitions s Loca Norma	tion tlly		☐ Mini-Enclosed Glovebag ☐ Non-Exen	osure Procedure npted (*) and Non		Al	batem	_	Ť
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (AC	M) Us	s Loca Norma ed Sole	tion Illy ely by	Asbe	☐ Mini-Encle ☐ Glovebag ☐ Non-Exen  Description of stos Containing Mate	osure Procedure npted (*) and Non erial (ACM)	-Friable Procedi	Al	-	_	Ť
≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of	M) Us	s Loca Norma ed Sola aintena stodial	tion illy ely by	Asbe:	☐ Mini-Encles Glovebag ☐ Non-Exen  Description of stos Containing Mate, thermal systems in	osure Procedure npted (*) and Non erial (ACM) nsulation,	-Friable Procedi	Al	batem Repair	_	Ť
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (AC TO BE ABATED	M) Us	s Loca Norma ed Sola aintena stodial (12)	tion illy ely by ince/ Staff?	Asbe:	☐ Mini-Encle ☐ Glovebag ☐ Non-Exen  Description of stos Containing Mate	osure Procedure npted (*) and Non erial (ACM) sulation, or	-Friable Procedi		-	_	Гуре
≥3 sf or ≥3 lf	M) Us	s Loca Norma ed Sole aintena stodial (12)	tion illy ely by	(i.e	Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo	osure Procedure Inpted (*) and Non Instruction Instruc	-Friable Procedi	Al	-	ent Encapsulate	Ť
≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of Asbestos-Containing Material (AC  TO BE ABATED IN Facility (13)  basement	M) Us	s Loca Norma ed Sola aintena stodial (12)	tion illy ely by ince/ Staff?	(i.e	☐ Mini-Encle ☐ Glovebag ☐ Non-Exen  Description of stos Containing Mate, thermal systems in surfacing, VAT,	osure Procedure Inpted (*) and Non Instruction Instruc	-Friable Procedi	Al	-	_	Ť
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (AC <u>TO BE ABATED</u> IN Facility	M) Us	s Loca Norma ed Sole aintena stodial (12)	tion ally ely by ance/ Staff?	(i.e	Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo	osure Procedure Inpled (*) and Non Perial (ACM) Insulation, Insulation, Insulation	-Friable Procedo Amount (Specify SF or LF)	Removal	-	_	Ť
≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of Asbestos-Containing Material (AC  TO BE ABATED IN Facility (13)  basement	M) Us	s Loca Norma ed Sole aintena stodial (12) No	tion illy ely by ince/ Staff?	(i.e	Description of stos Containing Mat., thermal systems ir surfacing, VAT, other miscellaneo	osure Procedure Inpled (*) and Non Perial (ACM) Insulation, Insulation, Insulation	-Friable Procedo Amount (Specify SF or LF)	Removal	-	_	Ť
≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of Asbestos-Containing Material (AC  TO BE ABATED IN Facility (13)  basement	M) Us	s Loca Norma ed Sole aintena stodial (12) No	tion Illy ely by Ince/ Staff?	(i.e	Description of stos Containing Mat., thermal systems ir surfacing, VAT, other miscellaneo	osure Procedure Inpled (*) and Non Perial (ACM) Insulation, Insulation, Insulation	-Friable Procedo Amount (Specify SF or LF)	Removal	-	_	Ť
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (AC  TO BE ABATED IN Facility (13)  basement	M) Us	s Loca Norma ed Sole aintena stodial (12) No	tion Illy ely by Ince/ Staff?	asbesto	Description of stos Containing Mat., thermal systems ir surfacing, VAT, other miscellaneo	osure Procedure Inpled (*) and Non Insulation, Insulation, Insulation	Amount (Specify SF or LF)	Removal	-	_	Ť
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (AC  TO BE ABATED IN Facility (13)  coasement  2 <sup>nd</sup> floor	M) Us	s Loca Norma ed Sole aintena stodial (12) No	tion Illy ely by Ince/ Staff?  N/A	asbesto asbesto	☐ Mini-Encle ☐ Glovebag ☐ Non-Exen  Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaneo  Description of stos Containing Mat.  Surfacing, VAT, other miscellaneo  Description of surfacing Nation  Cubic Yards of Waste	osure Procedure Inpted (*) and Non Perial (ACM) Insulation, Insulation Insula	Amount (Specify SF or LF)	Removal	-	_	Ť
≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of Asbestos-Containing Material (ACITO BE ABATED IN Facility (13)  Dasement  2nd floor  Name of Registered Waste Hauler Guardian Contracting, Inc.	M) Us	s Loca Norma ed Sole aintena stodial (12) No	tion Illy ely by Ince/ Staff?  N/A	asbesto asbesto	☐ Mini-Encle ☐ Glovebag ☐ Non-Exen  Description of stos Containing Mate., thermal systems in surfacing, VAT, other miscellaneo  Description of stos Containing Mate., thermal systems in surfacing, VAT, other miscellaneo  Description of Stos Containing Mate.  Cubic Yards of Waste 3	osure Procedure Inpled (*) and Non Perial (ACM) Insulation, Insulation Insula	Amount (Specify SF or LF)	Removal	-	_	Ť
≥3 sf or ≥3 lf	M) Us	s Loca Norma ed Sole aintena stodial (12) No	tion Illy ely by Ince/ Staff?  N/A	asbesto asbesto	Description of stos Containing Mation, thermal systems in surfacing, VAT, other miscellaneous pipe insulation os pipe insulation Cubic Yards of Waste 3 Disposal Date	Procedure Procedure Inpled (*) and Non Perial (ACM) Insulation, Insulation, Insulation I	Amount (Specify SF or LF)  230 If 18 If	Removal	-	_	Ť
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (AC TO BE ABATED IN Facility (13)  Dasement  Pad floor  Jame of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey	M) Us M Cu Yes	s Loca Norma ed Sole aintena stodial (12) No	tion Illy ely by Ince/ Staff?  N/A	asbesto asbesto	Description of Stos Containing Mate., thermal systems in surfacing, VAT, other miscellaneous pipe insulation os pipe insulation.  Cubic Yards of Waste 3  Disposal Date 01/27/17	Procedure Procedure Inpled (*) and Non Perial (ACM) Insulation, Insulation, Insulation I	Amount (Specify SF or LF)  230 If  18 If	Removal	-	_	Ť
Location of Asbestos-Containing Material (ACITO BE ABATED IN Facility (13)  basement  2 <sup>nd</sup> floor  Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State	M) Us	s Loca Norma ed Sole aintena stodial (12) No	tion Illy ely by Ince/ Staff?  N/A  D  JDEP V auler IE 20223	asbesto asbesto	Description of stos Containing Mation, thermal systems in surfacing, VAT, other miscellaneous pipe insulation os pipe insulation Cubic Yards of Waste 3 Disposal Date	Procedure Procedure Inpled (*) and Non Perial (ACM) Insulation, Insulation, Insulation I	Amount (Specify SF or LF)  230 If  18 If	Removal	-	_	Ť

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Name of Building Owner / Operator (2) 1/4/17 VERIZON COMMUNICATIONS Agencies Notified Type Notification JAN 26 2017 Street Address  $\boxtimes$ EPA 408 Tennent Road DEP Initial City, State & Zip Code □ DOL Amended #1-1/20/17 ASBESTOS CONTROL & Morganville, NJ 07751 DOH Emergency LICENSING Name of Contact DCA Cancellation ALEX BAYLOR Telephone Number FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) ROBERTSVILLE CENTRAL OFFICE Type of Facility (4) Street Address School (K-12) Subchapter 8 (Other than K-12) 408 Tennent Road Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors County (6) Bldg. Age County Code (7) Morganville 8762 MONMOUTH Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) COMMUNICATIONS USA ENVIRONMENTAL MANAGEMENT, INC. ASCM No. Name of Abatement Contractor (9) Street Address BRISTOL ENVIRONMENTAL INC 8436 ENTERPRISE AVE Street Address City, State & Zip Code 1123 BEAVER STREET PHILADELPHIA PA 19153 City, State & Zip Code Project Manager for Monitoring Firm BRISTOL, PA 19007 Telephone Number MARK JENKINS Telephone Number License Number 215-365-5810 Scheduled Start Date (10) 215-788-6040 Scheduled Completion Date (11) 00509 January 18, 2017 Name of OSHA Monitor ON HOLD 1/21/17 Occupancy Status During Abatement (Check only one) BRISTOL ENVIRONMENTAL INC Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Hours - 7am to 3pm 1123 BEAVER STREET Describe: (5:00 PM - 1:30 AM) City, State & Zip Code Facility Occupied During Abatement BRISTOL, PA 19007 Scope of Work (Check all that apply) ≥3 sf or ≥3 If Full Containment with Negative Pressure Renovation X ≥160 sf ≥260 If Mini-Enclosure Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Asbestos-Containing Description of Amount Normally Used Abatement Type Asbestos-Containing Material (ACM) Solely by (Specify Material (ACM) TO BE ABATED Maintenance or SF or LF) (i.e., thermal systems in Facility Encapsulate Custodial Staff? Remova Repair insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A 1st Floor Engine Room 1st Floor Engine Room VAT/MASTIC 350 SF 1<sup>ST</sup> Floor Mechanical Room **FITTINGS** 10 SF 1<sup>ST</sup> Floor Mechanical Room VAT/MASTIC 35 SF 1st Floor AHU Room **FITTINGS** 14 SF VAT/MASTIC 9 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. Hauler ID No. of Waste 20990 City, State 10 MINERVA LANDFILL **NEW CASTLE, DE 19720** Disposal Date City, State TBD Completed By (Print or Type) WAYNESBURG, OH 44688 Title 'ATRICK T. DeCARO Signature Patrick D. De Caro/y Estimator 1/4/17 D16164

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

	(Purs	uan	t to	N.J.A.	<u>C.</u> 8:60 a	nd 12:	120)	100	# 2143	
Date of Notification (1)		Nai	ne of	Building	Owner / Ope	rator (2)			ECEL	<b>W</b>
Agencies Notified Type Notification		VE	RIZO	N COM	MUNICATIO	ONS				
Agencies Notified Type Notification				dress					IAN O O	
☐ DEP ☐ Initial				nent Ro					JAN 26 2	2017
☑ DOL/321 ☐ Amended				ville, N.						
□ DOH /3/4 □ Emergency				Contact	07731			AS	BESTOS COM	712/3
☐ DCA ☐ Cancellation				AYLOR					Helephone Nu	mber
		F	ACII	ITY INE	ORMATION			The second secon	1	
Name of Facility Where Abatement is Takin	g Place	(3)	TOIL	III IIVI	Type of Fa					
ROBERTSVILLE CENTRAL OFFICE		,				ol (K-12)				
Street Address						n //270	Other that	n K-12)		
408 Tennent Road					Other	(i.e. priva	ate & com	mercial buil	dings, homes, etc	: )
					Square Fe	et	# of Floo		Bldg. Age	,
City (5) County (6)		ounty	Code	e (7)	876	62		2	] 5 5-	
Monmou Monmou	JTH ]				Current Us	se (Prior i	f being de	molished)		
					COMMU					
Name of Monitoring Firm Hired by Building C	wner (8	)	AS	SCM No.	Name of A	batement	t Contracto	or (9)		
USA ENVIRONMENTAL MANAGEMEN Street Address	IT, INC	). <u> </u>			BRISTOL		ONMENT	AL INC		
8436 ENTERPRISE AVE					Street Add					
City, State & Zip Code					1123 BEA					
PHILADELPHIA PA 19153					City, State BRISTOL					
Project Manager for Monitoring Firm	Teles	phone	Nun	nber	Telephone		107	Liconco	Number	
MARK JENKINS			5810		215-788-6			License	00509	
Scheduled Start Date (10) Scheduled C				1)	Name of O	SHA Mon	itor			
January 18, 2017 Ja	nuary	27, 2	017		BRISTOL		NMENT	AL INC		
Occupancy Status During Abatement (Check	only on	e)		20	Street Addr					
Facility Closed/Vacated During Entire  Abatement Performed Outside of Nor	Perioa	OT AD	ateme	ent	1123 BEA					
Describe: (5:00 PM - 1:30 AM)	mai Hoi	urs –	/am 1	to 3pm	City, State 8					
Facility Occupied During Abatement					BRISTOL,	PA 190	07			
Scope of Work (Check all that apply)										
						⊠ F	Full Contai	nment with	Negative Pressur	re
≥3 sf or ≥3 lf	$\boxtimes$	Ren	ovatio	on			/lini-Enclos		regative i ressur	C
≥160 sf ≥260 If		Den	nolitio	n				Procedures		
									n-Friable Procedu	ure
Location of Asbestos-Containing		ocati			Description	on of		Amount	Abatement 7	
Material (ACM)	Norm	ially to lely t			Asbestos-Co Material (A			(Specify		T
TO BE ABATED	Maint			(	i.e., thermal			SF or LF)	Z F	l m
in Facility	Custo		taff?	ins	ulation, surfa	cing, VA			Repair	clso
(13)		(12)	A1/A	OI	other miscel	laneous)			Encapsulate Repair Removal	Enclsoure
st Floor Engine Boom		No	N/A							
st Floor Engine Room st Floor Engine Room		H	Н		VAT/MAS			350 SF		
ST Floor Mechanical Room		H	H		FITTING			10 SF		
ST Floor Mechanical Room		H	님		VAT/MAS			35 SF		
st Floor AHU Room		H	H		FITTING	11/2/2		14 SF		
SET 1001 AND ROUIT		H	님		VAT/MAS	TIC		9 SF		
ame of Registered Waste Hauler		NIC	EDW	lasta C.	ibic Yards	TAI				
and of registered vidate fladies		Hau	ler ID	No of	Waste	Name o	f Register	ed Landfill		
ERVICE TRANSPORT GROUP, INC.		209		10		MINER	VA LAND	)FII I		
ty, State		1/15/4/2010			sposal Date	City, Sta				
EW CASTLE, DE 19720				TE				, OH 4468	8	
empleted By (Print or Type)		Title		Sig	nature			2002	Date	-
ATRICK T. DeCARO		Esti	mato	or	0-1-0	El J. DeCaro Gl 1/4/17				
				/	arrick	1. L	cae	0/70		

jh:26004

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

Date of Notification (1)			Name	of Buildin	g Owner/Operator (	2)						
/	17		Ne	w Jersey	Department of	Transportation	Central G		] $V$	7 [		
Agencies Notified Type Notific	ation		Stree	t Address		V = 70	1131				111	
☑ EPA ☑ Initial			103	5 Parkwa	ay Ave.		IAAI IAAI	0 0	0.0		111	
☑ DOLWD ☐ Amended			City, S	State, Zip C	Code		H H JAN	26	20	1/	TL	
☑ DHSS   Amendm     ☐ DCA   ☐ Emergen		_	Tre	nton NJ.	08625							
(NJAC 5:23-8) justificati		ig	Name	of Contac	t		Telephone Strong	DE CO	NTI	ROI	2	
☐ Cancella	tion		Kei	th Lurty								
Name of Facility Where Abatement is	Fakina Dla	20 (2)	FA	CILITY IN	IFORMATION	T	(4)					
295 Ramp C&G/D&R Canal and				27		Type of Facility  School (K-1						
Street Address	Snipen	aukei	Creek				2) 8 (Other than K-12	2)				
Route 1 & I-295							orivate and comme		jilding	js,		
City (5)						Square Feet	# of Floors	f of Floors Bldg. Age				
Lawrence Township						1000	1					
County (6)			Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Prior if being demolished)						
Mercer						Vacant						
Name of Monitoring Firm Hired by Build	ding Owne	r (8)	ASCM	No.	Name of Abateme	ent Contractor (9	)					
ATC Group Services					USA Environ	mental Manag	gement, Inc.					
Street Address					Street Address							
3 Terri Lane					8436 Enterpr	ise Avenue						
City, State, Zip Code					City, State, Zip Co	ode						
Burlington NJ.08016					Philadelphia,	PA 19153						
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.					
Michael Keehn		6	09-479	-8513	215-365-5810	1	1156					
Start Date (10)	Scheduled	100		37 (5)	Name of OSHA N	lonitor				77		
	4		0_/	17_	USA Environ	onmental Management, Inc						
Occupancy Status During Abatement (					Street Address							
☐ Facility Closed/Vacated During Entir				.,	8436 Enterpr							
Abatement Performed Outside of No. Time of Abatement: 7:00 AM-5:30					City, State, Zip Co Philadelphia,							
Scope of Work (Check all that apply)												
□ >3 sf or >3 lf	⊠ F	Renova	ion		☐ Full Cont	tainment with Ne losure	gative Pressure					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		emoliti			☐ Glovebag	g Procedure						
					Non-Exe	mpted (*) and No	n-Friable Procedu	ıre				
l andian of		Is Loca Norma			D			Ab	atem	ent T	ype	
Location of Asbestos-Containing Material (ACM	170	sed Sol	ely by	Asbe	Description o stos Containing Ma		Amount	Re	Repair	Enc	Enc	
TO BE ABATED		lainten: stodial	7.1		., thermal systems	insulation,	(Specify	Remova	air	aps	Enclosure	
IN Facility (13)	00	(12)			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	лге	
	Yes	No	N/A	1		/				е		
North Side Abutment				Vapor/N	Noisture Barrier		50 SF					
South Side Abutment			$\boxtimes$	Vapor/N	Noisture Barrier		50 SF	$\boxtimes$				
Name of Registered Waste Hauler		5 0	NJDEP N		Cubic Yards of	Name of Regi	stered Landfill				32-84	
Waste Management		ŀ	lauler II	O No.	Waste 10	GROWS L						
City, State					Disposal Date	City, State						
Morrisville, PA					5/1/17	Morrisville						
Completed By (Print or Type)	Title				Signature	h 8.1	D	ate,	1,	7	1	
Kevin Meldrum	Projec	ct Man	ager		do	Mull	×	1/-	17	5-1	/	

Ch'.165

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

			(P	ursua	nt to NJ	AC 8:60 and 5:1	6)						
Date of Notification (1)  01 / 23	/ 17	7		0.000000		ng Owner/Operator ( Investors, LLC	2)		AN 26 2017				
Agencies Notified Type No	tification			Stree	t Address			ASDES	TOO CONTROL				
⊠ EPA				14	Balligon	ningo Road			TOS CONTROL &				
	ended			_	State, Zip			-	CIOLITOTIEC				
	ndment #			10000		ken, PA 19428							
EN DON	ergency (i		na		e of Contac			Telephone Nur	nher				
(NJAC 5:23-8) justifi	ication)	i i i i i i i i i i i i i i i i i i i	.9	300000000000000000000000000000000000000		DeSimone		relephone radi	nber				
- Can	cellation			FA	CILITY II	NFORMATION							
Name of Facility Where Abatement	t is Takin	g Place	e (3)				Type of Facility	(4)					
1403 Route 47 South							School (K12)						
Street Address							Subchapter 8 (Other than K12)						
1403 Route 47 South							Benned	private and comm					
City (5)							Square Feet		Bldg. Age				
Rio Grande							2,100	1 1	20+				
County (6)				Cou	nty Code /	7)(STATE USE ONLY)							
Cape May County				Cou	nty Code (	INSTATE USE ONET)	Current Use (Prior if being demolished)  Vacant commercial building						
Name of Monitoring Firm Hired by 8	Quilding (	Jupar	/Q\	ASCM	No	Name of Abateme			ng				
Environmental Consulting,		Jwner	(0)	ASCIVI	NO.	The state of the s	onmental Inc.						
Street Address	nic.					Street Address	onmental inc.						
2002 Renaissance Blvd, Sui	to 110					150 Glenwoo	d Delice						
City, State, Zip Code	ite 110												
						City, State, Zip Co		10077					
King of Prussia, PA 19406			1-1		A.1	-	Crossing, PA 1						
Project Manager for Monitoring Firm	n		1,100,000	ephone		Telephone No.		License No.					
Peter Photopoulos	Cabaa			10-279		267-240-8365		01225					
Start Date (10)	_0	2_/	8	etion Da	17	Name of OSHA M Same	onitor						
Occupancy Status During Abateme		377	(5)			Street Address							
Facility Closed/Vacated During	Entire Pe	eriod of	Abate	ement									
Abatement Performed Outside Time of Abatement:AM						City, State, Zip Co	de						
Scope of Work (Check all that apply	/)	WVar											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit			MiniEncl Gloveba	g Procedure						
					7	⊠ Non-Exe	mpted (*) and No	on-Friable Proced	ure				
# 0000 colony # 1000 colon # 1		1 323	Loca Vorma						Abatement Type				
Location of Asbestos-Containing Material (A	CM)			ely by	Ashe	Description of stos Containing Mat		Amount	Re D En En				
TO BE ABATED	,		intena	ince/ Staff?		., thermal systems in	nsulation,	(Specify	m Re c Cl				
IN Facility		Cusi	(12)	Stall?		surfacing, VAT,		SF or LF)	o ai P s				
(13)		Yes	No	N/A	1	other miscellaned	ous)		al r S ur				
Roof					Flashin	g at penetrations		65 SF					
Roof						g Sealant at roof		210 SF					
Roof		П	П	M									
Kooi	H		Flashin	g Sealant at para	ipet seams	630 SF							
Name of Registered Waste Hauler		IDED.	Monto	Cubio Verda of									
Service Transport Group	37		1000	NJDEP Waste Hauler ID No. SW2117  Cubic Yards of Waste TBD			Minerva Enterprises						
City, State				Disposal Date	City, State								
New Castle, DE				TBD	Waynesbur	g, OH							
Completed By (Print or Type)	Title			Signature			1//	// 10:	ate				
Elizabeth Gosek	Pr	reside	nt			/	illas		1-23-17				

ASB-41

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

Т	DE C	BEIVE
	HILL JA	N 2 6 2017
	and the same of th	
	ASBES	TOS CONTROL & ICENSING
	Telephone Nu	ımber
Facil	lity (4)	
ool (l		
chap	ter 8 (Other than K	
er (i.e	e., private and comm	and the second s
eef 0	# of Floors	Bldg. Age
	Prior if being demo	40+
	ommercial retail	
ctor		
al In	c.	
DA	18977	
, , ,	License No.	
	01225	
ith N	egative Pressure	
	ogavo i reasure	
е		
ind iv	ion-Friable Procedi	
		Abatement Type  En En
)	Amount (Specify	Re Re C CI
	SF or LF)	o p d o
		al r s ur
	14,698 SF	
	4 SF	
	6,770 SF	
	1,850 LF	
Regis	stered Landfill	
a Er	nterprises	
sbu	rg, OH	
0	Dat	e 22 /7
1	/-	-23-17

Date of Notification (1)					ing Owner/Operator	(2)	hand from 1	N 2 6 2017			
	17	2	1	Middletow	n Shopping Cent	terILP					
Agencies Notified Type Noti	fication		Str	eet Address			ASREST	TOS CONTROL			
					r Ave., Suite 200		70023	ICENSING			
☑ DOLWD ☐ Amen	dod			y, State, Zip		L		JOLIYONYG			
	lment#		0.1								
	-			Ardmore, F							
(NJAC 5:23-8) justifica		Jaing	The same	me of Conta VRDC	ct		Telephone Nu	ımber			
Cance	llation			A OIL ITY				4			
Name of Facility Where Abatement is	Talvina D	(0)	٢	ACILITY	NFORMATION						
Middletown Shopping Center	i aking Pi	ace (3)				Type of Facility (4	4)				
Street Address				Library All Property		School (K12)					
						Subchapter 8	Other than K	12)			
1151 New Jersey 35						Other (i.e., pr	ivate and comm	nercial buildings			
City (5)						Square Feetc.)	# of Floors	Bldg. Age			
Middletown						50,000	2				
County (6)	A		Co	untv Code (	7)(STATE USE ONLY)		1223	40+			
Monmouth				, , , , ,	· /(OTATE OGE ONET)	Current Use (Prio	r if being demo	lished)			
Name of Monitoring Firm Hired by Bu	Idina Own	er (8)	ASCI	M No.	Name of At	Vacant commercial retail space					
Environmental Consulting, In		- (0)	7301	VI INU.							
Street Address	·.					onmental Inc.					
2002 Renaissance Blvd, Suite	440				Street Address						
	170				150 Glenwoo						
City, State, Zip Code					City, State, Zip Co	ode					
King of Prussia, PA 19406					Washington (	Crossing, PA 18	977				
Project Manager for Monitoring Firm		Tel	lephone	e No.	Telephone No.	<u> </u>	License No.				
				0 7070							
Peter Photopoulos		6	10-27	9-/0/0	267-240-8365						
Start Date (10)	Scheduled				267-240-8365 Name of OSHA Mr	onitor	01225				
	Scheduled	Compl	etion D	ate (11)	Name of OSHA Mo	onitor	01225				
Start Date (10) 02 / 07 / 2017	03	Compl / [(	etion D		Name of OSHA Mo	onitor	01225				
Start Date (10) 02 / 07 / 2017 Decupancy Status During Abatement (	O3 Check only	Compl / ( ( y one)	etion D	ate (11) 2017	Name of OSHA Mo	onitor	01225				
Start Date (10)  O2 / O7 / 2017  Decupancy Status During Abatement ( Facility Closed/Vacated During En	©3 Check only	Compl / ( ( y one) of Abat	etion D	ate (11) 2017	Name of OSHA Mo	onitor	01225				
Start Date (10)  OCCUPANCY Status During Abatement ( Facility Closed/Vacated During En  Abatement Performed Outside of N	O3 Check only	Compl / ( ( y one) of Abat	etion D	ate (11) 2017	Name of OSHA Mo		01225				
Start Date (10)  Occupancy Status During Abatement (  Facility Closed/Vacated During En  Abatement Performed Outside of N  Time of Abatement:AM	O3 Check only	Compl / ( ( y one) of Abat	etion D	ate (11) 2017	Name of OSHA Mo Same Street Address		01225				
Start Date (10)  OCCUPANCY Status During Abatement ( Facility Closed/Vacated During En  Abatement Performed Outside of N	O3 Check only	Compl / ( ( y one) of Abat	etion D	ate (11) 2017	Name of OSHA Mo Same Street Address City, State, Zip Coo	de					
Start Date (10)  O2 / O7 / 2017  Decupancy Status During Abatement (  Facility Closed/Vacated During Entrangement Performed Outside of National Time of Abatement:AM	© 3 Check only tire Period lormal Fac _PM/	Compl / i ( y one) of Abat illity Hou PM	etion D / / rement urs - De	ate (11) 2017	Name of OSHA Mo Same Street Address City, State, Zip Coo	de					
Start Date (10)  O2 / O7 / 2017  Decupancy Status During Abatement (  Facility Closed/Vacated During Entrangement Performed Outside of National Time of Abatement:AM	© 3 Check only tire Period lormal Fac _PM/	Compl / i (' y one) of Abat illity Hot _PM Renova	etion D  / ement urs - De An	ate (11) 2017	Name of OSHA Mo Same Street Address City, State, Zip Coo	de ainment with Negal					
Start Date (10)  O2 / O7 / 2017  Decupancy Status During Abatement (  Facility Closed/Vacated During Entrangement Performed Outside of National Time of Abatement:AM	© 3 Check only tire Period lormal Fac _PM/	Compl / i ( y one) of Abat illity Hou PM	etion D  / ement urs - De An	ate (11) 2017	Name of OSHA Mo Same Street Address City, State, Zip Coo Full Conta	de ainment with Negal					
Start Date (10)  O2 / O7 / 2017  Decupancy Status During Abatement (  Facility Closed/Vacated During Entrangement Performed Outside of National Time of Abatement:AM	© 3 Check only tire Period lormal Fac _PM/	Compl / i (' y one) of Abat illity Hou PM Renova Demolit	etion D  /  /  /  /  /  /  /  /  /  /  /  /  /	ate (11) 2017	Name of OSHA Mo Same Street Address City, State, Zip Cod  Full Conta MiniEnclo	de ainment with Negat sure Procedure	ive Pressure	ure			
Start Date (10)  OCCUPANCY Status During Abatement ( Facility Closed/Vacated During En  Abatement Performed Outside of N  Time of Abatement:AM-  cope of Work (Check all that apply)  3 sf or >3 If  >160 sf or >260 If	© 3 Check only tire Period lormal Fac _PM/	Compl / i (Compl / i (	etion D  /  dement urs - De  AN	ate (11) 2017	Name of OSHA Mo Same Street Address City, State, Zip Cod  Full Conta MiniEnclo	de ainment with Negat ssure	ive Pressure				
Start Date (10)  O2 / O7 / 2017  Decupancy Status During Abatement ( Facility Closed/Vacated During Entrangement Performed Outside of National Time of Abatement:AM  cope of Work (Check all that apply)  >3 sf or >3 lf >160 sf or >260 lf	© 3 Check only tire Period lormal Fac _PM/	Compl / i () y one) of Abat illity Hou PM Renova Demolit Is Local Norma	etion D /  dement urs - De An  attion ion ition	ate (11) 2017 escribe	Name of OSHA Mo Same  Street Address  City, State, Zip Coo  Full Conta  MiniEnclo  Glovebag  Non-Exen	de ainment with Negat ssure Procedure npted (*) and Non-i	ive Pressure	Abatement Type			
Start Date (10)  O2 / O7 / 2017  Decupancy Status During Abatement (  Facility Closed/Vacated During Entrangement Performed Outside of National Time of Abatement:AM	Check only tire Period lormal Fac	Compl / i (Compl / i (	etion D  /  /  /  /  /  /  /  /  /  /  /  /  /	ate (11) 2017 escribe	Name of OSHA Mo Same  Street Address  City, State, Zip Cod  MiniEnclo Glovebag Non-Exen  Description of tos Containing Mate	de ainment with Negat sure Procedure npted (*) and Non-i	ive Pressure Friable Procedu Amount	Abatement Type			
Start Date (10)  O2 / O7 / 2017  Decupancy Status During Abatement (  Facility Closed/Vacated During End Abatement Performed Outside of N Time of Abatement:AM  cope of Work (Check all that apply)  23 sf or 23 lf 2160 sf or 2260 lf  Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility	Check only tire Period lormal Face PM/	y one) of Abat ility Hot PM Renova Demolit Is Local Norma ied Sole aintena stodial S	etion D  /  /  /  /  /  /  /  /  /  /  /  /  /	ate (11) 2017 escribe	Name of OSHA Mo Same  Street Address  City, State, Zip Cod  MiniEnclo Glovebag Non-Exen  Description of tos Containing Mate thermal systems ins	de ainment with Negat sure Procedure npted (*) and Non-i	ive Pressure Friable Procedu Amount (Specify	Abatement Type  Re Re C C C C C C C C C C C C C C C C C			
Start Date (10)  O2 / O7 / 2017  Decupancy Status During Abatement (  Facility Closed/Vacated During End Abatement Performed Outside of N Time of Abatement:AM  cope of Work (Check all that apply)  >3 sf or >3 lf  >160 sf or >260 lf  Location of Asbestos-Containing Material (ACM TO BE ABATED	Check only tire Period lormal Face PM/	Compl / i (Compl / i (	etion D  /  ement urs - De An  ation ition ition ition itiy ely by ince/ Staff?	ate (11) 2017 escribe	Name of OSHA Mo Same  Street Address  City, State, Zip Cod  MiniEnclo Glovebag Non-Exen  Description of tos Containing Mate	de ainment with Negatosure Procedure Inpled (*) and Non-Invital (ACM) Sulation,	ive Pressure Friable Procedu Amount	Re Re C C C P A C C C C C C C C C C C C C C C			
Start Date (10)  O2 / O7 / 2017  Decupancy Status During Abatement ( Facility Closed/Vacated During End Abatement Performed Outside of N Time of Abatement:AM  cope of Work (Check all that apply)  >3 sf or >3 lf >160 sf or >260 lf  Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	Check only tire Period lormal Face PM/	Compl / i (Compl / i (	etion D  /  /  /  /  /  /  /  /  /  /  /  /  /	ate (11) 2017 escribe	Name of OSHA Mo Same  Street Address  City, State, Zip Cod  MiniEnclo Glovebag Non-Exen  Description of tos Containing Mate thermal systems ins surfacing, VAT, o	de ainment with Negatosure Procedure Inpled (*) and Non-Invital (ACM) Sulation,	ive Pressure Friable Procedu Amount (Specify	Re Re C C C O ai P S al r S U			
Start Date (10)  O2 / O7 / 2017  Decupancy Status During Abatement (  Facility Closed/Vacated During End Abatement Performed Outside of National Time of Abatement:AM	Check only tire Period lormal Face PM/	Compl / i (Compl / i (	etion D  /  ement urs - De An  ation ition ition ition itiy ely by ince/ Staff?	ate (11) 2017 escribe M Asbesi (i.e.,	Name of OSHA Mo Same  Street Address  City, State, Zip Cod  MiniEnclo Glovebag Non-Exen  Description of tos Containing Mate thermal systems ins surfacing, VAT, o	de ainment with Negat sure Procedure npted (*) and Non-i	ive Pressure Friable Procedu Amount (Specify	Re Re C C C P A C C C C C C C C C C C C C C C			
Start Date (10)  O2 / O7 / 2017  Decupancy Status During Abatement ( Facility Closed/Vacated During End Abatement Performed Outside of N Time of Abatement:AM  cope of Work (Check all that apply)  >3 sf or >3 lf >160 sf or >260 lf  Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	Check only tire Period lormal Face PM/	Compl / i (Compl / i (	etion D  /  mement  urs - De  An  attion  ion  tion  illy  ely by  ince/ Staff?  N/A	ate (11) 2017 escribe M Asbes (i.e.,	Name of OSHA Mo Same  Street Address  City, State, Zip Cod  MiniEnclo Glovebag Non-Exen  Description of tos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneous	de ainment with Negat sure Procedure npted (*) and Non-i	Friable Procedu Amount (Specify SF or LF)	Re Re C C C O ai P S U UI e			
Start Date (10)  O2 / O7 / 2017  Decupancy Status During Abatement ( Facility Closed/Vacated During Entrangement Performed Outside of National Time of Abatement:AM  Cope of Work (Check all that apply)  23 sf or 23 lf 2160 sf or 2260 lf  Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)  rst Floor and basement assement	Check only tire Period lormal Face PM/	Compl / i (Compl / i (	etion D  /  dement urs - De An  ation ition	Asbesi (i.e.,	Name of OSHA Mo Same  Street Address  City, State, Zip Cod MiniEnclo Glovebag Non-Exen  Description of tos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneous and mastic	de ainment with Negat bosure Procedure npted (*) and Non-i vial (ACM) sulation, ur	Amount (Specify SF or LF)	Re Re C C C P P P Re Re Re C C C Re Re Re C C C Re			
Start Date (10)  O2 / O7 / 2017  Decupancy Status During Abatement ( Facility Closed/Vacated During End Abatement Performed Outside of N Time of Abatement:AM  cope of Work (Check all that apply)  >3 sf or >3 lf  >160 sf or >260 lf  Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)  rst Floor and basement  assement  assement	Check only tire Period lormal Face PM/	Compl / i (Compl / i (	etion D  /  rement urs - De An  ation ion  tion illy ely by ince/ Staff?  N/A	Asbess (i.e.,	Name of OSHA Mo Same  Street Address  City, State, Zip Cod MiniEnclo Glovebag Non-Exen  Description of tos Containing Mate thermal systems insurfacing, VAT, of other miscellaneous and mastic sing insulation  inpound assoc. Williams	de ainment with Negat bosure Procedure npted (*) and Non-i vial (ACM) sulation, ur	Amount (Specify SF or LF)  14,698 SF	Re Re C C C O ai P S U U e			
Start Date (10)  O2 / O7 / 2017  Decupancy Status During Abatement ( Facility Closed/Vacated During En Abatement Performed Outside of N Time of Abatement:AM- cope of Work (Check all that apply)  >3 sf or >3 lf >160 sf or >260 lf  Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)  rst Floor and basement asement rst floor and basement me of Registered Waste Hauler	Check only tire Period lormal Face PM/	Compl / i (Compl / i (	etion D  /  mement urs - De An  ation ion  tion illy ely by ince/ Staff?  N/A	Asbess (i.e.,	Name of OSHA Mo Same  Street Address  City, State, Zip Cod  Full Conta  MiniEnclo  Glovebag  Non-Exen  Description of tos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneous and mastic sing insulation  Inpound assoc. Wallation	de ainment with Negat bosure Procedure npted (*) and Non-i vial (ACM) sulation, or sulation, or drywall	Amount (Specify SF or LF)  14,698 SF 4 SF 6,770 SF 1,850 LF	Abatement Type Re Re C C C C C C C C C C C C C C C C C			
Start Date (10)  O2 / O7 / 2017  Decupancy Status During Abatement ( Facility Closed/Vacated During End Abatement Performed Outside of N Time of Abatement:AM  cope of Work (Check all that apply)  >3 sf or >3 lf >160 sf or >260 lf  Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)  rst Floor and basement asement  rst floor and basement me of Registered Waste Hauler Service Transport Group	Check only tire Period lormal Face PM/	Compl / i (Compl / i (	etion D  /  rement urs - De An  ation ion  tion illy ely by ince/ Staff?  N/A	Asbess (i.e.,	Name of OSHA Mo Same  Street Address  City, State, Zip Cod  MiniEnclo Glovebag Non-Exen  Description of tos Containing Mate thermal systems in surfacing, VAT, o other miscellaneous and mastic cing insulation  pound assoc. we liation  Cubic Yards of Waste	de ainment with Negat bosure Procedure npted (*) and Non-i vial (ACM) sulation, ur	Amount (Specify SF or LF)  14,698 SF 4 SF 6,770 SF 1,850 LF d Landfill	Abatement Type Re Re C C C C C C C C C C C C C C C C C			
Start Date (10)  O2 / O7 / 2017  Decupancy Status During Abatement ( Facility Closed/Vacated During Entrangement Abatement Performed Outside of National Time of Abatement: AM- Cope of Work (Check all that apply)  >3 sf or >3 lf >160 sf or >260 lf  Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)  rst Floor and basement assement  rst floor and basement  rst floor and basement Service Transport Group y, State	Check only tire Period lormal Face PM/	Compl / i (Compl / i (	etion D  /  rement urs - De An  ation ion  tion illy ely by ince/ Staff?  N/A	Asbess (i.e.,  Floor tile flue pack joint compipe insu	Name of OSHA Mo Same  Street Address  City, State, Zip Cod  MiniEnclo Glovebag Non-Exen  Description of tos Containing Mate thermal systems in surfacing, VAT, o other miscellaneous and mastic ting insulation  and mastic ting insulation  pound assoc. w. llation  Cubic Yards of Waste TBD	de ainment with Negativesure Procedure Inpted (*) and Non-iverial (ACM) Sulation, Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	Amount (Specify SF or LF)  14,698 SF 4 SF 6,770 SF 1,850 LF d Landfill	Abatement Type Re Re C C C C C C C C C C C C C C C C C			
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Date of Notification (1)				ne of Building Owne					<u> </u>		5			
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☐ DCA ☐ justificat				T CINK			Telepho	in <u>e</u> Numi	98-		0.3350			
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Name of Facility Where Abatement is T.	aking Plan	ce (3)		TOTAL FOR THE TAKENS	7117	Type of Faci	Sites (A)							
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Street Address		0				Subcha Other (i.	pter 8 (Other tha e. private & con	in K-12) Imercial I	ouldin	js, ho	imes			
Leanards			***************************************			Square Feet			Bldg	. Age				
County (6)			Count	y Code (7)		Current Use	(Prior if being de	molished	12	, i				
Management			(SIAI	EUSE ONLY)				andianer	ij					
Name of Monitoring Firm Hired by Buildi	ng Owner	(8)	AS	CM No.	Name	ame of Abatement Contractor (9)								
Street Address					Ace	Ace insulation Co., Inc								
Order Audress					<ul> <li>** ** ** ** ** ** ** ** ** ** ** ** **</li></ul>	Address								
City, State, Zip Code					-	iontrose Rd	0							
The second secon						tate, Zip Code								
Project Manager for Monitoring Firm		1	Tolonh	one No.		Neck, New	Jersey							
n distribution		7	4 4-102-2014	onte Pau.		one No. 294 1757	1	iss No.			100000000000000000000000000000000000000			
Start Date (10)	Schen	luled Co	mpletion	Date (11)	1		0002	29						
Tentine Control of Con	121	71	7	, ,	, wante	ame of OSHA Monitor								
Occurpancy Status During Abatement (Ch	eck Only	One)	-		Street	Address								
Facility Closed/Vacated During Entire	e Period o	f Abate	ment		A Property									
Abatement Performed Outside of No	roza! Canil	112v . 6 2	S	5	City, St	ate, Zip Code								
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 H ≥160 sf or ≥260 H		Renova Demolii	ition ion			Glovebag Pri	acedure							
		is Locat	ion		, Carl	Non-exempt	ed (*) and Non-F	riable Pr	1596					
Location of	İ	Norma	llv	Flor	eription c	, s	# A + + + + + + + + + + + + + + + + + +	Married Character		emen ype	L			
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In Facility	Cu	stodial S (12)	Staff?	(i.e. thermat surfac	systems i ing, VAT,	nsulation,	(Specify SF or LF)	Re	] 20	Encapsulate	E E			
(13)		1129		other m	iscellane	ous)	SF GILF)	Removal	Repair	nsd	Enclosure			
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house and carried	3		X	- (a) - 11			1	- h			_			
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	- Parket													
Name of Registered Waste Hauler		i ar	IDEP W	seta i c : :				1		-				
Ace Insulation Co., Inc.		j Ha	ule: ID I				Registered Land	HALL						
City, State		12	086	- Annual Land	ر	Chrins	Landfill							
Colts Neck, New Jersey				Disposa	Date	City, State	9 ^							
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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Ct # 026361

Date of Notification (1)	Name	of Building	Owner/	Operator	(2)		4			65				
01/20/17		NJDE	EP - Natu	ural & F	Historic	Resources	- Office	of Res	gurça	D <del>ev</del> e	elopn	nent		
Agencies Notified Type Notification			Street	Address					UJF	5 W	5		₩	
EPA Initial Amended			1	reehold tate, Zip Co	_	sntowr	Road							
▼ DOL Amendment #				shtown, 1		26		1	1 П	JAN	2	6 21	017	
Emergency (i justification)	ncludin	g		of Contact				T te	ephone	Number				
DCA Cancellation				I Payne	ODMAT	1011				- 1.20	. 1	Ī	ROL	
Name of Facility Where Abatement is Taking	Place	(3)	FAC	ILIT INFO	ORIVIATI	ION	Type of Facili	ty (4)		LIC	LIVO	HYG	-	
Cheesequake State Park-Residenti Street Address	al						School (		2 4	2 22				
301 Gordon Road							Other (i.e etc.)	ter 8 (Oth e. private	er than R & comme	<-12) ercial bu	ildings	s, hom	ies,	
City (5)							Square Feet	1000000	f Floors		Bldg.	Age		
Old Bridge Township  County (6)			Causti	0-4- (7)			2,000 +	2			50 +			
Middlesex			(STATE	Code (7) USE ONLY)		Ivesidence								
Name of Monitoring Firm Hired by Building O USA Environmental Management, I	wner (8	3)	ASCI	M No.			of Abatement Contractor (9)							
Street Address	treet Address						J.R. Contracting & Environmental Consulting, Inc. Street Address							
344 West State Street							Route 23							
City, State, Zip Code Trenton, NJ 08618							ate, Zip Code e, NJ 07470	<u> </u>						
Project Manager for Monitoring Firm			Telepho	one No.			one No.	J	License	- No				
William Weisgarber			200000000000000000000000000000000000000	656-8101	1	STATE OF THE PARTY	628-9200		00408					
	Schedu 02/12/		npletion	Date (11)			of OSHA Monitor Vision Cor		s, Inc.					
Occupancy Status During Abatement (Check	Only O	ne)					Address	101 100 10000						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of Il Facilit	Abaten y Hours	nent 3			City, St	ate, Zip Code							
Scope of Work (Check All That Apply)						Fair L	awn, NJ 07	1, NJ 07410						
≥3 sf or ≥3 lf		Renova	tion			Full Containment with Negative Pressure								
× ≥160 sf or ≥260 lf	processor .	Demolit					Mini-Enclose Glovebag Pr	ure	ivegativi	C 1 1035	11.6			
						×	Non-Exempl		Non-Fri	iable Pro				
		Locati Normal										ement /pe		
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbesto		cription or aining Ma	of eterial (ACM)	Ar	mount			Ì		
TO BE ABATED In Facility		todial S			thermal s		insulation,	(S	pecify or LF)	Ren	Re	Encapsulate	Enclosure	
(13)		(12)	_			iscellane			OI LI )	Removal	Repair	osula	osure	
D	Yes	No	N/A									te	(D	
Room 001 and 105  Exterior-Front Door			X	Con			Coating	-	2 SF	X				
Windows			X			Caulki	<u> </u>	-	1 LF	X				
		X			w Caul		-	6 LF	X					
Exterior  Name of Registered Waste Hauler	X	/asta		Flashi	-		SF	X						
J.R. Contracting & Environmental Cor	NJDEP Waste Cubic Ya Hauler ID No. of Waste 17819 40			The state of the s										
City, State		44	Disposal Date								e City, State Pen Argyl, Pennsylvania			
Wayne, New Jersey					Disposa	al Date			nnsvlva	ania				

NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification	n (1)	(1	- 41000	TILL LO	NJAC	8:60-	7 222 10		1200							
1/17/2017		11		or pull	Taina	Owner/one	erato	or (2)								
Agencies Notified	Time Net:	6.		7776	EXIS	Cha	rnee				bod branne	E	C	R	ПП	n e
[ ]EPA	Type Noti		on	Street	Addre	ess					-111	15	6	5		
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	[]Amend		on	City,	State,	Zip	Code						î A Al	.7 [	- 00	
[X]DOL		led ficatio	1 1	Mon	tcla:	ir.	NJ,070	1/12				4	₹ 1-4 1.A	-20	5 20	1
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Name of Facility					FACTLT	TITY TA	NFORMATION				IIDI	5 (	ו ת	_ 1/	W	5
Name of Facility When Alexis Charnee	e Abateme	nt is I	aking	Plac	e (3)	11 11	NEURMATION	N .	T L							
charmee									Type of	f Facil	ity (4)					
Street Address									[]s	School	(K-12)	JA	IN !	26	2017	1 11
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City (5) Montclair		Count	ty (6)			C			Square	Feet	homes,	SBES	TOS	CC	NTR	OL &
Montectair		Ess				(STAT	Y Code (7 E USE ONL	)	301	.0	2	TOOLS	LIBE		Ada	
Name of the							TATO CIVI	1,1	Current	Use (E	rior if	being	dom	88		
Name of Monitoring Fir	m hired by	y Build	ling	ASCM	No	167	_					9	Gem	OIIS	ined)	
N/A			077.00				ame of Aba	atem	ent Cont	ractor	(9)					
Street Address							AZTECH	MA	MAGEN	ŒNT,	Inc.					
							treet Addr									
City, State, Zip Code							86 Chr	ist	opher	St.						
						Ci	ty, State	, Zi	p Code		1					
Project Manager for Mor	itoring E					1	Montcla	air	, NJ	0704	2					
(2) (Cuma	LCOLLING F.		eleph	one N	umber	Te	lephone N	umbe	r							
Scheduled Start Date (1	0)		I/A			11	(973)74	14-	8800			Licen	se N	umbe	er	
01 26 201	7	d. Com	pletio	on Dat	e (11)		me of OSH					003	371			
Month D	,		28	20	17	N/	'A	1 1101	ILLEOF							
Occupancy Status During [X] Facility Closed/	Abatement	(Check	Day k onla	Ye	ar											
of Abatement	TOUCEU DI	iring E	ntire	Perio	bo	Str	eet Addre	ess								
[ ]Abatement Perfor	mod o	20. 0000														
Hours - Describe	«OffHours	Descr	ipt»	racil	ity	Cit	y, State,	Zip	Code							
- cocribe	. «Uther oc	mmnn-	y Desc	cript»												
Scope of Work (Check all	that appl	Ly)				Ш										
[X] >3 sf or >3 1	f	r	X]Ren				[ ]Full	Con	tainment	- *** 4.1.	Negative					-
[ ]≥160 sf or ≥2	60 lf	Į.	]Demo	ovatio	on on						Negative	Pres	sure			
		Т					[X]Glove	e-bag	g Proced	lure						
Location of		L	Is ocatio	on						edure						
Asbestos-Containi Material (ACM)	.ng	N	Ormal: Used	Ly		Z ch	Description	on of	£			Ab	atem		Type	
TO BE ABATED		By Ma	Solely	7		Mad	estos-Con Material (	tain	ing		Amount	R	R	E	E	
In Facility		Cu	stodi	al		(i.e.	, thermal	8776	tome	1 '	Specify	E	-	CA	C	
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							1	220	Mayla	ull.		1/17/2	2017			
						1				110						

CK # 7801 int Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) 2017 Name of Building Owner/Operator (2) Date of Notification (1) PSE&G Type Notification Street Address **ASBESTOS CONTROL &** 4000 HADLEY ROAD LICENSING **EPA** Initial City, State, Zip Code DEP Amended × SOUTH PLAINFIELD, NJ 07080 DOL Amendment # Emergency (including Name of Contact Telephone Number DOH justification) SAMES MCCABE
FACILITY INFORMATION DCA Cancellation Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSEYG School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, RT. 22 EAST City (5 Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) UNIQUE SYSTEMS OF AMERICA **ENVIRONMENTAL TACTICS** 0045 Street Address Street Address 396 WHITEHEAD AVE. 64 BROAD STREET City, State, Zip Code City, State, Zip Code MATAWAN, NJ 07747 SOUTH RIVER, NJ 08882 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 732-290-2217 TOM GEIGER 732-432-8350 01111 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address Occupancy Status During Abatement (Check Only One) 396 WHITEHEAD AVE. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Out Doo RS SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Mini-Enclosure Demolition Glovebag Procedure

			1000000	WX	×	Non-Exempte	d (*) and Non-Friab	le Pro	cedu	re		
Location of	1000	s Locati Normal			Description	o.f		Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial S (12)	nce/		Description stos Containing N thermal systems surfacing, VA other miscellar	Material (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A					-		te	CD	
Roo F		X		ACM	ROOFING	MATERIALS	3300 SF	X				
ame of Registered Waste Hauler  ASTE MANAGEMENT		Н	IJDEP V lauler ID 125		Cubic Yards of Waste	GROW	Registered Landfill /S NORTH					
City, State				Disposal Date		te						

OFFICE MANAGER

1/25/2017

MORRISVILLE, PA

ELIZABETH, NJ Completed by

CAROL RAIMO

CK10509	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)  Name of Building Owner/Operator (2)			DEGELVED DIJAN 2 6 2017			
Date of Notification (1)  Agencies Notified Type Notification	Street Address		AVE	ASBESTOS C LICENS	ONTRO	DL &	
EPA Amended Amendment #_ DOL Emergency (inclination)	MIM	tact	47	elephone Number			1
Name of Facility Where Abatement is Taking F	FACILIT	Y INFORMATION	Type of Facility (4)  School (K-12) Subchapter 8 Other (i.e. priv	(Other than K-12) vate & commercial b	uildings,	homes	i,
Street Address  City (5)  County (6)		do (7)	Square Feet	# of Floors	Bldg. A	,ge /}	
OC. CAU  N  ASCM No. N  N  N  N  N  N  N  N  N  N  N  N  N			A ESIDENTIA L  ame of Abatement Contractor (9)  TRYMAR CONST.				
Street Address (70 B) X 116 45			City, State, Zip Code  Old O PA 19/16				
Project Manager for Monitoring Pilling			Telephone No.  217.774469 01276  Name of OSHA Monitor				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	ck Only One) Period of Abatement	2-1-17 E	treet Address	19116	,		
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition	ĮV.	Mini-Enclosur Glovebag Pro	ent with Negative Pr		lure	
Is Location Location of Normally			Abatem			nt	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A	Asbestos Containing Mail Staff? (i.e. thermal systems surfacing, VAT other miscellane		Amount (Specify SF or LF)	Removal	Encapsulate	Enclosure
BASEMENT		PIPE IN	SULATION	156F			
Name of Registered Waste Hauler  PAYTAR ONSTRUC  City, State  Completed by		No. of Waste.	GROW	Registered Landfill	Tow.		
GFRAIM DUA	Title V. ME	Signa	ature /	Date /-	3-16		
ASB-41 (R-06-08)  Do not use this form for asbestos licensure exempted activities.							