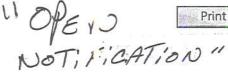
NOCK



Date of Notification (1)		Name of	f Building Owner/	Operator	(2)				-		
1/25/16		PS	E& G								127
Agencies Notified Type Notification EPA Initial			00 A	AD	L64 F	O A.)	1.0			
EPA DEP DOL Initial Amended Amendment # Emergency (in		So	ate, Zip Code	PLI	DIN FIE	LD,	LN	0	72	8	0
DOH justification) DCA Cancellation		MA	f Contact	21021	RAND	Lelep	one Num	ber			
Name of Facility 18/6	DI (0)	FACI	LITY INFORMAT								_
Name of Facility Where Abatement is Taking	Place (3)				Type of Facility School (K-	12)					
Street Address 72 72 N. CRE.	SCEN	T	BLVD.		Subchapte Other (i.e. etc.)	private & c	mmercia	l build			es,
City (5) PENNSAUKE					Square Feet	# of F	oors	1500	ldg. A	1000	
County (6)	5,10		Code (7)		Current Use (Pr	ior if being	demolish	ed)	' S'	Y R	٠, ي
CAMDEN	(5)	-	USE ONLY)		Sw,		_ S	TA	Ti	کار و	
Name of Monitoring Firm Hired by Building Ov ENVIRONMENTAL TACTICS	vner (8)	ASCN 004		1	of Abatement Co QUE SYSTEM		IERICA				
Street Address 64 BROAD STREET					Address WHITEHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 07747					tate, Zip Code TH RIVER, N	J 08882					
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-29	ne No. 9 0 -2217	100000000000000000000000000000000000000	none No. 432-8350	L	cense No				
Start Date (10) S	Scheduled Cor	npletion			of OSHA Monitor		IERICA		=		
Occupancy Status During Abatement (Check					Address WHITEHEAD	Δ\/F					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	Facility Hours	nent E	only	City, S	tate, Zip Code TH RIVER, N						
Scope of Work (Check All That Apply)	/			000	1111011 -10, 10	0 00002					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demolit				Full Containm Mini-Enclosur Glovebag Pro	re ocedure					
	1.1.1				Non-Exempte	ed (*) and I	on-Friabl			ment	-
Location of	Is Locat Normal	lly	De	escription	of				Ту		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Sole Maintena Custodial S (12)	nce/	Asbestos Cor (i.e. therma surfa	taining M	laterial (ACM) s insulation, T, or	Ama (Spa SF o	cify	Removal	Repair	Encapsulate	Enclosure
Q 11 1 111 111 111	X	INA	10		Na 1 =	1/1	ILF	~			
Building Wildows			HCM W	MAGIN	CAULICIOS	410		$\stackrel{\wedge}{=}$			
Name of Registered Waste Hauler		IJDEP W	lacto Cubi	Yards	Nome -	Docieta	Londén				
WASTE MANAGEMENT	H	lauler ID 1125		aste	GROW	Registere /S NOR					
City, State ELIZABETH, NJ			Dispo	sal Date	City, Sta	te ISVILLE	PA				
Completed by CAROL RAIMO	Title OFFICE M	IGR.		Signature	The O St	2 in	Dat	/2.	5	//٤	5

Date of Notification (1)		Name	of Building Owner/	Operato	r (2)		-		9		
1/7/16		PSE	&G		- (-)						
Agencies Notified Type Notification			Address HADLEY ROA	<u> </u>			Ú÷.	-		tiel.	
EPA Initial DEP Amended			State, Zip Code	.D							
X DOL Amendment	#		TH PLAINFIEL	D, NJ (07080	5-					- 1
Emergency justification)	Av. () () () () () () () () () (Name	of Contact			Teler	ione Nu	ımber		1	40.00
DCA Cancellation		MAT	TT DANG	DUR	AND		_				1774F. 124
Name of Facility Where Abatement is Takin	g Place (3)	FAC	CILITY INFORMAT	ION	Type of Facility	(4)					
PSE4G Street Address					School (K-						
		_ ,	01.		Subchapte	er 8 (Other	han K-1	2)	المالم		200
7272 N. CRES	SCENI	Į.	SLVD.		Other (i.e. etc.) Square Feet				-		nes,
PENNSAUK	EN				52 80	# of F	A		Bldg.		
County (6)		County	Code (7) USE ONLY)		Current Use (Pr	ior if being	demolis	hed)	15	YA	25.
Name of Monitoring Firm Hired by Building (Twner (8)		M No.		Sw!	TCH	2	TA	Ti.	02)
ENVIRONMENTAL TACTICS	owner (6)	004		UNI(of Abatement Co QUE SYSTEM	intractor (9 IS OF AI	IFRIC	Δ			
Street Address 64 BROAD STREET					Address						
City, State, Zip Code				1	WHITEHEAD	AVE.					
MATAWAN, NJ 07747					State, Zip Code ITH RIVER, N	1 08882					
Project Manager for Monitoring Firm		Telepho	one No.	1	none No.		cense N	lo.			
TOM GEIGER Start Date, (10)			90-2217	732-	432-8350	0	1111				
1/25/16	Scheduled Co	mpletion	Date (11)		of OSHA Monitor						
Occupancy Status During Abatement (Check	Only One)	//	6		Address			-			
Facility Closed/Vacated During Entire P	eriod of Abater	nent	3	396 \	WHITEHEAD	AVE.					
Abatement Performed Outside of Norm. Other – Describe: Necessary	al Facility Hour	s s	nlu		tate, Zip Code	22222					
Scope of Work (Check All That Apply)	1			300	TH RIER, NJ	08882					
23 sf or ≥3 lf	Renova	ation			Full Containm	ent with N	notive 5	2			
≥160 sf or ≥260 lf	Demoli	tion			Mini-Enclosur	е	yauve r	ressu	re		
				×	Glovebag Pro Non-Exempte	cedure d (*) and N	n-Friab	le Pro	cedur	е	
Location of	Is Locat Norma									ement	t
Asbestos-Containing Material (ACM)	Used Sole Maintena	ly by	Des Asbestos Cont	scription aining M	of aterial (ACM)	Amo	nt		1 9	pe	П
TO BE ABATED In Facility	Custodial S		(i.e. thermal	systems ing, VA	insulation,	(Spe	ify	Rei	R	Enca	Enc
(13)	(12)	_	other m	niscellan	eous)	SF or	-F)	Remova	Repair	Encapsulate	Enclosure
0	Yes No	N/A						_		ate	Ĝ.
Building windows	×		ACM WIN	wode	CAUlking	410	LF	X			
Name of Registered Waste Hauler		IDED	(cata la ini								
111 A=T- 22	H	JDEP W	No. of Was			Registered		8.			
City State / IAN AGE	MENT	1125	- MAIN		(G-)	cow.	3	No	RT	- ++	
ELIZABETH NJ	_		Dispos		City. State	è			n	0	
Completed by CAROL RAIMO	Title	_		gnature	17108	Vzis	Dat		71	1	
STATUL TOURING	OFICE MG	iR		1/4/	al the	is man		1/.	7/	11	



Date of Notification (1)				Name	a of Buildin	~ Our	ner/Operator	(2)	1,13		- 2		1175	1
	16	<u> </u>					al Center	(2)		.1411 2	0 (210		
Agencies Notified Type Noti	fication			Stree	t Address					DRM /		Matter 1	-	
☐ EPA ☐ Initial				60	1 Hamilto	n Av	е							
☑ DOLWD ☑ Amend		4 4 100	140	City,	State, Zip (Code					N 48	444	***	
Part of the second seco	ment #				enton NJ		9		0.00			1		
DCA Emerg (NJAC 5:23-8) Emerg		iciuain	g		e of Contac				Telen	one Num	hor		-	
☐ Cance				Rit	a Gelli	3			Tolop	One Hun	ibei			
				FA	CILITY IN	VFOR	MATION			·				
Name of Facility Where Abatement i	s Takin	g Place	e (3)					Type of Facility	(4)					
St Francis Medical Center								☐ School (K-12	2)					
Street Address								Subchapter	8 (Other	than K-12	2)			
601 Hamilton Ave								Other (i.e., p	rivate ai	o comme	rcial b	uildin	gs,	
City (5)								Square Feet		loors	IB	ldg. A	ne	
Trenton								70,000	3	10010		60+	.90	
County (6)				Cou	nty Code (7	7)(STAT	E USE ONLY)			a demoli	shed)			
MERCER					,	11		Hospital	101 11 001	g demon	Sileu)			
Name of Monitoring Firm Hired by Bu	ilding C	Owner	(8)	ASCM	No	Nam	ne of Ahatem	ent Contractor (9)			_			
Vertex Companies			,			10-0211		IVIRONMENTA						
Street Address				_			et Address	IVIICONNIENTA	L, INC.					
700 Turner Way								R STREET						
City, State, Zip Code							State, Zip C							
Aston, PA 19014							RISTOL, PA							
Project Manager for Monitoring Firm			Tole	phone	No			4 19007						
Dave Turotsy			100		-8902		phone No. 5-788-6040		E-SHEED DE	se No.				
Start Date (10)	School	ulad C	11. 225%	100000000000000000000000000000000000000	ite (11)		e of OSHA N		00	509				
1/22/16	_(5N	H		ite (11)	THE PARTY NAMED IN		VIRONMENTA	L, INC.					
Occupancy Status During Abatement						Stree	et Address			-				
☐ Facility Closed/Vacated During Er	tire Per	riod of	Abate	ment		11	23 BEAVE	R STREET						
Abatement Performed Outside of	Normal	Facilit	y Hour	s - Des	cribe	City,	State, Zip Co	ode						
Time of Abatement: 8:30AM-4:30	PIM/	P	M	AM		BF	RISTOL, PA	19007						
Scope of Work (Check all that apply)							Пгио							
≥3 sf or ≥3 If		⊠ Re	novati	on			☐ Mini-End	tainment with Neg	jative Pr	ssure				
☐ ≥160 sf or ≥260 lf		☐ De	molitic	n			⊠ Gloveba	g Procedure						
							☐ Non-Exe	mpted (*) and No	n-Friable	Procedu	re			
Location of			Locat Norma								Ab	atem	ent T	ype
Asbestos-Containing Material (AC	M)		d Sole		Ashes		Description o	of iterial (ACM)	۸۰	ount	Re	Re	E	Ē
TO BE ABATED	,		intena todial S			, therr	mal systems	insulation,	(SI	ecify	Remova	Repair	cap	Enclosure
IN Facility (13)		Cusi	(12)	olaii?			rfacing, VAT, er miscellane		SF	r LF)	val		Encapsulate	sure
(10)		Yes	No	N/A		Otrie	r miscellane	ous)					ate	
Basement A Bldg Elevator Area	ı		\boxtimes		Pipe Ins	ulatio	on		3(LF		П	П	
Ground Floor B Bldg Behind th	е				Pipe Ins	ulatio	on			LF				
Admin S	uite										П	П	П	
		П		П						-				
Name of Registered Waste Hauler			USA DE	JDEP V	Vaste	Cubic	Yards of	Name of Regis	ered I a	dfill		Ш	Ц	
BRISTOL ENVIRONMENTAL,	NC		Н	auler ID	No.	Waste		G.R.O.W.S.			EII 1			
City, State				18706			u Yd	Commission of the second second	NORT	LAND	ILL			
-001.00 -01.00 71.00 70.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00						700	sal Date	City, State	102 51					
BRISTOL, PA 19007						1/2	3/15	MORRISVII	LE, PA	19067				
Completed By (Print or Type)	Title					3	Signature	0	1	Da	te /	. /	,,	
Gino Pizzigoni	Es	timat	or				Gins 1	uzzam	1-1	6 1	/22	-//	6	

ASB-41 MAY 11 GI /6 0/0

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

Date of Notification (1)				-	Man	no of Duildi	0		(0)	1.1	1. A. A.I.		004		
12 /	22 /	1	5		1000	ne or Buildii erizon	ng O	wner/Operator	(2)		JAN 2	28	2016		-
Agencies Notified EPA	Type Notif	ication			100	et Address		omery Place	Lower Level	£.,	ZEDF.)S	69	ern.	1 0	1
□ DOLWD		-				, State, Zip			Lower Level	i Irrin 🕶	distribution () proper		j	- 100	
⊠ DOH	Amend				5588	ittsburgh,									
☐ DCA (NJAC 5:23-8)	Emerge justifica		ncludin	g		ne of Conta		15212							
	☐ Cancell									Teler	none Num	ber			
		ation				nthony Po)					
Nome of Facility VIII					F	ACILITY II	NFO	RMATION							
Name of Facility Where Ab Verizon Bergen CO	patement is	Takin	g Plac	e (3)					Type of Facility (4	0.000					
Street Address					25-17-0				School (K-12)	/O!!					
71 Madison Avenue									Subchapter 8 Other (i.e., pri	vate a	d commer) cial b	uildin	gs,	
City (5)							-		Square Feet	# of	loors	10	ildg. A	-	
Jersey City									- 1-2/2	" "	10013		nug. r	ige	
County (6)					Cot	unty Code (7)(ST	ATE USE ONLY)	Current Use (Price	r if be	ig demolis	hed)			
Bergen									Office						
Name of Monitoring Firm H			Owner	(8)	ASCN	/ No.	Na	ame of Abateme	ent Contractor (9)		-		70-0		
USA Environmental I	Managem	ent					1	BRISTOL EN	VIRONMENTAL	, INC.					
Street Address							Str	reet Address			_			716.2	
8436 Enterprise Ave							1	1123 BEAVE	R STREET						
City, State, Zip Code	2						Cit	ty, State, Zip Co	ode		0				
Philadelphia, PA 191							E	BRISTOL, PA	19007						
Project Manager for Monito	ring Firm		5-5	Tel	ephone	No.	Te	lephone No.		Lice	se No.				
Mark Jenkins						5-5810	2	215-788-6040		00	509				
Start Date (10)		Sched				ate (11)	Na	me of OSHA M	lonitor	_					
///					3_ /	16	E	BRISTOL EN	VIRONMENTAL,	INC.					
Occupancy Status During A							Str	eet Address							
Facility Closed/Vacated	During Ent	ire Per	riod of	Abate	ement		1	123 BEAVER	R STREET						
Abatement Performed O Time of Abatement:	AM-	lormal PN	Facility ///5:00	y Hou PM-1	rs - De :30AM	scribe I		y, State, Zip Co							
Scope of Work (Check all th							Е	BRISTOL, PA	19007				NAVA.		
☐ ≥3 sf or ≥3 lf			M Pa	novel				☐ Full Cont	ainment with Nega	tive Pr	ssure				
≥160 sf or ≥260 lf			□ Re □ De	novai moliti	on on			☐ Mini-Encl							
			:ETE:					☐ Non-Exer	npted (*) and Non-	Friable	Procedure)			
				Loca									atem	ent T	vpe
Location of Asbestos-Containing Ma		n\		lorma d Sol	ely by	Asha		Description of					_		_
TO BE ABATE		''		ntena				Containing Mat rmal systems in			ount ecify	Remova	Repair	nca	nclo
IN Facility (13)			Cust	odial (12)	Staff?		S	surfacing, VAT,	or		r LF)	ova	=	Encapsulate	Enclosure
(13)			Yes	No	N/A		oth	her miscellaned	ous)					late	.e.
Basement Fan Room						Duct Ins	sulat	tion		14	SF				
Basement Fan Room						Pipe Ins					_F				
1st Floor AC Room & Fo	yer					Floor Ti	_				SF				긤
Penthouse Stairwell						Pipe Ins	ulat	ion			LF				
Name of Registered Waste H	Hauler			N	JDEP \	Vaste	Cub	ic Yards of	Name of Register						
SERVICE TRANSPORT	T GROUP	, INC	•	Н	auler II 20990		Was		MINERVA LA						
City, State								osal Date	City, State						
NEW CASTLE							2/	3/16	WAYNESBU	RG, O	1 44688				
Completed By (Print or Type))	Title			577-00			Signature	0	ŕ	Date	,			25.7
Brian Scafiro		Es	timate	or				Drian	Scelis 1	d	1,	120	2/,	16	

ASB-41 JAN 13 13 5 1 5 1 3 3

Ci.# 2941

			NOT			N OF AS	BESTOS ABAT AC 8:60 and 5:1			1	9	1	ij	1
Date of Notification (1)					Nam	e of Buildir	g Owner/Operator ((2)					-14.0445	
	22 /	1	5		100.000	rizon				J.	1 2	?	17.5	
Agencies Notified	Type Noti	ification			Stree	et Address						4		_
⊠ EPA ⊠ DOLWD	☐ Initial				15	East Mo	ntgomery Place,	Lower Level				40.00		
⊠ DOLWD	Ameno	ded dment #	1_1/2	2/16	City,	State, Zip	Code		-	*****			+ 1	-
□ DCA	☐ Emerg				Pit	tsburgh,	PA 15212							
(NJAC 5:23-8)	justific	ation)		5	Nam	e of Contac	at .		Telep	ione Numb	per		_	
	☐ Cance	llation			An	thony Po	rta							
Name of Facility Where A	hatamant :	a Table	- Di	- (0)	FA	CILITY	NFORMATION							
Verizon Bergen CO		s rakin	g Plac	e (3)				Type of Facility		***************************************				
Street Address								☐ School (K-12 ☐ Subchapter 8		than K 12)				
71 Madison Avenue								Other (i.e., p	rivate a	d commer	cial b	uildin	qs,	
City (5)	,							homes, etc.)					•	
Jersey City					0 51			Square Feet	# of	loors	В	ldg. A	Age	
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if boi	a domestic				
Bergen					000	nty Code (NOTATE OSE ONET)	Office	or ii bei	ig demoils	nea)			
Name of Monitoring Firm	Hired by Bu	uildina (Owner	(8)	ASCM	No	Name of Abateme			-				
USA Environmental				X-7				VIRONMENTAI	INC					
Street Address							Street Address	TITORINEITA	_, 1140.					
8436 Enterprise Ave	9						1123 BEAVE	R STREET						
City, State, Zip Code					109-109		City, State, Zip Co					X-24		
Philadelphia, PA 19	153						BRISTOL, PA							
Project Manager for Monit	toring Firm			Tel	ephone	No.	Telephone No.		Lice	se No.	_			
Mark Jenkins				2	15-365	5-5810	215-788-6040		100000000	509				
Start Date (10)		Scheo	luled C	omple	etion Da	ate (11)	Name of OSHA M	onitor						
1/11/	16		2/	3	3/	16	BRISTOL EN	VIRONMENTAL	, INC.					
Occupancy Status During							Street Address						-	
☐ Facility Closed/Vacate	d During Er	ntire Pe	riod of	Abate	ment		1123 BEAVER	RSTREET						
Abatement Performed Time of Abatement:	Outside of	Normal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	de		-		-2701		
			W <u>5.00</u>	PIVI-1	.30AIVI		BRISTOL, PA	19007						
Scope of Work (Check all	that apply)						M= "0 .							
≥3 sf or ≥3 If			⊠ Re	novat	ion		☐ Mini-Encl	ainment with Neg	ative Pr	ssure				
≥160 sf or ≥260 lf			☐ De	moliti	on		☐ Glovebag	Procedure	22000000	500 80				
			ls	Loca	tion	T	□ Non-Exer	npted (*) and Nor	n-Friable	Procedure	_			
Location of	of		1	Norma	ally		Description of					atem	ent T	1
Asbestos-Containing N		(M)		d Sol	ely by		stos Containing Mat	erial (ACM)	Ar	ount	Removal	Repair	Enc	Enclosure
TO BE ABAT					Staff?	(i.e.	 thermal systems is surfacing, VAT, 			ecify or LF)	Von	air	aps	losi
(13)				(12)	_		other miscellaned		31	n Lr)	<u>a</u>		Encapsulate	лге
			Yes	No	N/A			12 24					Ф	
Basement Pump Roor						Floor Ti	le and Mastic		1,2	0 SF				
Basement Fan Room-	AHU #2					Duct Ins	sulation		56	SF				
Basement Fan Room-	Fan #2					Duct Ins	sulation		15	SF	\boxtimes			
Basement Fan Room						Pipe Ins	ulation		3	LF				
Name of Registered Waste		_		- 950	JDEP V	2007	Cubic Yards of	Name of Registe						
SERVICE TRANSPO	RT GROU	P. INC			lauler I	NO.	Waste	MINERVA I	ANDE	1.				

ASB-41 JAN 13 B 5 15 13 3

Completed By (Print or Type)

Title

Estimator

City, State

NEW CASTLE

Brian Scafiro

Disposal Date

Signature

2/3/16

City, State

WAYNESBURG, C H 44688

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

MCK

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

				(Pı				3:60 and 5:1			9					- [,
Date of Notification (1)		-			Name	of Buildin	g Ov	vner/Operator ((2)	Ť		1 7 2	i ii		- 1-	
12/	17 /	15			GS			5000 SACO (ACC €100 AS CONTROL (ACC	() 4							. The
Agencies Notified	Type Notific	ation			Street	t Address						AN 2	0	20	F)	
⊠ EPA	☐ Initial				2000	Broad S	Stree	at								1
□ DOLWD	☐ Amende	d				State, Zip (2005,000			1			-			
☑ DOH	Amendm		750 770		200	wark, NJ				Į.						
DCA	☐ Emerger		cluding	I		of Contac		02		1				Š.	- ir	era mini
(NJAC 5:23-8)	justificat Cancella				INAIIIE	or Cortac	ı			1 elep	ione N	lumber				
					FA	CILITY IN	IFO	RMATION			-					
Name of Facility Where A	batement is	Taking	Place	(3)			ONE DEST		Type of Facility	(4)						
Peter W. Rodino Fe	deral Offic	e Bui	lding						☐ School (K-1							
Street Address									Subchapter	8 (Other	than K	(-12)				
970 Broad Street	(2)								Other (i.e., phomes, etc.		d com	imercial	bui	lding	s,	
City (5)									Square Feet	£	loors		Blo	g. A	10	
Newark									495,000	16				9	,0	
County (6)	W			11111	Cour	ntv Code (7	YYSTA	ATE USE ONLY)	120000000000000000000000000000000000000			nolished	- 11			
Essex						2 (-	M.T.S.		federal offi		- 5	101131100	')			
Name of Monitoring Firm	me of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor												_			-
Classic Environmen				-/	. 10 0111	,,,,,	100000		vironmental C							
Street Address		eet Address	VIIOIIIIeittai C	,o., IIIC			_		-	_						
112 Wade Road							1	223 Haws Av	e							
City, State, Zip Code	y, State, Zip Co							-								
Latham, NY 12110							1	Norristown, I								
Project Manager for Moni	torina Firm			Tele	phone	No	-	lephone No.	A 10420	Lico	se No			<u> </u>		
Vernon Rohde				27.000	8-591		10000000	310-239-9920	ř.		398					
Start Date (10)		Sched	uled C			te (11)		me of OSHA N		00	290					
1/ / 4 /					/		100000		vironmental C	o Inc						
Occupancy Status During									vironinentai C	. IIIC.						
☐ Facility Closed/Vacate							0.000,000	eet Address								
□ Abatement Performed						cribo		23 Haws Av								
Time of Abatement:						CIDE		y, State, Zip Co								
				-			I	Norristown, F	PA 19428							
Scope of Work (Check all	that apply)							M Full Con	ainment with Ne	antivo D	2001180					
			⊠ Rei					☐ Mini-Enc	losure	yauve F	355ure					
≥160 sf or ≥260 If			☐ Der	molitic	n				g Procedure		87 THE - 37 CONTROL					
			lo	Locat				☐ Non-Exe	mpted (*) and No	n-Friabl	Proce			71	100000	
Location	of		9000	lorma	27000			Description of	£			,	Aba		nt T	/pe
Asbestos-Containing N	Naterial (ACN	1)		d Sole		Asbe	stos	Containing Ma		A	1ount	3	D D	Repair	Enc	Enc
TO BE ABA		500		ntena odial s			., the	ermal systems	insulation,	(S	ecify	3	Removal	pair	aps	Enclosure
IN Facility (13)	У		0000	(12)	Jun.			surfacing, VAT, her miscellane		SF	or LF)	2	<u>ŭ</u>		Encapsulate	ure
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City, State					J-308		_	posal Date	City, State					M		
Newark, NJ							1110	/29/16	Tullytown	PA						
Completed By (Print or Ty	pe)	Title						Signature			_	Data			,	
James M. Kelly	r-/	9905000	ce Pre	asida	nf			Signature				Date	6	1/	16	
		۷,	JU 1 10	Joine								1/	15	1	1	

ASB-41 JAN 13

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

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Date of Notification (1)			1	Name (of Buildin	g Owner/Operator	(2)	12	UAN L	0 1	UIU		7 -	
1/25)	16	18			NR	LAW	40M	154						
Agency Notified	Type Notification			Street	Address		0	in	The second second		15.		-	
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Name of Facility Where	Abatement is Taking Pla	ace (3)			•		Type of Facility (4)						_
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Street Address			-	4.	'		☐ Subchapter 8		than K-12)	200				
	20 20 20				V		homes, etc.)	rate &	commercial I	buildin	gs,			
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Name of Monitoring Firm		er	ASCA	A No.		Name of Abaten	nent Contractor (9)							_
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Street Address						Street Address	movar TIIC				-			-
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City, State, Lip Code	ate, Zip Code					1 50 0	ack, N.J.	Ο	1601					
Project Manager for Mor	nitorina Form	TT	Nonho	ne No.	-	Telephone No.			se No.			-		_
rioject Manager for mor	inoning rain	1,	перис	nie No.		201-329		1000	10388					
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Occupancy Status Durin						Street Address	rii v T I Oilme	11 L	, T			-	-	_
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Scope of Work (Check a						5. 114	Chemodek	, _,	- 070			_	-	
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_22 ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf					ovation.		Enclosure ebag Procedure			*				
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ASB-41	THE RESERVE OF THE PARTY OF THE				hestos lic	ancura exampted	Activities	_				-	-	_

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Date of Notification (1) 01/19/2016			Nam	e of Build	ing Owns	r/Operato	F (2)				_				
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City, State, Zip Code								e 46 We	mrt			1	:)	
City, State, Zip Gods								Lip Gode				-			
Broker Broker		4				Total	wa N	J 07512				:			
Project Manager for Monitoring Firm		- 5	Teleph	one No.		Telaph				Line:	- 51				
Start Dete (10)						973 8				011.		۵.			
01/20/2018	Schedu	led Co	mpletor	Date (11)			HA Monitor		011.	7	1 .	_		
	01/27	/2016	3					BDOVS				;			
Occupancy Status During Abatement (Che						Street /				-	-	-	_		
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other - Describe:	Period of	Abate	ment		1							1			
* 52 * C * C * C * C * C * C * C * C * C *	LINES & BCITT	у нош	ns.			City, St	ste, Z	ip Code			_	_	-	_	_
Scope of Work (Check All That Apply)												1			
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	le	Local	len				100	n-Example	e () and	NON-F	1206				_
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ASB-41 (R-06-08)

Do not use this form for asbestos licens to exempted activities

CK 1698

Date of Notification (1) 01/19/2016				Name of Bui	ldina Owne	r/Operator	(2)		4, 1	1			
				Shammah	Solomo	in operator	(2)			* -			
Agencies Notified Type Notifica	tion			Street Addre									
EPA Initial Amende										JA	N S	0	3016
	d , , ,			City, State, Z	ip Code								
X Emerger	nent # ncy (includ	lina	-	East Oran	ge NJ					10-			
justificati	on)	an ig		Name of Con				Tol	-6-				À.
Cancella	tion		1 :	Shammah	Solomo	n		rei	phone	Numb	er		-
Name of Facility Where Abatement is Ta	king Dlag	- (0)		FACILITY	INFORMA	TION							
House	iking Flac	e (3)					Type of Facility	(4)	-				
Street Address							School (K-	-12)					
							Subchapte	er 8 (Othe	than I	<-12)			
City (5)							Other (i.e. etc.)	private 8	comm	ercial b	buildir	igs, ho	omes
East Orange							Square Feet	# of	loors		Bld	g. Age	2
County (6)			10								D.G.	g. Age	
Essex			(S	ounty Code ((7) NLY)		Current Use (Pr	ior if beir	ı demo	lished)		
Name of Monitoring Firm Hired by Buildir	a Owner	/81		ASCM No.		_							
Competent Supervisor	g Owner	(0)		ASCM No.		Name o	f Abatement Co	ntractor (1)				
Street Address						Acade	emy Construc	ction In					
						Street A							
City, State, Zip Code							oute 46 Wes	t					
							te, Zip Code						
roject Manager for Monitoring Firm			To	lephone No.		1	a NJ 07512						
			16	reprione No.		Telepho			icense	No.			
tart Date (10)	Sched	uled C	omple	etion Date (1	41		32 4244		1155				
01/20/2016	01/27	7/201	6	etion Date (1	1)		OSHA Monitor		-			0	
ccupancy Status During Abatement (Che	eck Only (One)					as above						
Facility Closed/Vacated During Entire	n			K e		Street Ac	Idress						
Abatement Performed Outside of Nor Other – Describe:	mal Facili	ty Hou	ars	I		City OL							
Describe.						City, Stat	e, Zip Code						
cope of Work (Check All That Apply)													
≥3 sf or ≥3 lf		Renov	vation										
≥160 sf or ≥260 lf		Demoi					Full Containme Mini-Enclosure	nt with N	gative	Press	ure		
						×	Glovebag Proce	edure					
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TO BE ABATED In Facility	Cus	aintena stodial	snce/	(i.e	e. thermal s	iining Mate systems ins	erial (ACM)	Amo		_		Ш	
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State					Disposal	Date	City, State						
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owa NJ npleted by e Geleski	Title VP					ature/	Morriville	PA	Da				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		r	NOI					STOS ABA1 3:60 and 5:1		E	W.	#	1)	4	De	7 [
Date of Notification (1)					Nam	e of Buildin	ng Ov	vner/Operator ((2)	VIE	=	17	13	- 1 3	1/-	7
1 / .	22 /	16	_		100	eon			1-7	- 4	1	AN 2	O.	2.2		41
Agencies Notified	Type Notific	cation			Stree	t Address				-		AN Z		ZH	Tr.	1
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	☐ Cancella				Ma	tthew Ma	auro			1010	none i	varriber				
				-	FA	CILITY IN	NFO	RMATION			i d					
Name of Facility Where	Abatement is	Taking I	Place	(3)		0.2		- CONTRACTOR	Type of Facility (4	1)						
Axeon		8.7		2 6					School (K-12)							
Street Address									☐ Subchapter 8	(Othe						
4 Paradise Road									Other (i.e., pri homes, etc.)	vate a	nd com	nmercia	l bui	ilding	gs,	
City (5)									Square Feet	# of	Floors		Bld	lg. A	ne.	
Paulsboro									20,000	2	10010			0	90	
County (6)					Cou	nty Code (7)(STA	ATE USE ONLY)			na den	nolishe				
Gloucester								and a supplemental state of the supplemental of the supplemental state	industrial		الحد ن		1			
Name of Monitoring Firm	e of Monitoring Firm Hired by Building Owne S Environmental Co., Inc						Na	me of Abateme	ent Contractor (9)							
EHS Environmenta	S Environmental Co., Inc						833		vironmental Co	., Inc						
Street Address	t Address						-	eet Address		-						_
411 Southgate Cou	1 Southgate Court						9	23 Haws Av	e,							
City, State, Zip Code	State, Zip Code							y, State, Zip Co	3.60					-		
Mickleton, NJ 0805							N	Norristown, F	PA 19401							
Project Manager for Mor	nitoring Firm			Tel	ephone	No.	Tel	ephone No.		Lice	ise No).				-
Jack Carney				8	56-224	-0080	6	10-239-9920		0	398					
Start Date (10)	1;	Schedul	led C	omple	etion Da	ite (11)	Nar	me of OSHA N	lonitor	_				_		
_2 / _8 /	16	_ 2	/	1	9_/	16	P	Nymouth En	vironmental Co.	, Inc						
Occupancy Status Durin	ng Abatement (Check of	only o	ne)				eet Address								
☐ Facility Closed/Vacat	ted During Enti	ire Perio	od of	Abate	ment		1782577	23 Haws Av	e.							
☐ Abatement Performe	d Outside of N	ormal F	acility	Hou	rs - Des	scribe		y, State, Zip Co			111		_			
Time of Abatement:	07:00AM- <u>03:</u>	30PM/_		PM-		MA	100	lorristown, F								
Scope of Work (Check a	ill that apply)									_	-					
≥3 sf or >3 If		_	7.0.		ŕ			☐ Full Cont	ainment with Nega	tive P	essure	Э				
\(\text{\geq} \geq 160 \text{ sf or \geq} 260 \text{ lf}			☑ Rei ☑ Dei					☐ Mini-Enc ☐ Glovebag								
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TO BE ABA					ance/			Containing Ma ermal systems i			nount		Removal	Repair	nca	nclo
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(13)		,	Yes	No.	N/A	1	oth	her miscellane	ous)						ate	CD.
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Motor Building			X			Gasket Wire In		tion			iLF 5LF					
Motor Building			X			Pipe Fit					LF	D	Z		П	
Refrigeration		Б		П		Tank Er	nd C	aps		-	5SF		<u></u>			
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City, State								5CY			Ce Ke	cover	У			
, 0.0.0								posal Date	City, State							
Completed D. (D.)		T =					2/	/16/16	Tullytown, P	Α						
Completed By (Print or T	ype)	Title		15021	21			Signature				Date	gove	11		
James M. Kelly		Vice	e Pre	eside	ent		2.5	////				1/	+7	16		

SUCTIONED STATES OF BUCI

Date of Notification (1)	1	-	N:	ame o	f Building	Owner/Operator	(2)	1.1	2 3 2016		-	7	
1/25	16	4				SAST	1						
Agency Notified	Type Notification		St	reet A	oddress 2 <	RIMIE	SET TPI	1		1 0			
□ EPA	□ Initial		Ci									to de	-
DEP DOL	Amended Amendment #		"	10	=(,' (IN. U	, 08830)					
	☐ Emergency (including	ng	N:	ame o	of Contac	+ 100	- T	ek phone	e Number				
DOH DCA	justification) Cancellation				WEV.						2		
			I	FACIL	JTY INF	ORMATION							
Name of Facility Where		ce (3)					Type of Facility (4)						
BA	SF	•					☐ School (K-12)						
Street Address		= 4	-	2~		*	Subchapter 8 (O Dither (i.e. privat			ngs,			
C2 WIDDO	ESEY ESSE	-1	1 6		<u> </u>		homes, etc.) Square Feet #	o Floor	e Ride	. Age			_
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	S WEST SHORE TRAIL						moval Inc						
Street Address						Street Address	HOVAL THE				1,0	_	
	SHORE TRA	1		80			th River S	t					
City, State, Zip Code		1945			-	City, State, Zip C		<u></u>				-	
	State, Zip Code SPARTA, NJ. 078					Hackens	ack, N.J.						
Project Manager for Mor	nitoring Firm	Tele	phone	No.		Telephone No.	1 -	ici nse N					
J. P. UON DOE					3649	201-329)03	88				
Start Date (10)	Scheduled C		n Date	(11)		Name of OSHA	Monmor Environmen	+ . 1					
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Occupancy Status Dun	y Abatement (Check the	y one,	*	•			uyler St						
☐ Facility Closed/Vacate ☐ Abatement Performed						City, State, Zip C		_				-	
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Best Remo	oval Inc	IDN	o. 171	09		Waste 2 C 7	Minerva	Ente	rprise	s ,	LI	C	
City, State			- / L	0 9		Disposal Date	City, State						_
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Completed by	Title					Signature /		- 01	Date	1	1		
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ASB-41	* Do no	t use this	form	for as	bestos lic	ensure exempted	activities.				1		

PAGE 82/84

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BEST REMOVAL INC

page 1

State of New Jersey NOTIFICATION OF ASSESTOS ASATEMENT (Pursuant to NJAC 8:80 and 12:120) Date of Natifi tame of Sulleing Owner Operator (2) 19/16 BASE POST ANGRES Type Notification ZS MIDDLESEY ESSEX TRUS E EPA D DEP E COL De Filled C Amended City, State, Zip Code Amendment & Emergency (h 15ELIN NJ. 08830 E DON jastification)

Genoelistics Telephone Numb 1 JAKED ROSZED PACILITY INFORMATION Name of Facility Where Abstensest is Taking Place (3) Type of Facility (d) BASE G School (K-12)
G School (K-12)
G School (A. private & commercial ubdings, hovers, etc.) MIDDLESET ESSEX TOX CR (6) # of Figure ISELLN 100000. 3 61 Yours CAUSE COM (7) (STATE LISE Current Use (Prior & being demolist MIDDLESEP RID OFFICE / 4 BS Harm of Meninsing Firm Hired by Building Corner ASOM No. Harris of Abou Best Removal Inc 655 WEST SHORE TEALL 450 South River St City, State, Zo Code City, Stale, Zie Cod SPARTA MJ. Hackensack, N.J. 07601 of Menager for Ma Temphone No. Teinphone No. J.P. VON DOENEEN 973-729-3649 201-329-7444 00388 CORN DATE (IC) Obstancy State Duding Abox Name of OSHA Moning 1/21/16 Omega Environmental ment (Check only one) ☐ Facility Closed/Vacated During Estite Period of Abstrument ☐ Abstrument Performed Dutaids of Normal Facility Rivers ☐ Foreign — Describe: 7/44 To SCH. 280 Huyler St City, State. Zip Cade S. Hackensack , N.J. 076 6 Scope of Werk (Check all that apply) IFIS Continuent with Negative Pressure

I Mini-Engleside

Gloveber Precedure

I Non-Particles (7 and Non-Painble Passes 国 2 0 d or 2 2 H □ 2 160 m cr 2 200 H E Remotion

D Demotion is Location Normally Lined Solely by , Location of Combining Material (ACM) TO ME ASATED Description of absolute Continues (ACM) (i.e., thermal cyaterre inclination, perfecting, VAT, or other miscellaneous) CEN. (12) NO MA ATLANZ RADGERA UN AND MISTIC 120 SF Name of Registered Wests Hauler NJDEP Waste Hauler Cubic-Yerds of Name of Registered Landtil Best Removal Inc ID No. Minerva Enterpris s , LLC 17109 207 Hackensack , N.J. 07601 1/25/16 Waynesburg, Oh. 4 688 Consisted by J. Maiorano Estimator 1191 16

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Date of Notification (1)				Name	of Building	Owner/0	Operator (2	2)		TO THE WOOD W	W 080			
	25 / 10	5		Armar	nd Fasano					JAN	23	201	6	
Agencies Notified	Type Notification				Address					-	1000			
⊠ EPA				229 60	th Street				1			-		0
□ DOLWD	Amended	20	F		State, Zip C	ode			-	<u></u>	5 6	7		C.
□ DHSS □	Amendment #				New York		002		* : * * * * * * *					E 14 P TO
DCA (NJAC 5:23-8)	Emergency (i justification)	ncluding	-		of Contact	-	093		Teleni	one Numbe	<u> </u>			_
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			l·		s Chinea									
Nome of Equilibria 18/hans	hataway to Tall	- Fi	(0)	FA	CILITY IN	FORMA	TION							
Name of Facility Where A	Abatement is Takir	ng Place	(3)					Type of Facility						
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229 60th Street								homes, etc.					14.0	
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West New York, NJ 07	7093													
County (6)				Coun	ty Code (7)	STATE U	SE ONLY)	Current Use (Pr	ior if bei	g demolish	ed)			
Hudson														
Name of Monitoring Firm	Hired by Building	Owner (3)	ASCM	No.	Name o	of Abateme	ent Contractor (9)					
						Gr Tec	h LLC							
Street Address		t					Address							-
						576 Va	lley Rd#	283						
City, State, Zip Code							ate, Zip Co							- 100
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Project Manager for Mon	itorina Firm		Tele	ohone	No	Telepho		0	Lice	se No.				
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Start Date (10)	Sche	duled Co	malet	ion Do	to (11)	973-63	8-1/// of OSHA M	lanita.	0112					
02 / 03 /		02 /				100000000000000000000000000000000000000		9F047605314;						
				_ ′ -				nsultants,Inc						
Occupancy Status During						Street A	Address							
Facility Closed/Vacate	ed During Entire P	eriod of	Abater	nent	20	20-21 V	Wagaraw	Road, Bldg .#	35E					
Abatement Performed Time of Abatement: _	AM-	ai Facility PM/	PM	s - Des	A M	City, St	ate, Zip Co	ode	-					
			-		A.W.	Fair La	wn, NJ 0							
Scope of Work (Check all	that apply)					П	Clean up	and decontamin	nation wi	negative	press	sure		
		⊠ Rei	novatio	an.		H	Full Cont Mini-Enc	tainment with Ne	gative Pr	ssure				
≥ 160 sf or ≥260 lf		Const	nolitio			Ø		g Procedure	Tent wit	Negative I	Press	ure		
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TO BE ABA		Mai	ntena	nce/	Aspe	stos Cont therma	taining Ma I systems i	terial (ACM)		ecify	em	Repair	nca	nclo
IN Facili	ty	Cust	odial S	Staff?	(cing, VAT,			or LF)	Removal	=	Encapsulate	Enclosure
(13)			(12)	1		other r	miscellane	ous)	0.500		=		late	(D)
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Basement				X	Pipe inst	lation			140 LF				П	
Basement			П	X										
Dasonioni					VAT flo	or tiles			450 SF				Ш	
			Ш											
											П		П	
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Gr Tech LLC			0	03378	25	53000000				vection to				
City, State				03378		TB1 Disposa		T.R.R.F. Inc City, State						
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Wayne, NJ 07470		ſ-				TBI		Tullytown, P	Α					
Completed By (Print or Ty	ype) Tit	ie				Sig	gnature	1 .	1	Date	9			
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ASB-41						-	- 1/							

MO#23037722921

CK 5993

Date of Notification (1)	5)16					g Owner/Operator			JAN 23	201	6		
Agency Notified	Type Notification		1		Address	•		į,	معود ساف د درسان		eseruitori	Ţ	
DEP DEP ZDOL	☐ Initial ☐ Amended Amendment #		1	City, St	tate, Zip (Code Più	IER NA		08755	. 1		-	
Z DOH	☐ Emergency (including justification)☐ Cancellation	ing		Name	of Contac		phone Number		^	-	7		
	*			FACI	LITY INF	ORMATION			-				
Name of Facility Where	Abatement is Taking Pla				• .	4	Type of Facility (4)					
Street Address	. 0300	13			·		School (K-12) Subchapter 8 (Other (i.e. priva homes, etc.)	Oth ite	r than K-12) commercial buil	dings			
City (5)	us River	ر	N.	1.3			Square Feet			g. Ag	s '	YK	5
County (6)	100 100 100 100 100 100 100 100 100 100			County ONLY)) (STATE USE	Current Use (Prior						
Name of Monitoring Firm	Hired by Building Own	er /	ASCM	No.		Name of Abaten	ent Contractor (9)	_					_
(8) Street Address			10				noval Inc						
Street Address				(a)		Street Address		a .					
City, State, Zip Code						City, State, Zip C	th River S	<u>5 t</u>					_
	, 180					1 105000 20 50	ack, N.J.	0	7601				
Project Manager for Mor	nitoring Firm	Te	lepho	ne No.		Telephone No. 201-329-	Lic	nse No.					
Start Date (10)	Scheduled C	ompletio	on Da	te (11)		Name of OSHA			70300			_	-
2/11/1		3/1				Omega 1	Environmen	nt	11				
Occupancy Status Durin			- 10			Street Address							
☐ Facility Closed/Vacate	ed During Entire Period	of Abate	ment				ıyler St	_					
Abatement Performed	Outside of Normal Fac	ility Hou	rs - 4	• •		City, State, Zip C	, N	.J. 0760	· ·				
Scope of Work (Check a	Il that apply)			-			Containment with N	_					
21 ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf			•	Ren Dem	ovation	☐ Mini- ☐ Glove	Containment with No Enclosure ebag Procedure Exempted (*) and N		1.5				
		le	Locati	ion		a 10011	Exemples () and I	-			Abata		nt
Landi		N	ormal	ly						-	Ty	pe	$\overline{}$
. Location			l Sole		Asbes	Description of stos Containing Ma		1	Amount	_		TÚ.	8
TO BE AI	BATED	Ç	ustodi	al	(i.e.	, thermal systems surfacing, VAT			(Specify SF or LF)	Removal	Repair	cap	Enclosure
(13		j. '	Staff? (12)		10	other miscellane			Si Gi Li')	OVA	bir	sula	Sure
		Yes	No	N/A		•		**				6	
I Floor Kir	CHEN	1.00	110	1.67		1AT		_	40 SF	×	1		Н
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Name of Registered Was				Vaste H	auler	Cubic Yards of	Name of Register	red	andfill	5	-		\neg
Best Remo	val Inc	IDI		109		Waste Ze7	Minerva	Eı	terprise	S	, L	LC	
City, State	l- N 7 07	(01				Disposal Date	City, State		TO 102042 02 02		_		
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J. Maiorano	1	imat	0 2			Signature	چسم،و			/2.	51	16	
ASB-41				o for oc	hacter lie	ensure exempted	activities	_		1	-	, ~	

CIL 5995

Date of Notification (1)		. 1	lame o	of Buildin	Owner/Operator	(2)		JAN 2	9 201	ĥ		
1/25/16			M	S. A	Lincy	ANDIA	>€		3 -01		1	Less.
Agency Notified Type Notification		8	Street /	Address		>			in Salara Section Section		ا	
□ EPA □ fittal		1	33.04	-to 75- (no de			32/24/7/39	COLTS	01	9.	_
DEP Amended Amendment #		1	JRY, ST	ate, Zip (NDEN.	NI	0-	036		_Looks	Liberton Company	wi ar
☐ Emergency (include	ng	-	Jame (of Contac				hone Numbe	er			-
DOH justification		1.	vanc (. ANDRA		1					
			FACIL	•	ORMATION					<u>_</u>		
Name of Facility Where Abatement is Taking Pla	ce (3)		1701		J. Carlotte	Type of Facility	(4)					
MS. ANDR		2			7.			\$3				
Street Address	* > C		*	 · ·		☐ School (K-12 ☐ Subchapter	2) 8 (Othe	than K-12)				
					i de la composition della comp	-E Other (i.e. pr	rivate &	commercial b	ouildings,			
City (5)	_				 	homes, etc.		Floors	Bldg. Ag	9		
LINDEN		12			11.	1800		2	7:	54	RA	>
County (6)		10	County	Code (7) (STATE USE	Current Use (P	rior if b	ing demolish	ed)	-	_	-
UNION			ONLY)			15	551	PEN CE				
Name of Monitoring Firm Hired by Building Owne	er A	ASCM	No.		Name of Abaten	nent Contractor (9)			Q.		
(8)		9 .			Best Re	moval In	С					
Street Address					Street Address							
					450 Sou	th River	St		1000			
City, State, Zip Code					City, State, Zip (
						ack, N.J						
Project Manager for Monitoring Firm	Te	lephon	e No.		Telephone No.			se No.				
<u> </u>						-7444 •		10388				_
Start Date (10) Scheduled C			e (11)		Name of OSHA	Monmor Environm	0n+	1				
Occupancy Status During Abatement (Check on		16			Street Address	GIIATIOIIII	ent			_		-
		34	10			uyler St						
☐ Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility					City, State, Zip C					-	_	
2 Other - Describe: 8 AM S (M	,		-			ckensack	, N	J. 076	06			
Scope of Work (Check all that apply)					· .	Containment with	,					
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□ ≥ 160 sf or ≥ 260 lf		Į.	□ Dem	olition		ebag Procedure Exempted (*) an	d Nan	iriahla Proces	turo			
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. Location of Asbestos-Containing Material (ACM)	Used	Sole	y by	Acho	Description stos Containing M		×	Amount	-		m	
TO BE ABATED	2004	ntenan ustodia			., thermal systems	insulation,		(Specify	Removal	Repair	ncal	Enclosure
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									4	Ш		_
Name of Parish						No.	-0	- 4EH				_
Name of Registered Waste Hauler Best Removal Inc	IDI		laste H	lauler	Cubic Yards of Waste /	Name of Regi		- FS		7	-	
Dest Vemoral IIIC	1		109		1720	Minerva	a Er	terpri	ses	, LI	¹C	
City, State					Disposal Date	City, State	25					
Hackensack , N.J. 07	601				2/1/16	Waynes	sbui	g, 0h,	44688	3		
Completed by Title					Signature /				ate ,	1		1
J.Maiorano Est:	imat	or			1 /40	عسمه ها	5_		1/25	1	b	

I TITLE OTTE

CK 317

Date of Notification (1)		Name of Building Owner/Operator (2)														
1/22/2016			Paran	nount Asse	ts					4 1						
Agencies Notified Type Notification		1	Street A	Address				1	U.F	9.1 r	- 0	201	j.			
☐ EPA ☑ Initial			142 E	Broad Stree	et 2nd floo	or										
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DOL Amendment Emergency			Eleza	beth NJ								8	-			
DOH justification)				of Contact		10		Tele	hone	Num	ber					
DCA Cancellation	1			rd Dunn				!								
Name of Facility NACL and About a 12 III	D) (0)		FAC	ILITY INFOR	MATION											
Name of Facility Where Abatement is Takir Private Property	ig Place (3)					Тур	oe of Facility (4	1)								
Street Address						School (K-1		ul.	14 40							
114-116 Main street						Other (i.e. private &			ne <mark>r t</mark> han K-12) & ommercial buildings, home					es.		
						0	etc.)									
City (5) Matawan NJ					10.00	uare Feet	# of F	oors				g. Age				
County (6)				0 1 (7)		18		2				50				
Monmouth County				Code (7) USE ONLY)		Cui	rrent Use (Pric	r if being	dem	olishe	ed)					
Name of Monitoring Firm Hired by Building	Oumor (0)		1 4001	M No.	New	f A	h t									
N/A	Owner (6)		N/A	VI NO.		me of Abatement Contractor (Spage Environment LLC										
Street Address			INA			et Add	-2002	LLC	_							
N/A							yette St									
City, State, Zip Code							Zip Code			-						
N/A							NJ 07015									
Project Manager for Monitoring Firm		T	elepho	ne No.		phone			icens	se No						
N/A		- 33	V/A				-0877	(124		•					
Start Date (10)	Scheduled			Date (11)			SHA Monitor		-				-			
2/1/2016	2/3/2016			()			rironmental	Corp								
Occupancy Status During Abatement (Chec	k Only One)				t Addr										
Facility Closed/Vacated During Entire I	Period of Ah	ateme	ent		233	3 Ro	ute 22 Wes	t								
Abatement Performed Outside of Norm	nal Facility F	lours	2110		City,	State,	Zip Code				-			-		
Other – Describe:							J 07083									
Scope of Work (Check All That Apply)		A														
≥3 sf or ≥3 lf	Rei	novati	vation				Full Containment with N				955111	-				
≥160 sf or ≥260 lf	☐ De	molitic	n			Mini-Enclosure Glovebag Procedure				. Figure 1 1000u10						
								d Lon-Friable Procedure								
	le l	ocatio	tion					() 4114	0111	Tidalic		Abate				
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TO BE ABATED In Facility	Custo				rmal system surfacing, V			(Spe			Rei	Z)	nca	Enc		
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	Yes	No	N/A								a	7	late	Ire		
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basement			Х	F	ipe insula	ation		50	F-		X					
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Newark Carting Inc		uler ID		Waste	125	1	953									
City, State	048	509			ISES Bethleha				iuliil							
Po Box 5670 Newark NJ 07105		Disposal Date														
Completed by							utt :r rd Bethlehem PA									
Carlos Gomes	, , ,							Signature								
	1 103100	,, , , L			1	100					1/22/2016					

CIL 5292

Date of Notification (1)	-1		1			g Owner/Operator		100	JAN 2	2 9	110		i	1
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	1 2 00//00/2001					ORMATION							-	_
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M. ED	DEL	4				t-ac	School (K-1							
Street Address					 ·		☐ Subchapter	8 (Othe	than K-12)					
	0020						DOTHER (i.e.)		commercial	buildin	js,			
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County (6)	70.52		-	Counti	Code (7) (STATE USE	Current Use (_	
BERG	25N		İ	ONLY		• • • • • • • • • • • • • • • • • • • •	Resi			200				
Name of Monitoring Firm	n Hired by Building Own	er /	ASCM	No.		Name of Abater	nent Contractor	(9)						
(8)			٠,			Best Re	moval Tr	10						
Street Address	· · · · · · · · · · · · · · · · · · ·					Street Address				-				
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City, State, Zip Code						City, State, Zip (
	•					Hackens	ack, N.	J. 0	601					
Project Manager for Mor	nitoring Firm	Te	lepho	ne No.										
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Start Date (10)	Scheduled C					Name of OSHA								
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Occupancy Status Durin	g Abatement (Check on	ly one)		5		Street Address	1 0.							
☐ Facility Closed/Vacate	ed During Entire Period	of Abate	ement	t			uyler St				_			_
☐ Abatement Performed ☐ Other – Describe: 8	Dutside of Normal Fac	ility Hou	irs +_	2 -		City, State, Zip C	ckensack	N	.T 076	06	+			
Scope of Work (Check a								, , _ ,	0. 070	-00				_
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□ ≥ 160 sf or ≥ 260 lf				☐ Den		☐ Glov	ebag Procedure			2				
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Hackensac	k , N.J. 07	601				Disposal Date	City, State	ahu-	* 0h	1.1.6	00			
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J.Maiorano	Est	imat	or				سمعمد	3			25	11	6	
ASB-41				n for as	bestos lic	ensure exempted	activities.			· ·		*		

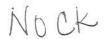
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Date of Notification (1)	25/16	1		ng Owner/Operator		n	JAM S	- 0	2010		ħ	
Agencies Notified BPA	Type Notification		Street Address	P	4		· August all The		7.1	1.0	=	
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DOH DCA	justification) Cancellation		Name of Conta				shone Number	Ħ.		1	=	
			FACILITY IN								=	
	Abatement is Taking Place	e (3)			Type of Facility	(4)						
RESID Street Address	tnce_				Other (i.e., p	8 (Oth rivate	r than K-12) commercial buildings,					
City (5) SEYA	ISLE CITY				Square Feet		Floors	100000	g. Ag			
County (6) CAPE			County Code (USE ONLY)	7) (STATE	Current Use (Pr		was a state of the second seco				=	
	Hired by Building Owner	AS	SCM No.		nent Contractor (9)					\exists	
(8)	A				nco Inc	- 1					_	
Street Address					5, 5 PAU	تک	Due.					
City, State, Zip Code				City, State, Zip C	Code LE SHAD	5,	V.J. 0	80:	52			
Project Manager for Mor	itoring Firm	Teleph	one No.	ense No OO44	4							
Start_Date (10) . 7 / 3 / 1 (Scheduled C	ompletio		Name of OSHA	Monitor Monitor	1~						
Occupancy Status Durin	g Abatement (Check only	one)		Street Address	, SPRUC		".,,=					
	ed During Entire Period of Outside of Normal Facilit		ent	City, State, Zip C						_	=	
Other - Describe:	Ouride of Horitia Facility	., 110013		M. & Pic	= SHADE	F , 1	1,5,0,	ده 8	2		_	
Scope of Work (Check a	Re	enovation emolition		Mini-En	ntainment with Ne closure ag Procedure cempted (*) and No			e				
	100	ocation		-					balen			
Location of Asbestos-Containing Machine For BE ABAT IN Facility (13)	of Used Mair ED Co	ormally If Solely to Intenance Staff? (12)		(mount pecify or LF)	Removal	Repair .	Encapsulate	Enclosure			
/:	Y≅		N/A	RANSITE			SOSF	X		-		
SIDIN			X	1403110								
						_		_		_		
				T A. His Valda	Name of Reg	ictoro	Landfill					
Name of Registered Was		Hau	DEP Waste uler ID No. 1904	Cubic Yards of Waste	C.M		M, U	1. 2	(e			
City. State	SHADE, N.	J.		Disposal Date	City, State	20	, INE , 1					
Completed By	Title	NEI	2	Signature	nh Klen		Date	- 25	-1	6		
				7								



STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT Date of Notification (1)

Date of Noțification (1)	,			TOTAL OF THE STATE OF THE							- 12
$\frac{1}{2} / \frac{22}{2} /$	2016			JCPenney							
Agencies Notified	Type of No	tification		Street Add 6501 Lega					AN 28	2016	11
EPA		Initial		THE R. P. LEWIS CO., LANSING, MICH.	, Zip Code			0	711 6	2010	7 200
		Amended		Plano, TX				*			
☑ DOH	777	Amendment #		Name of C				Telephor	Numbe	ř ;-;	11
☑ DOL		Emergency w	/ justification	Craig Dow	ns			la - C semin			2 54
		Cancellation	_	011 1507 111			6 1 mm 1	*	**************************************		
			FA	ACILITY IN	FORMATIO	N					
Name of Facility When	re Abatem	ent is Taking F	Place (3)		Type of Fa	cility (4)					
JCPenney Store #0700	0				_						
					2000000	School (K-					
Street Address Quaker Bridge Mall							er 8 (Other private &				
Quaker Dridge mail					_	bldgs., ho					
City (5)	County (6)		County Code ((7)	Square Fe	2014 Darwerson 1	# Of Floor:	s	Building		
Trenton	Mercer					0,000	2			+/-50	
					Retail	se (Prior if	being dem	olished)			
Name of Monitoring F	irm Hirad	by Bldg Own	or (8)	ASCM NO	Name of A	hatement (Contractor	(9)	-		
Hillman Consulting, L		by blug. Own	51 (0)	AUGUM NO	I Tallie Of A	Datomont .	0011111110101	(0)			
J,					NorthStar	Contractin	g Group, Ir	nc.			
Street Address					Street Add	Iress					
6121 Licolnia Road St	uite 300				22 M/:II:	a Darlavay	12				
City, State, Zip Code Alexandria, VA 22312					32 William	, Zip Code					
Project Mngr. For Mor		irm	Telephone Nu	mber	Oity, Otato	, zip ocac					
Craig Downs			908-721-2302		East Hano	ver NJ. 079	936				
Sheduled Start Date (10)	Sched. Comp	letetion Date (1		Telephone	Number		License	lumber		
$\frac{2}{}$ / 8 /	2016	6	/	2016		0.000			0/	1000	
Occupancy Status Du	ring Abot	/ Chook	Only 1)			2-3660 SHA Moni	tor			0860	
		ted During Ent					g Group, Ir	nc.			
Abatement		•			Street Add	Name and Address of the Owner, where the Parket of the Owner, where the Parket of the Owner, where the Owner, which is the Owner, which					
			lormal Facility								
			30 AM SUN-THU	RS 32 Williams Parkway City, State, Zip Code							
Other - Des	scribe:			East Hanover, NJ. 07936							
Scope of Work (Check	k All That	Apply)				,					
		_	1221 1750	_				_			
Demolition		~	Renovation		Full Conta Mini - Enc		th Negative	Pressure			
☐ ≥3sf or ≥3lf ☑ ≥160 sf or ≥				H	Glovebag						
	-			V			d Non-Fria	ble Proce	dure		
Location of		Is Location		Descripti sbestos - C				Abateme R	nt Type	E	E
Asbestos Contai Material (ACN	10000 ST0	Normally	As	Material (Amount	E	R	N	N
TO BE ABATE		Used	(1.	e., thermal	100 PC		(Specify	M	E	С	С
in Facility		Solely			acing, VAT	,	SF or LF)	0	P	A	L
(13)		by Main-	or	other misc	ellaneous)			V A	A	P	o s
		tenance/ Custodial						L	R	U	U
		Staff (12)						_		L	R
		YES NO N/A									
1st Floor			VAT and Masti	С			3,695 SF	~			
			-								
									-		
Name of Registered V	Vaste Hau		NJDEP Waste	Cubic	Name of R	Registered	Landfill				
Service Transport Gro			Hauler ID No.	Yards	Minerva L						
58 Pyles Lane			SW2117	of Waste							
City, State				Disposal	City. State 8955 Mine						
New Castle, DE.				Date	Waynesbu		ස්88				
Completed by (Print of	or Type)		Title		,	Signature				Date	
Richard P Semega Jr			Project Manag	ger		1	14				0/10-11-
			1			/ 4/	11.			1	01/26/16



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) January 22, 2016					Name of Buildi Exelon Gen			С		VEN		
Agencies Notified (x) EPA		Notification (x) Initial N	-070.000 A000		Street Address P.O. Box 38		Route 9		JAN 28 2	016		
(x) DEP (x) DOL (x) DOH (x) DCA		() Amende () Cancelle	d Certificati	ion	City, State, Zip Forked Rive		ersey 0873	han=	ASEESTOS CONT	rage a		
(X) DOA					Name of Conta Edwin O'Bri		Tel	Number				
				FACILITY IN	FORMATION							
Name of Facility Where Aba Oyster Creek Generati			<u>3)</u>		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12)							
Street Address	ing Otatio			(x) Other (i.e.			s., t	mes, etc.				
P.O. Box 388, U.S. Ro	Sq. Feet: ≤	25	# of Floo	rs: 📐	arious							
The state of the s	County (6) Ocean		County C (State Us		Bldg. Age Current Use (p	rior if being	demolished)_					
Name of Monitoring Firm Hi	red by Bldg.	Owner (8)	ASCM No	D.	L		Name of Con	trac	or (9)			
Accredited Environment			#00021				Advanced	Spe	cialty Contractors	S		
Street Address 28 North Pennell Road	i				Street Address 120 North Line Street							
City, State, Zip Code Media, PA 19063		City State, Zip, Lancaster, I		2								
Project Manager for Monitor Tony Smith	ing Firm	Telephone 1 610-842-0			Telephone Nui 800-437-04				nse Number 750 Type A			
Scheduled Start Date (10)		Scheduled (Completion	Date (11)	Name of OSH	A Monitor		_				
February 1, 2016		Decembe	r 31, 201		Kyle Macko	wn – Oys	ster Creek G	ene	rating Station			
Occupancy Status During A () Facility Closed/Vacated () Abatement Performed O	During Entir	e Period of Al	patement		Street Address P.O. Box 388, U.S. Route 9							
Describe					City, State, Zip Code Forked River, New Jersey 08731							
Other - N/A Describe - Notification is	for conting	jency, no pla	inned aba	tement								
Source of Work (Check all ti	hat apply)											
() Demolition (x) Renov () Large Proj. (>160 SF or : () Full Containment with N	>260 LF AC	CM) () SM P	roj. (>25<1) Mini-Enclos		60 LF ACM) (ve bag Procedu		Proj. (<25 SF o	r <1(LF ACM)			
Location of Asbestos- Containing Material (ACM) i	Is Loca	ation Normally by Maint./Cus	Used	Description of a	ACM (i.e.		Specify SF or I	_F)	Abatement Type			
Facility (13)	Staff?			surfacing, VAT	, or other				Rem. Rep. En	ncap Enclose		
Site-wide (contingency)	YES	NO	NA	misc.)			<25 SF	_	Helli. hep. Ell	LICIOSE		
Site-wide (contingency) x Misc.				IVIISC.			\25 51		+ + + + + + + + + + + + + + + + + + + +			
Name of Reg. Waste Hauler (PSC Industrial)	<u>D #</u>	Cubic Yards of <1	f Waste			e of Reg. Landfill onestoga Landfill	I					
City, State 2869 Sandstone Drive	, Hatfield,)				Disp. Date 12/31/16		City, State Morganto	wn, PA			
Completed by (Print or Type) Edwin O'Brien Title Sr. Environmental Chemist					Signature	wich		Dat	1/22/16			

Mail to: NJDEP-DSHW-BRRTP 401 F State St PO 414

401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620