Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) 3 0 201 Name of Building Owner/Operator (2) Date of Notification THE MEMORIAL HOSPITAL OF SALEM COUNTY 1-26-17 Street Address Agencies Notified Type Notification ASBESTOS CONTROL & 310 WOODSTOWN ROAD LICENSING Initial × City, State, Zip Code Amended DEP **SALEM, NJ 08079** Amendment # × DOL Emergency (including Telephone Number Name of Contact iustification) DOH KIM DOOLEY Cancellation × DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) THE MEMORIAL HOSPITAL OF SALEM COUNTY School (K-12) Subchapter 8 (Other than K-12) Street Address × Other (i.e. private & commercial buildings, homes, 310 WOODSTOWN ROAD etc.) Bldg. Age # of Floors Square Feet City (5) +/-50 200.000 2 SALEM Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) HOSPITAL SALEM Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) PEPPER ENVIRONMENTAL SERVICES, INC. **BLUESTONE ENVIRONMENTAL** Street Address Street Address 2251 FRALEY STREET 196 BEACH LAKE HIGHWAY City, State, Zip Code City, State, Zip Code PHILADELPHIA, PA 19137 HONESDALE, PA 18431 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01166 215-533-5155 570-892-1075 JACK JENKINS Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) BLUESTONE ENVIRONMENTAL 2-3-17 1-31-17 Street Address Occupancy Status During Abatement (Check Only One) 196 BEACH LAKE HIGHWAY Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: OCCUPIED HONESDALE, PA 18431 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf × Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Encapsulate Asbestos-Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)No N/A Yes 150 SF 9X9 VAT FIRE SUPPRESSION ROOM X X 30 LF **ACPI** X FIRE SUPPRESSION ROOM Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Hauler ID No. A & L SALVAGE SERVICE TRANSPORT GROUP Disposal Date City, State City, State LIBSON, OH MORRISVILLE, PA Date Signature Completed by 1-26-17 DIRECTOR OF OPERATION JENNIFER NIVEN



Date of Notification (1)					Non	o of Duildi	na Oumar/Ot	(0)	F P	E	7	// [	2 [
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Agencies Notified ⊠ EPA	Type Notif	ication			N. Contraction	et Address 81 Main S	treet		JAN	3 (	20	17	- 1111
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Newark Bay Bridge	- Structur	e N2.0	)1W					School (K-12					
Street Address  Newark Bay Bridge	e ( Spannir	ng Riv	er) in	side	walk			Other (i.e., pi	3 (Other than K-12 rivate and comme	2) rcial t	ouildin	gs,	
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County (6)					Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Essex & Hudson C								Bridge Side					
Name of Monitoring Firm I		11/270	wner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)					
Westcherster Enviro	onmental i	LLC			127		Graham-Tech	Environmenta	al Service, LLC				
Street Address							Street Address						
307 N. Walnut Stree	t						14 Read Drive	е					
City, State, Zip Code						\$6	City, State, Zip Co	ode					
West Chester, PA 19		¥0					Sicklerville, N	IJ 08081					
Project Manager for Monit	oring Firm			Tele	ephone	No.	Telephone No.		License No.				
Matthew Abraham						-7545	856-318-1341		01158				
Start Date (10)						ate (11)	Name of OSHA M	onitor					
/					_ /	17	Graham-Tech	Environmenta	al Services, LL	C.			
Occupancy Status During							Street Address						
☐ Facility Closed/Vacated	During Ent	ire Peri	od of	Abate	ment		14 Read Drive	9					
Abatement Performed ( Time of Abatement: 7A	Outside of N	lormal f ///	-acility	Hou	rs - Des	scribe	City, State, Zip Co	de					
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Scope of Work (Check all t	nat apply)						□ Eull Cont	nings and with Man	-t- D				
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City, State							Disposal Date	City, State					
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Completed By (Print or Type	e)	Title					Şignature	W	Dat	e			
Vernice Graham		Pre	sider	nt			Vando	0011	1	1.	21	- 1.	1-

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Street	Address								Addres N. Mic	ss dland Ave	١.						
City, S	State, Zip Code									ip Code ook, NJ 0	7663						
Projec	t Manager for Monit	oring Firm			Telephor	ne No.			none No 600-3			Licen 0130	se No. )5				
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Date of Notification (1) 1/24/17			Name of Albert	Building ( Brown	Owner/C	perator	(2)	A LIFE OF STREET		JAN	30	201	7	P
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City, State, Zip Code						100000000000000000000000000000000000000		Zip Code Brook, NJ (	7663	0				
Project Manager for Monitoring Firm	200		Telephor	ne No.		Teleph 201-		No. -3184		License 01305	No.			
	Scheduled 2/4/17	Com	pletion [	Date (11)		Name	of O	SHA Monitor						
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Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: 8 A.M. to 4 P.M.						City, S	State,	Zip Code		******				
Scope of Work (Check All That Apply)														
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Print Form

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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ounty							atement Cont	ractor (9)					
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						Street Addr	FOREST R	COAD					_
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Project Manager for Mo	onitoring Firm	Telepho	ne No.			609-890-7			0	0676			_
Project Manager 19					D-1- (11)		SHA Monitor						
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Street Address							X	Subchapte Other (i.e.	r 8 (Oth	er than K- & comme	-12) rcial bu	ildino	s, ho	mes,
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County (6) Sussex				Code (7) USE ONLY)				rent Use (Presidence	ior if bei	ng demol	ished)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	Л No.		Name	of At	atement Co	ntractor	(9)				
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Street Address						Street 426		ess Street						
City, State, Zip Code						City, S	state,	Zip Code						
						Gutt	enbe	erg, NJ 07	093					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				License	No.			
						201-	295	-1700		01074			-115	
Start Date (10) Jan 24/2017	Schedul Jan 27			Date (11)		25		SHA Monitor above						
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addr	ess		7				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	eriod of	Abatem	ent			City	toto	Zin Codo						
Other – Describe: Starting 8 AM	ai Facility	/ Hours			_	City, S	itate,	Zip Code						
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City, State Freehold, NJ					Dispo:	sal Date		City, Star						
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Date of Notification (1) 01=23-2017				of Building Ow ces Laione	/ner/Operato	r (2)		JΔ	N 3	0 20	17	-
Agencies Notified Type Notification	1		Street /	Address								
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X DOL Amendmer	nt #		Cranf	ord NJ 070	16			Comments Property lies	THE PART OF THE PART OF			
■ Emergency justification		İ	Name o	of Contact			Te	lephone	Numbe	r		
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Name of Facility Where Abatement is Taki	ng Place (3	)				Type of Facility	(4)					
Private Dwelling						School (K-						
Street Address						Subchapte Other (i.e.	er 8 (Oth	ner than	K-12)	ildina	hom	00
						Other (i.e. etc.)	private	& COITIII	ercial b	ıllaling:	s, nom	es,
City (5)						Square Feet	# 0	of Floors		Bldg.	Age	
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County (6)			County	Code (7)		Current Use (Pr		ing dem	olished)			
Union				USE ONLY) _		Private Dwe	_					
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.		of Abatement Co		r (9)				
Standard Environmental						x Contracting	LLC					
Street Address						Address						
2108 Fulton St Suite 2A					PO	30X 734						
City, State, Zip Code						State, Zip Code	-2000-000000	e-27				
Brooklyn NY 11233					Woo	dland Park N.	J 0742	24				
Project Manager for Monitoring Firm			Telepho			none No.		Licens				
Kayode Adefisoye				41-7673		692-6298		0126	6			
Start Date (10) 02-01-2017	Schedule 02-10-2			Date (11)		of OSHA Monitor x Contracting						
Occupancy Status During Abatement (Che	ck Only One	9)				Address						
			nont			3OX 734						
Abatement Performed Outside of Norr	nal Facility	Hours	s			tate, Zip Code						
Other – Describe:					44	dland Park No	10742	24				
Scope of Work (Check All That Apply)						alaria i alicino	, 0, 12					
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		ocat									temen ype	t
Location of Asbestos-Containing Material (ACM)	Used			Ashaataa	Description			00000000000		Т		Т
TO BE ABATED		tena			rmal systems	laterial (ACM) s insulation.		mount Specify	7	1 _	Enc	四
In Facility (13)	Custo	(12)	stan?	s	urfacing, VA	T, or		or LF)	Kemova	Repair	aps	clos
(13)		deserte.		Ott	ner miscellan	eous)			oval	air air	Encapsulate	Enclosure
	Yes	No	N/A								e	1000
Basement			×	р	ipe insulat	tion	6	0 LF	х			
								1221172	_	+		
									-	+		
Name of Registered Waste Hauler			IDED									
		3.6	JDEP W auler ID		ubic Yards Waste	Name of		red Land	dfill			
Amax Contracting LLC		V (420)	036184		CY	GROW	S					
City, State					sposal Date	A City, Stat	e					
Woodland Prk NJ 07424				1 1883	2-01-2017	Morrisv		A				
Completed by	Title				Signature	11/		)	Date			
Tome Maslarkov	Projec	t Ma	anager		1	le	1	,	01-23	-201	7	
	-				1 / /							

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

									III II. JAI	4 J U	20	1/	110
Date of Notification (1)					Name	of Buildin	g Owner/Operator (2	2)		1	10	7	
	26 /	17			Mes	ssercola	Excavating Co.,	Inc.		51		5	
Agencies Notified	Type Notifica	ation			Street	Address			ASBEST	OS O		++	_ &
⊠ EPA	☐ Initial						ield Road		L.	CENC	111172		
□ DOLWD	☐ Amended	i		-	10000000	state, Zip (							
□ DOH	Amendme	ent #				negat, N							
☐ DCA	⊠ Emergen		uding			of Contac			Telephone Num	har			
(NJAC 5:23-8)	justification								Telemina kim				
	☐ Cancellat	101			25560		essercola						
					FAC	CILITY IN	IFORMATION		ven				
Name of Facility Where A	Abatement is T	aking F	Place	(3)				Type of Facility (	(4)				
Residence								School (K-12)		21			
Street Address									(Other than K-1)		ildina	S	
								homes, etc.)	rvate and comme	i olai bu	namg	Ο,	
City (5)		-1122						Square Feet	# of Floors	Blo	dg. Ag	ge	
Cranford								2000 sf	2		65		
County (6)					Cour	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demol	shed)			
Union						,		Residence		S.			
Name of Monitoring Firm	Hired by Build	ding Ow	ner (	3)	ASCM	No	Name of Abateme						
Guardian Contracti		anig On	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	100111			ntracting, Inc.					
Street Address	ing, ino.	-					Street Address	macing, mc.					_
								Limit 64					
1889 Rte. 9, Unit 61							1889 Route 9						- 1
City, State, Zip Code							City, State, Zip Co						
Toms River, New J								New Jersey 08					
Project Manager for Mon				100000000	phone		Telephone No.		License No.				
Nicholas Fernicola				10000	2-349		732-349-9932	2	00624				
Start Date (10)		Schedul					Name of OSHA M						
01 /26 /	17	01	_ /	_ 27	_ / -	17	E.M.S.L. Ana	lytical					
Occupancy Status During	g Abatement (	Check o	nly o	ne)			Street Address						
□ Facility Closed/Vacate	ed During Enti	re Perio	d of A	Abater	ment		1056 Stelton						
☐ Abatement Performed	Outside of No	ormal Fa	acility	Hour	s - Des	cribe	City, State, Zip Co	ode					
Time of Abatement: _	AM	PM/		_PM-	1/2	AM		New Jersey 088	854				
Scope of Work (Check al	I that apply)												
								tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf		-	_	novati nolitio			Mini-End						
≥160 sf or ≥260 lf		Z	7 Der	nolitic	n			g Procedure empted (*) and No	n-Friable Proced	ıre			
			ls	Locat	ion						atem	ent T	vne
Location	of		Ν	lorma	lly		Description of	of			1	1	1
Asbestos-Containing		1)		d Sole ntena			stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	nc	Enclosure
TO BE ABA IN Facili					Staff?	(i.e	e., thermal systems surfacing, VAT		(Specify SF or LF)	3701	ar.	sde	uso
(13)	ty		700000	(12)			other miscellane		SF OI LF)	<u>m</u>		Encapsulate	ē
()		,	Yes	No	N/A							Ф	
basement		1				ro clos	ning of pipes		50 If				
Dasement					-	Te-ciea	illing of pipes		30 11		Ш		
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	7	П						П	П				
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Name of Registered Was				13.53	JDEP \ auler II		Cubic Yards of Waste	Name of Regis	tered Landfill				
Guardian Contracti	ng, Inc.				20223		1	T.R.R.F.					
The Marie Committee of the Committee of				-			Discount Date	City, State					
City, State							Disposal Date	City, State					
City, State Toms River, New Je	ersey						1/27/17		Pennsylvania				
		Title					A service and a		1	até	I		

ASB-41 JAN 13

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

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) Jonathan Thomas 1/25/2017 Street Address Agencies Notified Type Notification [X] Initial [ ]EPA Notification ASBESTOS CONTROL & City, State, Zip Code [ ]DEP LICENSING [ ] Amended Chatham, NJ, 07928 [X]DOL Notification Name of Contact Telephone Number [X]DOH [ ] EMERGENCY Jonathan Thomas [ ]DCA [ ]Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Jonathan Thomas [ ]School (K-12) [ ]Subchapter 8 (Other than K-12) Street Address [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) City (5) County (6) 1950 2 81 (STATE USE ONLY) Chatham Essex Current Use (Prior if being demolished) Name of Abatement Contractor (9) Name of Monitoring Firm hired by Building ASCM No. Owner (8) AZTECH MANAGEMENT, Inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number License Number Telephone Number 00371 (973)744 - 8800N/A Sched. Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 2 -6-2017 N/A 2017 Month Day Year Month Day Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) [ ]Full Containment with Negative Pressure [ ]Mini-Enclosure [X]Renovation [X]>3 sf or >3 lf [X]Glove-bag Procedure [ ]>160 sf or >260 lf [ ]Demolition [ ]Non-Friable Procedure Abatement Type Location Description of ENCHOSU Location of Normally NCAPSU Asbestos-Containing Asbestos-Containing Amount REP Used Material (ACM) (Specify Solely Material (ACM) M O V By Maintenance/ SF or TO BE ABATED (i.e., thermal systems AI Custodial Staff (12) LF) In Facility insulation, surfacing, VAT, AL or other miscellaneous) (1.3)R No N/A X 105 X Pipe insulation Basement Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste 1.5 Minerva Enterprise INC AZTECH MANAGEMENT, INC. 17040 City, State Disposal Date City, State Waynesburg, Ohio 44688 2-7-17 Montclair, NJ 07042 Completed By (Print or Type) Title Signature 1/25/2017 Constantine Vivian President

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Completed By (Print or Type)

Title

Christina Lynch

CL36	99	NOTI		ATION	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:10		BEG				
Date of Notification (1)	26 / 17					g Owner/Operator ( of Lima School	2)	JAN	3 0	50,	17	
Agencies Notified  EPA  DOLWD	Type Notification  ☑ Initial ☐ Amended			Stree	t Address  O Kings H  State, Zip (	lighway		ASBESTO	OS CO	ONT	ROL	.&
☑ DOH □ DCA (NJAC 5:23-8)	Amendment #		3	Name	of Contac			Telephone Numb	oer			
	Caricellation				ke Hardy				-			
Name of Facility Wileson	Abstament is Takin	a Diago	(2)	FA	CILITY IN	NFORMATION	Type of Encility	(4)				-
Name of Facility Where Saint Rose of Lim		g Place	(3)				Type of Facility  ☐ School (K-1: ☐ Subchapter		)			
Street Address 300 Kings Highwa	у						Other (i.e., phomes, etc.	orivate and commer )	cial bu		9723	
City (5) Haddon Heights							Square Feet 20,000	# of Floors		dg. Ag <b>80</b>	ge	
County (6) Camden				Cou	nty Code (	7)(STATE USE ONLY)	School	rior if being demolis	shed)			
Name of Monitoring Fire MDG Environmen		Owner (	(8)	ASCM	No.	Name of Abatem	ent Contractor (9 onmental, LLC					
Street Address 1000 Maplewood I	Orive, Suite 270					Street Address 623 Cutler A	venue					
City, State, Zip Code Maple Shade, NJ (	08052					City, State, Zip C Maple Shade						
Project Manager for Mo				lephone		Telephone No.		License No.				
Chris Macri				356-755		856-755-0099		00842				
Start Date (10) 02 /11				letion Da		Name of OSHA N EMSL Analyt						
Occupancy Status Durin				ement		Street Address 200 Route 13	30 North					
Abatement Performe Time of Abatement:						City, State, Zip C						
Scope of Work (Check: ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)	⊠ Re	nova				g Procedure	gative Pressure	re			
		Is	Loc	ation						atem	ent T	уре
Locatio Asbestos-Containing TO BE AB IN Fac (13)	g Material (ACM) SATED ility	Use Ma	inter	olely by nance/ ol Staff?	(i.e	Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Room 101					-	ed Ends of Pipe	Insulation	4 LF				
Name of Registered Wa Freehold Cartage	ste Hauler			NJDEP Hauler I 1593	D No.	Cubic Yards of Waste	Cumberla	stered Landfill nd County Land	Ifill	- 120 100-		
City, State Freehold, NJ						Disposal Date 02/11/2017	City, State Newburg,	PA				
Completed By (Print or	Type) Title	e				Signature		Da	ate			

Vice President of Operations

Signature

010	١.		NO	TIFIC	ATIO	State of	New Jersey SBESTOS ABA	TEMENT		n			
1 W) (	'K		.,,	(F	ursua	ant to NJ	AC 8:60 and 5:	16)		g 1	п п	7 5	
Date of Notification (1)					Nan	ne of Buildi	ng Owner/Operator	(2)	11 E	G E		// [	
9 /	19 /	1	6			ears Hold		(2)					
Agencies Notified	Type Notif	fication	1		Stre	et Address				AN 3 (	1 0/	117	
⊠ EPA					33	333Bever	ly Road			AN 3 (	1 21	11/	ļ.
☑ DOLWD ☑ DHSS	⊠ Amend		4C 4 14	0/47		State, Zip	*						-
□ DCA	Amend Emerge				Н	offman E	states IL 60179		ASBES	STOS C			_ &
(NJAC 5:23-8)	justifica		noidan	ig	Nam	ne of Conta	ct		Telephone 1	Number	SIN(-	7	
	☐ Cancell	lation											
					FA	ACILITY I	NFORMATION						
Name of Facility Where A			ng Plac	e (3)				Type of Facility	/ (4)				
Sears #1434 (Willo	wbrook M	all)						School (K-1	2)				
Street Address								☐ Subchapter ☐ Other (i.e., )	8 (Other than I	K-12) nmercial h	mildir	200	
50 US Highway 46								homes, etc.	.)	milorolar k	Janan	igo,	
City (5)								Square Feet	# of Floors	E	3ldg. A	Age	- 100
wayne County (6)								300000	2		76		
Passaic					Cou	inty Code (	7)(STATE USE ONLY)	A STATE OF THE STA		nolished)			
Name of Monitoring Firm	Hirad by Ru	ildina	Ouman	(0)	1001	4.51	1	Departmen					
Creative Environme			Owner	(8)	ASCN	I No.		ent Contractor (9	50				
Street Address	iitai Soiut	20115						NVIRONMENTA	L, INC.				
39 West 37th Street,	14th Floor						Street Address	D OTDEET					
City, State, Zip Code							1123 BEAVE						
New York NY 10018							City, State, Zip C BRISTOL, PA						
Project Manager for Monit	orina Firm			Tel	ephone	No	Telephone No.	4 19007	Transa Na				
Amarr Soler	-					0-6323	215-788-6040	n	License No 00509				
Start Date (10)	T	Sched	duled (	11 13 13 1		ate (11)	Name of OSHA		00000				
10 /3 / _	16	-	2	2	3_/	80. 000		VIRONMENTA	L, INC.				
Occupancy Status During							Street Address						
☐ Facility Closed/Vacated ☐ Abatement Performed (	During Ent	ire Pe	riod of	Abate	ment		1123 BEAVE	R STREET					
Time of Abatement:	AM	PM	/9:00F	y Hou PM- <u>8:</u>	00AM	scribe	City, State, Zip C BRISTOL, PA						
Scope of Work (Check all t	hat apply)						BRISTOL, PA	19007					
☐ >3 sf or >3 lf			M D	enovat	ion		☐ Full Con	tainment with Neg	gative Pressure				
≥160 sf or ≥260 lf				emoliti			Mini-End     Gloveba	closure g Procedure					
							☐ Non-Exe	mpted (*) and No	n-Friable Proce	edure			
Location o	f		1	Loca Norma			2 4 4			Ab	atem	ent T	уре
Asbestos-Containing M	aterial (ACN	Л)	Use	ed Sole	ely by	Asbe	Description of stos Containing Ma		Amount	R	Re	m	m
TO BE ABAT IN Facility				intena todial	nce/ Staff?	(i.e	., thermal systems	insulation,	(Specify	Remova	Repair	cap	clos
(13)			Ous	(12)	otan :		surfacing, VAT other miscellane		SF or LF)	\\\ \delta \\	]	Encapsulate	Enclosure
			Yes	No	N/A		other miscellane	ous)				ate	
New Stock Room Area	-2 <sup>ND</sup> Floor					Spray-c	n Fireproofing		980 SF				
Middle Area of 2 <sup>nd</sup> Floo					$\boxtimes$	Spray-c	n Fireproofing		1560 SF		П	П	П
Outside New Stock Ro	om Area-2	2nd			$\boxtimes$	Spray-o	n Fireproofing		480 SF				
Middle area of first floo	or					Spray-o	n Fireproofing		3000 SF				
Name of Registered Waste				1000	JDEP V	N104000000000	Cubic Yards of	Name of Regis	tered Landfill				
SERVICE TRANSPOR	RT GROUP	P, INC	). 	H	auler IE 20990	200000000000000000000000000000000000000	Waste 30	MINERVAL					
City, State NEW CASTLE, DE 19	720						Disposal Date	City, State	una s				$\neg$
							tbd	WAYNESB	URG, OH 446	888			
Completed By (Print or Type Pat Decaro	e)	Title	timat	or			Signature	Car		Date / 19	//	7	
							IM DE	JUN .		/ "	11	1	- 1

8						State of I	New	/ Jersey		1000				
NO (	1		NO	TIFIC	CATIC Pursu	ON OF AS	SBE	STOS ABA 8:60 and 5:	ATEMENT 16)		E.S.	E		V
Date of Notification (1)	100				Nar	ne of Buildi	ing C	Owner/Operator	r (2)	11 11 11	9.			
9 /	19 /	1	16			ears Hold			\$-7.		.IAA	3	0 20	017
Agencies Notified	Type Notif	ficatio	n		Stre	et Address				[H L]	0711	0	0 21	JII
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⊠ DOLWD			772 200			, State, Zip	50			As	SBEST	OS C	ONI	BOL
□ DHSS	Amend				1,17			es IL 60179		Section 1 (respect to the America)	LI	DEM	SING	i Tremous
DCA (NJAC 5:23-8)	☐ Emerge justifica		includir	ng		ne of Conta		CS IL 00173		T- 1				
(1.5.10 0.20 0)	☐ Cancel				l van	ic or conta	ICI.			Telephone	Number			
					F	ACILITY II	NFC	DRMATION						
Name of Facility Where A			ng Plac	e (3)		Marie Commission Commission			Type of Facility	(4)				
Sears #1434 (Willo	wbrook M	lall)							School (K-12					
Street Address									─ Subchapter	8 (Other than	K-12)			
50 US Highway 46									Other (i.e., p	rivate and co	mmercial	build	ngs,	
City (5)									Square Feet	# of Floor:	s	Bldg.	Age	
wayne									300000	2		76	J	
County (6)					Cor	unty Code (	(7)(S7	TATE USE ONLY)	Current Use (Pr	ior if being de	emolished	1)		
Passaic									Department			,		
Name of Monitoring Firm				(8)	ASC	Л No.	N	ame of Abatem	nent Contractor (9)					
Creative Environme	ntal Solut	ions							VIRONMENTA					
Street Address							_	reet Address		•				
39 West 37th Street,	14th Floor							1123 BEAVE	R STREET					
City, State, Zip Code							Ci	ty, State, Zip C	ode					-
New York NY 10018								BRISTOL, PA	A 19007					
Project Manager for Monit	oring Firm			Tel	ephone	No.	Te	elephone No.		License N	0			
Amarr Soler				2	12-29	0-6323		215-788-6040	0	00509				
Start Date (10)		Sche	duled C	ompl	etion D	ate (11)	Na	ame of OSHA N	Monitor				-	
10 /3 / _	16	_	2 /	_2	8_ /	17	1	BRISTOL EN	IVIRONMENTAL	_, INC.				
Occupancy Status During	Abatement	(Chec	k only	one)			-	reet Address						
☐ Facility Closed/Vacated	During Ent	tire Pe	eriod of	Abate	ement			1123 BEAVE	R STREET					
Abatement Performed	Outside of N	Norma	l Facilit	у Ноц	rs - De	scribe		y, State, Zip C						
Time of Abatement:	AM	PN	1/ <u>9:00</u> F	PM- <u>8:</u>	00AM			BRISTOL, PA						
Scope of Work (Check all t	hat apply)								W. 1000000000000000000000000000000000000	-				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re	novat				Mini-Enc	tainment with Neg closure g Procedure	ative Pressur	е			
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1			1 100	Loca								bater	nent T	уре
Location o Asbestos-Containing M		A)			ely by	Ashor	ctoc	Description of			-		1	-
TO BE ABAT	ED	,		intena		(i.e.	., the	Containing Ma ermal systems	insulation.	Amount (Specify	1	Repair	nca	nclo
IN Facility (13)			Cusi	odial (12)	Staff?	1000.000	5	surfacing, VAT,	or	SF or LF	) Va	.   =	Encapsulate	Enclosure
(13)			Yes	No	N/A	1	ot	her miscellane	ous)				late	O)
2 <sup>nd</sup> floor						Vat/mas	stic			8000 SF		1		
Elevator Area (1st floor	)					Mastic				20 SF				
1st Floor Hallway						Vat/mas	stic			150 SF	-	-	H	
!st Floor Stockroom						Vat/mas				700 SF				
Name of Registered Waste	Hauler			IN	JDEP			oic Yards of	Name of Registe		162			
SERVICE TRANSPOR	RT GROUP	, INC	<b>.</b>	Н	auler II	200000000000000000000000000000000000000	Was	ste	MINERVA L					
City, State					20990		Disr	oosal Date	City, State					
NEW CASTLE, DE 19	720							od Date	WAYNESBL	JRG, OH 44	688			
Completed By (Print or Type	e)	Title						Signature (	h		Date			
Pat Decaro		Es	stimat	or				Pot 10	ing			10/	, ~	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 9 16 Sears Holdings 3 0 2017 JAN Agencies Notified Type Notification Street Address **⊠** EPA 3333Beverly Road □ DOLWD City, State, Zip Code □ DHSS Amendment #6-1/19/17 LICENSING Hoffman Estates IL 60179 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Sears #1434 (Willowbrook Mall) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 50 US Highway 46 homes, etc.) City (5) Square Feet # of Floors Bldg. Age wayne 300000 2 76 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Passaic Department Store Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Creative Environmental Solutions BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 39 West 37th Street, 14th Floor 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code New York NY 10018 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Amarr Soler 212-290-6323 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_10\_\_ / \_\_3 \_ / \_16 2 / 28 / 17 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_ PM/9:00PM-8:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ≥3 sf or >3 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal Enclosure Asbestos Containing Material (ACM) Repair Amount Maintenance/ ncapsulate TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st Floor Women's Clothing X Fireproofing 360 SF M 1st Floor Women's Clothing/Shoes X Fireproofing 500 SF X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 30 City, State Disposal Date City, State NEW CASTLE, DE 19720 tbd WAYNESBURG, OH 44688 Completed By (Print or Type) Title Signature 2 Pat Decaro Estimator

State of New Jersey



#### State of New Jersey

Print Form

00010		NO	(Pursua	ON OF AS	BESTOS C 8:60 ar	ABATE 1d 12:12	MENT (0)		1.63	. ^	0 0/		1	
Date of Notification (1)				e of Buildin			18.	ШШ	JAN	1 3	U 20	J1 /		
1-24-2017			Mor	rticello E	quity Pr	opertie	s, LLC							
Agencies Notified Type Notificati	on			t Address				AS	3BEST				1.8	
EPA Initial DEP				Monticel		iue				CEN	SINC	<u>i</u>		
X DOL Amended Amended				State, Zip ( ey City, I		14								
▼ Emergend	cy (includi	ng	1.	of Contac		J4 								
DCA justification Cancellation				ald Eglen				Tele	phone N	lumhe	r			
Name of Carthy Ma				CILITY INF		ION					-			
Name of Facility Where Abatement is Tall Residential	king Place	(3)					Type of Facility	(4)					_	
Street Address							School (K	I (K-12)						
							Subchapte	er 8 (Other	r than K	-12)				
City (5)							Other (i.e. etc.)	private &	comme	rcial bu	ıilding:	s, hor	nes	
Jersey City, NJ 07304							Square Feet	noo						
County (6)			County	y Code (7)			4000	2			75+			
Hudson			(STATE	E USE ONLY	Y)		Current Use (Pr	nor if being	g demoli	ished)				
Name of Monitoring Firm Hired by Building	g Owner (	(8)	ASC	CM No.		Name	of Abatement Co	ntractor (	2)				_	
Ctroat Add						Gree	n Environmer	ntal Serv	vices. L	LC				
Street Address				And the second			Address							
City, State, Zip Code							/irginia Avenu							
, J.							ate, Zip Code	20200						
Project Manager for Monitoring Firm	ct Manager for Monitoring Firm						y City, NJ 07	304						
Ani-07 1900-05-05-05-05-05-05-05-05-05-05-05-05-0	Ass-67 (19.5%) and the Perfection (19.5%) and th						one No. 33-8855		license 1174	No.				
Start Date (10)	Schedu	uled Co	mpletion	Date (11)			of OSHA Monitor		11174					
1-25-2017	1-25-	2017					as above							
Occupancy Status During Abatement (Che					Address					-				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of	Abate	ment		ate, Zip Code									
Other – Describe:	mai Facili	ty Hour	'S											
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf		Renov	ation				7							
≥ 23 st or ≥ 23 lf ≥ 160 sf or ≥ 260 lf		Demoli					Full Containment with Negative Pressure Mini-Enclosure							
						×	Glovebag Procedure							
		s Locat	ion				Non-Exempted	(*) and N	ion-Friat	ble Pro	220 6-			
Location of		Norma	lly		Desc	cription o					Abate Ty	ement pe	ě	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>		ed Sole aintena		Asbest	os Contai	ining Ma	terial (ACM)	Amo	unt					
In Facility		stodial		(i.e.	thermal s	ystems i ng, VAT,	nsulation,	(Spe		Re	Z,	nca	Enc	
(13)		(12)			other mi	scellane	ous)	SF or	LF)	Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A							<u>a</u>		late	Ire	
Roof		X			Roof	materia	al	1200	SF	x			_	
								1			_			
N										-				
	-													
Jame of Registered Waste Hauler		I N	JDEP W	aste T	Cubic Ya	arde								
Green Environmental Services, IIc	auler ID	No.	of Waste		Name of F									
City, State	0034889 5				G.r.o.w.	o.w.s. North Landfill								
ersey City, NJ			Disposal Date City, State 1-25-2017 Morrisville									-		
Completed by	Title						Morrisvi	lle, PA						
iliana Serrano		e Man	ager		Sign	nature			Da		47			
	a Serrano Office Ma						nager 1-24-2017							

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(n)	E	C			$\mathbb{V}$	E	In
M		JAN	3	0	2017		

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Date of Notification (1)	25 /	17				of Building	Owner/Operator (2	2)		JAN 3	0 2	017	The same of the sa	
/			_										-	
Agencies Notified	Type Notifica	ation			Street	Address				ASBESTOS	CON	TEC	11 8.	
⊠ EPA ⊠ DOLWD	☐ Initial ☐ Amended									LICEN	ISIN	3	La	
☑ DOLWD	Amendme				City, S	tate, Zip C	ode	1.	-	Last No last	4011.4			
□ DCA	☐ Emergend	CONTRACTOR OF			Mar	ntua, NJ (	08051							
(NJAC 5:23-8)	justification		uumg		Name	of Contact			T	elephone Numb	er			
	Cancellat	ion			Bill	White - 0	COIT Cleaning			<u> </u>				
					FAC	CILITY IN	FORMATION							
Name of Facility Where A	Abatement is T	aking l	Place	(3)				Type of Facilit	ty (4)					
Fields Residence								School (K-						
Street Address										Other than K-12) ate and commerc	ial hu	ildina	6	
								homes, et		ite and commerc	iai bu	numg	5,	
City (5)					- 715			Square Feet		# of Floors	Blo	dg. Ac	10	_
Mantua								2,600		2		30	, -	
THE PROPERTY OF THE PROPERTY O						. 0 1 77	VOTATE LIDE ONLY		Dring	if being demolish				_
County (6)					Coun	ity Code (/	)(STATE USE ONLY)	ieu)						
Gloucester								Residence						
Name of Monitoring Firm					ASCM	No.	Name of Abateme							
Mgmt. & Environme	ental Consul	Iting S	Servi	ces			Shade Enviro	onmental, LL	C					
Street Address							Street Address							
PO Box 341							623 Cutler Av	/enue						
City, State, Zip Code							City, State, Zip Co	ode						
Chesterfield, NJ 08	515						Maple Shade							
Project Manager for Moni				Tolo	phone	No	Telephone No.	,		License No.	-			-
	itoring r iirii				9-298		856-755-0099		00842					
Bill Weisgarber	T_	S - L L -	11-0				Name of OSHA M			000-2				
Start Date (10)	200-20				tion Da									
02/09/	_1/_	_ 02	_ /	_1/	_ / -	17	EMSL Analyt	ical, inc.						
Occupancy Status During	Abatement (0	Check	only o	ne)			Street Address							
	ed During Entir	re Perio	od of A	Abater	nent		200 Route 13	0 North						
Abatement Performed	Outside of No	ormal F	acility	/ Hour	s - Des	cribe	City, State, Zip Co	ode						
Time of Abatement: _	AM	PM/		_PM-		AM	Cinnaminsor	. NJ 08077						
Scope of Work (Check all	I that annly)													
Geope of Work (Officer all	triat apply)							tainment with N	legati	ve Pressure				
≥3 sf or ≥3 lf		0	-	novati			☐ Mini-Enc							
≥160 sf or ≥260 lf		L	_ Dei	molitic	n			g Procedure	Non-F	riable Procedure	2			
			l.	1 4		T	M Moll-Exe	inpled ( ) and i	1011-1	Table Freeday	1	ateme	T	
	- =			Locat Iorma			Description of	.f						1
Location Asbestos-Containing		n		d Sole		Ashe	stos Containing Ma			Amount	Removal	Repair	Enc	Enclosure
TO BE ABA		"		intena			., thermal systems			(Specify	Nou	oair	ap	los
IN Facili	ty		Cust	odial (12)	starr?		surfacing, VAT			SF or LF)	<u>a</u>		Encapsulate	ure
(13)		+	V		NUA		other miscellane	ous)					te	
Futurian		-	Yes	No	N/A	Cidina			+-	330 SF			$\Box$	
	Exterior					Siding			+	230 SF				
Laundry Room						Siding			+		100			
Attic						Vermic	ulite		1,000 SF 🗵 🗆 🗆					
Name of Registered Waste Hauler NJDEP W														
Freehold Cartage Hauler ID No. 15939						Waste 5	Cumberland County Landfill							
City, State						Disposal Date	I Date City, State							
Freehold, NJ					02/17/2017 Newburg, PA									
								Dai	6					
Completed By (Print or Type)  Title						Signature			Da	n.	4-			
Christina Lynch Vice President of Operations						ns ( M	(44)	>		25	117	100		

25 2017 05:00PM NJ / ≥/13/2033 14:17 FAX	Asbestos Contr	00 10	9,633,0	664		Ì	page	1		E C			V [	己之
CK459	33	NOTI	FICATIO	tele of N N OF AS t to NJA	BESTOS	ABATE	MENT	and a second sec		JAh		2	J 7	rim
Date of Notification (1) 01/25/2017			Name o	of Bullding	Owner/	Dperator	r (2)	1 1	Dig	-		1210	1110	18
M EPA M	Notification nitial		Street A	Address Hifton A	V8				d/:			7/	7	
▼ DOH N E	mended mendment # mergancy (includir stification)	ng.	Cliftor Name o	ate, Zip ( n, NJ 0) of Contac	7013			F-M	AIVE	RAR	PR	)VE	<u> </u>	
Name of Facility Where Abatem	ancellation			rchionn		ION								~
Street Address 136 Valley Road	AW I SKING PIECE	(3)					X	of Facility ( School (K-1 Subchapter Other (i.e. p etc.)	2) 3 (Othe	rthan K	-12) role: bu	ild Ing	s, hom	nes.
City (4) Clifton								re Feet	# 01	Floora	T	Bldg.	Age	
County (8) Pasisalo Name of Monitoring Firm Hirad b			(STATE	Code (7)	m m		scho				lshe:d)		;	
Ahera Consultants,Inc	y Suiding Owner (	8)	ASCI	vi No.		Name Lilich	Corp	tement Con oration	tractor	9)			1	
Street Address POEI 385						Street	Addres						-	
City, State, Zip Code Oceanville, NJ 08231						City, S	tate, Zi	p Code Park, NJ	07424	ļ			<del>.</del> !	
Project Manager for Monitoring F John Smoyer	irm		Telepho 609-65	ne No. 52-1833	3		one No 225-8			License 01104	No.			_
Start Date (10) 01-26-2017	Schedi 01-27	led Cor	noisilan	Date (11)		Name	of OSF	ia Monitor					1	
Decupancy Status During Abatan Facility Closed/Vacated During Abatament Ferformed Outsi	ing Entire Period of		nent			Street /	Addres Rout	e 22 Wes		tories			-	
Cops of Work (Check All That A	7	.,				City, St Unior	n, NJ	07083						
23 st or ≥3 it 1180 st or ≥280 if	УРIУ)	Renovi Demoli	tion ion			XX	Glo	Centainma l-Enclosure yebag Proc- -Exempted	adure				!	141-20-0
Location of		s Locat	ly		_1000			artamptes	Cario	ISSIFFIIA	DRI FIL	Abat	emen!	t
Aubestos-Containing Material <u>TO BE ABATED</u> In Facility  (13)	M	ed Sole aintena stodial 8 (12)	nce	Asbas (i.e.	tos Conti thermal surfac	cription sining M systems ing, VAT iscellant	aterial insulat	(ACM)	(Sp	ount ecity or LF)	Removal	Repair	Encapsulate	Endosure
Storage sage	Yes	No	N/A				- 6				<u>a</u>	! ~	fate	ā
storage room		-	×	F	ipe insu	ulation (	(0&M	)	9	_F	×	-		
											-			
ams of Registered Wealb Heuler			INFR											
lich Corporation		H	JOEP Will auler ID 1 3724		Oubic 1			Name of R			B			900
ly, State oodland Park, New Jersey	/				Disposi	Dete	7	City State Morrisville	e, PA					
ampleted by	Title	ident			SH	nature)		1		I D	ats			

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- 0 v vi		(P	ursuant	to NJAC 8	8:60 and 12:	120)			In		200			
Date of Notification (1) 1/26/17					Owner/Opera Private H				land land.	J <i>F</i>	AN 3	0 2	017	1
Agencies Notified  Type Notification  EPA DEP Amended Amendment	#			ddress ite, Zip Coo NJ 08724						LASBES	STOS			L 8
☐ DOH justification) ☐ DCA ☐ Cancellation	(including		Name of Larry	Contact					Telep	hone Nu	umber			
Name of Facility Where Abatement is Takin Larry Wehrlen Private Home	g Place (3	3)	FACI	LITY INFO	RMATION	1	Туре	of Facility (4)						
Street Address							×	Subchapter 8 Other (i.e. pri etc.)	(Other			dings	home	es,
City (5) Brick NJ 08724							100		# of F			31dg. <i>A</i> 35+	\ge	
County (6) Ocean	0 (0)			JSE ONLY)			Но	use & Gara						
Name of Monitoring Firm Hired by Building 6 N/A Street Address	Owner (8)		ASCM	1 NO.	Pe		aco	Inc.	il Contractor (9)					
City, State, Zip Code					P	PO Box 329 City, State, Zip Code								
Project Manager for Monitoring Firm	507 507							rlin NJ 08091 No. License No.						
Start Date (10)							'53-	9800 SHA Monitor		00727	* 223800			
2/6/17	2/10/1		inpicatori	Buto (11)		ame								
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:	Period of A	Abaten				eet A	1207000	Zip Code						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If		Renova Demolit				X	Mi	ull Containmer ini-Enclosure lovebag Proce on-Exempted	dure				e	
Location of	1	Locat Normal d Sole	lly		Descript								ement /pe 	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma Cus	intena todial ( (12)	nce/ Staff?	os Containin thermal syste surfacing, other misce	ems VAT	insu , or	lation,	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure	
exterior siding house	Yes	No	N/A X		exterior	eidi	na	-	140	0 SF	×	-		
exterior siding garage						sidi			200	) SF	x			
Name of Registered Waste Hauler United Roll Off	H	JDEP W lauler ID 22459	(Ca) (2/2)	Cubic Yard of Waste 5	ls		Name of R G.R.O.V	V.S.	ed Landf	ill				
City, State Elm NJ			Disposal D 2/10/17	ate		City, State Morrisvi		19067						
Completed by Anthony T Perna	ident	Signature Date 1/26/17												



#### State of New Jersey

017170	NO			OF ASBE NJAC 8				Т	K					And the property of the second
Date of Notification (1) 1-23-2017				Building C a Excav				on		JAN	3 0	-20	1/	Saute 22
Agencies Notified Type Notification  EPA   Initial			Street Add	dress phens (	State Pa	ark R	oad		,	ASBESTO LIC	S C			. &
DEP Amended Amendment #				e, Zip Cod stown, I		40								
□ DOH	ncluding	4. 6	Name of 0 Emal D						Tele	phone Num	ber			
			FACIL	ITY INFO	RMATIO	N						Verial S		
Name of Facility Where Abatement is Taking Residential	Place (3)						Тур	School (K-1: Subchapter	2)	or than K 12)				
Street Address							×	Other (i.e. p etc.)	rivate 8	commercia	l build			s.
City (5) Florham Park, NJ 07932							Sqi 80	uare Feet 00	# of 2	Floors	65 65	dg. A	ge	
County (6) Morris		(	County C STATE U	ode (7) SE ONLY)		_	Cui	rrent Use (Pric	r if bei	ng demolishe	ed)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.				batement Con nvironment	ontractor (9) ntal Services, LLC					
Street Address				17			et Address 5 Virginia Avenue							
City, State, Zip Code								Zip Code City, NJ 073	04					
Project Manager for Monitoring Firm			Telephon		Teleph 201-		No. -8855		License No 01174					
Start Date (10) 1-24-2017	Schedule 1-24-20		pletion D	ate (11)				SHA Monitor s above						
Occupancy Status During Abatement (Chec	k Only One	e)				Street	Add	ress						
Facility Closed/Vacated During Entire F     Abatement Performed Outside of Norm     Other – Describe:	eriod of A al Facility	batem Hours	ent			City, S	State	, Zip Code	1/2					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 if ≥ 160 sf or ≥260 if		enoval emoliti				-	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					e		
	le	Locati	on										ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormali d Solel ntenar odial S (12)	ly ly by nce/		Desi Asbestos Conta (i.e. thermal s surfaci other m			sulation, or	(3	amount Specify F or LF)	Remova	Repair	e Encapsulate	Enclosure
(15)	Yes	No	N/A					4.5			<u>=</u>	300	ate	roi .
Throughout the property		X			Wind	dow g	laze	)	25	Units	х			
											-			
			-		-									
Name of Registered Waste Hauler		IN	JDEP W	laste	Cubic `	Yards		Name of	Regist	ered Landfill				
Green Environmental Services		H	lauler ID 034889	No.	of Was			G.ro.w	s. No	rth Landfil				
City, State Jersey City	Disposal Date City, State Morrisville, PA													
Completed by	Signature Date 1-23-2017													

Office Manager

Liliana Serrano

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

			Stat	te of 1	New J	ersey			Chec	k #	1581	5	
						TOS ABATEMENT 7 and 12:120-7	)		E C	E		<u> </u>	E
Date of Notification	n (1)					Owner/Operator							11
01/23/2017			Hom	es o	f M	ontclair E	Ecumenic	al Corp	IAN	3	n 21	117	The land of
Agencies Notified	Type Notificat	ion	Street	Addre	ss				UAII		<del></del>	111	-
[ ]EPA	[ ]Initial		1 W	oodl	and	Avenue				-			
[ ]DEP	Notifica	tion	City,	State.	Zip	Code		AS	BEST				L &
	[X]Amended				-	NJ,07042		1	LIC	CEN	SING		
[X]DOL	Notifica												
[X]DOH	[ ]EMERGENCY	1 3	Name o			11	Telep	hone Number					
[ ]DCA	[ ]Cancellat	ion	ner	rare	Ma	lloy							
					JITY J	INFORMATION							
Name of Facility Who		s Takin	ng Plac	ce (3)			Type of Fa	cility (4)					
Deirdre Mallo	У							ol (K-12)	9121000-100102				
Street Address								hapter 8 (0 r (i.e., pr					
								gs, homes,		2 00	miner (	.101	
							Square Fee	t # of F	loors	Blo	lg. A	ge	
City (5)	c	ounty (	(6)		1000000	nty Code (7)	1400	2			85	3500	
Montclair	H	ssex			(ST	ATE USE ONLY)	Current Us	e (Prior if	being	dem	olish	ied)	
			1			TL		-1 (0)					
Name of Monitoring P Owner (8)	Firm nired by B	uilaing	ASCI	1 No.		Name of Abate							
N/A						AZTECH M	IANAGENE.	NI, INC.	•				
Street Address						Street Addres							
						86 Chris	topher	St.					
City, State, Zip Coo	ie					City, State, Montclai		7042					
Project Manager for	Monitoring Fir	m Tel	ephone	Numbe	27	Telephone Num			Lice	256	Numbe	r	
rioject namager for	nonitoring ric	N/		rumbe		(973) 744				37			
Scheduled Start Date	E TORONTO AND	. Compl				Name of OSHA Monitor							
	017 01	7,000	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	2017		N/A							
Month Day Y Occupancy Status Dur	ear Mon		only o	Year		Street Addres	e			-		-	
[X]Facility Clo of Abatemen	sed/Vacated Dur					Dozest radies.	3						
[ ]Abatement Pe		of Nor	rmal Fa	acilit	У	City, State,	Zip Code					_	
Hours - Desc [ ]other - Desc	ribe: «OffHours ribe: «Other Occ			ipt»			S#1						
Scope of Work (Check						1							
5	5.5 %	.,				[ ]Full	Containment	with Negat	ive Pre	essu	re		
[X]>3 sf or [ ]>160 sf or	The state of the s		Renov Demol			7	Enclosure -bag Proced	1170					
[ ]2100 31 (	DI 2200 II	L	1 Demoi	1 01011		5 5	riable Proc						
3 7.1		T.C	Is ocation	,		\$2.00 \$2.				Aba	temen		
Location Asbestos-Con	1 17	No	ormally			Description Asbestos-Con		Amou	nt	R	R	E	E
Material		5	Used Solely			Material (		(Spec		E	E	CA	C
TO BE AB	Maria Commission of the Commis		intena			(i.e., thermal		SF C	9 1	0	PA	PS	0
In Facil	ıty		aff (12			sulation, surfa or other misce.		LF)		A	I R	U	U
,20,		Yes	No	N/A						L		L .	R E
Basement			2	K I	Pipe	Insulati	on	22 1	LF :	X.	1		
						****							
V6 D					- Is -		hra 6 =	- mi at 1 -	n d 6 : 1 :				
Name of Registered W AZTECH MANAG		Har	DEP Wa uler I 7040			oic Yards Waste 1.0	The second secon	egistered L va Ente			INC		
City, State					Dis	sposal Date	City, Sta	te					
Montclair, NJ	07042				0	1/26/17	Wayne	sburg, (	hio	44	688		
Completed By (Print					,	Signature		1	Da	te			
Dimitri G. Te	midis Adm	ninis	trat	or		Mm/	har	/	1/2	23/2	017		

State of New Jersey

Check # 15814

Date of Notification (1)

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

Name of Building Owner/Operator (2)

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The state of the s	JAN	3 0	2017	
- L	SBESTO	OS CO		. & .

THRIOIM

01-25-17				ck Movin		torage	(2)		The second secon		JAN 3	n	0017		
Agencies Notified Type Notification	n			Address teiner Pl	ace				feel	sal.	27111 0	9	-017	200	
EPA Initial Amended Amendme	nt#		City, S	tate, Zip C	ode	1.07000		-		ASBE	STOS		* * *	1_8	
Emergence	y (includin	g		of Contact		0/060					The state of the s				
DOH justification Cancellation			37.000.000	ert Montie	5				I Te	lenhone	e Numbe	r			
Name of English Whore Abstract is Tal	. 5	(0)	FAC	CILITY INF	ORMA	TION									
Name of Facility Where Abatement is Tak Private Home	ing Place	(3)						of Facility							
Street Address	-							School (K Subchapt		er than	K-12)				
							-	Other (i.e	. private	& comn	nercial b	uildin	gs, hor	nes,	
City (5) North Plainfield								etc.) re Feet	# 0	f Floors		Bldg	. Age	7	
County (6) Somerset				Code (7) USE ONLY	2		Curre	nt Use (P	Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASCI	M No.				tement C tracting		(9)					
Street Address						Street			LLO.						
0.4 0.4 7.4						522 7	7th St								
City, State, Zip Code								p Code NJ 070							
Project Manager for Monitoring Firm			Telepho	one No.		Telepho 201 2				Licens 0120					
Start Date (10) 02-03-17								IA Monito							
Occupancy Status During Abatement (Che	01-04							racting	LLC						
Facility Closed/Vacated During Entire						Street A									
Abatement Performed Outside of North	mal Facilit	Abate y Hour	ment s		p Code					-					
Other - Describe:			Union City NJ 0						87						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 if ≥160 sf or ≥260 if	- Property	Renov Demoli				H	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure								
						Ī		-Exempte		Non-F	riable Pr	oced	ire		
Y		Local Norma	107000								1		temen ype	t	
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ely by	Asbest		escription on taining Ma		(ACM)	Δ	nount	-	T	Ť	Т	
TO BE ABATED In Facility	10	intena todial	550000000000000000000000000000000000000	(i.e.	therma	I systems icing, VAT	insulat	tion,	(S	pecify	Re	70	Encapsulate	Enc	
(13)		(12)				miscellane			55	or LF)	Remova	Repair	Insdi	Enclosure	
	Yes	No	N/A								<u> </u>		ate	ře	
Basement	Х		Duc	t Insu	lation W	/rap-(	Cut	60	SF	X	1				
												1			
									-	-		T			
Name of Registered Waste Hauler	JDEP Wa		Cubic of Wa	Yards		Name of	Register	ed Land	dfill	-					
Delfa Contracting LLC	35240		0, 114	1		Tullyto	wn Res	ource	Recov	ery	acili	ty			
City, State Inion City, NJ					Dispo: 02-07	sal Date '-17		City, Stat							
Completed by	Title	Signature / Ø Date													
aime Delgado	nager.							01-25-17							

## State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120.7)

				State of	New Jersey	Smith C	) F	7 (0)		7.7.1	- January
			Not	ification of A	Asbestos Abatement		J E			$\mathbb{A}$	s In
					.C. 8:60-7 and 12:120-7)	11.	4厂	Annual and the Principles			
Date of Notification (1)		// ,		/							
01/20	0/17	Uh# 2	1668	5	Name of Building Owner/ Plainfield Board of Educ	Operator (2	Σ	JAN	30 2	2017	
Agencies Notified		Notification			Street Address	Jation	_				
⊠ EPA		Initial N	otificatio	_	1200 Myrtle Ave		1	TOTO	0.001	77.00	ہ
⊠ DCA		☐ Amende		11	City, State, Zip Code		HOI	BESTO	<del>3 CON</del> ENSIN		_ 0
⊠ DOL		O Emerge	ncy notif	ication (including	Plainfield, NJ 07060 Name of Contact		1				
⊠ DEP ⊠DOH		justification  □ Cancelle			Christian Smith, Pres	sident	lel	enhone N	Jumber		
		L Cancelle	ea		annia di inicii, i i c.	Sident	1				
				FACILITY II	VFORMATION						
Name of Facility Where Al	patement is	Taking Place	(3)		Type of Facility (4)						
Un-Occupied Admir	nistration	n Building			☐ School (K-12)						
Street Address					Subchapter 8 (other to	han K-12)	19.2				
504 Madison Ave	nue				Other (i.e. private & comn Sq. Feet: 10,800 # 6	nercial build of Floors: 2		homes, e ldg. Age:		120'-	
								uy. Aye.	18	930's	
City (5) Plainfield	County (6)	mouth		y Code (7)	Current Use (prior if being	demolished	d):				
riammend	IVIOII	niouth	State	Use Only)	Building Vacated for app	rox. 2 year	rs				
Name of Monitoring Firm H	lired by Bld	Owner (8)	ASCN	I No.	Nove for the top						
TTI Environmental Inc.	mee by bid	g. Owner (o)	00003		Name of Contractor (9)						
0					Panoramic Window & Do	or Systems	s Inc				
Street Address 1253 North Church Street			A SPETATOR		Street Address						
1200 North Church Street	•				712 Sergeantsville Road						
City, State, Zip Code					City State, Zip Code						
Moorestown, NJ 08057					Stockton, NJ 08559						
Project Manager for Monito Michael R Stocku	ring Firm	Telephone I	Number		Telephone Number		Licer	nse Num	ber		
ondor it otocka		856-840-88	00 X23		P (732)926-0900		012				
Scheduled Start Date (10)		Scheduled (	Completi	on Date (11)	Name of OSHA Monitor						
01/30/17				on Date (11)	IAQ GURU LLC						
Occupancy Status During A	hotomest (	02/14/17									
	During Entir	e Period of A	hatemen	.+	Street Address						
☐ Abatement Performed Ou	utside of No	rmal Facility I	Hours -	IL.	87 Main Street						
Describe					City, State, Zip Code						
Other - Describe:											
					Lincoln Park, NJ 07035						
Source of Work (Check all the	nat anniv)										
	iat apply)										
≥ 3 sf or ≥ 3 lf				⊠ Renovation	⊠ Full Co	ntainment :	SI IR_8				
	≥ 260 If			□ Demol		Glovebag P		ire			
Location of Asbestos-	T				□ Nor	n-Friable Pr	ocedur	e			
Containing Material (ACM) in		cation Normal Solely by	ly	Description of As	sbestos Containing Material	Amoun	it	Abatem	nent Typ	e e	
Facility (13)		./Custodial St	aff?	surfacing, VAT, of	mal systems insulation,	(Specif	y SF				
	(12)			Surfacing, VAT, C	of other misc.)	or LF)			e Repa	air Enc	ap
	YES	NO	NA					Enclose	ž.		
Please See Attached List			X						1		
Name of Reg. Waste Hauler		NJDEP Wast	e Hauler	ID#	Cubic Yards of Waste		Namo	of Regis	torod	nn dfill	
Panoramic Window & Dr Sy	e Inc	0036057					Chrin I	Landfill	tered La	anatili	
Timeow & DI Sy	3 1116										
					D	isposal Da	<u>te</u>		ity, State		
								E	aston, P	A	
Completed by (Print or Type)		Title			Signature						
Mark M Jovic		Project Mana	ger		Signature Of -		Date			7	
					110/10			1-21	)-1	1	
					/		-	-			0.00

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

JAN 3 0 2017

ASBESTOS CONTROL

Location Asbestos-Containing or Assumed Asbestos-Containing Materials Approximate Amounts

Second Floor Work Area Asbestos Containing Wall Plaster 1,350 Square Feet Asbestos Containing Ceiling Plaster 800 Square Feet

Asbestos Containing Sheetrock Wall System (Compound) 1,750 Square Feet

Asbestos Containing Sheetrock Ceiling System (Compound) 1,350 Square Feet

Various Flooring Materials (Assumed) 1,500 Square Feet

Vermiculite Type Attic Insulation/ Debris (Assumed) 1,500 Square Feet

First Floor Work Area

Asbestos Containing Wall Plaster 1,850 Square Feet

Asbestos Containing Ceiling Plaster 800 Square Feet

Asbestos Containing Sheetrock Wall System (Compound) 900 Square Feet

Asbestos Containing Sheetrock Ceiling System (Compound) 325 Square Feet

Various Flooring Materials (Assumed) 475 Square Feet

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

Check No. 3835

			1550				San Intel	1	rm)	E C		П	$\mathbb{N}/\!\!/$	F
Date of Notification (1)				The second second		ding Owner/Operato	or (2)			5 6	5	-11	A	
January 11, 2017				700000000	of NY	77.70.70		1	IN					
Agency Notified Tyl	e Notification			A Charles	et Addres	770		-		JA	N 3	0	201	7
□ EPA □	Initial					Bridge, 2777 G	oethal Road	No	rth 🖳	0		Ü	LUI	
	Amended Amendment # <b>0</b>	1			State, Zi	No. of the controls								
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Emergency (inclu					and, NY 10303-	8413	-	AS	BBES	TOS	CO	NTR	OL 8
☑ DOH	ustification)	9		10455555	e of Cont			T	Celephon	e Num	ber	4011	40	
LI DCA	Cancellation			Uda	ay Meh	ta		9						
				FAC	CILITY IN	IFORMATION		3183					-	
Name of Facility Where Abate							Type of Facilit	ty (4)						
Goethals Bridge - Nev	/ Jersey Side	of E	Bridge	Э			☐ School (K-	12)						
Street Address						-	☐ Subchapter	r 8 (O	ther than	n K-12)				
2777 Goethals Road N	orth						Other (i.e.	private	e & comr	mercial	buildi	ngs,		
City (5)				20110014			homes, etc	-	of Floors	e e	Bldg	ι Δα	0	
Staten Island, NY 1030	3-8413						440,758	1		3	88		ь	
County (6)				Count	ty Code (	7) (STATE USE	Current Use (F	1	***	demolis		17		
Union				ONLY	()		Bridge							
Name of Monitoring Firm Hired	by Building Ow	ner	ASCI	M No.		Name of Abatem		(9)				_		
Creative Environment Soluti	ons (CES) Corp	).	N/A			B&N&K. Re		35.350	any In	^				
Street Address				35		Street Address	storation co	пре	arry, irr	U.				
39 West 37th Street, 14	th Floor					223 Randolp	sh Avenue							
City, State, Zip Code						City, State, Zip C								
New York, NY 10018						Clifton, NJ 0								
Project Manager for Monitoring	Firm	1	elepho	ne No.		Telephone No.	7011	Li	cense No					
Dmitry Khusidman				90 632	23	973-478-468	1	1	0120					
Start Date (10)	Scheduled (					Name of OSHA			0120			_		
January 23, 2017	January			20 20		McCabe Env		Sen	vices I	1.0				
Occupancy Status During Abat	ement (Check or	ly one	)			Street Address	orinioritar	00.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8			
☐ Facility Closed/Vacated Duri	na Entiro Poriod	of Abo				464 Valley B	rook Avenue	e						
□ Abatement Performed Outside	le of Normal Fac	ility He	MILE	ι		City, State, Zip C					-	_		
	able exterior	worl	k			Lyndhurst, N								
Scope of Work (Check all that a	pply)													
≥ 3 sf or ≥ 3 If				☐ Ren	ovation	☐ Full C	Containment with Enclosure	Nega	ative Pre	ssure				
≥ 160 sf or ≥ 260 If					nolition	☐ Glove	bag Procedure							
						⊠ Non-E	exempted (*) and	l Non	-Friable	Proced	lure			
		1 00	Locat	지구 이건								A	batem Type	
Location of			Normal ed Sole			Description o	f						Турс	T
Asbestos-Containing Mate TO BE ABATED		Ma	intena	nce/	Asbe	stos Containing Ma	terial (ACM)		Amo			_	II.	1 m
IN Facility			Custodi Staff?		(i.e.	<ul> <li>thermal systems i surfacing, VAT,</li> </ul>			(Spec			Ren	Re	ncl
(13)			(12)			other miscellaned			31 01	L1 )		Removal	Repair	Enclosure
			Т	T								<u>a</u>	r ate	e e
West Bound Bridge over N	I.I Turnnika	Yes	No	N/A	Concrete	Face and Transity Division				450			_	4
West Bound Bridge over N		$\Diamond$			Wes 500	Encased Transite Pipe (Parap				450				
NJ Abutment Room	io rampike	$\Diamond$	1			Encased Transite Pipe (Parap	7 335 335 4			450			_	
		$\Diamond$				Panel (Transi	-			80 s	sq ft	X		
East Bound NJ approach of e Name of Registered Waste Haul		X.	DED			Encased Transite Pipe				6	In ft	X		
Jimmy Byrne Truckin			DEP W No.	aste H	auler	Cubic Yards of Waste	Name of Regist					il.		
2. Clean Earth of North		1		1135	2	51	Minerva Enter			on the same				
City, State	, into.					Disposal Date	Chemical Was	ste Ma	anagem	ent				
Bronx, NY / Newark, NJ						01/23/2017 -	Waynesbur	· · · ·	)H / E=	مااه	A I			
Completed by	Title					01/21/2018 Signature	// ayricabul	9,0	/11 / Ell		te	_	755	
G. Roger Woodman	Project Ma	anage	er			1/1/1					123/2	017	7	
	A. C.	_				100				1 11	to VIII	W 5 8		1

### C1623781

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(C)					BESTOS A 8:60 and			7	me	HEEK	₽ <sub>23</sub>	5 781		V	E
Date of Notification (1) 01-24-17					Owner/Onority of				M	4	AN	31	) )(	117	-
Agencies Notified Type Notification			Street A		ty Intern	ationa	al Airp	ort, Bldg.	125.					9.4	
EPA Initial Amended			City, St	ate, Zip C	ode		/ u. p	011, 2149		SBE	-	The second			1
DOL Amendment Emergency		_		rk, NJ 0	THE PARTY OF THE P				-	The same of printers again	LICE	ENS			name and
DOH justification)  DCA Cancellation				A. Volpe					Tele	ephone	Nimi	per			
Non-afficially Manager Alexandria Table	D	- 1	FAC	ILITY INF	ORMATIC	N									
Name of Facility Where Abatement is Takin Newark Liberty International Airpor		3)					_	of Facility (4							
Street Address								School (K-12 Subchapter	8 (Othe					20	
3 Brewster Road							E 6	Other (i.e. po etc.)	rivate 8	k comm	nercial	build	lings	hom	es,
City (5) Newark							Squar 100,0	re Feet 000	# of	Floors		1000	ldg. A 8 yrs	100	
County (6) Essex				Code (7) USE ONLY	)		Curre	nt Use (Prio ort	r if beir	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building ( The Port Authority of NY & NJ	Owner (8)	)	ASCI N/A	И No.				tement Cont invironme							
Street Address 241 Erie Street			•				Addres Broad	s Street							
City, State, Zip Code Jersey City, NJ 07310						-		p Code NJ 07072							F19600
Project Manager for Monitoring Firm Ralph Campione			Telepho 973-62	ne No. 22-0800			one No 939-6			Licens 0075					
Start Date (10) 02-06-17	Schedul 02-24-		mpletion	Date (11)		333	of OSH -Air Ir	IA Monitor							
Occupancy Status During Abatement (Chec	k Only Or	ne)					Addres				Potential Control				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Abatement will be co	al Facility	/ Hour	S	rea.		City, S	tate, Zi	son Aver code d City, NY		01					
Scope of Work (Check All That Apply)						Long	TOTALL	a Oity, 111				Calle			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demoli				×	Mini Glov	Containme i-Enclosure vebag Proce	edure					_	
	le	Locat	ion				I NOI	-Exempted	( ) and	NOII-F	Паріе			ement	
Location of	1	Vorma	lly		Desc	ription	of				-	_	Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole intena todial ( (12)	nce/		tos Contai thermal s surfacii other mis	ystems ng, VA	insulat T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Transfer Pump Station (TPS) #1	Yes	No	N/A X		ACM Pip	e Insi	ulation	1		40		x		Ö	
Transfer Fump Station (11 0) #1				,	NOW 1 IP	C IIISC	alatioi			+0		^			
Name of Registered Waste Hauler		100	JDEP W		Cubic Y			Name of R	egister	ed Lan	dfill				
ATC, Inc. / JBT (50071)		D	lauler ID 4310	NO.	of Waste	Э		Minerva	Enter	prises	3				
City, State Shirley, NY / Bronx, NY					Disposa TBD	I Date		City, State Waynest	ourg,	OH 44	4688				
Completed by Raymond Kinsella	Title Proje	ct Ma	anager		Sig	nature		1	)		Date 01-2	4-1	7		1000
ASB-41 (R-06-08)					6	Do not	use th	is form for a	sbesto	s licen	sure e	xem	oted a	activit	ies.

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

Ch# 3910 UIA .U.S. HAIL

\* Do not use this form for asbestos licensure exempted :

Date of Notification (1)		Name	e of Building Owner	/Operato	(2) FIRE	GEIV	E	1
Agencies Notified Type Notification		Stree	JONN t	1010		9 11 1 0		
EPA Initial Amended		City	State, Zip Code			JAN 3 0 2017	7	Ш
DOL Amendment		- W	ESTRELA	NC	070			
DOH justification)		Name	of Contact	922	ASE	ES <u>T(Telephone TV</u>	(d) be(	<u>R</u>
		FA	CILITY INFORMA	HON			-	
Name of Facility Where Abatement is Takin	g Place (3)				Type of Facility  School (kg			
Street Address		-			☐, Subchapt	ter 8 (Other than K-1 private & commerc	2) iai bu	ildings
City (5)			3		Square Feet	# of Floors		Bldg. A
WESTFIEL CON	. C.				3,000	12		80
County (6)		Count (STATI	y Code (7) E USE ONLY)		Current Use (P	rior if being demolis	hed)	
Name of Monitoring Firm Hired by Building C	Owner (8)	ASC	CM No.	Name	of Abatement G	ontractor (9)		
Street Address				Street	Address	N		
		alla di limenta della di la constitució de la constitució de la constitució de la constitució de la constitució		14.0	). BOX	814		
City, State, Zip Code				City, Si	ate, Zip Code	n)0.08	80	7.
Project Manager for Monitoring Firm		Teleph	one No.	Teleph	one No	SON COO	3.00	_
Start Date (10)	Scheduled ©	ompletion	n Date (11)	Name of	of OSHA Monitor	<u> </u>	<u>) (1</u>	<u></u>
a 17 11+ 1	(2)	28	17	-	valedo	INC		
Occupancy Status During Abatement (Check  Facility Closed/Vacated During Entire Po		ement (		Street	SOX 8	14		
Abatement Performed Outside of Norma	al Facility Hou	irs		City, St	ate, Zip Code	N.O. 0	25	357
Scope of Work (Check All That Apply)				1010	P. Clark	10.0.0	00	101
\(\frac{1}{12}\) ≥3 sf or ≥3 lf \(\frac{1}{12}\) ≥160 sf or ≥260 lf	Reno			Ä	Full Containm Mini-Enclosur	ent with Negative P	ressu	re
L3 2100 31 01 2200 11	D . Done	(augri		答	Glovebag Pro		e Pro	cedur
	Is Loca					3.00		Abate Ty
Location of Asbestos-Containing Material (ACM)	Norm Used So	lely by	Des Asbestos Cont	scription o aining Ma		Amount		ΤŤ
TO BE ABATED In Facility	Mainten Custodia	Staff?	(i.e. thermal	systems cing, VAT	nsulation,	(Specify SF or LF)	Removal	Repair
(13)	Yes No		other m	niscellane	ous)		val	
	162 140	INA						
RASCHENT		1	P.P. PINS	olāl	10N 1	2150 4FI	X	
		1						
Name of Registered Waste Hauler	-	NJDEP W	aste Cubic	landa	Namo of	Registered Landfill		
Maine or registered visus, radies		lauler ID			Marine or	$O \cap (0) S$	1	
City, State	0000	10-1	) \ Dispose	al Date	City, State		1	
CID VSICOL NO. O'	8%ST Title		13/	gnature	t L HOLKIS	VALE TO Date	1.	-
CANTOS AMEIDA 1	ME	OIDE	51		althe	Ma/11	12	5/



Type Notification Initial

Amended

Amendment #\_

justification) Cancellation

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours

Sean Clancy Private Home

Beach Haven NJ 08008

Project Manager for Monitoring Firm

Other - Describe:

Scope of Work (Check All That Apply)

Emergency (including

Date of Notification (1)

Agencies Notified

**EPA** 

DEP

DOL

DOH

DCA

Street Address

City (5)

N/A Street Address

County (6) Ocean

City, State, Zip Code

Start Date (10)

≥3 sf or ≥3 lf

1/30/17

1/19/17

NOTIFICATION OF ASBESTOS ABATI (Pursuant to NJAC 8:60 and 12:12

Scheduled Completion Date (11)

Renovation

Title

President

	7 .	1 Well	is unecl-	-					
CATION	ate of New Jersey NOF ASBESTOS to NJAC 8:60 and	ABATE		7	ME	C	E		$\mathbb{V}$
	f Building Owner/C Clancy Private					1 A A	. 0	0 0	047
Street A	Address					UAN	J	UZ	UIT
City St	ate, Zip Code						00.	2011	
85.8	h Haven NJ 08	800			ASE		OS ( CEN		TRO
Name o	of Contact			Tele	phone Num		0121	0111	
Jeff					19-				
FAC	ILITY INFORMAT	ION	Type of Facility (	4)					
			School (K-1 Subchapter Other (i.e. petc.)	2) 8 (Othe private 8	er than K-12) commercia	l build	93. 107		s,
			Square Feet 1000+	# of	Floors		dg. Ag 5+	ge	
County	Code (7) USE ONLY)		Current Use (Pri	or if bei	ng demolish	ed)			
		Nome	House of Abatement Cor	atractor	(0)				
ASCI	M No.		naco Inc.	iliacioi	(3)				- 1
		Street	Address		-				
		PO	Box 329						
		City, S	State, Zip Code						
		Wes	st Berlin NJ 080	091					
Telepho	one No.		hone No.		License No	Ο,			
			-753-9800		00727				
npletion	Date (11)	1	of OSHA Monitor						
		San	t Address	-					_
		Stree	Address						
nent s		City, S	State, Zip Code	55					
ation	12		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e	
ion Ily							Abate		
ely by ince/ Staff?	Asbestos Cor (i.e. therma surfa		Material (ACM) ns insulation, AT, or	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
N/A								Ф	
X	f	loor Ti	le	60	00 SF	x			
				1		1	1	1	1

≥160 sf or ≥260 If		emoliti	on			Mini-Enclosus Glovebag Pro Non-Exempte		ble Pro	cedur	е	
/// 78 B	4 22	Location	7.00						Abat	ement /pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Solel iintenar todial S (12)	ly by nce/		Description of istos Containing Mate thermal systems in surfacing, VAT, o other miscellaneou	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					******		6	
Trough out			х		floor Tile		600 SF	×			
Name of Registered Waste Hauler		11 1037	JDEP W auler ID		Cubic Yards of Waste	100000000000000000000000000000000000000	Registered Landf	ill			
United Roll Off			2459	NO	3	G.R.C	).W.S.				
City, State					Disposal Date	City, Sta	ate				

2/3/17

Signature

Date

1/19/16

Morrisville PA 19067

Completed by

Anthony T Perna

Elm NJ

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

Check # 11484

Date of Notification (1)	)		Name	of Build	ina Owr	ner / Operato	r (2)		0110	01( 11	1110		
100	anuary 25, 2017					Medical Ce							
Agencies Notified	Type Notification			t Address				m	EGE	1	$\mathbb{V}$	5	M
□EPA □DEP			1925	Pacific A	venue			IKI				the comment	The second secon
⊠DOL			City	State & Z	in Code	1.			JAN 3	0 2	017	- 11	1111
	Amended			tic City,				hal kei		_	0.1.7	1	uniczes*
DOH	Amendme							- Annual Control					
DCA	Cancellat	ion		of Conta				A	SBESTOF	elepho	ne N	ımbe	er
			Willia	m Malaz	ita				L.I.			**	
				CILITY	INFO	RMATION	1		A Commission of the Commission				
Name of Facility Wher AtlantiCare Regional	e Abatement is Ta Medical Center	king Place (3)				Type of Fa	cility (4) ol (K-12)						
Street Address						1=	napter 8 (Other th	an K-12)					
1925 Pacific Avenue						Other	r (i.e., private &	comme	rcial building			etc.)	
City (5)						Square Fee	et # of I	Floors	Bld	lg. Age	e 18 Ye	ars	
Atlantic City, NJ						Current Use Hospital	e (Prior if being d	emolishe	ed)				
County (6) Atlantic		County Cou											
Name of Monitoring Fir Hillmann Consulting,				ASCM	No.		patement Contrac	ctor (9)					
Street Address	IIIC.				-	Synatech, Street Addr							
1600 Route 22 East, S	Ste 107					829 Radio							
City, State & Zip Code Union, NJ 07083						City, State of	& Zip Code Harbor, NJ 0808	37					
Project Manager for Mo Stephen Cherepany	onitoring Firm		elephone l 08-688-78		10 S	Telephone	Number		License Num	ber 0081	17		
Scheduled Start Date (		eduled Comple	tion Date (	11)		Name of OS	SHA Monitor			000			
February 4, 2 Occupancy Status Duri	ng Abatement (Ch	eck only one)	rch 4, 201			Synatech, I Street Addr							
	/Vacated During E			nt		829 Radio							
Abatement Pe Other – Descri		i Nomiai riou	15			City, State &	∝ ∠ip Code Harbor, NJ 0808	37					
Facility Occup	ied During Abatem	nent											
Scope of Work (Check	all that apply)												
N			ř.				Full Containme		Negative Press	ure			
≥3 sf or ≥ 50 lf	is.	H	Renovati				Mini-Enclosure						
≥160 sf or ≥260	IT	L	Demolitio	n		₽	Glovebag Prod						
Local	ion of	II. I					Non-Exempte	d(*) and	Non-Friable Pr	-			
Asbestos-Contain		Solely	tion Norma by Mainter			Asbestos-	otion of Containing	Am	ount (Specify	Ab	atem	ent 7	уре
TO BE A	ABATED		odial Staff			Materia	I (ACM)		SF or LF)				
	acility					(i.e., therm						ш	
(1	3)					or other mis	rfacing, VAT			Re	D.	nce	Enc
							oonanooas,	1		Removal	Repair	psu	clos
		Yes	No	N/A						val	=	Encapsulate	Enclosure
2 <sup>nd</sup> Floor Medical Edu	cation Hallway			X	F	Pipe Fittings	/ Insulation		150 LF	Х			
Name of Registered Wa	aste Hauler	NJDEP	 Waste	Cubic `	Yards of	f Waste	Name of Reg	istered L	andfill				
		Hauler I	D No.			verozoteztő							
Synatech, Inc. City, State		2	7429	2 Dispos	al Data		City, State						
				Dishos	שו שמנפ		ony, state						
Little Egg Harbor, NJ					6, 2017		Morrisville, F	T					
Completed By	Title			Signati	re	121	1	Date					
Diane Aloia	Exe	cutive Admin	istrator	1	lan	e 1/1	n_	Januar	v 25 2017				

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

								. 1					- 11
Date of Notification (1)	24 /	17	7				ng Owner/Operator od Johnson Hos		JAN #1701-5107 CH		) 2( #891		
Agencies Notified  EPA	Type Notif					et Address ne Rober	t Wood Johnsor	n Place	ASBEST(	DS C			_&
⊠ DOLWD	☐ Amend		roi		City	State, Zip	Code		A State of S	Market Street	211 1102		
☑ DHSS □ DCA	Amend			_	N	ew Bruns	wick, NJ 08901						
(NJAC 5:23-8)			iciuali	ng		ne of Conta			Telephone Nur	nber			
	☐ Cancel				K	risten Bel	I						
				7	F	ACILITY	NFORMATION						
Name of Facility Where A	Abatement is	s Takin	g Plac	e (3)			THE OTHER PROPERTY.	Type of Facility	(4)				
Robert Wood Johns				Ü'				☐ School (K-12					
Street Address								Subchapter 8	Other than K-1				
One Robert Wood J	Johnson P	Place						Other (i.e., property)     homes, etc.)	rivate and comme	ercial b	uildir	gs,	
City (5)								Square Feet	# of Floors	F	Bldg. A	Ane.	
New Brunswick								oquare r cor	11 011 10013	'	nug. r	igc	
County (6)					Cou	inty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demol	shed)	-		
Middlesex						,	, , ( 5 - 2 )	Hospital	or it boing donner	oneu)			
Name of Monitoring Firm	Hired by Bu	ilding C	Owner	(8)	ASCN	1 No.	Name of Abatem	ent Contractor (9)					-
Omega Environmen				` '			AbateTech, I	- VAT-1870					
Street Address							Street Address						
280 Huylar Street							30 Maple Ave	e. PO Box 25					
City, State, Zip Code							City, State, Zip C						
South Hackensack,	NJ 07606						Lumberton, I						
Project Manager for Monit			-	Tel	ephone	No.	Telephone No.		License No.	_			
Geiser Fajardo	J			1		9-8700	609-265-2107		00529				
Start Date (10)	T	Sched	uled C	1		ate (11)	Name of OSHA M			100			
1 / 25 /				2.5		17	EMSL Analyt	500 -00					
Occupancy Status During	Abatement						Street Address						_
☐ Facility Closed/Vacated					ment		200 Route 13	0 North					
Abatement Performed (						scribe	City, State, Zip Co						
Time of Abatement:	AM	PN	1/ <u>5</u> PM	- <u>1:30</u>	AM		Cinnaminson						
Scope of Work (Check all t	hat apply)						Ommaninison	1, 140 00011				_	
<ul><li> ≥3 sf or ≥3 lf</li><li> ≥160 sf or ≥260 lf</li></ul>			⊠ Re				☐ Mini-Enc ☐ Glovebag	Procedure					
			In	Loca	tion		☑ Nou-Exe	mpted (*) and Non	-Friable Procedu				
Location of	f			Norma			Description of	f		-	atem	_	1
Asbestos-Containing M		Л)		d Sol	ely by		stos Containing Ma	terial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility					Staff?	(i.e.	<ul> <li>thermal systems i surfacing, VAT,</li> </ul>		(Specify SF or LF)	SVOL	air	aps	losu
(13)				(12)	,		other miscellane		31 01 11 )	=		ulate	Ге
			Yes	No	N/A							(D	
Auditorium Closets				$\boxtimes$		Floor Ti	le & mastic		240 SF				
											П		П
		-				-				1-	1	]	
Jamo of Donisters 310/2	Llauler						011 11 11				Ш	Ш	Ш
Name of Registered Waste AbateTech, Inc.	Hauler			113333	JDEP I auler II 18750	O No.	Cubic Yards of Waste 20	Name of Registe G.R.O.W.S.					
City, State	6555		10000				Disposal Date	City, State					
Lumberton, NJ							1/27/17	Tullytown, F	PA				
completed By (Print or Type	e)	Title					Signature	1	Da	ţe	ı		
Gwendolyn Trumbetti	i	Ор	erati	ons (	Coordi	nator		11/1	1	124	+11	n	

ASB-41 MAY 11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEME (Pursuant to NJAC 8:60 and 5:16)	INT	E	C	E		$\mathbb{V}$
Name of Building Owner/Operator (2)	The second secon		JAN	3	0	201

Date of Notification (1)			Nam	ne of Buildin	ng O	wner/Operator	(2)	111	11 11	N 3	0 '	0017	- 1
//	17		C	umberlan	d C	ounty Colleg	e / Job #1701-	5105	Check #8	3919	U	2017	
Agencies Notified Type Notif	ication		Stre	et Address					10000	700	001		
☑ EPA ☑ Initial			33	22 Colleg	ge D	rive		ļ	ASBES	LICEN			JL &
☑ DOLWD ☐ Amend			City,	State, Zip	Cod	e					4.2117		-
☐ DHSS Amend			Vi	neland, N	J 08	8360							
□ DCA     □ Emerge     □ justifica	ency (includation)	ling		e of Contac	-5 16	5/2013. 		Tele	ephone Nur	mber			
☐ Cancell			Al	do Falaso	ca								
		× × × × × ×	FA	CILITY II	NFO	RMATION		1		107	-		
Name of Facility Where Abatement is	Taking Pla	ace (3)					Type of Facility	(4)	100				
Cumberland County College-	Service I	Buildi	ng				School (K-12	2)					
Street Address	· · · · · · · · · · · · · · · · · · ·	2.200.000					☐ Subchapter	8 (Oth					
3322 College Drive							Other (i.e., p homes, etc.)		and comm	ercial b	uildin	gs,	
City (5)							Square Feet	# 0	of Floors	В	ldg. A	\ge	-
Vineland													
County (6)			Cou	nty Code (7	7)(ST	ATE USE ONLY)	Current Use (Pr	ior if b	eing demol	ished)			
Cumberland							College						
Name of Monitoring Firm Hired by Bui	lding Owne	er (8)	ASCM	l No.	Na	ame of Abateme	ent Contractor (9)						
ATC Group Services, LLC						AbateTech, I	nc.						
Street Address					Sti	reet Address				312			
Three Terri Lane					1 :	30 Maple Ave	. PO Box 25						
City, State, Zip Code						ty, State, Zip Co	- I de la constitució de la co						-
Bromley Corporate Center					1	Lumberton, N	J 08048						
Project Manager for Monitoring Firm		Tel	ephone	No.		lephone No.		Lic	ense No.				
Burlington, NJ 08016			09-386			609-265-2107		0	0529				
Start Date (10)	Scheduled	Compl	etion Da	ate (11)	Na	me of OSHA M	onitor			_			
/	2	/ _1	7_ /	17	E	EMSL Analyti	cal						
Occupancy Status During Abatement	Check only	one)			Str	eet Address							
☐ Facility Closed/Vacated During Ent					2	200 Route 13	0 North						
Abatement Performed Outside of N Time of Abatement:AM					Cit	y, State, Zip Co	ode						
	1 141/			Zuvi	(	Cinnaminson	, NJ 08077						
Scope of Work (Check all that apply)						M Full Cont	ainment with Neg	ative l	Draceura				
≥3 sf or ≥3 lf	⊠F	Renova	tion			☐ Mini-Encl		alive	riessure				
≥160 sf or ≥260 lf		)emoliti	on			Glovebag				nierone.			
		1-1	4	T		☐ Non-Exer	mpted (*) and Nor	n-Friat	ole Procedu	-	-		
Location of		Is Loca Norma				Description of				-	atem		
Asbestos-Containing Material (ACN		sed Sol	ely by	Asbes	stos	Containing Mat		-	Amount	Removal	Repair	Enc	Enclosure
TO BE ABATED	1000	laintena stodial			, the	ermal systems i	nsulation,		Specify	nov	air	aps	losi
IN Facility (13)	00	(12)				surfacing, VAT, her miscellaned	5979	S	F or LF)	<u>a</u>		Encapsulate	re
(10)	Yes	No	N/A		0.0	no mocellance	,43)					e	
Service Building Boiler Room				Boiler In	nsul	lation		6	00 SF				
									2 79-2 18 18 18 19				
											П	П	П
Name of Registered Waste Hauler		3.75 B	JDEP V	Vaste I	Cub	oic Yards of	Name of Regist	ered L	andfill			_	-
AbateTech, Inc.		1000	lauler IE 18750	No.	Was	ste	G.R.O.W.S.						
City, State			10100			posal Date	City, State						
Lumberton, NJ					2	/17/17	Tullytðwn,	PA					
Completed By (Print or Type)	Title					Signature	Λ -			ate	1		
Gwendolyn Trumbetti	Opera	tions	Coordi	nator		5	MIST			1/2	41	17	

ASB-41 MAY 11

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

Check 5933 CL5	N38°		CATION	ate of New OF ASBI to NJAC	ESTOS	ABATE	/ MEN	Vliv T	C.	Keut 238	<		Pri	nt Fo
Date of Notification (1)			Name of	Building	Owner/0	Operator			- A CONTRACTOR OF THE CONTRACT					
1/19/17				t Vanzil	e Priva	ate Hor	ne	T-	<u> </u>	E C	<b>E</b>	$\mathbb{W}$	E	n
Agencies Notified  Type Notificati  Initial  DEP  Amended				te, Zip Co				party to allocate the second s	N.	JAN	3 0	201	7	
DOL Amendm Emergen	cy (including	-		nawkin I	NJ 080	)50			L L	ephone N				inguisare.
DOH justification Cancellat			Rob	Oomaoi			.=		191	•			OL (	&
Name of Facility Where Abatement is Ta	king Place (3)		FACI	LITY INFO	DRMAT	ION	Tvr	oe of Facility (	(4)	LI	JENOI	IVU		
Robert Vanzile Private Home							П	School (K-1						
Street Address								Subchapter Other (i.e. r	8 (Oth			dinas.	home	es.
City (5)								etc.) uare Feet		f Floors		ildg. A		
Manahawkin NJ 08050								000+	1	1110013		35+	.gc	
County (6) Ocean				Code (7) USE ONLY			100000	rrent Use (Pri	or if bei	ng demoli	shed)			-Nerv
Name of Monitoring Firm Hired by Buildin	ng Owner (8)		ASCN	1 No.		Name	55576	batement Cor	ntractor	(9)				
N/A								Inc.		509				
Street Address						Street								
City, State, Zip Code						- S / T S / T	275.00	Zip Code						
**								erlin NJ 080	091					
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 856-		No. 3-9800		License 00727				
Start Date (10) 1/30/17	Schedule 2/3/17	d Com	pletion I	Date (11)		Name Sam		SHA Monitor						
Occupancy Status During Abatement (C	neck Only One	∋)				Street	Add	ress						
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe:						City, S	state,	Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	V	enova emoliti					1	ull Containm Mini-Enclosure Glovebag Pro	e cedure					
	la	Locati					<u> </u>	Non-Exempte	d (*) an	a Non-Fna	able Pro		e ement	t
Location of Asbestos-Containing Material (ACM)	N Used	ormall d Sole	y ly by	Ashes		scription		ial (ACM)	Δ	mount		Ty	ре	
TO BE ABATED  In Facility	iviali	ntenar odial S	2-3-3-5		thermal	l system cing, VA	s ins	ulation,	(5	Specify or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	Y	(12)	T 31/0			miscellar				and the state of t	oval	bair	sulate	sure
Exterior Siding	Yes	No	N/A X		Exte	erior Si	dino		10	00 SF	x			
Exterior claims						,,,,,,,	u9							
											511			
Name of Registered Waste Hauler United Roll Off		Н	JDEP W auler ID 2459		of Wa			G.R.O	.W.S.	ered Land	nii			
City, State Elm NJ					Dispo 2/3/1	sal Date		City, Stat		A 19067	7			
Completed by	Title		- 17 E - 14			Signature	9 ,	1/101113	0	1	Date			
Anthony T Perna	Presi	dent					-				1/19/1	6		

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	E	C	E		$\mathbb{V}$		
	,	JAN	3	0	2017	The second secon	
L	SRE	STO	18 (	20	NTRO	11 9	

Date of Notification (1)	10-21/10			Name of Building Owner/Operator (2)  JAN 3 0 2017											
1/	25 / _	17		Gar	y Zwartje	es				U (_	317				
Agencies Notified	Type Notificat	tion		Street	Address			ACDEC	TOO 6	2011					
								ASBES	ICEN			L&			
□ DOLWD   □	☐ Amended			City, S	tate, Zip C	ode		The control of the control of	- COLIT	SHAC	-				
□ DOH   □   □   □   □   □   □   □   □   □	Amendme	100		Trer	nton, NJ	08610									
☐ DCA (NJAC 5:23-8)	☐ Emergence justification			Name	of Contact			Telephone Numi	ber						
(140/10/0.20-0)	☐ Cancellation			Gar	y Zwartje	es		20							
*				FAC	CILITY IN	FORMATION									
Name of Facility Where A	batement is Ta	aking Place	(3)			_	4)								
Zwartjes Residence							)								
Street Address							(Other than K-12	)	ildina						
Oli CCI / ladi Coo							Other (i.e., pri	ivate and comme	rciai bu	namy:	ο,				
City (5)							Square Feet	# of Floors	Blo	dg. Ag	е				
Trenton							2,000	2	8	35					
County (6)				Coun	tv Code (7	)(STATE USE ONLY)	Current Use (Price	or if being demolis	shed)						
Mercer				1	, ,		Residence								
Name of Monitoring Firm	Hired by Build	ing Owner (	R)	ASCM I	No	Name of Abateme	ent Contractor (9)	-				-			
Mgmt. & Environme			0000	, (OOM)			onmental, LLC								
Street Address	illai Colisui	ting bervio	,63			Street Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-5.6					
						623 Cutler Av									
PO Box 341						City, State, Zip Co					-				
City, State, Zip Code	F4F					Maple Shade									
Chesterfield, NJ 08			Tala	-11	NIa	Telephone No.	, 140 00002	License No.							
Project Manager for Moni	itoring Firm		0.000	phone I		The state of the s	<b>.</b>	00842							
Bill Weisgarber				9-298		856-755-0099		00042							
Start Date (10) 02 / 03 /		cheduled Co	200			Name of OSHA N EMSL Analyt									
Occupancy Status During						Street Address									
☐ Facility Closed/Vacate				ment		200 Route 13	0 North								
☐ Abatement Performed															
Time of Abatement: _															
Scope of Work (Check al	I that apply)					M Full Con	tainment with Neg	nativa Prassure							
		⊠ Re	novat	ion		gative i ressure									
□ ≥160 sf or ≥260 lf		☐ De	100000000000000000000000000000000000000			☐ Gloveba	g Procedure		2002						
						☐ Non-Exe	empted (*) and Nor	n-Friable Procedu							
		1376	Loca Iorma			- Value 2000 - 100 A -	,		Ab	ateme					
Location		Llee		ely by	Asha	Description of estos Containing Ma		Amount	Rer	Repair	Encapsulate	Enclosure			
Asbestos-Containing TO BE ABA	TO SHEET SHEET SHEET SHEET SHEET SHEET	/ Ma	intena	ince/		e., thermal systems		(Specify	Remova	air	aps	los			
IN Facili		Cust	odial (12)	Staff?		surfacing, VAT		SF or LF)	<u>n</u>		ula	Jre			
(13)		Yes	No.	N/A		other miscellane	eous)				te				
Basement		П			Boiler I	nsulation		50 SF	$\boxtimes$						
Bacomoni				1											
	V 1 71 72 72 11 11 11 11 11 11 11 11 11 11 11 11 11								Tn	П	П	П			
										Ш					
Name of Registered Was	te Hauler		1.0	NJDEP \		Cubic Yards of	Name of Regis								
Freehold Cartage				Hauler ID No. Waste Cumb				erland County Landfill							
City, State				10000	Disposal Date City, State										
Freehold, NJ						02/06/2017	Newburg,	PA							
	Title				Sjenature		D	ate							
Completed by (Film Cr. 1)pri					Operatio	1/2-2									
Official Lytion		1.0011	ice President of Operations 1/25/1+												



Date of Notification (1)				Nam	e of Buildir	na O	wner/Operator	(2)								
	_ / _1	7					onmental Se		KG ALHOE &	HSIN:	37	THE ROOM				
⊠ EPA ⊠ Ir		i			et Address German		tation Road	and the state of t	THOL &	<u>100 s</u>	QI'S	395	J SA			
	mended mendment #	£		City,	State, Zip	Code	е	1	[mi L102	30	NA	0	111			
	mergency (i		- -	То	ms River	r, NJ	J 08755		11111 2,00	¥ G	13.3	900				
(NJAC 5:23-8) ju	stification)	o.uun	9	Nam	e of Contac	ct			Telephone Nu	mber			11			
	ancellation			Ch	ris Deluc	cca			M		. 0					
Non- SE-William				FA	CILITY	NFO	RMATION	L				- tour	7.00			
Name of Facility Where Abatem Residence	ent is Takir	ig Plac	e (3)					Type of Facility	A CONTRACT OF THE CONTRACT OF							
Street Address								School (K-12	2) 8 (Other than K- private and comm	12) percial t	wildin	ae.				
011 (5)								homes, etc.	)	Civiai D	unum	ys,				
City (5)								Square Feet	# of Floors	E	Bldg. A	ge				
Brick .	25							1300 sf	1	İ	65					
County (6)				Cou	nty Code (7	7)(ST	ATE USE ONLY)	Current Use (Pr	rior if being demo	lished)						
Ocean							Residence									
Name of Monitoring Firm Hired	Owner	(8)	ASCM	No.			ent Contractor (9)									
N/A					(	Guardian Co	ntracting, Inc.									
Street Address			Str	reet Address												
0: 0: 7: 0 :						1	1889 Route 9									
City, State, Zip Code						Cit	y, State, Zip Co	ode								
B :						1	Toms River, I	New Jersey 08	755							
Project Manager for Monitoring	-irm		Tel	ephone	No.		lephone No.		License No.							
C4-4 D-4- (40)							732-349-9932		00624							
Start Date (10)02 /03 /17				etion Da			me of OSHA M									
				6_ /	17_		E.M.S.L. Anal	ytical								
Occupancy Status During Abate  Facility Closed/Vacated During							eet Address									
Abatement Performed Outsid	e of Norma	l Facilit	ADAI:	ement	cribo		1056 Stelton									
Time of Abatement:A	MP	M/	PM		AM		y, State, Zip Co Piscataway	ode New Jersey 08	054							
Scope of Work (Check all that ap	pply)					Τ.										
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		□ Re					☐ Mini-Encl	ainment with Neg osure procedure npted (*) and No		ure						
			Loca					, ,,			patem	ont T	ivno			
Location of Asbestos-Containing Materia	. (40)		Norma	ally ely by			Description of	F			_		T			
TO BE ABATED	(ACM)			ance/	Asbe	stos	Containing Matermal systems in	erial (ACM)	Amount	Rem	Repair	nca	incl			
IN Facility		Cus		Staff?	(1.0	., tric	surfacing, VAT,	or	(Specify SF or LF)	Removal	=	ısdı	Enclosure			
(13)		Yes	(12) No	N/A		otl	her miscellaned	ous)	/			Encapsulate	re			
exterior house			$\boxtimes$		asbesto	os si	iding		1250 sf		П	П	П			
exterior garage			$\boxtimes$		asbesto	os si	iding		550 sf							
Name of Registered Waste Haule			1	JDEP \	Vaste	Cub	oic Yards of	Name of Regist	tered Landfill			Ш	Ш			
Guardian Contracting, Inc	Hauler ID No. Waste				T.R.R.F.											
City, State	20223	20223 3 Disposal Date City, State														
Toms River, New Jersey				2/07/17		Pennsylvania										
Completed By (Print or Type) Title							Signature	Tanytown,	1							
Nicholas Fernicola	4		Man	ager			Signature	_/	/ D	ate/	1					
Nicholas Fernicola Project Manager								1-ter	1	1/20	111.	7				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT 1069 **FICENSING** (Pursuant to NJAC 8:60 and 12:120) ASBESTOS CONTROL & Name of Building Owner/Operator (2) Date of Notification (1) January 25, 2017 Rapauno Amonia Agencies Notified Type Notification Street Address FPA Initial DEP Amended City, State, Zip Code DOL Amendment # Gibbstown, NJ 08027 Emergency (including Name of Contact TelephoneNumber DOH justification) DCA Cancellation Project Manager FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Rapauno Amonia School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Gibbstown, NJ 08027 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Gloucester unknown Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) The MACK Group, LLC. AET, Inc. Street Address Street Address 220 Church Street 1500 Kings HWY N, STE 209 City, State, Zip Code City, State, Zip Code Bridgewater, NJ 08807 Cherry Hill, NJ 08034 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Eric Houseknecht (908) 218-1108 (973) 759 - 5000 00781 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2-9-17 5-31-17 The MACK Group, LLC. Occupancy Status During Abatement (Check Only One) Street Address 1500 Kings HWY N, STE 209 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Cherry Hill, NJ 08034 Scope of Work (Check All That Apply)  $\geq$ 3 sf or  $\geq$ 3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED Enclosure (i.e. thermal systems insulation, (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A inside gaskets 47 \_"\_ white pipe mastic 20 s/f \_"\_ tar paper pipe insulation 12 l/f Name of Registered Waste Hauler NJ DEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting / Freehold Cartage 22253 0.8 Cumberland Co./ BFI / GROWS / TRRF City, State Disposal Date City, State Newark / Freehold, NJ 5-31-17 Newburg / Imperial / Morrisville, PA Completed by Title Signature Date Michael Cooper President 1/25/17

ı	1	11	12	1	VI	1	**

CK 1052	NOT	(Purs	TION O	F ASBESTOS NJAC 8:60 an	MEG			匠					
Date of Notification (1)	-		me of B	uilding Owner/0 ooper	Operator	(2)			<del>1 3 C</del>	20:	17		
Agencies Notified Type Notification	on	Str	reet Add	ress								-	
X EPA X Initial Amended Amendment				, Zip Code wn, NJ, 079	60				ASBESTOS CONTROL & LICENSING				
× DOH justification	cy (including in)		ame of C					Telephone Num	ber				
DCA Cancellat			FACILI	TY INFORMAT	TION							_	
Name of Facility Where Abatement is Ta Private Dwelling	king Place (3)					Туре	School (K-12)	12) r 8 (Other than K-12)					
Street Address						×	Other (i.e. pri etc.) are Feet	vate & commercia	al buildii	ngs, h		-	
City (5) Morristown, NJ 07960						N/A	1	N/A	N/			_	
County (6) Morris		C (S	ounty Co	ode (7) SE ONLY)				if being demolish	icu)				
Name of Monitoring Firm Hired by Buildi Bioterra Solutions	ne of Monitoring Firm Hired by Building Owner (8) oterra Solutions						patement Cont afety LLC	ractor (9)					
Street Address 1130 W Chestnut St			Street Address 12 Maple Ave #F2										
City, State, Zip Code Union, NJ, 07083				Zip Code ok, NJ, 070									
Project Manager for Monitoring Firm Rick Eustaquio	10.5	elephon 973-49	e No. 4-3762	973		-0099	License N 01317	10.					
Start Date (10) 02-04-2017	Scheduled 02-06-2		pletion D	Date (11)	0.450000 NO.00000		SHA Monitor Safety LLC						
Occupancy Status During Abatement (C						t Add Mapl	ress e Ave #F2						
Facility Closed/Vacated During En Abatement Performed Outside of Other – Describe:	tire Period of A Normal Facility	Hours	ent		City, State, Zip Code Pine Brook, NJ, 07058								
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	× R	enovat emoliti	tion ion			Н	Mini-Enclosure	ent with Negative cedure d (*) and Non-Fria			e		
-	1	Locati					NOII-EXCITIPION	( ) ( ) ( )		Abate	ment pe		
Location of Asbestos-Containing Material (ACN <u>TO BE ABATED</u> In Facility (13)	M) Use Ma	lormal d Sole intenar odial S (12)	ly by nce/	Asbestos C (i.e. there	Descripti Containing mal syste urfacing, \ er miscel	Mate ms in: VAT, o	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
First Floor	Yes	140	INA		VA	Γ		240 SF	Х				
							N1=	Registered Land	fill				
Name of Registered Waste Hauler United Safety LLC		ŀ	NJDEP V Hauler ID 103682	0 No. of 0	ubic Yard Waste Cy		Grows	Landfill					
City, State Pine Brook, NJ				100	isposal D BD		City, Sta Tullyto	wn, PA	Dat-				
Completed by Vanco Petkov	r	Signa	ture	3 ale	~	Date 01/25	/2017	7					

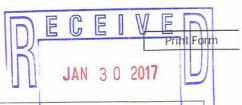
<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

no ck	-	NOT		S ATION ursuar	TEMENT 6)	DECE		$\mathbb{V}$								
Date of Notification (1)	0.5			7,000.0		g Owner/Operator (	2)	IIII JAN 3	0 /	017		11)				
	/	17		Gei	neral Gro	wth Properties		lad had				Lesauner				
Agencies Notified  EPA	Type Notifica	tion			t Address <b>) N. Wha</b> o	cker Drive		ASBESTOS CONTROL &								
⊠ DOLWD	☐ Amended	. "2		City, S	State, Zip (	Code	1	LIGE	4SIA	13	and the second					
☑ DOH ☐ DCA	Amendme	_	2	Chi	icago, IL	60606										
(NJAC 5:23-8)	justificatio		Э	Name	of Contac	t		Telephone Number								
	☐ Cancellati	on		Kel	ly Webb											
				FA	CILITY IN	IFORMATION										
Name of Facility Where	Abatement is Ta	aking Place	(3)				Type of Facilit	y (4)								
Woodbridge Cente	r Mall						☐ School (K-									
Street Address								r 8 (Other than K-12) private and commerce		ilding	10					
250 Woodbridge Co	enter Drive						homes, etc		Jiai bi	maniş	, ,					
City (5)							Square Feet	# of Floors	BI	dg. A	ge	5-50-7-5				
Woodbridge							1,633,000	2		45						
County (6)				Cour	nty Code (7	)(STATE USE ONLY)	Current Use (F	Prior if being demolis	ned)			-/				
Middlesex							Commerci	- 15.00 to 15.00 to 15.00 to 15.00 to 15.00 to 15.00 to 15.00 to 15.00 to 15.00 to 15.00 to 15.00 to 15.00 to								
Name of Monitoring Firm	Hired by Buildi	ent Contractor (	tor (9)													
Criterion Laborator	ies, Inc.					Shade Enviro	onmental, LL	С								
Street Address						Street Address										
3370 Progress Driv	e, Suite J					623 Cutler Av	/enue									
City, State, Zip Code						City, State, Zip Co	ode									
Bensalem, PA 1902						Maple Shade	, NJ 08052									
Project Manager for Mon			Tele	ephone	No.	Telephone No.		License No.								
Michael Panepress			1	15-244		856-755-0099		00842								
Start Date (10)		cheduled C				Name of OSHA M										
//				/	17	Criterion Lab	oratories, Inc	o. 								
Occupancy Status During		over the second second				Street Address										
☐ Facility Closed/Vacate ☐ Abatement Performed	A CONTRACTOR OF THE PROPERTY O				cribo	3370 Progres		e J								
Time of Abatement:						City, State, Zip Co										
						Bensalem, PA	4 19020									
Scope of Work (Check all	tnat apply)					☐ Full Cont	ainment with N	egative Pressure								
$\boxtimes$ $\geq$ 3 sf or $\geq$ 3 lf $\boxtimes$ $\geq$ 160 sf or $\geq$ 260 lf		⊠ Re □ De	novat moliti			Mini-Enc     Glovebag	losure g Procedure	Ion-Friable Procedure	2							
		Is	Loca	tion		Z Hon Exc	inploa ( ) and i	Total Trade Trade and	1	atem	ent T	vne				
Location	of	1	Vorma	ally		Description o	f			_		1				
Asbestos-Containing I TO BE ABA			intena	ely by ance/		stos Containing Ma		Amount (Specify	Removal	Repair	Encapsulate	Enclosure				
IN Facilit		00.000	todial	Staff?	(1.6	., thermal systems i surfacing, VAT,		SF or LF)	oval	=	psu	Sur				
(13)	,	-	(12)	T	-	other miscellane	ous)	110000 0000000 000			ate	(D				
Tenant Space 2675		Yes	No 🖂	N/A	Vallow	Glue a/w White I	Floor Tile	800 SF		П						
				-					-							
Tenant Space 2675				1		ar a/w Fiberglas		6 LF								
Tenant Space 2600					Tar a/w	Fiberglass Pipe	Fittings	8 LF	$\boxtimes$							
Tenant Space 2610			$\boxtimes$		Tar a/w	Fiberglass Pipe		8 LF								
Name of Registered Wast	te Hauler		- E 2 X	JDEP V Jauler ID		Cubic Yards of Waste		istered Landfill								
Freehold Cartage				02265		10	Cumberla	and County Landf	111	300-000						
City, State						Disposal Date	City, State					3				
Freehold, NJ						2/6/2017	Newburg	, PA								
Completed By (Print or Ty	rpe)	Title				Signature		Dat	е							
Christina Lynch		Vice Pr	eside	ent of C	Operation	ns ( )	(0)		125	117	L					

specify Removal		×	×
Amount (Specify SF or LF)		3 each	330 SF
Description of Asbestos Containing Material (ACM)		Hard Fittings a/w Fiberglass Pipe Insul	Black Mastic a/w 12x12 White Floor Tile
Jsed Solely odial Staff?	N/A		
Is Location Normally Used Solely by Maintenance/Custodial Staff?	No	×	×
	Yes	24	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility		Tenant Space 2610	Tenant Space 2640

10)		C	E		$\mathbb{V}$	E	
		JAN	3	0	2017		
į	SB				NTR(	OL 8	2





Date of Notification (1) 1/27/17			- 1	Name of Joe Bri	Building Ow unetto	ner/O	perator	(2)		ASE	SESTOS LICE	CON	NTR	OL 8	ž.
Agencies Notified	Type Notification		5	Street Ad	dress	_					LICE	NOIN	u		
X EPA	☐ Initial		L	27. 01-1	- 7:- C-d-										-
EPA DEP DOL	Amended Amendment	<b>#</b>			e, Zip Code n, New Je		0776	30							1
	Emergency (			Name of			0110			Tele	phone Nu	mber			
DOH DCA	justification) Cancellation			Mark	oomoor										
П вск	Danisonaman			FACIL	ITY INFOR	MATIC	ON						-		
Name of Facility Where		g Place (3)			14			Type o	f Facility (4	)					1
Brunetto Residence	e							☐ S	chool (K-12	2)	ethan K 1	2)			1
Street Address								× o	ther (i.e. pr c.)	rivate 8	er than K-1. commerci	ial build			s,
City (5)				MIRSCH-LAND				Square	Feet	# of	Floors		ldg. A 0÷	ge	1
Rumson								1500	III (Drie	1.	a damolia		UŦ		_
County (6)				County C	ode (7) SE ONLY) _			resid		r ir bei	ng demolis	neu)		\	
Monmouth  Name of Monitoring Fire		ASCM	No.		Name	1	ement Con	tractor	(9)		-	-			
Name of Monitoring Fin	ir rined by banding	Switch (0)		7100111	/				ion Co.,						1
Street Address				1			Street	Address	3						1
								/lontros							1
City, State, Zip Code								State, Zip			07700				
									, New Je	rsey	License N	io			
Project Manager for Mo	-	Telephor	ie No.			hone No. 294 17			00029	wo.					
Start Date (10)		Scheduled	d Com	pletion [	Date (11)	1			A Monitor						
2/1/17		2/10/17							Consult	ing					_/_
Occupancy Status Duris	ng Abatement (Chec	k Only One	e)					t Address Main St							
Facility Closed/Va	cated During Entire	Period of A	baten	nent				State, Zip						-/-	
Abatement Perform  Other – Describe:	med Outside of Norm 7am-7pm	nal Facility	Hours	; 		- \			rk, New	Jerse	v 07035		/		
Scope of Work (Check						\			,						
<b>_</b>	2 ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	Пр	enova	tion			Y	× Full	Containme	ent with	Negative	Pressu	re		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		The second second	emolit					Mini	-Enclosure	1					
							L	X Non	rebag Prod -Exempted	edure I (*) an	d Non-Fria	ble Pro	cedu	e	
		lei	Locati	ion										emen	t
Location	on of	N	lormal	ly		De	scriptio	n of					1	уре	I
Asbestos-Containin			d Sole ntena		Asbestos	s Conf	taining	Material			mount	77		E E	Ш
TO BE Al	BATED		odial S	Staff?	(i.e. th		systen cing, V	ns insula AT, or	gon,		Specify F or LF)	Remova	Repair	caps	nclos
(13			(12)		C	other r	niscella	aneous)	İ			oval	air	ncapsulate	Enclosure
		Yes	No	N/A									_	0	
inter	ior			x			loorin				100sf	X	-		
inter	ior			x	S	pack	le/she	etrock		1	500sf	Х			
												-		-	
	anta Unidos		h	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Landf	ill			
Name of Registered W	aste mauter		1	lauler ID	No.	of Wa			Chrins	3.00					
Newark Carting			0	4509	-1.	20			CO008000 115-115-01						
City, State							sal Dal	ie i	City, Stat Easton						
Newark, New Jersey					2/10/17 Easton			Date							
Completed by Title Bree McGuire Secretary					ırer		3	1	•			1/27/1	7		

CK# 3091

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			EN				

				•					UL	UAII	6		11/	1 reason			
Date of Notification (1) 1/24/17					f Building C runetto	wner/O	perator	(2)									
Agencies Notified	Type Notification		-	Street A					- 7	SBEST	OS C	ONT	ROL	8			
								L		LIC	CENS	ING					
EPA  DEP  DOL	X Initial   Amended		ľ	City, Sta	te, Zip Cod	de											
X DOL	Amendment Emergency		-	Rums	on, New	Jersey	0776	0									
× DOH	justification)				f Contact				Te	lephone Nu	mber						
☐ DCA	Cancellation	1		Mark													
Name of Facility Where	Ahatement is Takir	no Place (3)		FACI	LITY INFO	RMATIC	ON	Type of Facility	Facility (4)								
Brunetto Residenc		ig i lace (o)						_	GSSSS TO								
Street Address .					122711-22			Subchapter	School (K-12) Subchapter 8 (Other than K-12)								
								Other (i.e. petc.)	orivate	& commerc	ial buil	dings.	home	es,			
City (5)						100000		Square Feet	# 0	f Floors	E	Bldg. A	Age				
Rumson								1500	1		1	50+					
County (6)					Code (7) USE ONLY)			Current Use (Pri	or if be	ing demolis	hed)						
Monmouth				ASCN				residence									
Name of Monitoring Firm	ame of Monitoring Firm Hired by Building Owner (8)						Name	of Abatement Co	ntracto	r (9)							
Street Address	to at Address						Stroot	Address									
Oli eet Address	et Address						Outet	Addiess									
City, State, Zip Code							City, S	tate, Zip Code									
2																	
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Telephone No.				icense No.						
Start Date (10) 2/1/17		Scheduled 2/10/17		npletion I	Date (11)		Name	of OSHA Monitor									
Occupancy Status Durin	a Abatamant /Cha						Stroot	Address					-				
							Succi	Address									
Facility Closed/Vac Abatement Perform						-	City, S	tate, Zip Code									
X Other - Describe:	7am-7pm					-											
Scope of Work (Check A	Il That Apply)						Ulesco - Lav					10000					
≥3 sf or ≥3 lf		Commence	enova					Full Containm		n Negative I	Pressu	re					
x ≥160 sf or ≥260 lf		X De	emolit	ion			×	Mini-Enclosure Glovebag Prod									
							×	Non-Exempte	d (*) an	d Non-Frial	ole Pro	cedur	e				
		100	Locati					l			1		ement /pe				
Location			ormal I Sole		5 5 5		cription					T					
Asbestos-Containing TO BE AB		Mair	ntena	nce/				Material (ACM) s insulation,		Amount Specify	Z	_	Enc	面			
In Facil	lity	Custo	odial 9 (12)	Staff?		surfaci	ing, VA	T, or		For LF)	Removal	Repair	aps	Enclosure			
(13)				Louis	1	other m	iscellar	neous)			<u> </u>	1	Encapsulate	ure			
		Yes	No	N/A							-		-				
interio	or			Х			poring		4	00 sf	X						
interio	or			Х	S	spackle	e/shee	etrock	1	500sf	X						
Name of Registered Waste Hauler NJDEP V Hauler ID						Cubic Y of Wast			of Registered Landfill								
Newark Carting 04509						20		Chrins									
City, State						Disposa											
					2/10/1	-	Easton	, PA									
Completed by						Sig	gnature	1			ate /24/1	7					
Bree McGuire Secretary Treasurer						Du	UI			24/1	1						