Date of Notification (1) 6 /	28 /	16		12		ng Owner/Operator (i n-Pilesgrove Reg	100	District	a .	2010		
Agencies Notified EPA	Type Notific	ation		1	t Address	venue	1	JUL	1	2016	į	2)
☑ DOLWD		d			State, Zip			ASBESTOS	CON	TRO	L &	
□ DHSS	Amendm					n, NJ 08098		LICE				
□ DCA (NJAC 5:23-8)	☐ Emerger justificat		ig `		e of Contac	- 0		Telephone Nun	nber			
(NJAC 5.23-0)	☐ Cancella			2000000	E Office			856-769-01				
						NFORMATION						
Name of Facility Where	Abatement is	Taking Plac	e (3)	- 1.0	OILIT II	NI OKMATION	Type of Facility	(4)				
Woodstown High S							☐ School (K-1					
Street Address				- CONT.			Subchapter	8 (Other than K-1				
140 East Avenue							☐ Other (i.e., p homes, etc.	orivate and comme	ercial b	uildin	gs,	
City (5)				-			Square Feet	# of Floors	TE	ildg. A	ae	
Woodstown							100000	3		101	.5 -	
County (6)				Cou	nty Code (7)(STATE USE ONLY)		rior if being demol	ished)			
Salem				000	nty cooc (1)(01)112 002 01121)	Carroni Coo (i	nor il bollig dollio.	101.104)			
Name of Monitoring Firm	Hired by Buil	ldina Owner	(8)	ASCM	l No	Name of Abateme	ent Contractor (9)				
Horizon Group	Timed by Dun	ding Owner	(0)	7100111	1140.	The state of the s	VIRONMENTA					
Street Address				¥		Street Address		,				
PO Box 316						1123 BEAVE	RSTREET					
City, State, Zip Code						City, State, Zip Co						
Thorofare, NJ 0808	6					BRISTOL, PA						
Project Manager for Mon	· .		Tel	ephone	No	Telephone No.	10001	License No.				
Steve Flanagan	normy r mir		3100000	008/01/48/02/- 1/4/48	3-0800	215-788-6040		00509				
Start Date (10)	100	Scheduled (Name of OSHA M		00000				
6 / 20 /	07/00/07	7					VIRONMENTA	L. INC.				
						Street Address	VIICOIMIERTA					
Occupancy Status During Status During	•			mont		1123 BEAVER	OCTREET					
☐ Abatement Performed					scribe							
Time of Abatement: 7						City, State, Zip Co						
ISOLATED	ARETA					BRISTOL, PA	19007					
Scope of Work (Check al	that apply)					☐ Full Cont	ainment with Ne	gative Pressure				
≥3 sf or ≥3 lf		Section 1	enovat			☐ Mini-Enc	losure	9				
≥160 sf or ≥260 lf		∐D	emoliti	on		☐ Glovebag	Procedure	on-Friable Procedu	ITE			
			s Loca	tion	T	□ Non-Exc	npica () and re	THE TRADE TO TO COULT		patem	ent T	VDe
Location	of		Norma			Description o	f			-		-
Asbestos-Containing		(1.)	ed Sol			estos Containing Ma	terial (ACM)	Amount	Rem	Repair	inc	incl
TO BE ABA			aintena stodial		(i.e	e., thermal systems i surfacing, VAT,	AND ASSESSMENT OF THE PARTY OF	(Specify SF or LF)	Removal	air	apsı	Enclosure
(13)	Ly		(12)			other miscellane		GI OI LI)	-		Encapsulate	re
		Yes	No	N/A								
Throughout			\boxtimes		Pipe In	sulation		20 LF	\boxtimes			
Throughout			\boxtimes		Plaster	•		12,840 SF	\boxtimes			
85			t_{\Box}	I_{\Box}				400				
Name of Registered Was	te Hauler		. N	JDEP	Waste	Cubic Yards of	Name of Regis	stered Landfill				
Service Transport 0			H	lauler II 2099		Waste 100	Minerva La					
City, State				2033		Disposal Date	City, State -	***************************************				
BRISTOL, PA 19007	9					7/29/16	Waynesbu	rg, OH				
Completed By (Print or Ty		Title				Signature	7 -		ate /	1		
Gino Pizzigoni	F-7)	Estima	tor			Elio K	11 6)	6/	18/1	6	
Jino i izzigoiii		2001110				10 X	X 10	<u> </u>	1/0	9/11		

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

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

Date of Notification (1) Name of Building Owner/Operator (2) 6 29 / Atlantic Cape Community College 16 Agencies Notified Type Notification Street Address □ EPA 5100 Black Horse Pike ☑ DOLWD M Amended City, State, Zip Code □ DHSS Amendment #2 Mays Landing, NJ 08330 ☑ DCA ☐ Emergency (including Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Tim Edmunds 609-992-0714 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ACCC Student Success Center Bldg C School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 5100 Black Horse Pike homes, etc.) City (5) Square Feet # of Floors Bldg. Age Mays Landing County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Atlantic Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brinkerhoff Environmental Services 100 BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 1805 Atlantic Ave 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Manasquan, NJ 08736 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Gary Fleming 732-425-7258 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07 / 06 / 16 06 / 30 / 16 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: 7:00AM-3:30PM/____PM-__AM BRISTOL, PA 19007 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf ⊠ Renovation ☐ Mini-Enclosure☐ Glovebag Proce Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Removal Repair Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount ncapsulate Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility SF or LF) surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A Room C 117 X XPipe fittings 80 ea Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Bristol Environmental Inc Atlantic County Utilities Authority 18706 3 Disposal Date City, State City, State Bristol, PA 7/6/2016 Pleasantville, NJ Completed By (Print or Type) Signature Title Brian Scafiro Estimator ASR-41

MAY 11 BS (603) CK 1565

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

			(P	ursua	nt to NJ	AC 8:60 and 5:1	6)	1) 15 6		\mathbb{W}	E	1
Date of Notification (1)				Name	e of Buildir	ng Owner/Operator ((2)	n				711
06 /28	/	16		NJ	SDA		1	J L JUL	1	201	ŝ	1
F7	pe Notificat	ion		Stree	t Address			i				1
	Initial			32	East Fro	nt Street	- 1	ASBESTO	1000	B I T C]
V-22	Amended Amendmer	nt#		City,	State, Zip	Code		LIC	ENSIN	1/2	UL E	2
	Emergency		- 0	Tre	enton, N.	08625				-		
	justification		9	Name	e of Conta	ot		Telephone Nu	mber			
	Cancellatio	on		Na	imish Ka	thiari		609-943-40	12			
				FA	CILITY II	NFORMATION						
Name of Facility Where Abate	ement is Ta	king Place	e (3)				Type of Facility	(4)	2			
Hedgepath-Williams So	chool						School (K-12	3000				
Street Address							Subchapter 8	3 (Other than K-	12)			
301 Gladstone Ave.,							homes, etc.)	rivate and comm	ercial b	uildin	gs,	
City (5)				-			Square Feet	# of Floors	TB	ldg. A	ae	
Trenton, NJ 08629										9	3.	
County (6)	16			Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)			-
Mercer									oriou)			
Name of Monitoring Firm Hire	d by Buildir	ng Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		-	- 0		
Pennoni Associates Inc	c.		SC.,	001	02	table or americano continu	NAGEMENT L					
Street Address			- '			Street Address	-					
515 Grove Street, Suite	1 B					27 Outwater	Lane					
City, State, Zip Code				*		City, State, Zip Co	ode					
Haddon Heights, NJ 08	035					Garfield, NJ						
Project Manager for Monitorin	g Firm		Tele	ephone	No.	Telephone No.		License No.	_			
Brian Clark			8	56-547	-0505	973-928-4888		1188				
Start Date (10)	Sc	heduled C	omple	etion Da	ite (11)	Name of OSHA M	Ionitor					
07 /07 /16	6	08/	_ 3	1/	16	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During Aba	tement (Ch	neck only	one)			Street Address						
☐ Facility Closed/Vacated Du				ment		27 Outwater I	ane					
☐ Abatement Performed Outs	side of Norr	mal Facilit	y Hou	rs - Des	cribe	City, State, Zip Co					_	
Time of Abatement:	_AM	_PM/	PM-		AM	Garfield, NJ						
Scope of Work (Check all that	apply)	- 2.5										
☐ ≥3 sf or >3 lf		F3 5					ainment with Neg	ative Pressure				
≥ 160 sf or ≥260 lf			novati molitic			☐ Mini-Encl						
			ones	211			mpted (*) and Nor	n-Friable Proced	ure			
		100	Local						Ab	atem	ent T	vpe
Location of Asbestos-Containing Mater	rial (ACM)		Norma		A - 1	Description of			R	T Z	т	m
TO BE ABATED		Ma	intena	ince/		stos Containing Mat ., thermal systems i		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility		Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	oval	=	nsd	Sur
(13)		Yes	No.	N/A	1	other miscellaned	ous)				late	0
Boiler Room					Pine In	sulation & Debris		890 SF				
Tunnel					1	sulation & Debris			-	-		
Kitchen (Crawlspace)						sulation & Debits	•	360 SF				
retterier (Grawispace)				-	Debris			200 SF				
Name of Registered Waste Ha	ulor			JDEP V	Masta	Cubic Vordo of	Nome of Design	ened Landell				Ш
ATC	uiei		1/1/38	auler I		Cubic Yards of Waste	Name of Regist	tered Landilli terprises LLC				
City, State				1A-37	1	As Needed		TOI PITOES LLO				
Shirley, NY						Disposal Date TBD	City, State	- 011				
							Waynesbur	g, UH				
Completed By (Print or Type) Raymond Blum	T	itle Project	1/1	2005		Signature	1	_	ate /	2 6	1	,
raymond blum		Project	Midila	ayel		1/11	//		101	1	111	0

ASB-41 JAN 13

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

00 1000 35455 (P)	NOTIFICATION OF A Ursuant to NJAC 8	SBESTOS ABATEMENT :60-7 and 12:120-7)	Two or the second	
Date of Notification (1)	Name of Buildin	g Owner/Operator (2)	DIFE GE	
Agencies Notified Type Notification	Street Address	Maurer	JUL JUL	1 2016
[]Initial Notification []DOL []Amended	City, State, Zi	AM bou	NJAS088	6/THUL .
[X]DOH [Y]DCA [V]DCA Notification	Name of Contact	Philbin	Telephone Number	925212
Name of Facility Where Abatement is Tal		NFORMATION Type O	f Pacility (4)	
a Buckeye East	- Yard	İ]School (K-12)	than K-12)
380 Maurer	Road	Square	< \ . · · · · · · · · · · · · · · · · · ·	nes, etc.)
Perth Ambou Mi		nty Code (7) ATE USE ONLY) Current	1- 2	
Name of Monitoring Firm Hired by Buildi Owner (8)	ng ASCM No.	Name of Abatement Cor New Stq		racting
Street Address		Street Address 2400 Mai	89	ension Suite
City, State, Zip Code	,	Say reville	NJ 088	72
Project Manager for Monitoring Firm Te	lephone Number	732-525	0/00 License	Number 7-49
Scheduled Start Date (10) Sched.Compl.	S//16	Name of OSHA Monitor	nviromen	tal.
Occupancy Status During Abatement (Check []Facility Closed/Vacated During Ention of Abatement	ire Period	007 0	.th Ave	
[] Abatement Performed Outside of Norm Hours - Describe: [] Other - Describe: Done Work Check		Brick N	7 0872	4
[]Demolition []>3 sf or >3 lf []\frac{1}{2}160 sf or \frac{1}{2}260 lf		[]Full Contain []Mini-Enclosu []Glovebag Pro [X]Non-Friable	cedure	ressure
	Is ocation formally Used	Description of Asbestos-Containing	Amount E	E E N N R C C
Material (ACM) TO BE ABATED in Facility (13)	Solely y Main- (i enance/ ins	Material (ACM) e., thermal systems ulation, surfacing, Value of other miscellaneous	(Specify M SF or O AT, LF) V	E A L P P O A S S I U U R L R
Jank 748 Tank X	s No N/A	rans'ite	980±	. E
Pipe Rack AREA			100 =	8
		: Uneto	Registered Landfill	1-1011
treehold Certage	15939	sposal Date City, St		1910 + 111
Completed By (Print or Type) Title	atendent	, , .	\vee	7 / 240
ASB-41 1097 10976 908 2	751 3/16	12001	nale	6-22-16
Jun 95 ground clean	god and	added c	tion 748 t	₽7 K G4667

CK # 1243

		NOTI	FICATIO Pursuar	ON OF ASBESTOS nt to NJAC 8:60 ar	ABATE nd 12:12	EMENT (0)		EGE		V	E	1
Date of Notification (1)			Name PSE	of Building Owner/	Operato	r (2)		1111				
Agencies Notified Type Notification	on			Address HADLEY ROA	D		H	JUL	_1_	201	6	-
EPA Initial Amended				State, Zip Code	ND		L	SBESTOS	TT	NITE	(1)	1
X DOL Amendme	ent # cy (includin	ia .	SOU	TH PLAINFIEL	D, NJ (07068	///	LICE			102	-X
DOH justification Cancellati	n)	9	Jo	of Contact HNB	RAI	LEY	100	ephone Nur		-5	79	20
Name of Facility Where Abatement is Ta	king Place	(3)		CILITY INFORMAT		/ Type of Facilit						
PSE+G-ATHEN; Street Address		1701	4-0	DILER BL	DG.	School (k	(-12) ter 8 (Oth	er than K-12	2)			
13 VAN VL/	E/					Other (i.e etc.) Square Feet		& commercia				es,
CLIFTON						/050	. 1	f Floors		3ldg.	Age	٠ ٥
County (6) PASSA; C			County (STATE	Code (7)		Current Use (F	Prior if bei		ed)	ppx	70	YR
Name of Monitoring Firm Hired by Buildin	g Owner (8	3)		M No.	Name	of Abatement C	O / L ontractor	Hou	Se	=		
ENVIRONMENTAL TACTICS Street Address			004	5	UNIC	QUE SYSTE	MS OF	AMERIC#	A			
64 BROAD STREET					2012 (2012) (2012)	Address WHITEHEAD	AVE	2				
City, State, Zip Code MATAWAN, NJ 07747					City, S	State, Zip Code ITH RIVER, N		2				
Project Manager for Monitoring Firm TOM GEIGER				one No. 290-2217	Teleph	none No. 432-8350		License No	ο.			
Start Date (10)	Schedu	iled Co	mpletion	Date (11)	Name	of OSHA Monito						
Occupancy Status During Abatement (Ch			///	/6	Street	Address		WEIGO				
Facility Closed/Vacated During Entire Abatement Performed Outside of No	rmal Facili	N Hour	c	<u>a</u>		WHITEHEAD	AVE.					
Other - Describe: Outside of No	UECESS	ARY	OfGR.	. only		TH RIVER, N	NJ 0888	2				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf			200 E		-	1						
≥ 160 sf or ≥260 lf	-	Renova Demoli	111			Full Containr Mini-Enclosu Glovebag Pr	re ocedure					
	1	s Locat	ion		<u> </u>	Non-Exempt	ed (*) and	Non-Friable		-vic-5-16	ement	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole			scription					Ту	ре	
TO BE ABATED In Facility (13)	1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	aintena stodial ((12)			aining iv systems cing, VA niscellan	insulation, T, or	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						a	7	late	ле
O'l. House ROOF		X		ACM ROOF	ing		10	50 SF	X			
Name of Device 114												
Name of Registered Waste Hauler WASTE MANAGEMENT		Н	JDEP W auler ID					ed Landfill				
City, State		1	125	APPX	20		/S NOR	TH				
ELIZABETH, NJ				Dispos T &	al Date	City, Sta MORR	te ISVILLI	=. PA				
Completed by CAROL RAIMO	Title	CE M	GR	Si	anature	-		Date	61	-	/	-
	0111	OL 101	OI V		ar	I Lac	ma)		10	181	110	

Date of Notification (1)					Nama	of Duilding	. 0	nor/Onorator /	2)	<u> </u>	TOS CONTROL & LICENSING e Number (8-1841) In K-12) commercial buildings, ors Bldg. Age demolished) No. 99 Sure Abatement Type Repair Encapsulate for the lifty of the lifty buildings of the lifty o			
6 /	29 /	16							F 1 2	Construction	STOS CONTROL & LICENSING The Number S8-1841 San K-12) commercial buildings, fors Bldg. Age demolished) Sure Procedure Abatement Type Removal Cify Cify Cify Cify Cify Cify Cify Cify			
		10000	=4,				iiive	rsity-Office	of Design and	Construction	1 2	2016		
Agencies Notified	Type Notifica	ition			Street	Address				į			i	
☐ EPA ☑ DOLWD	☐ Initial				200	Elm Dr.			-	ASPECTOS	001	Time		
☑ DOLWD	Amended Amendme				City, S	state, Zip C	ode			LICE	ACIVA	THU	Lå	8
□ DCA	☐ Emergend	200-35 THE	udina		Prir	nceton, N	J 08	544	-	LIOU	101:10	<u> </u>		
(NJAC 5:23-8)	justification		aumg		Name	of Contact	t			Telephone Num	ber			
	☐ Cancellati	ion			Rob	ert Orte	go			609-258-184	1			
					FΔC	II ITY IN	FOR	MATION	712-71-71-71-71					
Name of Facility Where A	Abatement is T	aking F	Place	(3)	1.7.55				Type of Facility	(4)				-7777
Princeton Universit														
Street Address	ty moodon i	Tourtin	0011	to:					Subchapter 8	(Other than K-12	.)			
Frist Lane											rcial bu	ıilding	IS,	
City (5)									Square Feet	# of Floors	BI	dg. A	ge	
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MERCER					100000000000000000000000000000000000000	•					330-33-00-F.			
Name of Monitoring Firm	Hired by Build	lina Ow	vner (8	8)	ASCM	No.	Nar	me of Abateme					-	
ATC Group Service		9	1077 M) 'US () ' () () () () () () () () (
Street Address														-
Three Terri Center							0.00		RSTREET					
City, State, Zip Code														
Burlington, NJ 080	16						1 3							
				T-1-		NI-			19007	I Daniela Ma				
Project Manager for Mon	itoring Firm				# CO 15 (\$1 (\$1 (\$2 (\$1)					District and representatives				
Michael Keehn									-	00509				
Start Date (10)	000000						-55,03835							
7/5/				2	_ ′ -	16_	В	RISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During							Stre	eet Address						
☐ Facility Closed/Vacate							1	123 BEAVE	R STREET					
							City	, State, Zip Co	ode			Called Address		
Time of Abatement. 1	AIVIAIVI-	_PIVI/ <u>3.</u>	.30FI	VIPIVI-	AIV	1	В	RISTOL, PA	19007					
Scope of Work (Check al	I that apply)		Other (i.e., private and commercial buildings, homes, etc.) Square Feet											
≥3 sf or ≥3 If		1	Ø Dar	novat	on					gative Pressure				
□ ≥160 sf or ≥260 lf							Telephone Number 609-258-1841 Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age de (7)(STATE USE ONLY) Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Telephone No. 215-788-6040 Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Telephone No. 215-788-6040 Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Pull Insulation-Wrap & Cut 3 LF Telephone No. 2 License No. 2 15-788-6040 Abatement Type Abatement Type Abatement Type Specify SF or LF) Abatement Type Abatement Type Description of Specify SF or LF) Abatement Type Description of Specify SF or LF)							
										n-Friable Procedu	re			
											Ab	atem	ent T	уре
Location							6			ASBESTOS CONTROL & LICENSING Telephone Number 609-258-1841 Sility (4) K-12) Oter 8 (Other than K-12) e., private and commercial buildings, etc.) If # of Floors Bldg. Age In (Prior if being demolished) Or (9) NTAL, INC. License No. 00509 NTAL, INC. Amount (Specify SF or LF) Amount (Specify SF or LF) Amount (Specify SF or LF) Registered Landfill W.S. NORTH LANDFILL ISVILLE, PA 19067				
Asbestos-Containing TO BE ABA)								Telephone Number 609-258-1841 Telephone Number 609-258-1841 Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) Library It Contractor (9) IRONMENTAL, INC. STREET Ide 19007 License No. 00509 nittor IRONMENTAL, INC. STREET Ide 19007 License No. 19007 Lic				
IN Facili			Cust		Staff?	(1.0					va	-	usc	Sur
(13)		-	. 1	(12)	Tarre	7	otl	her miscellane	ous)				ate	CD
			Yes	No	N/A							<u> </u>		
Room G09]		\boxtimes		Pipe Ins	sula	tion-Wrap &	Cut	3 LF				
Room 111] [Pipe Ins	sula	tion-Wrap &	Cut	15 LF				
] [ASBESTOS CONTROL & LICENSING							
		[ASBESTOS CONTROL & LICENSING Telephone Number 609-258-1841 **IMATION** Type of Facility (4) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age TE USE ONLY) Current Use (Prior if being demolished) Library me of Abatement Contractor (9) Library me of Abatement Contractor (9) RISTOL ENVIRONMENTAL, INC. set Address 123 BEAVER STREET , State, Zip Code RISTOL, PA 19007 aphone No. 15-788-6040 me of OSHA Monitor RISTOL ENVIRONMENTAL, INC. set Address 123 BEAVER STREET , State, Zip Code RISTOL, PA 19007 Full Containment with Negative Pressure Mini-Enclosure Mon-Friable Procedure Mon-Exempted (*) and Non-Friable Procedure Description of Containing Material (ACM) Amount (Specify and Systems insulation, urfacing, VAT, or ser inside laneous) tion-Wrap & Cut 3 LF Description of Containing Material (ACM) Amount (Specify and Systems insulation, urfacing, VAT, or ser miscellaneous) tion-Wrap & Cut 15 LF Description of Containing Material (ACM) Amount (Specify and Systems insulation, urfacing, VAT, or ser miscellaneous) tion-Wrap & Cut 15 LF Description of Containing Material (ACM) Amount (Specify and Systems insulation, urfacing, VAT, or ser miscellaneous) tion-Wrap & Cut 15 LF Description of Containing Material (ACM) Amount (Specify and Systems insulation, urfacing, VAT, or ser miscellaneous) The Containing Material (ACM) Amount (Specify and Systems insulation, urfacing, VAT, or ser miscellaneous) The Containing Material (ACM) Amount (Specify and Systems insulation, urfacing, VAT, or ser miscellaneous) The Containing Material (ACM) Amount (Specify and Systems insulation, urfacing, VAT, or ser miscellaneous) The Containing Material (ACM) Amount (Specify and Systems insulation, urfacing, VAT, or ser miscellaneous) The Containing Material (ACM) Amount (Specify and Systems insulation, urfacing, VAT, or ser Lands (ACM) Amount (Specify and Systems insulation, urfacing, VAT, or ser Lands (ACM) Amount (Specify and Sy						
Name of Registered Was	te Hauler			100	JDEP \		1		Name of Regis	stered Landfill				
BRISTOL ENVIRON	IMENTAL, IN	IC.		H	18706		1000		G.R.O.W.S	. NORTH LAND	FILL			
City, State							Dis	posal Date				CONTROL & SING er iial buildings, Bldg. Age ned) Removal Bldg. Age ned)		
BRISTOL, PA 1900	7						7	/6/2016	MORRISVI	LLE, PA 19067				
Completed By (Print or T	ype)	Title								_ D	ate ,		Idings, g. Age Repair Idings, g. Age	
Brian Scafiro		Est	timat	or				Bria	Scafa 6	3)	6	29/	Idings, g. Age	

ASB-41 MAY 11 B5/6050-C

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

CH 5852

Date of Notification (1)			11	lame of	Building C	wner/O	perator	(2)								
06/24/2016	0.				Ringwood					E (E	1	V/	E	17	
Agencies Notified	Type Notification		- 1	Street Ac 200 Pc	ldress owell Pla	ice			IKI							
X EPA X DEP X DOL	Initial Amended		(City, Stat	e, Zip Coo	le	_			Jl	JL	1 20	116	i	السا	
	Amendment # Emergency (in			Brentw Name of	rood, TN	13702	2.7		1	Lale	phone 1	Jumbe	or .	1		
DOH DCA	justification) Cancellation		1 '	Jose C					A		5820			8		
				FACIL	ITY INFO	RMATI	ON		\$ 67g			<i>91.</i> VC				
Name of Facility Where A		Place (3)							of Facility (4)							
Street Address									School (K-12 Subchapter 8	Othe					•	
								E e	Other (i.e. pri tc.)			ercial t	ouild	ings,	nome	s,
City (5)									e Feet	# of	Floors		BI 6	dg. A	ge	
Ringwood County (6)				County C	ode (7)			2,00	nt Use (Prior	_	na demo	lished				
Passaic					ISE ONLY)	7			ant - Resid							
Name of Monitoring Firm		wner (8)		ASCM	No.				ement Contr		(9)					
Whitestone Associ	ates, Inc.							108.47175-0010	ntracting,	Inc.						
Street Address 1600 Manor Drive,	Suite 220							Addres	s on Avenue	a Un	it 365					
City, State, Zip Code	Outle 220								p Code	, 0,,						
Chalfont, PA 1891	4								07012							
Project Manager for Mor	nitoring Firm			Telephor				none No			Licens					
Jeremy Hassett		0 1 1 1			712-270	0		450-	-9500 IA Monitor		0010	36				
Start Date (10) 07/11/2016		Scheduled 08/15/2		ipietion L	Jate (11)				ntracting,	Inc.						
Occupancy Status Durin	g Abatement (Check	The second second						Addres	The state of the s					-		
× Facility Closed/Vac	ated During Entire P	eriod of Al	oatem	ent			1360	O Clifto	on Avenue	e, Un	it 365					
Abatement Perform	ned Outside of Norm Monday to Saturday. 7	al Facility I	Hours						p Code		man II No. Hoo					
Scope of Work (Check A							Clift	on, No	J 07012							
Scope of Work (Check A	ш тпасърру)	Пва	enova	tion] Full	I Containme	nt with	Negativ	e Pre	SSUF	e		
≥160 sf or ≥260 lf			emolit				×	Min	i-Enclosure		110gaa					
					707-50-5 - ETC		×	Nor	vebag Proce n-Exempted	(*) and	d Non-F	riable	Proc	cedur	е	
		ls l	ocati	on											ment pe	
Location		Used	Sole				scription		(4.03.4)					1 9		
Asbestos-Containing TO BE AB			itenar	nce/		thermal	taining N system	s insula		(5	mount Specify		Re	נג	Enca	Enc
In Faci (13)		Cusic	(12)	otan:			cing, VA niscellar			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
(15)		Yes	No	N/A			7.10-7.40-200.200						a		ate	re
1st Floor h	Kitchen			X	Ta	n Line	oleum	Floori	ng	12	20 SF		Х			
2nd Floor I	Kitchen			X	Bla	ck Sin	k Und	ercoat	ing	5	SF	,				
Name of Registered Wa	ste Hauler		1 110	JDEP W auler ID		Cubic of Wa	Yards ste		Name of R					500100	_	
Atlantic Carting				J641		40			Grand 0		al San	itary	Lar	dfill	Corp	٥.
City, State						Dispo TBD	sal Date	1	City, State Pen Arg		Δ					
Wayne, NJ Completed by		Title					Signature	e/ . ()	1 OII AIG	1	7	Date			_	
Milena Zoric			utive	Directo	or		-	117	X					2016	i	
	the state of the s							12 2						-		

Date of Notification (1) 06/29/16	-			Building C		Operator	(2)))尾	G.	占	1	W	5	
Agencies Notified Type Notific	ation		Street A	ddress ST 34Th	H STF	REET, S	SUIT	E 1012		JU	L	1	2016	ò	旧
DEP Amend	lment #			te, Zip Coo YORK, N		001		arch			====	00	NITE	OL	8
X DOH justific.			Name of ZVI PI	Contact NTER				1	Teler	A18-	Vumbe 1281	ÚS.	NG		_
			FACI	LITY INFO	RMAT	ION									
Name of Facility Where Abatement is GERMAN AMERICAN CLUB	Taking Place (3)						Туре	of Facility (4) School (K-12)						
Street Address 90 LANES MILL ROAD							×	Subchapter 8 Other (i.e. pri etc.)	vate &	comme	(-12) ercial b	uild	lings,	home	ıs,
City (5) HOWELL, NJ							1000000	are Feet 000 SF	# of F	Floors		BI	dg. A	ge	
County (6) MONMOUTH COUNTY				Code (7) JSE ONLY)	Y			ent Use (Prior JBHOUSE	if being	g demo	olished)			
Name of Monitoring Firm Hired by Bu	lding Owner (8)		ASCN	No.				atement Contr D PROFES							
Street Address						Street 6 Wh		ess DOVE CO	URT						
City, State, Zip Code						1 (EV 1959) 1 (EV)		Zip Code	701						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-			100	Licens	e No.				
Start Date (10) 07/08/16	Scheduled		pletion	Date (11)	9			SHA Monitor	SION	IALS					
Occupancy Status During Abatement	(Check Only One)			-	Street	Addre	ess							
▼ Facility Closed/Vacated During B	Entire Period of Ab	atem	ent			6 WH	HITE	DOVE CO	URT						
Abatement Performed Outside of Other – Describe:	f Normal Facility I	Hours		77				Zip Code OOD, NJ 08	701						
Scope of Work (Check All That Apply						-						127		May 5	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	The second secon	nova moliti				<u> </u>	M G	ull Containmen lini-Enclosure llovebag Proce	edure					20 1	
						<u> </u>	N P	on-Exempted	(*) and	NON-F	паріе	-	Abate		
Location of	1	ocati ormal	200		D	escription	n of					_	Ту	ре	
Aspestos-Containing Material (AC TO BE ABATED In Facility (13)	Custo	tenan dial S (12)	ice/ taff?	Aspeso (i.e.	therma	naming iv I systems acing, VA miscellar	ratena s insu T, or	lation,	(Sp	ecify or LF)		Removal	Repair	i≡ncapsulate	Enclosure
EVTEDIOD	Yes	No	N/A			CIDINIC			2 66	n ee		,			
EXTERIOR INTERIOR, VARIOUS ARE.	A S			EI O		SIDING LE ANI		STIC		SO SF		ζ.			
INTERIOR, VARIOUS ARE.	45							POUND		50 SF	-	ζ.			
Interior				Insu	ation	· CPipe	2,60	iter)	14	5=	-	X		-	
Name of Registered Waste Hauler		N.	JDEP W			Yards	dood	Name of R	48 L egister			-			_
NEWARK CARTING		Ha	auler ID		of Wa			IESI	- continue						
City, State NEWARK, NJ					Dispo 07/1	sal Date 5/16		City, State BETHLE	HEM	PA					
Completed by JOSEPH PERLSTEIN	Title OWNE	R				Signature	9				Date 06/2	9/1	6		

CHECK # 8814

Date of Notification (1)				Nam	e of Buildi	na C)wner/Operator	(2) **	7					
06 / 27	7 /	16					stitute of Tec	69 - 50						55
Agencies Notified Ty	pe Notificat	tion		-	et Address				·策					. 26,
	Initial	11011					Luther King	Jr. Blvd	7 6 7		W	E	F	2
	Amended				State, Zip		The state of the s		7		U		\mathbb{H}	-111
⊠ DHSS	Amendmer		-		wark, N.			11					\mathbf{III}	111
□ DCA	Emergency		ıg		e of Conta				Telephon	e Number	010	3	111	#
	Cancellatio			Mr	. Joseph	Му	ers			973-596			-	7
				FA	CILITY	NFC	ORMATION	1	AST T	OS CON				
Name of Facility Where Abat	ement is Ta	king Plac	e (3)					Type of Facil		15 N		JLA		+
NJIT - Central High Sc	hool							School (K						
Street Address								Subchapte	er 8 (Other that , private and co	n K-12)	lhu	ildiaa		
363-383 Martin Luther	King Jr. B	3lvd. (10	0 Sun	nmit S	treet)			homes, et		ommercia	ı bu	numg:	5,	
City (5)								Square Feet	# of Floo	rs	Blo	lg. Ag	e	
Newark								300,000 S	F 4		4	+ 0+		
County (6)				Cou	nty Code (7)(S1	TATE USE ONLY)	Current Use (Prior if being d	emolishe	d)	a street		
Essex														
Name of Monitoring Firm Hire	Santana Ranggari		(8)	ASCM	No.		ame of Abatem							
Omega Environmenta	Services,	Inc.		120		_	East Coast H	laz Mat Remo	oval, Inc.					
Street Address						100	treet Address							
280 Huyler Street City, State, Zip Code							494 E. 41 Str		2					
South Hackensack, N	1.07606					1 3	ty, State, Zip Co							
Project Manager for Monitorin			Tole	phone	No		Paterson, NJ	0/504	11:			- (0=)		
Eric Gelhaus	griiii		1000000	San arrange	-8700	9	elephone No. 973-345-0022	in	License 1 00507					
Start Date (10)	Sch	heduled C				-	ame of OSHA M		00507	*				
07 / 08 / 10		02 /					East Coast H		oval Inc					
Occupancy Status During Aba	tement (Ch					_	reet Address	on mar itomic	7741, 1110.					
☐ Facility Closed/Vacated Du			1.5	ment		200	494 E. 41 Stre	oot .						
Abatement Performed Outs	side of Norn	nal Facilit	y Hour	s - Des	cribe		ty, State, Zip Co	WE IS						
Time of Abatement:	_AM- <u>4:00</u> P	PM/	PM-1:	00AM			Paterson, NJ							
Scope of Work (Check all that	apply)						,	02/16/35/07/35					_	
☐ >3 sf or >3 lf		M Re	novati	on				ainment with N	egative Pressu	ire				
≥160 sf or ≥260 lf		-	molitic				☐ Glovebag	Procedure						
							☐ Non-Exer	mpted (*) and N	Non-Friable Pro	cedure				
Location of		100000	Locat Norma							,	Abai	temer	nt Ty	/pe
Asbestos-Containing Mate	rial (ACM)	Use	d Sole	ly by	Asbe	stos	Description of Containing Mat		Amoun	+ 3	0	Re	E I	ᄪ
TO BE ABATED			intena todial S			., the	ermal systems i	nsulation,	(Specif	y		Repair	caps	Enclosure
IN Facility (13)			(12)				surfacing, VAT, ther miscellaned		SF or LF	-) 2	2		Encapsulate	ure
		Yes	No	N/A		-0.500		000000€00					(D)	
Lower Level near Elevato	r			\boxtimes	Wall Pla	aste	r		40 SF	Σ	3 1			
First Floor-Old Lobby/Hal	lway				Wall/Ce	iling	g Plaster		80 SF	D] [
Second Floor - Rm 210 &	212			\boxtimes	Wall/Ce	iling	g Plaster		24 SF] [7	
Second Floor -Auditorium	-Doors			\boxtimes	Wall Pla	ste	r		64 SF		1 [] [7	
Name of Registered Waste Ha	uler		113030	JDEP V	222		oic Yards of	Name of Reg	istered Landfill		1			
East Coast Haz Mat Ren	noval, Inc.		11.85232	auler ID 13206		Wa 2		GROWS,	Inc.					
City, State							posal Date	City, State						
Paterson, NJ 07504			C2			0	7-25-2016	Morrisville	e, PA 12506					
Completed By (Print or Type)	Ti	itle				-	Signature	w Oh		Date				\neg
Leslie Olszewski		Project	Mana	ger			M	M NM		06	-2	7-2	OU	6

- MAY 11

Ch 000614

					to NJAC 6					P	CE	n	M	E	6	
Date of Notification (1) 06-26-16					Building (echnolo			(2)		E	كا وا	U	U	5		
Agencies Notified EPA	Type Notification			Street A 100 Je	ddress efferson	Rd.					JUL	1	2016	ò	L	
DEP DOL	Amended Amendment Emergency		_		ite, Zip Co pany, N		4			ACR	ESTOS	CO	NTR	OL 8		
DOH DCA	justification) Cancellation			Name of Rey Ba	f Contact arraca				\$ 100 min	Tel	3) 560	Men	ARG .			_} '
N. 65 W. 145				FACI	LITY INFO	RMATI	ON	_	t				12. 1	HAR ES	100	776
Name of Facility Where a Commercial Buildin)					Тур	School (K-1	2)						
Street Address 100 Jefferson Rd.								F	Subchapter Other (i.e. p etc.)				build	lings,	home	es,
City (5) Parsippany								Squ	iare Feet	# 01	Floors		B	ldg. A	ge	
County (6) Morris				County (Code (7) USE ONLY)			Cur	rent Use (Pric	r if bei	ng demo	lishe	d)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	/ No.				ntracting L		(9)					
Street Address							Street 522 7									
City, State, Zip Code							20000		Zip Code ty NJ 0708	7						
Project Manager for Mor	nitoring Firm		T	Telepho	ne No.		Teleph 201 2		No. -9603		License 01206		8			
Start Date (10) 07-05-16		Schedule		npletion I	Date (11)		HARTHER PARTY		SHA Monitor Intracting L							
Occupancy Status Durin	g Abatement (Ched	ck Only On	e)				Street	Addr	ess							
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	Period of A mal Facility	Abatem Hours	nent				tate,	Zip Code ity NJ 0708							
Scope of Work (Check A	II That Apply)											-	-		-	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Statistical Co.	enova emolit				-	N G	full Containme fini-Enclosure Glovebag Proc Ion-Exempted	edure					3	
		9753	Locati						ion Exompto	() u.,				Abate	ment	
Location Asbestos-Containing		100.00	lormal d Sole	4	Achoo		scription		iol (ACM)	^	mount					
TO BE AB. In Facil (13)	ATED lity	0.003	intenar odial 8 (12)	Staff?	(i.e.	thermal surfa	systems cing, VA niscellar	s insu T, or		(8	Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Pump R		Yes	No	N/A		Doo	f Mata	rial		70	00.05				w	
Pullip K	OOM		X			ROO	of Mate	nai			30 SF		X			-
Name of Registered Was Delfa Contracting LL			2.25	JDEP Wauler ID 3524	No.	of Wa	Yards ste 4		Name of I	0.50			cove	ery F	acilit	ty
City, State Union City, NJ							sal Date)7-16		City, State Tullytov		Α.					
Completed by Jaime Delgado		Title Proj.	Mana	ager.		S	Signature	1	4			Date 06-	26-1	6		

Ch# 4176

Date of Notification (1) 06-28-2016				Name of	of Building	Owner/	Operator	r (2)			Day.			in the	C	1++	1
	pe Notification				Address				-								
	Initial				listy Lan	e				5	E	C	E		\mathbb{V}		7
EPA DEP DOL	Amended Amendment				ate, Zip Co opany, N		54		4 1		T	0					
Ď DOH ☐ DCA ☐	Emergency justification) Cancellation	20			of Contact Gorczyc	 :а			12 . 20			ephol 3-56			016		<u>U</u>
Name of Engility Where Above	lomont's Table	DI /		FAC	ILITY INFO	ORMAT	ION				1				===0		
Name of Facility Where Abat Industrial Building	tement is Takin	g Place (3)					Тур	e of Fac	1		BES	TOS	12IV	THO G	L CC	
Street Address									Schoo Subch	l <u>(K-1</u> apter	2) 8 (Oth						
741-745 Alexander Ro	ad							×	Other etc.)	(i.e. p	rivate	& com	merc	al bui	ldings	, hon	nes,
City (5) West Windsor								Squ	Jare Fee	et	# 0	f Floo	rs		3ldg.	Age	
County (6) Mercer				County (STATE	Code (7) USE ONLY)			rent Use		r if be	ng de	molisi	ned)			
Name of Monitoring Firm Hire Environmental Design,	ed by Building (Inc	Owner (8)		ASC	M No.				patemen rporati		tractor	(9)		-			
Street Address 5434 King Avenue suite	e 101						Street 606 I		ess ride Av	ve							
City, State, Zip Code Pennsauken, NJ 08109				1167-11-11-1			City, S	State,	Zip Cod	е		-					
Project Manager for Monitorin				T 1 1					d Park	, NJ	0742	4					
Dennis Gober	ig i iiii				16-9516		Teleph 973-2	225-	8400			Lice 011	nse N 04	0.			
Start Date (10) 07-07-2016		07-20-	2016	mpletion	Date (11)				SHA Moi ironme		Labo	rator	ies, l	LC	-22-6		
Occupancy Status During Ab.							Street										
Facility Closed/Vacated Abatement Performed C Other – Describe:	During Entire P outside of Norm	eriod of A	Abaten Hours	nent s			City, St	tate,	ute 22 Zip Code	e	t 						
Scope of Work (Check All Tha	at Apply)						Unior	n, N	J 0708	3							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		printegering.	enova emolit				×	M G	ull Conta ini-Enclo lovebag	osure Proce	dure						
		Is	Locati	ion				7 1/10	on-Exen	npted	(*) and	Non-	Friab		Abate		
Location of			lormal d Sole			Des	scription	of								ре	
Asbestos-Containing Mate TO BE ABATED In Facility (13)	erial (ACM) 2	Mai Cust	ntenar odial S (12)	nce/	Asbest (i.e.	thermal surfac	aining M systems cing, VAT niscelland	insul T, or	lation,		(S	nount pecify or LF		Remova	Repair	Encapsulate	Enclosure
exterior (window)	tiolle)	Yes	No	N/A												te	(D
exterior (window v	walls)	-		X			ite boa				1,0	08 SI	F	х			
exterior				X		Ca	aulking			_	67	2 LF		х			
								-		-							
Name of Registered Waste Ha	auler		100,000	JDEP W	7775	Cubic `			Name	e of Re	egister	ed La	ndfill				
Lilich Corporation				auler ID I 3724	No.	of Was	te		GRO	ows	Lan	dfill					
City, State Woodland Park, New Jer	sey					Dispos	al Date		City, S Morr		e, PA	\					
Completed by Momo Glavatovic		Title vice p	resid	ent		Si	gnature	(6	H	7		-Dat 06-	28-2	016		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Somerset Hills School District 06/28/16 Street Address Type Notification Agencies Notified 25 Olcott Avenue Initial × City, State, Zip Code ASBESTOS CONTROL & **EPA** Amended Bernardsville, NJ 07924 DEP LICENSING Amendment # Telephone Number × DOL Emergency (including Name of Contact 908 204 1930 justification) × DOH Dan McDougal Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) × Bedwell Elementary School Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address etc.) Bldg. Age 141 Seney Drive # of Floors Square Feet 50+ 2 80000 City (5) Current Use (Prior if being demolished) Bernardsville County Code (7) (STATE USE ONLY) County (6) School Name of Abatement Contractor (9) Somerset Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Bako Construction & Restoration, Inc. 00079 Envirovision Consultants, Inc. Street Address 265 Route 46 Suite 3D Street Address 20-21 Wagaraw Road Bldg. 35E City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 Fair Lawn, NJ 07410 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00666 973 256 7010 973 636 9145 Frederick Larson Name of OSHA Monitor Scheduled Completion Date (11) Bako Construction & Restoration, Inc. Start Date (10) 07/19/16 07/15/16 Street Address Occupancy Status During Abatement (Check Only One) 265 Route 46 Suite 3D Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Totowa, NJ 07512 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation Mini-Enclosure ≥3 sf or ≥3 lf Demolition Glovebag Procedure ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Amount Asbestos Containing Material (ACM) Used Solely by Location of Enclosu Remova Asbestos-Containing Material (ACM) (Specify (i.e. thermal systems insulation, Maintenance/ SF or LF) TO BE ABATED Custodial Staff? surfacing, VAT, or other miscellaneous) In Facility (12)

(13)		(12)		other miscellaneous	>)		<u>m</u>	88	ate	ø
**************************************	Yes	No	N/A							
Boy's & Girl's Bathroom	1	X		Pipe Insulation	1	75 LF	X			-
Boy's & Giris Butineen.								-		-
							-	-		-
					None of	Registered Land	fill		<u></u>	
Name of Registered Waste Hauler Bako Construction & Restoration, I	nc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste TBD		wn Resource		ery	Facil	lity
City, State		- 4	20003	Disposal Date TBD	City, Stat					
Totowa, NJ	- Marian		===	Signature r A		V -	Date			
Completed by Goran Kojic	Title Pro	ject N	Manager	Olg Lik	grany	leg [06/28	/16		

Ch		v				ŧ.	11111-				-	_
Date of Notification (1)		T	Name o	f Building Owner/	Operator	(2)	112					
06/27/2016	Sal Main St	116	1									
Agencies Notified Type Notifica	ation						W				110	
X EPA Initial			8070072115 15000									
				20.00	0.5		ASI					_ (
Emerge		-			195		Talank			DIIVC		
	dion		73317707675				, 02 1	.20000				-01
	Taking Place (3	3)				Type of Facility	(4)					
						Subchapte Other (i.e.				dings,	, hom	es
City (5)						etc.)	# of Flo	oore	TR	Ida /	100	
Secaucus								0015			200	
County (6)						Current Use (Pr	ior if being o	demolishe	ed)			_
Hudson		16	(STATE	USE ONLY)						а		
			100000000000000000000000000000000000000		100000000000000000000000000000000000000							
	ions LLC		06-1	5995			nc					
Street Address PO Roy 1224					2000		onic Ass					
	HIII H				10-25-0	Committee to the second	ania Avė				<u> </u>	
Union NJ 07083					100000000000000000000000000000000000000		3					
Project Manager for Monitoring Firm			Telepho	ne No.	1 1007 0000		200	cense No				_
Rick Eustaquio			973-49	94-3762	973-	754-1980	00	0875				
Start Date (10)	11 10000230000000		npletion	Date (11)	100000000000000000000000000000000000000							
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	. E	- 100	000000				ania Ave					
Facility Closed/Vacated During Er Abatement Performed Outside of	nure Period of A Normal Facility	Abatem / Hours	ent									_
Other - Describe:					7.000		3					
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	lo lo	Locati	on			a Mon-Exemple	a () and No	JITT HADIE		1.000	MA THE STATE OF	t
Location of	1	Vormal	ly	De	escription	of				Ту	pe	_
Asbestos-Containing Material (ACM	Notified Notified Type Notification Initial Amended Amendment # Emergency (including justification) Cancellation Facility Where Abatement is Taking Place (3 g Maintenece Bldg dress 11.5 Cus (a) Monitoring Firm Hired by Building Owner (8) are Environmental Solutions LLC dress tale (10) Amendment # Emergency (including justification) Cancellation Facility Where Abatement is Taking Place (3 g Maintenece Bldg dress 11.5 Cus (b) Monitoring Firm Hired by Building Owner (8) are Environmental Solutions LLC dress tale (10) Gress tale (10) Schedule (10) Schedule (10) Amendment # Emergency (including justification) Cancellation Cancellation Schedule (10) Schedule (10) Amendment # Emergency (including justification) Cancellation Cas Taking Place (3 g Maintenece Bldg owner (8) are Environmental Solutions LLC dress tale (10) Care Environmental Solutions LLC dress tale (10) Schedule (10) Care Environmental Solutions LLC dress tale (10) Schedule (10) Care Environmental Solutions LLC dress tale (10) Schedule (10) Care Environmental Solutions LLC dress tale (10) Schedule (10) Care Environmental Solutions LLC dress tale (10) Schedule (10) Care Environmental Solutions LLC dress tale (10) Schedule (10) Care Environmental Solutions LLC dress tale (10) Schedule (10) Care Environmental Solutions LLC dress tale (10) Schedule (10) Care Environmental Solutions LLC dress tale (10) Schedule (10) Care Environmental Solutions LLC dress tale (10) Schedule (10) Care Environmental Solutions LLC dress tale (10) Schedule (10) Care Environmental Solutions LLC dress tale (10) Schedule (10) Care Environmental Solutions LLC dress tale (10) Schedule (10) Care Environmental Solutions LLC dress tale (10) Schedule (10) Care Environmental Solutions LLC dress tale (10) Schedule (10) Care Environmental (10) Schedule (10) Care Environmental (10) Schedule (10) Care Environmental (10) Care En			Asbestos Cor	ntaining M	laterial (ACM)		30300	77		En	
In Facility	Cus		Staff?	surfa	acing, VA	T, or			Remo	Rep	caps	
(13)	70200	10 0	V 957780	other	miscellan	eous)			yval	air	ulati	
EPA DEP DOL → DOH DOCA DOH DOCA DOH DCA DOH	Yes	5223	N/A				100000000000000000000000000000000000000				Ø	-
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							111111111111111111111111111111111111111	, -				L
2200000		Х					7940)sf	X			
		200					10000	8	x			
Name of Registered Waste Hauler APS Contractors Inc		Н	auler ID	No. of Wa	aste	100000000000000000000000000000000000000		Landfill				
City, State paterson NJ								9067				
Completed by	1 202 2 2000				Signature	2	//	.Date				_
Svetozar Savreski	Pres	ident			All	11-01	1000	06/	27/2	2016	j	

	NOT	TIFIC	Purs	ON O	NJAC 8	STOS ABATE 8:60 and 5:16)	ID) E G E	FIV	[E		7
Date of Notification (1) 6 / 28 /	16		N		Building O	wner/Operator (2 pital)	JUL	1 20	16		
Agencies Notified ☐ EPA ☐ DOLWD ☐ DHSS ☐ Type Notifica ☐ Mitial ☐ Amended ☐ Amendment	ent #	_		ity, Stat	oseberry e, Zip Cod osburg, N	е		ASBESTO: LICI	S CONT ENSING	ROI	. &	
DCA Emergency justification Cancellat	on)	ng	N		Contact			Telephone Num 908-239-50				
				FACIL	ITY INFO	ORMATION						
Name of Facility Where Abatement is T St. Luke's Hospital Street Address 185 Roseberry St.	aking Pla	ice (3)				Type of Faci ☐ School (k ☐ Subchapt ☐ Other (i.e homes, 6	K-12) ter 8 (Other than K-1 a., private and comm	2) ercial build	lings	18	
City (5)							Square Feet 100,000+		Bldg 41	. Age)	
Phillipsburg, NJ 08865 County (6) Warren						STATE USE ONLY)	Hospital		lished)	F		
Name of Monitoring Firm Hired by Build Pennonni Assoc.	ding Own	er (8)	A	SCM No		Name of Abateme Alliance Envi						
Street Address 515 Grove St.						550 East Uni	War and The Colonia					
City, State, Zip Code Haddon Heights, NJ 08035						City, State, Zip C West Cheste						
Project Manager for Monitoring Firm Tom Adams			85	hone N 6-547-0	505	Telephone No. 610-701-900		License No. 00508				
Start Date (10) 7 / 13 / 16	Schedule 8			ion Date	4. 1	Name of OSHA I	Monitor					
Occupancy Status During Abatement Facility Closed/Vacated During Ent Abatement Performed Outside of N Time of Abatement: AM-	tire Period Normal Fa	d of A	bater Hour	s - Desc		Street Address 28 N. Penne City, State, Zip C Media, PA 1	Code					
Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf] Ren		on .		☐ Mini-En	iclosure an Procedure	h Negative Pressure				
2						∐ Non-Ex	empted (*) ar	nd Non-Friable Proce	Ah	atem	ent T	vne
Location of Asbestos-Containing Material (AC TO BE ABATED IN Facility (13)		Used Mai	ntena	lly ely by ince/ Staff?	Asbes (i.e.	Description stos Containing M , thermal system surfacing, VA other miscellar	Material (ACM s insulation, T, or) Amount (Specify SF or LF)	Remov	Repair	Encapsulate	Enclosure
1st Floor Sub Phase 4 & 5					VAT & I	Mastic		1705 SF				
]											닏
]											닏
	1										Ш	
Name of Registered Waste Hauler Richard Burns & Co.				Hauler I	D No.	Cubic Yards of Waste 40		f Registered Landfill ern Berks Comm	unity La	ndfil	I	
City, State				1995		Disposal Date TBD	City, Sta	ate sboro, PA				
Phila., PA Completed By (Print or Type) Mark H. Griffin	Title Es	tima	itor			Signature	#		Date 6/	28	1/10	,

& Amended & Add Tional ma	, no	TIFIC,	ATION C	e of New J OF ASBES O NJAC 8:6	TOS AL	BATEM	ENT	ew (Mi 55	20					t Eor
Date of Notification (1) 6/1/16	Notified Type Notification Street Address 500 Rhoads Ave City, State, Zip Code Westmont NJ 08108 Name of Contact Mike Moore FACILITY INFORMATION Type of Facility 4) School (K-12) Subchapter 8 (Oher than K-12) Subchapter 8 (Oher (i.e. private & commercial buildings, homes, etc.) Port NJ 08108 Type of Facility 4) School (K-12) Subchapter 8 (Oher than K-12) Subchapter 8 (Oher (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bidg. Age 10,000+ 2 35+ Ont NJ 08108 Name of Abatement Contractor (9) Pernaco Inc. Street Address Street Address PO Box 329 Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. Telephone No.														
		1 127			9	10		1.	D)r	13 6	G	Ш	W	G	
DEP Amended Amendment #										JUI		1	2016		
Emergency (in justification)	cluding	1 1 2 5 5			7g =			1 27	60	9-313-6	189				
	DI (0)		FACIL	ITY INFOR	OITAMS	N	Tum			ASBES	TOS	COI	IG IG)L &	
Haddon Twp High School	Place (3)	/						School (K-1	2) ·	0				ME-BLC BOX 1	
Street Address 406 Memorial Av.							Ħ	Other (i.e. p etc.)	rivate	& comme	rcial b	uildi	ngs, h	nome	S,
City (5) Westmont NJ 08108							10,	+000	2			35		ie	
County (6) Camden						_	Cur	rent Use (Prid	r if be	ing demo	lished)			
Name of Monitoring Firm Hired by Building O Epic Environmental Ser. LLC	wner (8)		ASCM	No.					tracto	r (9)					
Street Address 1930 Brown Road															
City, State, Zip Code Newfield NJ 08344									91		135				
Project Manager for Monitoring Firm James Eberts										14 SESSONES CONTRACTOR					
Start Date (10)	Schedule 7/15/16		pletion D	Date (11)		Name		SHA Monitor							
Occupancy Status During Abatement (Check						Street	Addı	ress						115 (95-11)	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	batem Hours	ent		_	City, S	State,	Zip Code							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Superintarion .	enovat emoliti			18		F	Full Containm Mini-Enclosum Glovebag Pro Non-Exempte	ent wit e cedure	th Negativ				•	
	1 0.75	Locatio			0,000.00								Abate Ty		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Solel intenar todial S (12)	y by nce/ staff?	Asbesto (i.e. t	os Cont thermal surfac	scription aining h system cing, VA niscella	Mater is ins AT, o			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		Dina	lanule	ation			12 LF	-				
Roof Top Green House	-		X		wet w	insula rap ar				12 LI	1				
See Lext page				50 E	o l	exT	-	ouge.							
J			IDEE ::	lant.	0	Vard-		Nome	Docin	tered Lan	dell			٠,	
Name of Registered Waste Hauler United Containers		Н	JDEP Wauler ID 2459		Cubic of Was			G.R.O.			ruill				
City, State Elm NJ					Dispos 7/15/	sal Date	Э	City, Sta Morris		PA 1906	67			- 54	
Completed by Anthony T Perna	Title Presi	ident	8		S	Signatur	E C			₹ <u>₹</u>	Date 6/1/				

Print Form:

State of New Jersey

NOCK				OF ASBESTO								
		(P	ursuant to NJ	AC 8:60-7 and	12:-120-	7)	D	E	G	EI	\mathbb{W}	EF
Date of Notification (I) 06/29/16				Building Owner niversity Hospi		or (2)	B			120 0	U	
Agency Notified Type N	otification		Street Add	trace				<u>. </u>	1111	1_	2016	-
X EPA	Initial		One Coop					į				
X DEP	Notifica	tion		e, Zip Code				ASBE	STC	SCC	NTRO	2 10
X DCA X DOH	Amended		Camden N					/ IODE		ENSI) L (4
X DOH	Notifica		Name of C			_	- 1	Telepho		mber		
	Cancella	1011	Mark Elbe	TY INFORMA	TION			215-271	-1449			
Name of Facility Where Abatement is Cooper Hospital- Kelemen Bldg	Taking Plac	(3)	30000			Type of Fac	ility	(4)				
Cooper Hospital- Kelemen Bidg								(K12)				
Street Address								iter 8 (
One Cooper Plaza						b	uildir	igs, hon	nes, et	c.)	CICIAI	
City (5)	County (6)		C- + C !	(m)	Square Feet	1	of Flo	ors	Bldg.	300 MOX 15	
Camden	County (0)		County Code (STATE USE ONL)		Current Use	(Pric	or if hei	ng der	nolisher		
Name of Monitoring Firm Hired by Bu	ilding Own	- (0)		Licercia	TTes	Hospital					.,	
Criterion Labs	inding Owne	r (8)		ASCM No.		of Abatement ated Specialty						
Street Address 3370 Progress Drive						Address Crue Avenue						
City, State, Zip Code Bensalem, PA 19020						State, Zip Code Mills, PA 1934						
Project Manager of Monitoring Firm Mike Panpresso			Telephone 215-244-13			one Number 4-9622				Liceno	e Num	ber
Scheduled Start Date (10)	Sch	ed. Con	npletion Date	(11)	Name	of OSHA Mon	itor				-	
06/29/15 Month/Day/Year		72-2	12/31/16		Criteri	ion Labs						
Occupancy Status During Abatement (Check only	me)	onth/Dav/Yea	ır	Street	Address						
Facility Closed/Vacated During	Entire Peri	od of A	batement			rogress Dr						
x Abatement Performed Outside	of Normal F	acility				tate, Zip Code						
Hours - Describe: 7:00 AM Other - Describe: 4:00 PM	to 3:30 PM		-		Bensal	em, PA 19020						
Scope of work (Check all that apply)	10 12:30AW											
Demolition		x	Renovation			Full Contain		with N	egative	Pressu	re	
>3 sf or >3 if		- 27	Action action	<u>.</u>		Mini - Enclo		ire				
x >160 sf or >260 lf					х	Non-Friable						
T	Is			24 5000 45				T	Aba	atement	Type	
Location of Asbestos - Containing	Locatio Normali			ription of s-Containing		71 4					E	E
Material (ACM)	Used			ial (ACM)		Amo (Spe			R E	R	N C	N C
TO BE ABATED	Solely		(ie. The	ermal systems		SF			M	E	A	L
In Facility (13)	by Mair tenance			surfacing, VA7	Γ,	LI	F)		O	P	P	0
(13)	Custodia	33	or other	miscellaneous)					V	A	S	S
	Staff (12)			1				A L	I R	U	U R
Pharmacy 2nd floor	Yes No	N/A	floor tile an	d martin		4564 GD			30.00	200		E
3rd Fl OR	x x	\vdash	floor tile an			4564 SF		X				
2nd Fl Enabling	x x		floor mastic	Condition of the Condit		1542 SF		Х				
2nd Fl Enabling	x		floor tile			1345 SF		x				
Name of Registered Waste Hauler		NIDE	P Waste	Cubic Yards		830 SF		x				
Horizon Disposal		100 C	r ID No.	of Waste		Name of Reg	istere	d Land	till			
City, State Trenton NJ		-		Disposal Date As req.		City, State Morrisville P	Α					
Completed By (Print or Type)		Title		1	Signatu						Date	

Signature D

Project Manager

ABS-41

Mark Goshow

JUN 95

Date 6-2976

CK 1869

Date of Notification (1) 6-14-2016						Building (P (a [n	η,η	E	_	-
Agencies Notified	Type Notif	fication			Street A		117100	iiuc, L	- 6	-(D)-	E (G E	U	W.	5	H.	-
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DEP × DOL		ndment #				te, Zip Co Bergen 1		047	3		J	UL	1 2	016			
× DOH		gency (in cation)	cluding		Name of	Contact			ž.			phone I					
DCA	Cano	ellation				Oliveira		ION		F F	\S97	3-951-0 LIGUN					
Name of Facility Where	Abatement i	s Taking	Place (3)	FACI	LITY INFO	RIVIAI	ION		of Facility (4))		-				21
Commercial Street Address			71							School (K-12 Subchapter 8						35 =	
4217 Park Avenue										Other (i.e. pri				ouild	ings,	home	es.
City (5)									Squar	etc.) re Feet	# of	Floors			dg. A	ge	-
Union City, NJ 070 County (6)	87				0				6000		1			70)+		
Hudson					County ((STATE L	JSE ONLY)			Curio	nt Use (Price	ii-beli	ng aemo	usnec	1)			
Name of Monitoring Firm	n Hired by B	uilding O	wner (8)		ASCN	l No.				tement Contr			10 - 21 - 22				
Street Address									Addres	vironmrent	al Se	ervices	, LLC	; —			
								(CONTRACTOR		ia Avenue							
City, State, Zip Code							D. S.			p Code y, NJ 0730	14						- 11 (10)
Project Manager for Mor	nitoring Firm	1			Telephor	ne No.			hone No		74	Licens	e No.			_	
									333-8	92.752.7635		01174	4				
Start Date (10) 6-15-2016			Schedule 8-15-2(npletion l	Date (11)			of OSH e as a	IA Monitor above							
Occupancy Status Durin	g Abatemer	t (Check	Only On	e)					Addres								
Facility Closed/Vac Abatement Perform								City S	State 7	p Code							
Other – Describe:		011101110	ar acinty	riour			-3,	City, c	otate, Zi	p Code							
Scope of Work (Check A	All That Appl	у)	_										-				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			******	enova emoli						l Containmei ni-Enclosure	nt with	Negativ	ve Pre	ssur	е		
			_					>	Glo Nor	vebag Proce n-Exempted	edure (*) and	d Non-F	riable	Proc	edur		
			Is	Locat	ion										Abate	ment	
Locatio Asbestos-Containing		CNA		Vorma d Sole		Ashas		scription		(0/354)		mount	-		Тy	pe	
TO BE AB	ATED	(CIVI)		intena odial :			therma	l system	insula		(5	Specify		Re	R	Enca	Enc
In Faci				(12)				icing, VA miscella			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
573 16.00			Yes	No	N/A									<u>=</u>		ate	e
Roc	f			X				Roofing	g		40	00 SF	>	c			
Stairw	/ay			X				VAT			2	0 SF	>	ς .			
N	and the test				l DED II		T 0 11	V/ -1				1.1	1511				
Name of Registered Wa Green Environment		es LIC		F	IJDEP W lauler ID	No.	of Wa	: Yards aste		Name of R G.R.O.V				fill			
City, State		5, 225		0	034889	J	5 Dispo	sal Date	9	City, State							
Jersey City, NJ								-2016	*:	Morrisvi		А					
Completed by			Title	- NA-	2000			Signatur				. 7	Date 6-1		116		
Liliana Serrano			OTTIC	e ivia	nager			U L	ul	of Jeich	ull	LU	0-14	+-2(110		

Ch 5854

CFI									الأرد والأنظام حموض		Line Charge	107001	-		
Date of Notification (1) 06/24/2016					Building (Ringwoo					Mr. III	CEL MINISTER AND	F7	71 9 1 2	A-1	**
Agencies Notified	Type Notification			Street A	ddress				In	16	GEI	n/	IP		7
□ □	× Initial			200 P	owell Pla	ace			1111)			_\V/	E	In	
× EPA × DEP	Initial Amended			City, Sta	te, Zip Co	de				1				1111	11
X EPA X DEP X DOL	Amendment		_	Brenty	vood, TN	N 3702	7			l .1	UI 1	0010			H :
	Emergency (including		Name of	Contact				1 20 1		ephone Num	on 10 ber		Lagr	1
DOH DCA	justification) Cancellation				Drozco						15) 207-3		1	1000	
<u> </u>					LITY INFO	RMATI	ON		-		STOS DOL		1 0		1
Name of Facility Where A	Abatement is Takin	Place (3)						Туре	of Facility (4)	THE WAY		- 4		
Manor House & St.	Joseph's Build	ing							School (K-1	2)					1
Street Address											er than K-12)			
474 Sloatsburg Roa	ad									rivate 8	commercia	f build	dings,	home	es,
City (5)									etc.) re Feet	# of	Floors	TR	ldg. A	ne	
Ringwood								10,0		3	1 100/3	- 11	60	90	
				County (20do (7)				200		ng demolish		,,,		
County (6) Passaic					JSE ONLY)) 8			ant - Res		S	eu)			
Name of Monitoring Firm	History Desiration of	D		1 4004	I NI=		Mana		tement Cor				-		
		Jwner (8)		ASCN	I NO.		100000000000000000000000000000000000000				(9)				
Whitestone Associa	ates, inc.								ntracting	, IIIC.					
Street Address	0.11.000						3.000	Addres		()-	:- 005				
1600 Manor Drive,	Suite 220						A		on Avenu	ie, un	11 300				
City, State, Zip Code	e								ip Code						
Chalfont, PA 18914	V.						XC283374	a short	J 07012						
Project Manager for Mon	itoring Firm			Telephor				none N			License No).			
Jeremy Hassett					712-270	0	(973	3) 450	-9500		001036				
Start Date (10)		Schedule		npletion l	Date (11)		100000000000000000000000000000000000000		AA Monitor						
07/11/2016		08/15/2	016				Incir	nia Co	ntracting	, Inc.			1000		
Occupancy Status During	g Abatement (Chec	k Only One	∍)					Addres							
➤ Facility Closed/Vaca	ated During Entire I	Period of A	baten	nent			1360	0 Clift	on Avenu	ie, Un	it 365				
Abatement Perform	ed Outside of Norm	nal Facility	Hours				City, S	State, Z	ip Code						
X Other – Describe:	Monday to Saturday.	7AM to 5PM				-	Clift	on, N	J 07012						
Scope of Work (Check A	ll That Apply)			X=11=-97100											
≥3 sf or ≥3 lf		X R	enova	tion			5	Ful	Containm	ent with	Negative P	ressu	re		
× ≥160 sf or ≥260 lf		-	emolit				>	Mir	ni-Enclosure	9					
							>		vebag Pro		d Non-Friabl	o Dro	oodus		
		T						<u> </u>	II-Exemple	u () an	u Non-Friabi	FIO		ement	
		17 17178	_ocati ormal											pe	
Location		1	Sole	(4)	Ashaa		scription		(ACNA)	٨	mount				
Asbestos-Containing TO BE ABA			ntena			tos Cont thermal					Specify	Z	-17	Enc	四
In Facili		Custo	odial 9 (12)	Staff?	,	surfa	cing, VA	T, or			or LF)	Remova	Repair	aps	clos
(13)			(12)			other n	niscella	neous)				oval	===	Encapsulate	Enclosure
		Yes	No	N/A										е	
As per Attac	hment														
710 por 71ttae	, milone	-	0.00	+											
Name of Registered Was	te Hauler		IN	JDEP W	aste	Cubic	Yards		Name of	Registe	red Landfill				
(73)			. Н	auler ID		of Wa				3	al Sanitan	/10	adfill	Corr	,
Atlantic Carting			N	J641		40				20000000	ai Gaillai	y Lai	IUIIII	OUI	<i>J</i> .
City, State							sal Date		City, Stat		-	1.5.76			
Wayne, NJ						TBD		. 1	Pen Ar	gyl, P	A				
Completed by		Title	N C TO	AUXONAL C		8	ignatur	4/	1/	<	Dat				
Milena Zoric		Exect	utive	Directo	or			VY		1	06	3/24/	2016		

Manor House and St. Joseph's Building

is a		Locat				-	batem	ent Ty	pe
Location of Asbestos- Containing Material (ACM) TO BE ABATED In Facility (13)	M:	rmally Solely I aintena todial S (12)	oy ince	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal B	Re	Encapsulate	016 Enclos
	Ye s	No	N/A			<u>18</u> [CEN	SING	RO# &
St. Joseph's Building Basement Boiler Room			Х	Tank Insulation	130 SF	X	tara,	TO THE	*\$-2; _*
St. Joseph's Building Basement Boiler Room			X	Boiler Gasket	100 SF	X			
St. Joseph Bathrooms			X	Cream Linoleum Flooring	480 SF				
1 st Floor Connecting Corridor			X	12"x12" Green Vinyl Floor Tile & Associated Mastic	320 SF	X			
St. Joseph's Building Stairwells & Communication Room			Х	Mastic to 12"x12" Tan Speckled Vinyl Floor Tile	750 SF	X			
St. Joseph's Building/Manor House 3 rd Floor Corridor and Rooms, 1 st Floor Elevator/Storage Closet			X	White, Black and Tan mastic to 12"x12" vinyl floor tile	2,200 SF	X			
Manor House Front Entrance Area			X	9"x9" Brown Vinyl Floor Tile beneath Carpet	400 SF	X			
Manor House Front Entrance Area			X	Mastic to 9"x9" Brown Vinyl Floor Tile beneath Carpet	520 SF	X			

St. Joseph Living Level Kitchen and Basement Stairwell	x	Mastic to 9"x9" Beige Vinyl Floor Tile	520 SF)	X JUL 1 2016
Manor House	X	Dark Brown Vinyl Floor Tile scattered beneath Carpet	+ 2	ESTOS CONTROL &
Manor House	X	Beige Trim (patterned with dark brown) vinyl floor tile scattered beneath carpet	100 SF	X
Manor House Kitchen	X	Black Undercoating to Metal Sink, Counter	96 SF	X
St. Joseph Kitchen and Communication Room	X	Black Sink Undercoating (3 Sinks)	18 SF	X
St. Joseph Building Scattered & Stairwells	Х	Interior Wall Caulking at Metal Baseboards	850 LF	X

CK5853		NC	(Pur	suant to	NJAC 8:	60 and	12:120)		-1/-	· 4	ME.	11 1 10 1		ga tra m	(100) 2 4			
Date of Notification (1) 06/24/2016					Building Ov ingwood				LC		n					\mathbb{V}	E	F	1
	e Notification		S	treet Ad	dress						1								
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× EPA × DEP × DOL	Amended				e, Zip Cod						Ш	-	U	/ 🗠	31. 3	_0,10		2900	-
X DOL	Amendment #_		_	Brentw	ood, TN	3702	7									-		1	
	Emergency (in justification)	cluding	N	lame of	Contact									6 Nun			OL 8	×	
DOH DCA	Cancellation		١,	Jose C	rozco							(6	15) 2	207-3	938	(2			
				FACIL	ITY INFO	RMATIC	NC				(4)								_
Name of Facility Where Abate	ement is Taking	Place (3)						lyp	pe of	Facilit	y (4)								
Retreat House									Sch	nool (l	(-12)	(O4b.	th a	n V 10	1				
Street Address								×	Oth	ocnap ner (i.e	ter 8 e. priv	rate 8	er ina 3 com	n K-12 mercia	.) al buil	ding	s, ho	mes	à,
474 Sloatsburg Road								Ň	etc										
City (5)								100000	uare	Feet		100000	f Floo	rs	1	-	Age		
Ringwood									000			2				60			
County (6)				County C										molish	red)				
Passaic			(STATE U	ISE ONLY)			100		nt - R									
Name of Monitoring Firm Hire	ed by Building O	wner (8)		ASCM	No.		Name						(9)						
Whitestone Associates										tracti	ng,	lnc.	10000						
Street Address				1			Street							21.2940					
1600 Manor Drive, Sui	ite 220						136	0 C	liftor	1 Ave	enue	, Un	nit 36	55					
City, State, Zip Code							City, S	State	e, Zip	Code									
Chalfont, PA 18914							Clift	on,	NJ	0701	2								
Project Manager for Monitori	ng Firm			Telephor	ne No.		Telep	hone	e No.				7707	ense N					
Jeremy Hassett				$(215)^{-1}$	712-270	0	(973	3) 4	50-9	500			00	1036					
Start Date (10)		Schedule	ed Con	pletion I	Date (11)		Name	of (AHSC	Moni	tor								
07/11/2016		08/15/2					Inci	nia	Con	tract	ng,	Inc.			0 FI SC				
Occupancy Status During Ab	patement (Check	Only On	ie)				Stree												
				ent			136	0 C	liftor	n Ave	enue	e, Ur	nit 36	55					
Facility Closed/Vacated Abatement Performed (Other – Describe: Mon	Outside of Norm	al Facility	Hours	5			City,			Code 0701									
Scope of Work (Check All Th							0		,	-									
	пат Арргу)		21 1				Г	×	E	Conta	inmai	nt wit	h Ner	gative I	Press	ure			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					×		-Enclo		IL WIT	111105	gauvo i	1000				
≥160 sf or ≥260 lf			, , , , , , ,					×	Glov	ebag	Proce	edure) A -	- Friel	hla Di	-000	duro		
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		1.555	Locat													,	Тур		
Location of			Normal ed Sole				escriptio						۸ ۱			1			
Asbestos-Containing Ma			intena		Asbes	therma	ntaining Il syster	Mate ns in	eriai (Isulat	ACIVI)			Amou (Spec		7	,	-n	inc	En
TO BE ABATE In Facility	<u>=D</u>	Cus	todial		(1.0.	surfa	acing, V	AT,	or				For		Remova	-	Repair	aps	Enclosure
(13)			(12)			other	miscella	aneo	ous)						\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		=	Encapsulate	ure
		Yes	No	N/A														œ .	
As per Attachr	ment																		
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		-		-							+				+		7		
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)						N/ 1			Mana	f [Domin	torod	Landfi	-	1			/
Name of Registered Waste	Hauler		1000	NJDEP V Hauler ID		of Wa	c Yards aste										16:11 (_	
Atlantic Carting			1	NJ641	. 110.	40				Gra	and (Cent	tral S	Sanita	ary L	anc	ITIII (orp	J.
City, State							osal Da	te		City,			/	/					
Wayne, NJ						TBE			Λ	Per	n Ar	gyľ, l	PA						
Completed by		Title					Signatu	ıre/	1	X	7	/	_		ate				
Milena Zoric		Exe	cutive	e Direc	tor	1	\ /	11	N.	11/	1	/	1	1	06/2	4/2	016		

Retreat House

Location of Asbestos- Containing Material (ACM) TO BE ABATED In Facility (13)	Noi M	Locati mally Solely I aintena todial S (12)	Used by ince	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) ASBES	Remov	Date Repai	Encapsulate	Enclosure
	Ye s	No	N/A			CENS	ONTI IVG	10L 8	re
Ground Floor Boiler Room			X	Pipe Insulation	220 LF	X			
Ground Floor Boiler Room			X	Tank Insulation	370 SF	X			
Ground Floor Boiler Room			X	Boiler Breeching	90 SF	X			
Ground Floor Boiler Room			X	Boiler Rib Packing	140 SF	X			
Ground Floor Boiler Room			Х	Boiler Internal Section Pack	140 SF	X			
Ground Floor Boiler Room Crawl Space			X	Pipe Joint Insulation	150 SF	X			
1st Floor Spaces			X	Corrugated Pipe Insulation	900 LF	X			
Exterior Façade			X	Transite Siding Shingle	3,400 SF	X			
Roof Levels			X	Edge Tar	180 SF	X			

Retreat House

Location of Asbestos- Containing Material (ACM) TO BE ABATED In Facility (13)	Noi M	Locat rmally Solely l aintena todial S (12)	Used by ince	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Remov	Date Repai	Encapsulate	Enclosure
	Ye s	No	N/A			CENS		POL &	re
Ground Floor Boiler Room			X	Pipe Insulation	220 LF	Х			
Ground Floor Boiler Room			X	Tank Insulation	370 SF	X			
Ground Floor Boiler Room			X	Boiler Breeching	90 SF	X			
Ground Floor Boiler Room			X	Boiler Rib Packing	140 SF	X			
Ground Floor Boiler Room			Х	Boiler Internal Section Pack	140 SF	X			
Ground Floor Boiler Room Crawl Space			X	Pipe Joint Insulation	150 SF	X			
1 st Floor Spaces			Х	Corrugated Pipe Insulation	900 LF	X			
Exterior Façade			X	Transite Siding Shingle	3,400 SF	X			
Roof Levels			X	Edge Tar	180 SF	X			

O-3053

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Date of Notification	(1) 6/28/16						Owner / Operator nship Schools		101-5	Un II	1 1	5		
Agencies Notified	Type Notifica	otion		reet	_		namp ochoola	,	11 (-	1	1
EPA	Type Notifica	ation				ess er Roa	d			JUL	1 2016		. / 1	1
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DEP	Initial													
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□ DOH		rgency				ontact			ASD	ESTOS (Lelephon	e Nu	ımbe	i.
☐ DCA	☐ Cano	ellation	T	hom	as (iglio		L		LIVEIN	732-946	-005	5	1
				FAC	ILIT	Y INF	ORMATION							
Name of Facility WI	here Abateme	ent is Taking Pl					Type of Facilit	tv (4)						
Conover Road E			(-)				School (K							
Street Address				-5411					er than K-	12)				
76 Conover Road	4								commerce		as home	s et	c.)	
76 Collovel Road	u						Square Feet		f Floors		Bldg. Age		,	
		To . (0)	To			/=>	- Square reet	# 0	11 110015	1,	Blug. Age			
City (5)		County (6)	Cou	nty C	ode	(7)								
Colts Neck		Monmouth					Current Use (Prior if be	ing demoli	ished)				
							School							
Name of Monitoring	Firm Hired b	v Building Own	er (8)		AS	CM No.	Name of Abat	tement Co	ntractor (9	9)				
RJB Environmen	0.000	, 0	1				Bristol Envi	ironmen	tal, Inc.					
Street Address					-		Street Addres							
56 East Bridge S	treet						1123 Beave							
City, State & Zip Co							City, State & Z							
Morrisville, PA 1							Bristol, PA	and the second s						
		71	Talanh		Nimo	hor	Telephone Nu			License 1	Mumbor			
Project Manager fo	r ivionitoring r	-irm	Teleph			iber				00509	vuilibei			
Rick Beach			267-9				(215)788-60			00509		-		
Scheduled Start Da 6/29/16	32. (2)	Scheduled Con	npletion 6/30/		e (11)	Name of OSH Bristol Envi							
Occupancy Status		mont (Chook or					Street Addres		tui iiio.					
		During Entire P			tom	ant	1123 Beave							
					itciii	J110		4					-	
		utside of Norma	ai Houi	S -			City, State & Z	- 20						
	7 AM to 3 P						Bristol, PA	19007						
	cupied During											_		
Scope of Work (Ch	eck all that ap	pply)										_		
					9.				I Containn		vegative	res	sure	
≥3 sf or ≥3			\boxtimes		ovati				ni-Enclosu	DATE: 1				
≥160 sf ≥26	80 If			Dem	olitio	on			ove Bag Pi					
								No	n-Exempte	ed and No				
L	ocation of			ocati			Description			Amount	Aba	teme	nt T	ype
	tos-Containir	ng	Norm				Asbestos-Conf			(Specify				
Ma	terial (ACM)			lely b			Material (AC			SF or LF)	77	-	E	ш
	BE ABATED		Mainte				(i.e., thermal sy				Remova	Repair	Encapsulate	Enclsoure
i	n Facility		Custo		Staff?		insulation, surfac				10/	pai	ns	nos
	(13)			(12)		_ a	or other miscella	aneous)			<u>a</u>		ate	ē
			Yes	No	N/A									
Restroom Pipe 0	Chase		\boxtimes			Pi	pe Fitting (Wra	ap & Cut	:)	20 Ea.				
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Name of Registere	o waste Hau	ier		24200000000			Cubic Yards	ivame of	Registere	u Landiill				
C: -	4.1-			1000000		D No.	of Waste	B.# :	n I andell	ı				
Service Transpo	ort inc.			20	990		2 Cu YD		a Landfil					
City, State							Disposal Date	City, Sta						
New Castle, DE					- HS-27:		6/30/16	Wayne	sburg, O	hio				
Completed By (Prin	nt or Type)	7!		Titl			Signature	1	2,340		Date			
Gino Pizzigor	ni			Pro	ojec	t	M.	11	, /-	.)	1	/	1	
3				Ma	inag	er	tyn	1001	140	7)	6/	28/	16	
						-		1	1			-		

CONTRACTOR OF THE PROPERTY OF NOTIFICATION OF ASBESTOS ABATEMEN MO#23456168526 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 28 16 06 Nancy Foster Type Notification Agencies Notified Street Address **⊠** EPA X Initial ▼ DOLWD Amended City, State, Zip Code X DHSS Amendment # Montclair, NJ 07043 Emergency (including DCA ASREDIOS CONTROL & (NJAC 5:23-8) justification) Name of Contact Cancellation Nancy Foster ---FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) Montclair, NJ 07043 County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 01127 973-638-1777 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07 / 08 / 16 07 / 09 / 16 Envirovision Consultants, Inc Street Address Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf > 160 sf or >260 lf Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Location of Description of Repair Used Solely by Removal Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) N/A Yes No X 110 LF Basement Pipe insulation \times Basement Ceiling plaster 120 SF Name of Registered Waste Hauler NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill TBD Gr Tech LLC 0033785 T.R.R.F. Inc City, State Disposal Date City, State Tullytown, PA Wayne, NJ 07470 TBD Completed By (Print or Type) Title Signature ewic Wenad 06/28/2016 N.Jevtic Owner ASB-41

State of New Jersey

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

| Name of Building Owner/Operator (2)

Agencies Notified []EPA []DEP [[X]DOL [[X]DOH []DCA []Cancellation Name of Facility Where Abatement is Same as above Street Addres	City, State, Facility Facility City, State,	Zip Code .dwell,NJ,070	Telephone Number		2016 NTROL .	
[]EPA [X]Initial Notification	City, State, Facility Facility City, State,	Zip Code dwell,NJ,070 ct Loucks		JUL 1	VTROI	
[]DEP Notificati [X]DOL []Amended Notificati [X]DOH []EMERGENCY []Cancellation Name of Facility Where Abatement is Same as above	West Cal Name of Contac Douglas FACILIT	dwell,NJ,070		IS CON	VTROI	
[]DEP [X]DOL []Amended Notification [X]DOH []DCA []EMERGENCY []Cancellation Name of Facility Where Abatement is Same as above	West Cal Name of Contac Douglas FACILIT	dwell,NJ,070		IS CON	VTROI	
[X]DOL Notification [X]DOH []DCA []Cancellation Name of Facility Where Abatement is Same as above	Name of Contact Douglas	ct Loucks		IS CON	VTROI	IL
[]DCA []Cancellation Name of Facility Where Abatement is Same as above	Douglas FACILITY	Loucks	Telephone Number	S CON	VTROL .	
[]Cancellation Name of Facility Where Abatement is Same as above	on FACILI		w. 6	LICENSIN	VTROL .	
Name of Facility Where Abatement is Same as above	FACILI	TY INFORMATION			G	&
Same as above	Taking Place (3)		99.10			
			Type of Facility (4)			
Street Addres			[]School (K-12) []Subchapter 8 (C	ther than K-1	12)	
			[X]Other (i.e., pr cial buildings	rivate & comme	er-	
			Square Feet # of F	Floors Bldg.	Age	
City (5	unty (6)Essex	County Code (7) (STATE USE ONLY)	1400 2 Current Use (Prior if			
Name of Monitoring Firm hired by Bu	ilding NCOM No.	Nismo of Abate	ement Contractor (9)			
Owner (8) N/A	riding Asch No.		MANAGEMENT, Inc	-		
Street Address		Street Addres	SS			
		86 Chris	stopher St.			
City, State, Zip Code		City, State, Montcla:	Zip Code Lr, NJ 07042			
Project Manager for Monitoring Firm	Telephone Number	Telephone Num		License Nur 00371	mber	
Scheduled Start Date (10) Sched. 7/7/16 7/9 Month Day Year Monti		Name of OSHA N/A	Monitor			
Occupancy Status During Abatement ([X]Facility Closed/Vacated Duri of Abatement	Check only one)	Street Addres	ss			
<pre>[]Abatement Performed Outside Hours - Describe: «OffHours I []other - Describe: «Other Occur </pre>	escript»	City, State,	Zip Code			
Scope of Work (Check all that apply)				 	
[X]≥3 sf or ≥3 lf []≥160 sf or ≥260 lf	[X]Renovation []Demolition	[]Mini- [X]Glove	Containment with Negat -Enclosure ebag Procedure Friable Procedure	ive Pressure		
F:	Is	[],,,,,,,		Abatem	ment Ty	ype
Location of Asbestos-Containing Material (ACM) TO BE ARATED In Facility (13)	Location Normally Used Solely By Main- tenance/ Custodial Staff (12) Yes No N/A	Descripti Asbestos-Cor Material (i.e., therma insulation, surf or other misce	taining Amou (ACM) (Spec 1 systems SF Facing, VAT, LF	or O A	N C A P S U	ENCHOSDRE
Basement		ipe insulati	Lon 20	lf X		
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards	Name of Registered I	Landfill		
AZTECH MANAGEMENT, INC	TY7 TD 3Y-	of Waste 0.5	Minerva Ente		IC	
City, State Montclair, NJ 07042		Disposal Date 7/11/16	City, State Waynesburg,	Ohio 4468	38	
Completed By (Print or Type) Title Constantine Vivian Pre	sident	Signatur	carriechen//w	Date 6/28/20	16	

CK 1867

Date of Notification (1) Contact City, State, Zip Code Name of Contact Name of Building Owner/Operator (2) Author (2) Author (2) Author (2) Author (2) Author (2) Author (3) Author (4) Author (4) Author (4) Author (5) Author (6) Author	
1807 Kennedy Blvd. Apt. # 1F 1016 1807 Kennedy Blvd. Apt. # 1F 1807 Kennedy Blvd. Ap	2/1
EPA DEP DOL Amended Amended Amendment # Emergency (including instiffcation) Name of Contact City, State, Zip Code North Bergen, NJ 07047	2/1
Emergency (including Name of Contact TeleSIDES NOT BEONTROL &	2/1
DCA Cancellation Warco Olivella	2/1
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)	
Commercial School (K-12)	
Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes	
4007 Park Avenue etc.)	-
City (5) Union City, NJ 07087 18750 1 88+	
County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Green Environmental Services, LLC	
Street Address 235 Virginia Avenue	
City, State, Zip Code City, State, Zip Code Jersey City, NJ 07304	
Project Manager for Monitoring Firm Telephone No. Telephone No. 201-333-8855 License No. 01174	
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6-14-2016 Same as above	
Occupancy Status During Abatement (Check Only One) Street Address	
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: City, State, Zip Code	-
Scope of Work (Check All That Apply)	4
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Gloyebag Procedure	
× Non-Exempted (*) and Non-Friable Procedure Abatement	-
Is Location Type	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Location of Asbestos-Containing Material (ACM) Maintenance/ Custodial Staff? (12) Yes No N/A Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Fig. 10 Amount (Specify SF or LF) The part of the part o	Enclosure
Roof X Roof Flashing 800 SF X	
Root A neems	
Name of Registered Waste Hauler N.IDEP Waste Cubic Yards Name of Registered Landfill	
Hauler ID No. of Waste Grows North Landfill	
City State Disposal Date City, State	
Jersey City, NJ 6-14-2016 Morrisville, PA	
Completed by Liliana Serrano Title Office Manager Signature Ge-13-2016	

CK 29811

State of New Jersey

C11 21011	NO)TIFI(CATIO	N OF ASBE	STOS A	BATEMENT	71 ars	1			
			(1 disai	ant to 113AC 6.0	70 and 12.1	.20)	DEC	F		F	1
Date of Notification (1) June 28, 2016	6			Name of Buildin		erator (2) ntis Contracting, I		7	98		
f 1 mm	al Notifi	cation otification		Street Address		Halyard Road	JUL	. 1	201	6	
[X] DOH [] Eme	endment ergency (fication)	(including		City, State, Zip	Ortle	y Beach, NJ 0875	1 ASBEST	OS CO		OL &	
	cellation			Name of Contac Fran	t nk Disantis		Telephone Numbe	r 49-60	09		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			FAG	CILITY INFOR	MATION						
Name of Facility Where Abatement is Taking Residence	g Place (3)				Type of Facility (4	School (k-12)				
Street Address						[x]	Subchapter 8 (c Other (i.e., priv homes, etc.)				ldings,
City Cortland Basel		ity (6)		County Code (7) (STATE USE ON	ILY)	Square feet 700 sf	# of Floors		g. Age	60	
Ortley Beach	Oce	an				Current Use (Prior Reside	if being demolished	d)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM No.	Name of	Abatement Contracto		, Inc.			
Street Address					Street Ad	ddress					
City, State, Zip Code					City, Sta	te, Zip Code	Route 9, Unit 6				1 11 11 11
Project Manager for Monitoring Firm		Telepho	ne Number			ie Number	River, New Jer		755-1	271	
Scheduled Start Date (10) 7/13/16		7/14		ion Date (11)		9-9932 OSHA Monitor	.L. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacated		:)		tement	Street Ad	ldress	Stelton Road				
Abatement Performed Other – Describe	Outside	of Normal	Facility Ho	ours	City, Stat	te, Zip Code		X8742500			
Scope of Work (Check all that apply)						Piscata	away, New Jerse	ey 088	54		
					[]	Full Containmen Mini-Enclosure	t with Negative Pre-	ssure			
$\begin{bmatrix} \end{bmatrix}$ >3 sf or \geq 3 lf $\begin{bmatrix} X \end{bmatrix}$ \geq 160 sf or \geq 260 lf		[x]	Renova Demoli		[x]	Glovebag Proced Non-Exempted (lure *) and Non-Friable	Procedu	re		
								Ahate	ement '	Type	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)		Is Locat Normally Solely tenance/0 Staff (12)	used by Custodial	(i. in	Description Sbestos-Con Material (A e., thermal s sulation, sur VAT, on her miscella	taining CM) ystems facing, r	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior front porch		X		Asbestos sidi	ng		120 sf	X			L
		-									
Name of Registered Waste Hauler Guardian Contracting, Inc.	N		ste Hauler I 20223	D No. Cubic Y	ards of Waste	Name of Registe T.R.R.F.	red Landfill				
City, State Toms River, New Jersey			Dispose 7/15/1	al Date	City, Stat	e					
Completed by (Print or Type) Nicholas Fernicola	Title Projec	ct Mana		Signature	1 uniyto	wn, Pennsylvania		Date 6/28/	16		
				for asbestos lice.	nsure exemp	nted activities.		0,20	10		

(K#2917

<u></u>								4-	-			
Date of Notification (1)		N	ame of B	uilding On		erator (2)		GEIN	/E	5		Name and Address of the Parket
Agencies Notified Type Notification		St	reet Add	Annual Control of the	1100	J			-			
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lame of Facility Where Private Dwelling Street Address	Abatement is Taking F	Place (3)					Sch	ner (i.e. priva	Other than K-12 ate & commerci	2) al buildin	igs, ho	omes,	ũ
City (5)			3/				Square	Feet	# of Floors n/a	Bld n/a	g. Age	9	
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Project Manager for Mo Rick Eustaquio	onitoring Firm		11 71 25	elephone	e No. 4-3762	973	ohone No. 3-692-62		License 1 01266	No.			
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Agencies Notified Type Notification			Street A	R90). 0193	, AUD					
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Essex			(STATE	Code (7) USE ONLY)	Current Use (P	rior if being demolish	ned) *			
Name of Monitoring Firm Hired by Building C	wner (8)		ASC	11.11.11.11	of Abatement Co		4 i	i		
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Project Manager for Monitoring Firm	(T	Telepho	ne No. Telep	ewarts	License N	30 350			
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≥160 sf or ≥260 lf	2	enova emoliti			Mini-Enclosu		ressur	е		
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Date of Notification (1)			Name o	f Building	Owner/Opera	tor (2)		E P F	пп	n c) Press	
June 28, 2016			HPVIII :	33 ROU	ITE 17, LLC)	· - ())	E C E	_ U \}	/ [=	1	11
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Name of Monitoring Firm Hired by Building (Owner (8))	ASCN	ΛNo.	Nai	ne of Al	patement Cont		1	. 150		
AET			0021		The	MACI	K Group, LL	_C				
Street Address				78.07		eet Addr						
907 Doolittle Drive					150	0 King	s HWY N,	STE 209				
City, State, Zip Code					City	, State,	Zip Code					
Bridgewater, NJ 08807					Che	rry Hil	l, NJ 08034					
Project Manager for Monitoring Firm			Telepho	ne No.	Tele	ephone	No.	License	No.			
Eric Houseknecht				18-1108			- 5000	00781				
Start Date (10)	Schedul			Date (11)	A constant		SHA Monitor					
6/28/16 Occupancy Status During Abatement (Check	Only O		2/31/20	116			C Group, LL	.C.				
					1000000	et Addr		DTE 000				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of	Abater / Hours	nent			_	s HWY N, S	STE 209				
Other - Describe:		, 110011					Zip Code					
Scope of Work (Check All That Apply)		-	12-12-		CHE	пу пп	l, NJ 08034					
≥3 sf or ≥3 lf	П	Renova	ition			X -	ull Containme	nt with Negative	Decem			
≥160 sf or ≥260 lf	Personal Contract of the Contr	Demoli					lini-Enclosure	nt with Negative	e Pressu	ге		
							lovebag Proc	edure *) and Non-Frial	ola Drana	al . ma		
	1	Locat					on-Exempled () and Non-Filal	DIE PIOCE		ement	t
Location of	8.9	Normal	4577		Danadat						/pe	
Asbestos-Containing Material (ACM)	1000000000	d Sole		Asbes	Descript tos Containing		aL∠ACM)	Amount			I III	
TO BÉ ABATED In Facility		todial S	1077072	(i.e.	thermal system surfacing,	ms insu	lation,	(Specify	Re	R	nca	Enc
(13)		(12)			other miscel			SF or LF)	Remova	Repair	Encapsulate	Enclosure
									/al	7	late	re
and an extended a state of the	Yes	No	N/A	ners interners	Maria Maria	eger German	The Contract of the Contract o	Transport of the Parket of the	1/		-	-
Front Building	\rightarrow				roofii	ng		14,200 s/f	-	-		
_"-	X				flashi	ng		1,900 s/f	X	Ţ		
f _"_		X			VAT			2,810 s/f	X			
Rear Building	X				roofii	na		32,200 s/f	X	1		
Name of Registered Waste Hauler	SUPLICATION OF THE PARTY OF		J DEP W		Cubic Yards		Name of R	egistered Land	fill			
Nowark Carting / Sporter Facility	ntol	H	lauler ID		of Waste	1	Completed	C ' '	150: 5			
Newark Carting / Spartan Environme City, State	ntai		450	19	511. Disposal Da		Cumberla City, State	and County /	IESI E	ethle	enem	l
Newark, NJ / Donora, PA					12/31/2		Charles Association in Control of the	/ Bethlehem	DΛ			
Completed by	Title				Signat		rvewburg		, PA Date			
Mike Cooper	Presid	lent			Ma	199		. 1	/28/16			

ASB-41 (R-06-08)

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

	MATTEN	Stat	te of New Jerse	PV .					
DECEIVED	Pu (Pu	-AIRUN (OF ACCEPTAGE	80.	VE ₹				
Date of Notification (1)	1.0	- Captait II	4 45 9:00 SU	d 12:120)	check # 6	20			
1124-16	50	Name	of Building Owner/O	perator (2)	4446	2 30	9_		
Agency Notified 1 20 Type Notification		INI	MONI TER	RACE A	75 INC.	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ere gar	Seldy is	27-54
- DEPA		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1-0-15			
D Amended		13	DULLES ate, Zip Code	BRIVE	F	. 6	П	0.0 =	7 700
ASBESTOS CONTRO Amendment #	_		ment min CODE		114/ 11/1	1 5	-	WE	2
(Usua Caran)	deng	Name o	MONT, N	7 02	628				$\neg $
G Cancellation		MR				umber			111
Name of Facility Where Abatement is Taking Pi			TY INFORMATION		Telephone N	94	512	33	-
DUMANT TOMA	ace (3)				Facility (4)			250.000	T
DUMONT TERRACE APTS T	TWC			- 1	ASBES	TOS C	ONT	ROL 8	×
18 DULLES DRIVE	£)			☐ Subd	N (K-12) Lapter 8 (Other than K-	ICENS	SING		
City (5)				Jan Chille	(i.e. Drade & common		-		
Dimmy 7			* ***	Square !	AND A ALL THE NAME	Faller I Martin	1745 A.	Contain Advisor	
DUMBNUT County (6)			57 *5	7000			g. Ag		-
BERGEN		County C	ode (7) (STATE US	Current I	2 Z lse (Prior If being derric	6	3	YRS	
Name of Monitoring Firm Hired by Building Owne (8)	- 1		3-11	KA	LEANA~ A DEC	vlished)			
	ASC	4 No.	Name of Ab	and delined	PED 1271				
Street Address			Best I	Removal	Inc		_		-
City, State, Zip Code			ORCEL MINIS	22					_
			450 Sc	outh Riv	er St				
Project Manager for Monitoring Fram			Hacken	sack N	.J. 07601				\dashv
	Telephor	e No.	conclusion the	0.	License No.				ļ
Start Date (10) Scheduled Con	molection D.		201-32	9-7444	00388		ST-ST-SK		
7-7-16 Scheduled Con Occupancy Status During About	Carriedou Fai	≥ (11)	Name of OSH	A Mondor					
Check only	Octoo)		Omega Street Address	Environ	nmental				
☐ Facility Closed/Vacated During Entire Period of / ☐ Abatement Performed Outside of Normal Facility © Other — Describe: ☐ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Voltement								-
Other - Describe: 8 AM 50M	Hours	-04	CHY, State, Zr	Huyler S					l
Scope of Work (Check all that apply)			S. Ha	ckensac	k ,N.J. 076				7
182 3 sf or ≥ 3 ff □ ≥ 160 sf or ≥ 260 ff			. Bre	Contrin	321.0. 076	000	_		
- 100 % OF 2 250 F		Renovation Demolition			Mh Negative Pressure				
			JIII (510)	vebag Procedus	re and Non-Friable Proces	3			
. Location of	Is Location Normally		,20		Trong Isable Proces		Ahor	ment	1
Asbestos-Containing Material (ACAD	sed Solely	by	Description	of		L		ре	
IN Facility	Custodial	Ast (i	estos Containing M Le., thermal systems	mhail (4 mm	Amount	-}	with range		
(13)	(12)	1	SERBORG VAT	OF	(Specify SF or LF)	көточа	R	Enolosuro Enoapsulate	
Yes	Total	_	other miscellane	20US)	1	- Pova	Rophir	nsol	
BOILER ROOM #3 NAIT	1.0	WA				=		00	
BOILTA ROOM #3 UNIT	++>	THE	FRMAL INSUL	ATIONO	135 5	FX	1 1	+	
10.11	++	X THE	POMAL INSUL	ATION	70 L		1	+	
No. CD	++	-				+	-	1	
Name of Registered Waste Hauter Best Removal Inc ID	JDEP Wast	e Hauter	Cubic Yards of		`	-	1	-	
TING IN	No.		Weste	Name of Regi	tered Landfill				
City, State	1710	9	2/2/05	Minerva	Enterpris	es	L.T.	c l	
Hackensack , N.J. 07601			Disposal Date	City, State					
i die			7-8-16	Waynes	burg, Oh, 42	1680		tung a part	
R-VELDRAN Estimat	cor		Signature P V 00		Lane			-	
1001		- 1	ensure exempted ac		1 /	-24	1		

		(Pu	rsuant t	o NJAC 8	:60 and	12:120))	14	× r=								
Date of Notification (1) 05/10/2016				Building C an Wilf	wner/C	perator	(2)	8),[3 (E		\mathbb{V}		Tr	7
Agencies Notified Type Notification		5	Street Ac	idress					III	11						111	111
EPA Initial Amended Amendment #		_ 3	Short F	te, Zip Coo Hills, NJ		3		ii i			JU			016			
DOH justification Cancellation	cluding			Contact an Wilf				10	L	6	dept	one N	umbe	RO	L&	1	
			FACIL	ITY INFO	RMATI	ON	_	1. 2.00	A								7
Name of Facility Where Abatement is Taking House	Place (3)				=	Ту	(77) (77)	Facility					Log		(الراسي و	S.
Street Address							×		bchapte ner (i.e.)					uildi	ngs,	home	s,
City (5) Short Hills							Sq N/	uare A	Feet	1227	of Flo	oors		Blo N/	dg. A	ge	
County (6) Essex				Code (7) ISE ONLY)				irrent ouse	Use (P	rior if h	peing	demoli	ished)	Y.			
Name of Monitoring Firm Hired by Building Ov N/A	wner (8)		ASCM	No.		1			ment Co nent, I		tor (9)						
Street Address						Street 11 R			en Ave	enue	2						
City, State, Zip Code						City, S			Code 07512	2						7	
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 973-			35		23.25	icense 0675					
	Schedule 07/13/2		pletion [Date (11)		100000000			Monitonent, I								
Occupancy Status During Abatement (Check	Only On	ne)		10		Street					- 11 1				. 0.00		
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of A	Abatem Hours	ent			City, S	State	, Zip									
						1000	wa	, NJ	07512								
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	No.	Renovat Demoliti				>		Mini-l	Containr Enclosu ebag Pr Exempt	ire ocedu	ire					3	
	Is	Location	on												Abate	ment	
Location of	1	Normalled Solel	у			scription								-1	Ty	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	intenar todial S (12)	ice/ staff?		therma surfa	taining N I system icing, VA miscellar	is ins	sulation			Amo (Spe SF or	cify	No.	Removal	Repair	Encapsulate	Enclosure
0 1 5	Yes	No	N/A		11 0	!!!	-1-			-	500	CE.		ζ			
3rd floor bathroom		X				ceiling							-	7			
3rd floor furnace room		X		W	/all &	ceiling	ріа	ster			750	Э Г	2	ζ			
Name of Registered Waste Hauler		10000	JDEP Wauler ID	NAME OF TAXABLE PARTY.	Cubic of Wa	Yards este			Name o								
D&S Abatement, Inc		1100000	996	. 10.	TBD	3.0			Waste		nage	ment	of P	A			
City, State Totowa, NJ 07512	7512									ate own,	PA						
Completed by Nedeljko Joksimovic	Title Proje	ect Ma	nager		1	Signatur	e N	FA	/				Date 05/1	0/2	016		

Date of Notification (1) 06/27/2016			Name of Kim Si	Building mith	Owner/0	Operator	Tea -	m	i C					M	
Agencies Notified Type Notification I provided Type Notification I provided Amended Amendment #		(ddress ite, Zip Co a, NJ 07			5		JU		20	10			
DOH Emergency (in justification) Cancellation	icidaling		Name of Kim Sr	Contact mith			,	1	SBIE	ephone	Numi	IEO I	_ &		The second
Name of Facility Where Abatement is Taking House Street Address	Place (3)		FACI	LITY INFO	DRMATI	ON	Type	of Facility School (K- Subchapte Other (i.e.) etc.)	12) r 8 (Oth private	er than I & comm	K-12)	build	dings,	home	es,
City (5) Verona County (6)		Τ.	County (Code (7)			N/A	re Feet ent Use (Pri	N/A		olisha	N	ldg. A	\ge	
Essex	(0)		STATÉ	JSE ONĹY,			Hou	se			Olishic	u) 			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCN	1 No.	105-00	D&S	Abat	tement Co ement,In		(9)		- 502			
Street Address						100000000000000000000000000000000000000	Addre	^{ss} gren Ave							
City, State, Zip Code								ip Code IJ 07512							
Project Manager for Monitoring Firm		Т	elephor	ne No.		100000000000000000000000000000000000000	none N 345-8			Licens 0067		2			
	Scheduled 07/08/20		pletion [Date (11)		A CONTRACTOR OF THE PARTY OF TH		HA Monitor ement, Ir							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pack Abatement Performed Outside of Normal Other – Describe:	eriod of Aba	ateme ours	ent			11 R City, S	state, Z	ss gren Ave ip Code IJ 07512							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati				×	Mir Glo	Il Containm ni-Enclosur ovebag Pro n-Exempte	e cedure					e	
Location of		catio			-								Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	,	enan	ce/		tos Cont thermal surfac		Material s insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
basement		X			pipe	insula	tion		8	0 LF		C			
Name of Registered Waste Hauler		NJ	DEP W	aste	Cubic	Yards		Name of	Registe	red Lan	dfill				
D&S Abatement, Inc			uler ID 996	No.	of Was			Waste	255			PA			
City, State Totowa, NJ					Dispos TBD	al Date	X	City, Stat Tullytov							
Completed by Ned Joksimovic	Title PM				S	ignature	7	N			Date 06/2		016		

CK 5531

Date of Notification (1)					Building Ov ondonov				5% f				177	J #	-	7
6/28/16 Agencies Notified	Type Notification			treet Add	ON A SECURIT OF A SECURITY	/ICIT	iivale	TIOTTIC		E			Į.	3	7	-
	1/ <u></u> 7			ti OOt / tat					1111							100
EPA DEP	Initial Amended				e, Zip Code					1	JL 1	201	ĥ		U	
X DOL	Amendment # Emergency (in				awkin NJ	080	50	- ;	니니니				U	1		1
DOH	justification) Cancellation		-	ame of 0 Stacy	Contact				-:		phone Nu		0	ال		
X DCA	Cancellation				ITY INFOR	RMATI	ON			ASBE	STOS C	SING	U_	Č.		1
Name of Facility Where		Place (3)						Туре о	f Facility (4	1)						
Mirek Bondonovich	Private Home							S	chool (K-12 ubchapter	2) 8 (Otho	or than K.	12)			-2-	
Street Address								X O	ther (i.e. pr				ding	js, h	omes	s,
City (5)								Square	c.) Feet	# of	Floors	. [3ldg	. Ag	е	
Manahawkin NJ 08	8050							1000		1			35+			
County (6)				ounty C					t Use (Prio	r if bei	ng demoli:	shed)				
Ocean		101	(5		SE ONLY)		l Name	Home		trootor	(0)					
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCM	NO.			aco In	ement Con	li actor	(9)					
Street Address								Address Box 32								
City, State, Zip Code								State, Zip								
							100000000000000000000000000000000000000		NJ 080	91		N-				
Project Manager for Mo	nitoring Firm		T	elephon	ie No.	9		none No 753-98			License 00727	NO.				
Start Date (10) 7/7/16		Scheduled 7/13/16	Com	pletion D	Date (11)		Name		A Monitor						0.774	
Occupancy Status Durin)				Street	Address	S							
Facility Closed/Vac	cated During Entire P	eriod of Al	atem	ent	100											
Abatement Perform Other – Describe:	ned Outside of Norma	al Facility I	lours			_	City, S	State, Zip	Code							
Scope of Work (Check	All That Apply)					-		_								
≥3 sf or ≥3 lf			novat						Containme		n Negative	e Press	иге			
× ≥160 sf or ≥260 lf		X De	moliti	on				Glo	i-Enclosure vebag Prod	cedure						
		T			-		Ŀ	× Nor	-Exempted	d (*) an	d Non-Fri	able Pr			ment	
			ocation										,	Typ		
Location Asbestos-Containin		Used	Solel	y by	Asbest	os Cor	escription ntaining	Material	(ACM)		mount				ш	m
TO BE A	BATED	1	dial S		(i.e.	therma	al system acing, V	ns insula AT. or	tion,		Specify F or LF)	Remova		Repair	сар	Enclosure
(13			(12)				miscella					oval		air	Encapsulate	sure
		Yes	No	N/A					*				_		œ	
Exterior	Siding			Х		Ext	erior S	iding		11	100 SF	x	_			
	AND SEC. 1980.												_			
												1011				
Name of Registered Wa	aste Hauler	1000-1- RECORD 1870		JDEP Wauler ID		Cubi of W	c Yards aste		Properties Server		ered Land	11111				
United Containers				2459	(C	4	21/2011		G.R.O.							
City, State Elm NJ	5811					Disp 7/13	osal Dat 8/16	е	City, Stat Morrisv		A 19067	7				
Completed by		Title					Signatu	re				Date				
Anthony T Perna		Presid	dent				(2		CoSTE		6/28/	16			



CK 5530

Date of Notification (1)		1	Name of	Building (Owner/C	perator	(2)	UN							
6/28/16	36E388 0, BV/2068	CSPh.	Jeff Va	insant P	rivate	Home									
Agencies Notified Type Notification		7 5	Street A	ddress				F							Sign
DER P (D) (PAMENDE)		7	City Sta	te, Zip Co	de ,			* III)		GF	1	TV/	13		7
X DOLL) Z G ZAmendment	5 D			awkin N		50		IIKI			П	W.	15	$\int \int \int dx dx$	
DON Justification) DCA Cancellation	including		Name of	Contact			į	.	Tele	ephone I	Numb	100		111	
111 111 111 0 0016			Brian					14 4				116		14	
Name of Facility Where Abatement is Takin	g Place (3)		FACI	LITY INFO	ORMATI	ON	Type	ofiFacility (4)				-		-
Jeff Vansant Private Home					*5			of Facility (4	SBES 2)	TOS C	ONT	ROI	- &		
Street Address ASBESTOS CONTRO	- 01						1 . 8	Subchapter 8 Other (i.e. pr	B (Othe	er than k	(-12)		-	home	26
(William)ora							E .	etc.)			or order				,
City (5) Manahawkin NJ 08050	PETERSON.	المسا					Squar 1000	e Feet	# 01	Floors			dg. A 5+	ge	
County (6)			County (Code (7)			3000000000	nt Use (Prio	r if bei	ng demo	olished		-		
Ocean		(STATE	JSE ONLY)		_	Hous	se							
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	No.	86	1175-57		ement Cont	ractor	(9)					
N/A Street Address							Addres								-
Street Address							Box 32								
City, State, Zip Code								p Code	2002						
			Telephoi				t Berli	n NJ 0809	91						
Project Manager for Monitoring Firm	ect Manager for Monitoring Firm							5. 800		License					
Start Date (10)	Schedule	ed Com	pletion I	Date (11)		323		IA Monitor							
6/29/16	6/30/16					Sam	e								,
Occupancy Status During Abatement (Chec	k Only On	e)				Street	Addres	S							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm						City C	Yesta 7	n Cada							
Other – Describe:	iai raciiity	Hours				City, S	otate, Zi	p Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf		enovat						Containme		Negativ	e Pre	ssur	e		
≥160 sf or ≥260 lf	× D	emoliti	on			L		i-Enclosure vebag Proc							
*	1	-	-//			>	Nor	n-Exempted	(*) an	d Non-Fi	riable				
		Location Location											Abate Ty	ement pe	
Location of Asbestos-Containing Material (ACM)	Use	d Solel	y by	Asbes	tos Cont	scriptior taining N	Material	(ACM)	А	mount	T			т	
TO BE ABATED In Facility	3377.75	intenar odial S	1000000	(i.e.	thermal	system cing, VA	s insula	tion,		pecify or LF)		Remova	Re	ncap	Encl
(13)		(12)				niscella				· ,		lova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								-	3000		te	u l
Exterior Siding	Exterior Siding						ding		50	00 SF	2	2			
		- % ==													
Name of Registered Waste Hauler		100000	JDEP Wauler ID		Cubic of Wa	Yards		Name of F		red Lan	dfill				
United Containers		1,151,513	2459	140.	2	SIC		G.R.O.V	V.S.						
City, State						sal Date		City, State		4000	_				
Elm NJ	TIM-			*>	6/30/			Morrisvi	ile P/	1906					
Completed by Anthony T Perna	Presi	dent				Signatur	L				Date 6/28		;		

State of New Jersey

CK 15/ef		TEMENT) E (C E		V	E									
Date of Notification (1) 06 /	28 /	16			100000000000000000000000000000000000000	e of Buildin	Contract Con	wner/Operator	(2)		<u> </u>	ÜL	1 2	016		U	
Agencies Notified EPA DOLWD	Type Notific		200		Stree	et Address					ASBES	STOS ()L &		
☑ DOH ☐ DCA	Amendn	nent #_	- I I' -	_	1	State, Zip		e e, NJ 07974									
(NJAC 5:23-8)	☐ Emerger justificat ☐ Cancella	tion)	ciuain	ig	Nam	e of Conta	ct	,			Telephor	ne Numb	er				
					FA	CILITY	NFC	RMATION									
Name of Facility Where A	batement is	Taking	Place	e (3)		COLLITT	IVI C	MMATION	Type of Fac		.)						
								(O4b 4b -	- K 40)								
Street Address 83 Butler Parkway									Subchap Other (i.e	e., priv	ate and	commerc	cial b	uildin	gs,		
City (5) Summit, NJ 07901	n _e								Square Fee	- 7	# of Floo	ors	В	dg. A	ge	7	
		6.0				-		*									
County (6) Union					Cou	inty Code (7)(ST	ATE USE ONLY)	Current Use	(Prio	if being	demolis	ned)				
Name of Monitoring Firm	Hired by Buil	lding O	wner	(8)	ASCN	l No.	Na	ame of Abatem	ent Contractor	(9)	70						
Bio Terra Solutions								ALL PRO MA			С						
Street Address							1	reet Address									
P.O. Box 1224								27 Outwater	Lane								
City, State, Zip Code Union, NJ							1 0	ty, State, Zip C Garfield, NJ									
Project Manager for Monit	phone	No		elephone No.	07020		Licence	Nie									
Rick Eustaquio	omig i min					1-3762		973-928-4888	3		License 1188	No.					
Start Date (10)		Schedu	ıled C	omple	tion Da	ate (11)	Na	ame of OSHA N	Monitor			5 5	_				
//					5 /	16_		ALL PRO MA	NAGEMEN	T LLC	2						
Occupancy Status During Facility Closed/Vacate					ment			reet Address 27 Outwater	Lano								
Abatement Performed Time of Abatement:	Outside of N	ormal f	acilit	y Hou	s - Des	scribe	-	ty, State, Zip Co			76			-			
				PIVI-		AIVI	(Garfield, NJ	07026								
Scope of Work (Check all	that apply)							☐ Full Con	tainment with	Negat	ive Press	ure			3		
☐ ≥3 sf or ≥3 If ☑ ≥160 sf or ≥260 If		773	- The Control of the	enovati emolitio				☐ Mini-End	losure g Procedure mpted (*) and)				
				Locat									Ab	atem	ent T	vpe	
Asbestos-Containing N TO BE ABAT IN Facility	Material (ACN	1)	Use Ma	Vorma ed Sole iintena todial	ely by nce/		e., the	Description of Containing Ma ermal systems surfacing, VAT	terial (ACM) insulation,		Amou (Spec SF or L	ify	Remova	Repair	Encapsulate	Enclosure	
(13)		-	Yes	(12) No	N/A		of	ther miscellane	ous)						late	e e	
Kitchen Area						Linoleu	ım	20			93 S	F					
Roof						Tar Fla	shin	ig			2 SF	=					
Name of Registered Waste All Pro Management				1900	JDEP I		1000	bic Yards of ste	Name of Re		ed Landf	ill					
City, State	,				00348	360		As Needed		MIIII							
Garfield, NJ								posal Date	City, State Bethlehe	em, F	PA						
Completed By (Print or Typ	pe)	Title				4		Signature				Date			/		
Allen Monchik		Project Manager						(//		6/28/16							

Date of Notification (1) 6/27/16				Owner/Operato		EL	m		9 [VE		
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State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Euilding Owner/Operator (2) Date of Notification (1) WILLIAM FIVE HOUSE 6/29/ Street ype Notification Agencies Natifier ASBESTOS CONTROL & Initial City, State, Zip Code × Amended DEP PARK LICENSING MIDLAND Amendment # Emergency (including Name of Contact justification) FIVE HOUSE DCA Cancellation FACILITY INFORMATION Type of Facility (4) Where Abatement is Taking Place (3) Name of Facility School (K-12) ESIDENCE Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes. etc.i # of Floors Blda, Age Square Feel +50 2 1,500 MIDLAND Current Use (Prior if being demalished County Gode (7) (STATE USE ONLY) County (5) PLESIO ONTY AL BERGEN Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) A MAC Contracting Inc. Street Address 185 Vreeland Ave. City State, Zip Code City, State, Zip Code Midland Park, NJ License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00156 (201)262-5841 Name of OSHA Monitor Scheduleg Completion Date (11) Start Date (10) Omega Environmental Services 7/12/16 7/3 Occupancy Status During Abatement (Check Only One) 30/16 Street Address 280 Huyler St. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Hackensack, NJ 07606 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation 23 st or 23 ff 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) Asbestos-Containing Material (ACM) Encapsulate Enclosure Memteriance/ (Specify die thermal systems insulation Remova TO BE ABATED Repair Custodial Staff? SFOLLF surfacing, VAT. or In Facility (12) other miscellaneous) (13) Yes No N/A 75LE Baseyar PIPE INSULATION Name of Registered Landfill NUDEP Waste Cubic Yards Name of Registered Waste Hauter of Waste Hauler ID No. IESI PA Bethlehem Landfill Corp Newark Carting, Inc. 04509 Disposal Date City State City State 500 Bethlehem, PA 7/12/16 Newark, NJ Date Signature Title 29/15 Joseph Vocaturo Vice President raterial

Do no kise this form for asbestos licensure exempted activities.