## NOTIFICATION (Pursuant to

of New Jersey OF ASBESTOS ABATEMENT	CX#618
to NJAC 8:60 and 12:120)	CQ wi

Date of Notification (1) 06/29/2016		M	r. Sanje	uilding Ow eev Varg			2)					G	5		<u> </u>	
Agencies Notified Type Notification		Str	eet Addr	ress						1	ال	IJĹ	_	5 21	716	
EPA DEP Amended Amendment #_ Emergency (incl	uding	Ve	erona,						Tala	pron	BES	707	5 0	ON	IRO	
DOH justification Cancellation	dung		me of C r. Sanj	ontact eev Var	gheese	<u></u>			Tele	prione	TYUN	iber	ENS	SING	1	
			FACILIT	TY INFOR	MATION		Type of	Facility (4)								
Name of Facility Where Abatement is Taking P Office building Street Address	lace (3)						Sc Sc	chool (K-12)	(Othe	er than	K-12	2)	tation:	ue be		
50 Grove Ave							et							. Age		
City (5) Cedar Grove, NJ							Square 2,000		2	Floor			60+			
County (6)		Co (S	ounty Co	de (7) E ONLY)			Office	)			1101151	ileu)				
Name of Monitoring Firm Hired by Building Ow Iris Environmental	ner (8)		ASCM N/A	No.	1	Name o	of Abate Senera	ement Contr al Constru	actor ictior	(9) n, Ind	:					
Street Address 2333Route 22 West							Address Clifto	n Ave, PN	1BS	uite :	218					
City, State, Zip Code Union, NJ 07083		1000 1-					tate, Zip n, NJ	Code 07012								
Project Manager for Monitoring Firm			elephone		111		one No 389-00			Lice 006	nse N	Vo.				
Otali Date (10)	Scheduled	Comp		a commercial	1	Name	of OSH	A Monitor al Constru	uctio	n. In						
07/15/216  Occupancy Status During Abatement (Check						Street	Addres	S								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of Ab	ateme	ent		(	City, S	tate, Zi	n Ave, PN p Code 07012	/IB S	uite	218					
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enovati emolitic				>	Min	Containme i-Enclosure vebag Proc n-Exempted	edure							
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Location of	N	_ocatio	у		Desc	cription	n of			2.000000000		-		Тур		-
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mair	Solelintenan odial S (12)	ice/	Asbest (i.e.	os Conta thermal s surfaci other mi	systeming, V	ns insula AT, or	(ACM) ation,	(	Amou (Spec SF or l	ify		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							100 1	_	+		_		
Basement	×			W	rap & e	-	_	on		130 L		+	-		X	
Basement	X				Floor	r clea	nup			130 0	OF.	+	-			
												$\top$				
Name of Registered Waste Hauler			JDEP W		Cubic `			Name of			Land	Ifill				
Service Transport Group			lauler ID 0990	No.	of Was	0103		Minerva		ndfill	-			_		
City, State New Castle, DE 19720					Dispos 07/18	/2016	3	City, Stat Wayne	e sbur	g, O						
Completed by Milan Njezic	Title Proje	ct Ma	anager		S	ignatu	1	he	テ			Date 07/		2016		

CK#25205

Date of Notification (1)	1/16			Name	e of Buildin	g Owner/Operato		nn the Baptist	)[	C	E		$\neg \mathbb{V}$
Agencies Notified	Type Notification	n		Stron	t Address	Commu	11ty 01 St. JOI	in the baptist	1	_			-
EPA DEP	Initial Amended	П					West Main	Street		JU		5	2016
☑ DOL	Amendment :		<u> </u>	City,	State, Zip (		endham, NJ	07945					
DOH DCA	justification)  Cancellation		9	Name	of Contac			Telephone Nur	nber	ES!	OS CEN	ISI	NTRO VG
				FA		ORMATION		(9/3	) 343	-404	+1		-
Name of Facility Where A		ng Plac					Type of Facility		777				1
Street Address		JHVEH	L				School (K-1	8 (Other than K-	12)				
0: (5)	82 West	Main	Stre	et			homes, etc		cial bui	ilding	8,		
City (5)	Mendhar	n. NJ	079	45			Square Feet 7000	# of Floors	В	Bidg. 7	Age ()+/-		
County (6)	Iorris	11, 110	01)	Cou	nty Code (	7) (STATE		rior if being demo	-   - lished)	10	01/-	_	1
Name of Monitoring Firm		Owner		ASCM		Name of Abater	nent Contractor (9	9)					-
	vironmental						vens Environ	mental Service	ces, I	nc.			
Street Address	4 Berkeley P	lace				Street Address	PO I	30x 322					
City, State, Zip Code						City, State, Zip C	ode						-
	eehold, NJ (	)7728	1 -	- w b -	N.	T. I. I.	Allentow	n, NJ 08501				_	
Project Manager for Mon Dave B			260100	ephone 32) 74	No. 0-8408	Telephone No. (609) 2:	59-9688	License No.	0049	3			
Start Date (10) 8/8/16	Sche	eduled C			ite (11)	Name of OSHA		inon-montol					1
Occupancy Status During	Abatement (Che		3/26/ one)	16		Street Address	DB ENV	rironmental				_	-
▼ Facility Closed/Vacate	d During Entire P	eriod of	Abate				4 Berk	eley Place					
<ul><li>☐ Abatement Performed</li><li>☐ Other - Describe:</li></ul>	Outside of Norma	al Facilit	y Hou	rs		City, State, Zip C		1 NI 07720					
Scope of Work (Check al	I that apply)					44	Freehold	l, NJ 07728				_	-
≥3 sf or ≥3 lf ≤ ≥160 sf or ≥260 lf		Re De	enovat emolitic			Mini-En	ag Procedure	gative Pressure on-Friable Procedu	uro				
			ocatio				cripted ( ) and 140	on-i nable i locedi			ment		1
Location o		Used	ormally Solel	y by		Description of				Ту	oe T		-
Asbestos-Containing M TO BE ABATE IN Facility (13)		Cı	ntenan ustodia Staff? (12)			os Containing Mat thermal systems i surfacing, VAT, other miscellaned	nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
mosts		Yes	No	N/A			pare Vi		val	-	ılate	ure	
Basemer	nt	×				Boiler Insula	tion	200 sf	×				
Basemer		×			The	ermal Pipe In		400 lf	×				
Basemer	nt	X				Breeching	g	100 sf	×				
Name of Registered Wast	e Hauler		IN	JDEP V	Vaste	Cubic Yards	Name of Regi	stered Landfill					
Stevens Environm	ental Service	s, Inc	_   +	lauler ID 182	No. 292	of Waste 20 CU		GROWS Lat	ndfill				
City <del>,</del> State	Allentown, N		-1-	102		Disposal Date	City, State	/				_	
Completed By	Attentown, T					8/26/16 /   Signature /	4++	/Morrisville,	PA			_	
Mahlon E. Stev			oject	t Man	ager				7/1	/16		_	
6B-41 AR 00	* D	o not u	se this	s form f	or asbesto	s licensure exem	pted-activities.						

Date of Notification (1) Name of Building Owner / Operator (2) 6/29/16 Haddon Twp School District Agencies Notified Type Notification Street Address **EPA** 500 Rhoads Ave DEP Initial City, State & Zip Code ASBESTOS CONTROL & DOL Amended Westmont, NJ 08108 LICENSING DOH Emergency Name of Contact elephone Number DCA Cancellation C/O Robert Dinan 856-722-1800 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Strawbridge ES School (K-12) NON SUB-CHAPTER 8 Street Address Subchapter 8 (Other than K-12) 307 Strawbridge Ave Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 60.000 40+ Haddon Twp Camden Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Epic Environmental Services Bristol Environmental, Inc. Street Address Street Address 1930 Brown Road 1123 Beaver Street City, State & Zip Code City, State & Zip Code Newfield, NJ 08344 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number James Eberts 856-205-1077 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/11/16 7/12/16 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 Hours - 7am to 3pm City, State & Zip Code Describe: 7:00 AM - 3:30 PM Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Enclsoure Maintenance or Remova (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Throughout  $\boxtimes$ Pipe Insulation 9 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Inc. 20990 1/2 Cu Yd City, State Disposal Date City, State New Castle, DE 7/12/16 Completed By (Print or Type) Signature Title Date Gino Pizzigoni Project 7/12/16 Manager

GI 15085

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 2016 6/30/16 Haddon Twp School District Agencies Notified Type Notification Street Address EPA 500 Rhoads Ave ASBESTOS CONTROL & LICENSING $\boxtimes$ DEP Initial City, State & Zip Code DOL Amended Westmont, NJ 08108 DOH Emergency Name of Contact Telephone Number DCA Cancellation C/O Robert Dinan 856-722-1800 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☑ School (K-12) NON SUB-CHAPTER 8 Van Sciver ES Street Address Subchapter 8 (Other than K-12) 625 Rhoads Avenue Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 60.000 40+ Haddonfield Camden Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Epic Environmental Services Bristol Environmental, Inc. Street Address Street Address 1930 Brown Road 1123 Beaver Street City, State & Zip Code City, State & Zip Code Newfield, NJ 08344 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number James Eberts 856-205-1077 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/11/16 7/15/16 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 Hours - 7am to 3pm City, State & Zip Code Describe: 7:00 AM - 3:30 PM Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or Enclsoure (i.e., thermal systems Remova Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A On cabinets throughout X Interior Transite Panels 1.200 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Inc. 20990 1/2 Cu Yd Minerva Landfill City, State Disposal Date City. State New Castle, DE 7/15/16 Waynesburg, OH Completed By (Print or Type) Title Signature Date Gino Pizzigoni Project 6/30/16

Manager

QI 15085

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Date of Notification (1) 06-30-16					of Building				ent, Inc.			E	G	E		<b>V</b>
Agencies Notified  EPA DEP DOL	Type Notification Initial Amended			Street A 3822 I City, Sta	Address River Ro	ad ode					M	C	UL		5 2	016
	Amendment : Emergency (i				Pleasant	t, NJ U	8/42	18002-00		I Tolo	phone <sup>®</sup>	SBE	ST(	)S-C	ON	TROI
DOH DCA	justification) Cancellation		10.		s Rome					(7B	pnone 1 2) 892	-008	er l	EN	SINC	3
				FAC	ILITY INFO	ORMATI	ION				200					
Name of Facility Where / Walgreens # 16034		Place (3	3)					-	of Facility (	900						
Street Address 1801 N Olden Ave.									School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe			build	lings,	home	es,
City (5) Ewing									re Feet	# of	Floors		В	ldg. A	ge	
County (6) Mercer			0	County STATE	Code (7) USE ONLY)			Curre	nt Use (Pri	or if bein	g demo	lishe	d)			
Name of Monitoring Firm	Hired by Building C	Owner (8)		ASCN	√l No.				tement Cor tracting L		9)					
Street Address	***************************************						Street 7									
City, State, Zip Code							1000		ip Code NJ 0708	37			41.			
Project Manager for Mon	itoring Firm		T	Γelepho	ne No.		Teleph 201 2				License 01206		1			
Start Date (10) 07-11-16		Schedule 07-29-		pletion	Date (11)		15010-0000		HA Monitor tracting L	LC.						
Occupancy Status During	Abatement (Check	Only Or	ne)				Street /						_			
Facility Closed/Vaca Abatement Perform Other – Describe:							927	tate, Zi	p Code NJ 0708	37						
Scope of Work (Check A	II That Apply)							,								-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renovat Demoliti					Min Glo	Containme i-Enclosure vebag Prod r-Exempted	e cedure					9	
			Location									T		Abate	ment	
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Use Ma	Normally d Solely intenantodial S (12)	y by ice/		tos Cont thermal surfa	scription taining M systems cing, VAT niscelland	aterial insula T, or		(Sp	nount pecify or LF)		Removal	Repair	e Encapsulate	Enclosure
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Ground F			X			70,000 000	Mastic				00 SF	-	2			
Roof			X				ng Mate	erials			00 SF	-				
							-					+				
Name of Registered Was	te Hauler		1.00000	JDEP W		1	Yards		Name of	Register	ed Land	ifill				
Century Waste Servi	ces			auler ID 2401	No.	of Was	ste 60		Tullytov	vn Res	ource	Red	ove	ry F	acilit	У
City, State Elizabeth, NJ							sal Date 29-16		City, State Tullytov							
Completed by Jaime Delgado		Title Proj.	Mana	ger.		S	Signature	11	7			Date 06-3		6		
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			(Pur	suant to	NJAC 8:60 and	12:120	)			- A	P	П	1	PF
Date of Notification (1) 6/27/2016				ame of E ussell K	Building Owner/O Const	perator	(2)		D)-E	6	5		₩ <u></u>	5
EPA X DEP DOL DOH	Amended Amendment # Emergency (in justification)		C E		e, Zip Code IJ 08638	\$			ASE	JUL BEST(	os c		TRO	1.8
DCA L	Cancellation					ON.			<u> </u>			100		-
Name of Facility Where Aba Private Property Street Address	atement is Taking	Place (3)		FACIL	ITY INFORMATION	JN	Squ	School (K-12 Subchapter 8 Other (i.e. pri etc.)	) (Other than	mercial		dg. Ag		S,
Ewing NJ 08638 County (6)				County C				rent Use (Prior	if being der	nolishe	d)			
Mercer County  Name of Monitoring Firm H N/A  Street Address	lired by Building O	wner (8)	6	ASCM N/A	No.		go E	patement Control  nvironmenta						
N/A					*	3391	Lafay	rette St					180	
City, State, Zip Code N/A						New	ark N	Zip Code		M-				
Project Manager for Monito N/A			1	Telephon N/A	- 28	Telepi . 973-	91-0	877	0124	nse No. 40				
Start Date (10) 7/8/2016	100	Schedule 7/11/20		pletion [	Date (11)	1		SHA Monitor conmental Co	orp					
Occupancy Status During /	Abatement (Check	Only On	e)			Street		ress ite 22 West						
Abatement Performed Other – Describe:	ed During Entire P d Outside of Norma	eriod of A al Facility	Abatem Hours	ent	·-	City, S	State,	Zip Code I 07083						
Scope of Work (Check All ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	That Apply)	-	tenovat emoliti			] 1	×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure		e Proc	cedur		
			Location	1								Abate Ty		
Location of Asbestos-Containing N TO BE ABAT In Facility (13)	faterial (ACM) FED	Use Ma	Normall d Solei intenar todial S (12)	y by nce/	Asbestos Con (i.e. therma surfa		Materns ins AT, o	rulation,	Amoun (Specif SF or Li	y	Removal	Repair	Encapsulate	Enclosure
Basemer	nt			X	Asbestos	pipe i	insul	ation	150LF	:	x		1	
Name of Registered Waste Newark carting Inc	e Hauler		Н	JDEP W auler ID 4509	No. of Wa	77		Ises beth	Registered L					
City, State Po Box 5670 Newark N.	J 07105			/	Dispo	sal Dat	е	City, State 2335 Apr	plebutter	Rd Bet	hleh	em F	A	
Completed by Carlos Gomes		Title Presi	dent	Yu		Signatu	re	w		Dat 6/2	e 27/20	)16		

ASB-41 (R-06-08)

\* Donot use this form for asbestos licensure exempted activities.

	·NC		CATION	ate of New I OF ASBE to NJAC 8	STOS A	BATE		·	<u> </u>	FR	In the	/ 1 W	(D)	23
Date of Notification (1) 6/27/2016		100		f Building O Ketterburg		perator	(2)		19r		Ш	<u> </u>		1
Agencies Notified Type Notifi	ication		Street A						$\parallel \parallel \parallel$	JUL	5	20	16	世
DOH Emer		-   F	Pennin Name of	ate, Zip Cod ngton NJ C f Contact Ketterbur	08534				A	SBESTO	OS C	ONT	ROL	&
Name of Facility Where Abatement is	s Taking Place (3)		FACI	LITY INFO	RMATIC	NC	Typ	e of Facility (	(A)				1	
Private Property  Street Address	s raking Flace (5)							School (K-1 Subchapter Other (i.e. petc.)	12) r 8 (Oth			ldings	, home	es,
City (5) Pennington NJ 08534							150	are Feet IOSF	1	Floors		Bldg. / +50	Age	
County (6) Mercer County			STATÉ	Code (7) USE ONLY)		_		rent Use (Pri			hed)			
Name of Monitoring Firm Hired by Br N/A	uilding Owner (8)		ASCN N/A	M No.	54			atement Con nvironmen						
Street Address N/A						Street 339 L		ess ette St						
City, State, Zip Code N/A								Zip Code J 07105						
Project Manager for Monitoring Firm N/A		10.0	Telepho N/A	ne No.		Teleph 973-9				License N 01240	No.			
Start Date (10) 7/7/2016	7/10/201		pletion	Date (11)				SHA Monitor onmental (			***********		- Pharma	- 2
Occupancy Status During Abatemen				,	72.1	Street 2333		ess te 22 West			6			
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:			ent					Zip Code 07083					of Color	
Scope of Work (Check All That Apply	у)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The state of the s	novat				I XIX	M G	ull Containm lini-Enclosur lovebag Pro on-Exempte	e cedure				·e	
Location of	11 (1)	ocatio			Don	cription	7					Abat	ement /pe	t
Asbestos-Containing Material (AGED BE ABATED In Facility (13)	Custo	tenan	ce/		os Conta hermal :	aining N system: ing, VA	Materi s insu T, or		(8	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
P	Yes	No	N/A								+		е	
Basement		_	Х	Ast	pestos	pipe ir	rsula	tion	1	00LF	X	1		
Name of Registered Waste Hauler			IDEP W		Cubic \	rards		Name of	Registe	red Landfil	<u> </u>			
Newark carting Inc		11/2/2007	uler ID 509	No.	of Was	te				n landfill				
City, State Po Box 5670 Newark NJ 07105					Dispos	al Date		City, Stat 2335 Ap		tter Rd Be	ethlel	nem F	A a	
Completed by Carlos Gomes	Title Preside	ent			Si	grrature	u	N		5.4	ate /27/2	016		

Print Form

Date of Notification (1) 6/27/2016			Name of I	Building Ov	wner/Op	erator (2	2)		?}r	EG		V	E	n
Agencies Notified	Type Notification			an Ave S		00	N 10		L	JUL	5 2	2016		
EPA DEP DOL	Amended Amendment Emergency (	#	Englew	e, Zip Code ood cliff	e NJ 076	32			AS	BESTOS	CON	TRO	L&	
DOH DCA	justification) Cancellation		Name of Peter Ti	flinsky	DB# & TSC	NA!				1-461-466		3		+
Name of Facility Where Private Property Street Address	Abatement is Takin	g Place (3)	FACIL	ITY INFOR	RMATIC		So So	ther (i.e. pr	) 8 (Oth	er than K-12 & commerci	2) al buildi	ngs, h	omes	,
City (5) Fort Lee NJ							Square 1800S	F	2	f Floors	+5	dg. Ag	е	j.i
County (6) Bergen County			County C	Code (7) ISE ONLY)	-	_	Curren	t Use (Prio	r if be	ing demolis	hed)			
Name of Monitoring Fir	m Hired by Building	Owner (8)	ASCN N/A	l No.				ement Cont ronment					9	
Street Address N/A							Address afayet							
City, State, Zip Code N/A					.8		tate, Zip irk NJ (							
Project Manager for M N/A	onitoring Firm		Telepho N/A	ne No.		973-9	one No 1-087	7		License N 01240	No.			
Start Date (10) 7/9/2016		7/11/2016		Date (11)	1,7-44			A Monitor mental C	orp	•	11			
Occupancy Status Dur	ring Abatement (Che acated During Entire		tement				Addres Route	s 22 West						
Abatement Perfo Other – Describe	rmed Outside of Non	mal Facility Ho	ours		_	1 150 (1 TeV)	tate, Zi n NJ 0							
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 h			ovation nolition	28		>	Min	i-Enclosure	edure	th Negative e nd Non-Fria			e	Ų.
			cation mally		85							Abate Ty		
Asbestos-Containi TO BE / In Fa	tion of ing Material (ACM) ABATED acility 3)	Used S Maint Custod	Solely by enance/ lial Staff? 12)		tos Con thermal surfa	scription taining for system cing, VA miscella	Material s insula (T, or			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Endosure
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EXT	erior				. 211113	9,00 5								
			1,000	N	Lover	Yards		Name of	Paris	stered Land	6II			
Name of Registered V Newark carting Inc			NJDEP V Hauler III 04509		of Wa	ste		Ises bet	hleh	am landfil				
City, State Po Box 5670 Newa	rk NJ 07105					sal Date	1	City, Stat 2335 Ap	e opleb	outter Rd E		nem F	PΑ	
Completed by Carlos Gomes		Title Preside	ent	*		Signatur	M	$\sqrt{}$			Date 6/27/2	016		
ASB-41 (R-06-08)						Dor	ot use	this form fo	r asb	estos licens	ure exe	mpted	activi	ties.

				(3.50)									_		
	P		CATION	ate of New OF ASBE to NJAC 8	STOS A						K	+	1	02	
Date of Notification (1) 6/28/2016				f Building O			(2)		(D)	EC		Ī			7
Agencies Notified Typé Notification			Street A	ddress Stelton Re	oad				m	JUL		20	16		JII
EPA   X   Initial   Amended   Amendmen	t #			ite, Zip Cod away NJ				1	feed bead			20	10	-	
DOH justification Cancellation		1	Name of	f Contact owle				L	-	Telephone 732-985	Numbe 1900	VG	ROL	. &	
			FACI	LITY INFO	RMATIC	N									
Name of Facility Where Abatement is Takin Private property	ng Place (3	3)						of Facil							40
Street Address					2		×	Other (i.	pter 8	(Other than vate & comm		uildi	ngs,	home	s,
City (5) Somerville NJ	· · · · · · · · · · · · · · · · · · ·							etc.) ire Feet 00		# of Floors		Blo +5	dg. A	ge )	
County (6) Somerset County				Code (7)			10755	54(5//)	(Prior	if being dem	olished	V30.00			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN N/A	No.				atement nvironr		actor (9)					
Street Address N/A			1			Street	Addre								
City, State, Zip Code			1/44	City, S	State, Z	Zip Code		*							
N/A Project Manager for Monitoring Firm			Telepho	ne No.		Telepl	hone N	lo.			se No.				
N/A Start Date (10)	Schedul		N/A npletion	Date (11)			491-0 of OS	HA Mon	itor	0124	FU U				
7/8/2016 Occupancy Status During Abatement (Che	7/29/20						Envir	ronmer	ntal C	Corp					
★ Facility Closed/Vacated During Entire	Period of	Abatem	nent			2333	Rou	te 22 V	10000						
Abatement Performed Outside of Nor Other – Describe:	mal Facility	/ Hours			_	5000		Zip Code 07083							
Scope of Work (Check All That Apply)			*******		69	[3	ਗ <sub>=</sub>			4 - M- N4	· - D				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				5	Mi	ni-Enclo ovebag l	sure Proce					elitin.	
	ls	Locati	on				i NC	n-Exem	ptea (	(*) and Non-l	- Hable I			ment	
Location of Asbestos-Containing Material (ACM)	Use	Normal d Sole intena	ly by	Asbesto	Des os Conta	cription		I (ACM)		Amount	-		Ty		
TO BE ABATED In Facility (13)	10,000	todial S (12)		(i.e. t	thermal s surfac other m	ing, VA	T, or			(Specify SF or LF)		Remova	Repair	Encapsulate	Endosure
(14)	Yes	No	N/A									ž	-7	late	ıre .
Roof			X		1 701	flash			_	350 LF		-	_		
First Floor			X		†lc	or tile	9		+	4000SF	+	-	-		
Name of Degistered Wests Header		h1	JDEP W	laste	Cubic \	/arda		Non	of D	egistered La	ndf!!				
Name of Registered Waste Hauler Newark Carting Inc		Н	auler ID 4509		of Was					egistered Lai nleham La					
City, State PO Box 5670 Newark NJ 07105					Dispos	al Date	/	City, 8	18	olebutter F	Rd Bet	hle	hem	PA	
Completed by Carlos Gomes	Title Pres	ident		1	Si	gnatur	11	11			Date 6/28	/20	16		

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N	1021 NO	(Pursi	TION C	NJAC	8:60 and 12				JE	CEA	人世	OF		
			11.	Quilding	Owner/Ope	rator (2)	)		7	Mark William Incompany		111		
te of Notification (1)		Th	ne Arc	hdioce	se Of New	ark		- 11	1111	JUL 5	2016	-	71	
127/2016	in then	Str	reet Ad	idress	765-1			1.	2			_	$\dashv$	
gencies Notified Type N	otification	17	71 Clir	nton Av	re .			-	ASR	ESTOS CI	ONTRO	L &		
. □ In	itial mended	Ci	ity, Sta	te, Zip C	ode 014					1111-111	20100		-	i.
1 DEP	mendment #4			k NJ 07				in in	Teleph	one Number 97-4000				
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DOH DCA	ustification) Cancellation	h	narry :	Seymor	FORMATIC	)N		- 104	(4)					
DCA L		2)	FAC	ILITTIN	I Ordin		Type of							
lame of Facility Where Abatem	nent is Taking Place (	3)						hool (K-	12) er 8 (Other	than K-12)	u-lia b	ome		
St Aedans Convent							× Su	ther (i.e.	private &	than K-12) commercial b	uildings, i	1011163	,	
Street Address							et et	c.)		loors	Bldg. Ag	je		
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City (5)							12000	11100 /5	Prior if bein	g demolished	1)			
jersey City NJ			Count	ty Code	(7)		School	ol Ol	1101 11 -		-			1
County (6)			(STAT	E USE O	NLY)		3CHO	ement (	Contractor	(9)				1
	Dalling Owner	(8)		CM No.		Nam	e of Abai	ironm	ental LLC		recognización.			4
Name of Monitoring Firm Hire	ed by Building Owner	(0)	00	45			et Addres							
Environmental lactis inc						Stre	Lafaye	tte St						_
Street Address							, State, Z					100		
64 Broad Street						Ne	wark N.	07105	S	N.				-
City, State, Zip Code					1	Tel	ephone N	VO.		License No 01240	0.			
Matawan NJ 07747  Project Manager for Monitor	ing Firm		Tele	ephone N 2-290-2	NO. 217	97	3-91-08	377		01240				
Project Manager for Montes. Thomas Geiger						Na	me of OS	SHA Mo	nitor					
Start Date (10)	Sch	eduled 0 0/2016	Comple	etion Dat					tal Corp					
						St	reet Addi	ress	Nest					
D. wing	Abatement (Check On	ily One)					333 Rou							
Occupancy Status Duning /	ed During Entire Perio	d of Aba	atemer lours	nt		Ci	ity, State Jnion N	, ZIP CO	3	280	(24)			_
Abatement Fellolling	d Outside of Normal F	aomity .				(	JNION	0700.						
Other - Describe							E)	- " Co	atainment t	with Negative	Pressure			
Scope of Work (Check All	That Apply)	X . Re	novati	on			×	Mini-Fr	closure					
2.2		De	molitic	n				Gloveb	ag Proced	ure ) and Non-Fri	iable Proc	edure		_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf								Non-Ex	(empted (		1	Abate Typ		
		- la	Locatio	20							-	1,31		_
		N	lormall	y		- 1-	ription of	tenal IA	CM)	Amount	l z	_	Enc	
Location	of (ACM)	Use	d Solel intenár	ly by nce/	Asbesto	mal 6	VICIEILIS	113010	n, .	(Specify SF or LF)	Removal	Repair	apsi	1
Asbestos-Containing TO BE AB	ATED	Cust	todial S	Staff?			ing, VAT iscellane		1	0 <del>=</del> 200000000000000000000000000000000000	oval	쁰	Encapsulate	1
In Faci	lity		(12)			otnei iii	1300110110							1
(13)	1	Yes	No	N/A				14-		1190LF	×		1 8	
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						Cubic	Yards		Name of	Registered La	andfill			
110	Jaste Hauler			NJDEP Hauler	Waste ID No.	of Wa	aste		Ises bet	hleham lan	dfill			_
Name of Registered V	Vadio		1	04509			10-4		City, Stat	te		- le	DΛ	
Newark carting Inc						Disp	osal Date	5	2335 A	pplebutter	Rd Bethl	enen	IFA	_
City, State	L NI 07105					1	Cianata	ro //	1		Date			
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Carlos Gomes							* 800	not use	this form f	or asbestos li	censure e	xemp	icu ai	1
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CK#3737	1		ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE			DE	C	E	IV	
Date of Notification (1) 06/28/2016				of Building						JUL	5	2016	
Agencies Notified Type Notification  EPA Initial				Address Amwell	Road				7				1
DEP Amended  DOL Amendment		_		ate, Zip C erset NJ				L	ASBE	STOS LICE	COI	VTRO	DL &
□ Emergency (in justification)     □ Cancellation	ncluding		Note that the same	of Contact s Strimp					Telephone (732) 30				
Non-of-Faith 100 - 01 - 11 This	D1 /		FAC	ILITY INF	ORMAT	ION							
Name of Facility Where Abatement is Taking Elizabeth Avenue School	Place (3	3)					Type of Fac	cility (4) I (K-12)					
Street Address 363 Elizabeth Avenue									Other than te & comm		uilding	s, hon	nes,
City (5) Somerset NJ 08873							Square Fee 90,000		# of Floors 2		_	Age ears	
County (6) Somerset			County (STATE	Code (7) USE ONLY	n		Current Use Public Hi			olished	5.70		
Name of Monitoring Firm Hired by Building C AHERA Consultants	wner (8)		ASC! 0057	M No. 7		The state of the s	of Abatemen		4				
Street Address PO Box 385							Address Route 46 S	Suite 15					
City, State, Zip Code Oceanville, NJ, 08231-0385							tate, Zip Cod va, NJ 075						
Project Manager for Monitoring Firm John Smoyer			Telepho	ne No. 52-1833	i	Teleph	one No. 339-9735		Licens 0103				
	Schedule		npletion	Date (11)		Name	of OSHA Mo						
Occupancy Status During Abatement (Check		11-11-5				Street	Address		Р				
Facility Closed/Vacated During Entire P- Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	baten Hours	nent			City, St	Route 46 S ate, Zip Cod	е					
Scope of Work (Check All That Apply)					_	Totov	va, NJ 075	512					
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	portrona.	enova emolit				×	Mini-Enclo Glovebag	osure Procedur	vith Negativ re and Non-F			ıre	
Location of		Locati									Aba	temen ype	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Mai	d Sole ntenar odial S (12)	ly by nce/		tos Cont thermal surfac		aterial (ACM) insulation, , or		Amount (Specify SF or LF)	Kemova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									te	Ф
Multi-Purpose Room		X				ite Cei			,513 SF	х		х	
Stage		X				ite Cei			537 SF	х		X	
Fan Room	X				Trans	ite Cei	ling		250 SF	X		Х	
Name of Registered Waste Hauler		N	JDEP W	aste /	Cubic `	Yards	Name	of Regis	stered Lan	dfill			
Newark Carting		Н	auler ID 1509		of Was		50000	DWS	nord Lan	o i ii			
City, State Newark NJ					Dispos 07/01/	al Date '2016	City, Mor	State riseville,	, PA				
Completed by Milos Savic	Title Projec	t Ma	nager		Si	gnatúre	1/4	2		Date 06/28	/2016	3	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) THE LILLIAN BOOTH ACTORS HOME /16 Street Address Agencies Notified Type Notification 155-175 WEST HUDSON AVENUE EPA Initial Notification City, State, Zip Code DEP Amended Notification ENGLEWOOD, NEW JERSEY 07631 JUL 5 2016 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA EMERGENCY NOTIFICATION 201-87ASSSESTOS CONTROL & JORDAN STROHL FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) THE LILLIAN BOOTH ACTORS HOME Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 175 WEST HUDSON AVENUE 10.360 57 City (5) County (6) County Code (7) Current Use (Prior if being demolished) Pharm. Lab. **ENGLEWOOD** BERGEN (STATE USE ONLY) COMMUNICATION BUILDING Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMENTAL HEALTH INVIESTIGATIONS, INC. 17 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JEAN PAUL VON DOEHREN 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 12 9/ 30 /16 **AMERISCI** Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM City, State, Zip Code NY, NY 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REMOVAL ENCLOSURE Material (ACM) ENCAPSULE REPAIR solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT. SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1st FLOOR WINGS 1 & 2 X CEILING PLASTER 2,700 SF X LOWER LEVEL X VAT & MASTIC 600 SF X ATTLIC X **DUCT MASTIC** 16 SF X **EXTERIOR WINGS 1 & 2** X WINDOW CAULK 10 SF X **EXTERIOR WINGS 1 & 2** X TRANSITE WINDOW PANELS 850 SF X **EXTERIOR WINGS 1 & 2** X BUILDING CAULLK 8 SF X EXTERIOR ROOF X FLASHING 390 SF **EXTERIOR PATIO** WATERPROOFING TAR 60 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill GLOBAL WASTE INDUSTRIES Hauler ID No. GROWS LANDFILL/TULLYSTOWN 22147 City, State Disposal Date City, State HACKETTSTOWN, NJ 07840 7/12/16-9/30/16 MORRISVELL, PA 19067/TULLYSTOWN, PA Completed by (Print or Type) Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

1× 7960 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. 27 /16 Street Address Agencies Notified 126 E. LINCOLN AVENUE, P.O. BOX 2000, R 28-4 4 Type Notification EPA Initial Notification City, State, Zip Code JUL DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone NuASE ESTOS CONTROL & DCA EMERGENCY NOTIFICATION Sandra M. Schenk 732-594-7746 LICENSING **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 60 89.717 82 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) VACANT Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11 /16 9 / /16 AMERISCI LABORATORIES INC #11480 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe: MONDAY-FRIDAY 7AM-3 PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REPAIR ENCAPSULE REMOVAL Material (ACM) NCLOSURE solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A BASEMENT SOUTH EAST & NORTHWEST VAT & MASTIC 110 SF X 1ST FLOOR -ENTIRE X VAT & MASTIC 5,125 SF X 2ND FLOOR-NORTHEAST CORNER X VAT & MASTIC 765 SF X 3RD FLOOR VAULT AREA ACM FILE CABINETS 95 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SE 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State FREEHOLD, NEW JERSEY MONTGOMERY, PA 17752

3/14-4/30/2016

Signature

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

Christina Lynch

JAN 13

NO.858 #882

4/28/16

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 0 28 Dalses Regional High School District Agencies Notified Type Notification Z EPA | Initial 242 Fries Mill Road DOLWD | ☐ Amended City, State, Zip Code DOH DOH Amendment # □ DCA Emergency (Including justification) Franklinville, NJ 08322 (NJAC 5:23-8) Name of Contact elephone Numbe Centralistion Joseph Collins 856-894-0100 x Z50 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Dalaca Regional High School School (K-12) Street Address Subchapter & (Olher than K-12) 242 Fries Mill Road Other (i.e., private and commercial buildings, hames, atc.) City (5) Square Feel Franklinville Bldg. Age 20,000 2 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior & being demolished) Gloucester School Name of Monitoring Firm Hired by Building Owner (8) ASCM No Name of Abatement Contractor (0) Epic Environmental, LLC Shade Environmental, LLC Street Addmas 1930 Brown Road 823 Cutter Avenue City, State. Zip Code City, State, Zip Code Newfield, NJ 08344 Maple Shade, NJ 08052 reject Manager for Manitoring Firm Telephone No License No Jim Eberte 855-205-1077 856-755-0098 00842 Start Dale (10) Scheduled Completion Dale (11) NHIN UI OSHA MOINIOR 06 / 30 / 16 07 / 05 / 16 EMSL Analytical, Inc. Occupancy Status Ouring Absterrent (Check only one) Strapt Address Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe Time of Abstement: \_\_ City, State, Zio Code AM-PM/4:30PM-12:00AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exampted (\*) and Non-Frigble Procedure Demotition la Location Normally Used Solely by Absoment Type Location of Description of Ashestos-Contelning Material (ACM) Asbestos Confeining Meteriai (ACM)
(i.e., thormal systems insulation,
surfacing, VAT, or
other miscellatroous) Encapsulate Enclosure TO BE ABATED Maintenance/ Amount Custodial Stall? (Specify SF or LF IN Facility (13)(12)No 2<sup>nd</sup> Story X Floor Tile Mastic 20 SF Name of Registered Waste Haylor NJDEP Wagte Cubic Yarda n Freshold Carrage Haulet ID No. Wasie Cumberland County Landfill 15939 City, State Diagonal Date Freshold, NJ 07/05/2018 Newburg. PA Completed By (Print or Typo)

There will be no access to the removal areas during abatement activities.

Should you have any questions, please contact ......

Operations Manager

ASBESTOS CONTROL & LICENSING

building will be occupied by construction personnel during the

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

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		NO	TIFICAT	State of TION OF A Jant to NJ	F New Jers ASBESTO IAC 8:60 a	SABATE	MENT		E C	E		] [
Date of Notification (1) June 30, 2016	•		Nan	ne of Build	ling Owner	r/Operato Services	r (2) nc (dba Meridiar	Teterroro	JUL		5 20	)16
Agencies Notified  Type Notific  EPA Initial DEP Amenc	led		Stre 125	eet Addres Industrial , State, Zij	s Avenue		no (esa monula)	1 100	SBEST	OS C		TRO
		ling	Nam	erboro, NJ ne of Cont rid Pires	act			Telepho 732-54	one Numb		SIING	
Name of Facility Where Abatement is	Taking Plac	e (3)	F	ACILITY I	NFORMA	TION	Type of Fastill					
Hanger #12 Street Address 125 Industrial Avenue City (5)				(2)			Type of Facility School (I Subchap Other (i.e etc.)	V 0. 5	an K-12) mmercial l	buildir	igs, ho	omes
Teterboro County (6)							Square Feet 25000	# of Floa Multi	ors	Bld	g. Age	1
Bergen			(STA	nty Code ( TE USE ON	7) ILY)		Current Use (F Aircraft Hange	Prior if being de	emolished	)	W.	
Name of Monitoring Firm Hired by Build GZA Geo Environmental Inc	ling Owner	(8)	AS	SCM No.		Name SCE E	of Abatement C	Contractor (9)				
Street Address 55 Lane Road						Street	Address Nount Cobb Road					
City, State, Zip Code Fairfield, NJ						City, St	ate, Zip Code	u 				
Project Manager for Monitoring Firm Benjamin Sallem			(20)	hone No. 743311		Telepho	riel, PA 18436 one No.	Lice	ense No.			
Start Date (10) 7/18/16	Sched 9/2/16		100000000000000000000000000000000000000	n Date (1	1)	570-38 Name o	3-4151 of OSHA Monito	r 012	16			
Occupancy Status During Abatement (C						Dale Na Street A						
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	ire Period o	f Ahata	ment rs	8		1380 M	ount Cobb Road ate, Zip Code					
Scope of Work (Check All That Apply)							iel, PA 18436					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	*	Renov Demoli				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	cedure				
Location of		s Locat Norma		-				()	, Habit I I	Aba	temer	nt
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Us M	ed Sole aintena stodial s	ely by nce/	Asbe (i.e	stos Conta thermal s surfaci	cription of aining Mat systems in ing, VAT, iscellaned	erial (ACM) nsulation, or	Amount (Specify SF or LF)	72	Repair	e Encapsulate	Enclosure
F.A.	Yes	No	N/A		Ti .		,		val	=	ulate	ure
Exterior Interior Office		Х					ofing, Caulkin	42400 sf	x			
Interior Hangar Space		X					n, Flooring, W	443 lf/7000 s	sf X			
		×		-	Vaterproof	ing, Fire D	oors	6500 sf	X			
ame of Registered Waste Hauler wark Carting		N. Ha	 JDEP W auler ID 509		Cubic Ya of Waste 200 (estin	9	Name of F	Registered Lan	dfill			
y, State wark, NY					Disposal Various		City, State		1			
mpleted by. y Butler	Title Sr. PM				0.000	nature	Morrisville,	PA	Date 6/30/16	,	-	

				on of ASE at to NJAC				1	SÁ	CK	7/1	7/7	E	F	
Date of Notification (1) June 27, 2016			Name Some	of Building erset Co	Owner/C unty Im	Operator	(2) nent Au	thority	E	6		W	_15	7	
Agencies Notified Type Notification	10/	2	Street	Address				TIP		JUL	5	21	)16	1	3
DEP Initial Amended Amendme	,		City, S	itate, Zip C erville, N	ode			-14	11				TDC	1 &	1
Emergence justification	y (includin	ıg		of Contact					AS	BEST(	OS C		G	11_ CX	
DCA Cancellati			Bill C	oyne				_		2-493			and the same		
Name of Facility Where Abatement is Tak	ing Place	(3)	FAC	CILITY INF	ORMATI	ION	Type of I	Equility /	4)						
Somerset County Board of Social	l Service	es Bui	lding				_	ool (K-1	570						
Street Address 61-63 East High Street (73 I	East Hig	h Stre	et)				Sub	chapter er (i.e. p	8 (Othe	er than & comm	K-12) nercial	buil	dings	, hom	es,
City (5) Somerville	316.						Square F	-	# of	Floors		Е	Bldg. A	\ge	
County (6) Somerset				Code (7)	0		Current l	Jse (Prio	r if bei	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building McCabe Environmental Services		3)	ASC	M No.			of Abatem								
Street Address 464 Valley Brook Avenue #3A						Street A	Address Vatchun		•						
City, State, Zip Code Lyndhurst, NJ 07071						City, St	ate, Zip C Orange	ode							
Project Manager for Monitoring Firm John Chiaviello				one No. 38-4839		Telepho	200	100	052	Licens					
Start Date (10) July 5, 2016 W Ho L)	led Cor	mpletion	Date (11)		Name o	of OSHA N	Monitor		0123	-					
Occupancy Status During Abatement (Che	0.23		2010				eider La	porato	ries G	lobal	Inc.				
➤ Facility Closed/Vacated During Entire	Period of	Abaten	nent				W Cary	Street							
Abatement Performed Outside of Nor Other – Describe:	mal Facilit	ty Hours	5		_		y, State, Zip Code ichmond, VA. 23220								
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	199	s Locati					Non-Exempted (*) and Non-						Abate	ment	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		Ashaa		cription o					-		Ту	oe	
TO BE ABATED In Facility (13)	11	aintenar stodial S (12)			thermal s				(Sp	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A		21/y 22 - 12 - 12							-		ate	œ
Entire Perimeter Wall		X			Wall	l Panel	S		40,0	00SF	Х				
Room 312		X		G	ray Floo	or Tile I	Mastic		20	0SF	Х				
Throughout Building	X			Joint C	Compou	und		2,50	00SF	Х	1				
Mechanical Rooms	X				Flex D	ogame			OLF	Х					
Name of Registered Waste Hauler Future Sanitation Inc.	100	JDEP W auler ID		Cubic Y of Wast	rianie di riagiotarea Lanaim										
City, State Passaic, NJ 07055							y, State	n, PA							
Completed by Barbara Reed	Title Presi	dent	Signature Date						, 201	16	-				

		(Pursuant to NJAC 8:60 and 12:120)  Name of Building Owner/Operator (2)												
Date of Notification (1) June 27, 2016								Authority						
Agencies Notified Type Notification	2012		Street	Address				- idailonity	m	E	5		W	E
DEP Initial X Amended	0			tate, Zip Co										
X DOL Amendmen			Some	erville, N.	J					Jl	JL	5	2016	5
DOH justification Cancellatio	)	9	Name Bill C	of Contact					Telepho					
	500			CILITY INF	ORMAT	ION			732-4			S CO		OL 8
Name of Facility Where Abatement is Taki Somerset county Board of Social	ng Place Serviče	(3) s Buil					Тур	e of Facility (4				- IXI	- 2_	
Street Address 61-63 East High Street (73 Ea	st High	Stree	et)				×	School (K-1: Subchapter Other (i.e. p etc.)	8 (Other th	an K-12 mmerci	2) al bui	ldings	, hom	nes,
City (5) Somerville							Squ	rare Feet	# of Flo	ors		3ldg.	Age	
County (6) Somerset				Code (7) USE ONLY	)			rent Use (Prio	r if being d	emolish	ned)	10,0110		
Name of Monitoring Firm Hired by Building McCabe Environmental Services I	Owner (8 _LC	3)	ASC	M No.		Name Be C	of At	patement Contruction Co	tractor (9)					
Street Address 464 Valley Brook Avenue #3A						Street	Addr	ess		111				
City, State, Zip Code Lyndhurst, NJ 07071	-	7				City, S	State,	Chung Aver						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph		ange, NJ 07		ense N	0			
John Chiaviello		201-4	38-4839	1			2900	- 1	231	0.				
Start Date (10)  July 5, 2016 80 44 4	iled Co st 31,		Date (11)				SHA Monitor er Laborator	ies Glob	al Inc	9				
Occupancy Status During Abatement (Chec	k Only C	ne)				Street	Addr	ess		GI 1110	•			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of nal Facilit	Abater ty Hour	City, State, Zip Coo											
Other – Describe:  Scope of Work (Check All That Apply)						Rich	mond, VA. 23220							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							a	
	1.5	s Locat										Abate	ement	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Us Ma	Norma ed Sole aintena stodial ( (12)	ely by nce/		tos Conta thermal surfac		lateria s insu T, or		M) Amount (Specify SF or LF)			Repair	e Encapsulate	Enclosure
The state of the st	Yes	No	N/A			33					Removal		ate	œ'
Throughout Building	-	X	-	Fire	Doors				25 Doo	rs	X			
Throughout Building	X			Electr	ical Wi	iring		All Wiri	ng	X				
			-										_	
Name of Registered Waste Hauler		1,000,000	JDEP W	0.00	Cubic Y			Name of Re	egistered L	andfill				
Future Sanitation Inc.		Н	lauler ID	No.	of Was									
City, State Passaic, NJ 07055	.00		Disposal Date City, State Tullytown, PA											
Completed by Barbara Reed	Title Presi	ident			Sig	gnature		a He	ed	Date		7, 20	16	

Date of Notification (1)				f Building Owner/		0		Ц	U	<u> </u>					
06/29/2016 Agencies Notified Type Notification			Street A			nt Auth	ority		JUL		5 8	2016	- 1		
EPA Initial Amended				milton Avenue									1		
X DOL Amendment #				ite, Zip Code on, NJ 08611				ASBI	EST	OS (	CON	TRO	L&		
Emergency (in	cluding		Name of	f Contact				Telephone	e Nun	ber	SIN	3			
DOH justification)  Cancellation			Al Coll	ins LITY INFORMAT	101			609 278	8-810	0					
Name of Facility Where Abatement is Taking Mercer County Courthouse and Ann		3)	FACI	LITT INFORMAT	ION	-	of Facility (								
Street Address 209 South Broad Street						X S	ther (i.e. p	2) 8 (Other than rivate & comr			dings,	home	es,		
City (5) Trenton						Square ~ 46,		# of Floors	S	1220	ldg. A	ige			
County (6) Mercer				Code (7) USE ONLY)				or if being den	nolish	ed)					
Name of Monitoring Firm Hired by Building O Pennoni Associates Inc.	wner (8)		ASCN 0010					ntractor (9) ntal Service	es, In	C.					
Street Address 515 Grove Street Suite 1B						Address lidge R									
City, State, Zip Code Haddon Heights, NJ 08035						State, Zip enixville	Code e, PA 19	460							
Project Manager for Monitoring Firm Thomas Adams			Telepho 856.65	ne No. 56-2912		none No 933-43		Licer 0083	ise No	).					
	Schedule 08/05/2		pletion	Date (11)			A Monitor vironmer	ntal Service	es, In	C.					
Occupancy Status During Abatement (Check	Only Or	ie)				Address idge R					-				
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:					1460										
Scope of Work (Check All That Apply)					1 1100	SITIAVIII	e, PA 19	0.00							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		lenova emoliti	-31703355		ent with Negar edure I (*) and Non-			e							
	ls	Locati	on							1	Abate	ement			
Location of Asbestos-Containing Material (ACM)		lormall d Solel		De Asbestos Cor	scription		A CM)	Amount			l y	pe			
TO BE ABATED In Facility (13)		intenar odial S (12) No	2892338859 U	(i.e. therma surfa		s insulat T, or		(Specify SF or LF		Removal	Repair	Encapsulate	Enclosure		
Throughout	162	INU	X	See Att	ached	Table 1	1	See Attach	ned	X					
Old Courthouse Basement		_	X	See Attac	_			See Attach		x)					
	_								-			1 12			
Name of Registered Waste Hauler	1000	JDEP W		Yards			of Registered Landfill								
Horizon Disposal	0416 ~ 1,000 GROWS/Tullytown Landfill														
City, State Fairless Hills, PA			Disposal Date City, State 2/2016-8/2016 Morrisville, PA												
Completed by Patrick Larney	Title Proje	ect Manager Date 06/29/2016							016						





A. The scope of the Project includes the complete removal and proper off-site disposal of certain identified asbestos-containing materials and hazardous materials are summarized in the following summary table. The table is provided to supply Contractors with information to aid in the bidding process. The table provides an estimated scope of work for general purposes only. The Contractor shall be responsible to fully investigate the scope of work and provide a bid proposal based on all existing conditions.

Table 1 – Asbestos-Containing Mater Mercer County Courthouse An 209 South Broad Street Trenton, New Jersey 08608	nnex
Description	Total Estimated Quantity
Plaster Partition Walls	46,000 SF
Plaster Perimeter Wall	30,000 SF -
Plaster As Drop Ceiling	17,630 SF 0
Plaster Ceiling On Concrete Deck	48,600 SF 🗸
Drywall	12,150 SF
Sheet Flooring / Mastic	21,780 SF
Floor Tile / Mastic	11,290 SF
Red Backed Ceiling Tile	9,560 SF
Cork Hvac Duct Insulation	1,400 SF
Transite Panels	1 SF
Ebonite Boards	60 SF
Roof Equipment Mastic	40 SF
Pipe Fittings	25 each
Fiberglass End Caps	200 each /
Interior Boiler Insulation And Rib Packing	970 SF /
Pipe Insulation	4,210 LF /
Fire Doors	60 each
Tank Insulation	200 SF

SF - Square Feet, LF - Linear Feet

Mercer County Improvement Authority
Mercer County Courthouse Annex and Boiler Room

Technical Specifications MCIA1501

Table 1 – Asbestos-Containing M Mercer County Court 209 South Broad Str Trenton, New Jersey C	house
Description	Total Estimated Quantity
Plaster Walls	1,000 SF
Plaster Ceilings	1,000 SF
Pipe Fittings	50 each

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PROJECT NAME:

Area / Notes		Abatement Item	Unit	Quantity	Price/Unit	Unit Quantity   Price/Unit   Total Pricing   Mandays	Mandays
			1		/		
Office and Storage Area	Area						
	4	Plaster Walls	SF	2,120			
		Plaster Drop Ceilings	SF	2,728			
		Drop Ceiling	SF	2,728			
		Pipe Insulation	占	650			
		Carpet	SF	2,728			
2 Layers	1	Tile & Mastic	SF	2,728			
Total				*			

### State of NJ Notification of Asbestos Abatement

B & G proj. #:

2016-33

(Pursuant to NJAC 8:60-7 and 12:120-7) \*\*\* RESUME 06/302016 4:00 pm \*\*\*

B & G proj. #:	2016-33	_		4:00 pm ***		Check # 7	908			_				
Date of Notification	(1)	I I Nam	e of Buildin	g Owner/	Operator (2)			F	NEC	E I	7\/7			7
10 16 1/12 19			lantic Hea							<u> </u>	W/			
Agencies Notified	Type Notification	Stree	et Address						]]			-		
☐ EPA	☐ Initial	10	00 Madiso	on Aven	ue			İU	U JUL	5 2	2016		U	<u> </u>
DEP	N Amondmo		State, Zip		000									
X DOL	<b>✗</b> Amendme		lorristowr		960			+	ASRESTO Telephone	umber .	THO	Lá	-	-
▼ DOH	Cancellati	on	e of Contac						(973)971		٦			i
☐ DCA		<u>                                     </u>	eter Palr	2/01/5					_   (3/3)3/1	7107				
				FACILI	TY INFORMA	MOITA			- of Facility (4)					
Name of facility wh	nere abatement is	taking place	(3)					i yr	pe of Facility (4) School (I	K - 12)				
Morristown M	ledical Center,	Franklin B	Building, E	East & \	West wings	5			Subchapt				2)	
Street Address							1	7	Other (Pri Bldgs./Ho	vate/Cor	nmero	ial		
100 Madison	Avenue							Sc		of Floors		Bldç	. Age	9
City (5)		County	(6)				inty Code (7)	1						
1475 UT - 1866 K.Y.		Morri	•			(Sta	ite use only)	4 100	urrent Use (Prior Iospital	r if being	demo	lished	)	
Morristown	E 15 - 1 b - D	100000000000	4000		ASCM No.		Name of Abatem							
Name of Monitorii T&M Associ	ng Firm Hired by B ates	lag. Owner	(0)	1	0145		B & G Resto							
Street Address						_	Street Address							
11 Tindall F	Road						105 Ryerso		1		-			
City, State, Zip Co	de N.I. 07749						City, State, Zip Co Lincoln Pa		07035					
Middletown			Phor	ne Numbe	r	-	Telephone Numb	er		License I		er		
Project Manager for Kevin Burns				676-40			(973)696-6	8869		003	378	_	_	
Scheduled Start D		ISched.	Completion	Date (11	)	_	Name of OSHA I		Inc					
03/21/2016			/2016				Street Address	Jialion	, 1110.					
Occupancy Status						_	105 Ryerso	n Road	1					
T Facility close	ed/vacated during	entire period	of abatem	ent.			City, State, Zip C	ode						
Abatement	performed outside	of normal fa	cility hours-			_	LincolnPark	N.I 0	7035					
Other-Desc	ribe: work shift		12:30am			-	- Lincolli dii	, , , , ,					- 13	
Contract of the Contract of th	check all that apply					П	Full Containment v	v/negativ	re pressure	Gloveb	ag pro	ocedu	re	
☐ Demolition	×	Renovation					Mini-enclosure			Non-fr	iable p	rocec	lure	
>3 sf or >3	If U	≥160 sf or ≥	normally us	sed solely		-				21	R	R	E	E
Location of asbestos-c		by mainter	nance/custo		Descript		asbestos-containir	ig	Amount (Specify SF	or	m	р	n c	n
material to abated in fa	be	staff(12)	No	N/A	material	(ACN	1)		LF)		O V	i	a p	L
abated in it	actinty (10)	Yes	No	2420000		1-41-			55 If		e X			
West wing office	ces & hallway			X	pipe insu	lation	1		33 11					
									井					
								Laur J 1 -	ndfill				Ш	
Registered Waste	Hauler		P Hauler ID 9563	)# C	ubic Yards of	Wast	e Name of Regis Tullyto	own Re	esource & Re	covery	Cen	ter		
B & G Restor	auon, mc.		100000000000000000000000000000000000000	Disposal D	Date	1110	City, State							
Lincoln Park		1/16 Tullytown, PA												
Completed by (P		Gordana Lu	06/29/2016											

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

NO CK

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

Date of Notification (1)			Name of Building Owner/Operator (2)											
	June 29, 2016						Bill Fr	ank	K	org ca	ŧ	29	10	9
Agencies Notified  [ X ] EPA  [ ] DEP	[X] Amer	tion   Notifica   nded Noti   ndment #:	fication		Street A	ddress			D	EGE				
[X] DOL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	gency (in	8 To 1 To 1				Point I	Plea	asant, NJ 08742	7111	5 9	116	اسا	
[X] DOH [] DCA	4 4	ication) ellation			Name o	f Contact	Bill Fr	ank		lephone Number				
				FAC	ILITY I	NFORM	ATION			F		HOL	. &	
Name of Facility Where At Res	patement is Taking sidence	Place (3)						T	ype of Facility (4)	School (k-12)				i
Street Address									[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			ial build	ings,
City		County	7 (6)		County C	Code (7) USE ONLY	Λ	S	quare feet	# of Floors	Bldg	g. Age	.0	
Point Pleasa	nt	Ocea	n		(STATE	OSE ONE	.)	С	1600 sf current Use (Prior if the Residence			C	50	
Name of Monitoring Firm		Owner (8	)		ASCM N	lo.	Name of	Aba	atement Contractor (	9)				
N/A Street Address	1		7				Street Ad	ldres		n Contracting,	lnc.			
									1889 Ro	ute 9, Unit 61				
City, State, Zip Code							City, Stat		Toms Ri	ver, New Jerse		755-1	271	
Project Manager for Monito	oring Firm		Telephone N	lumber			Telephon 732-34			License N 00624	umber			
Scheduled Start Date (10) 6/22/16			Scheduled C 7/15/16		on Date (1	1)			HA Monitor	. Analytical				
6/22/16 7/15/16  Occupancy Status During Abatement (Check only one)  [ x ] Facility Closed/Vacated During Entire Period of Al  [ ] Abatement Performed Outside of Normal Facility I							Street Ad	2017/200	1056 Ste	elton Road	000	<i>E</i> 1		
<b>L</b> 3										ay, New Jerse		54		
Scope of Work (Check all t	hat apply)						[ ]		Full Containment v Mini-Enclosure	vith Negative Pres	sure			
[ ] >3 s	f or ≥3 lf		[ ]	Renovat	ion		[ ]		Glovebag Procedur	e				
[x] ≥160	) sf or ≥260 lf		[x]	Demolit	ion		[x]		Non-Exempted (*)	and Non-Friable I	rocedu	ıre		
					1						Abat	ement	Tyne	
Location of Asbestos-Containing M TO BE ABA	faterial (ACM)	N	Is Location formally use Solely by tenance/Cus	ed	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems  Amount (Specify SF) or LF)							R E P	E N C	E N C L
in facility (13)			Staff (12)			insu	lation, sur VAT, o	rfac or	eing,		O V A	I R	P S U	O S U
		YES	NO	N/A		Our	or innocent		040)		L		L E	R E
Exterior			X		Asbe	stos sidin	g			1600 sf	X			
	Hauler ntracting, Inc.	N		223										
City, State Toms River,	New Jersev				Disposal Date City, State 7/16/16 Tullytown, Pennsylvania.									
Completed by (Print or Typ Nicholas Ferr	e)	Title Projec	ct Manage		-Signature Date									
		*D	o not use ti	his form	for asb	estos lićen	sure exem	pte	d activities.					

t Form	

//\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(	(Pursuant to NJAC 8:60 and 12:120)								70				
Date of Notification (1) 6/27/16 & 6/29/16		Nar Ur	me of Br	uilding Ow ongregat	ner/Operato tional Chu	or (2 urch	)		5)_[		9 [		$\mathbb{V}$	
Agencies Notified Type Notification			eet Add	ress per Avei	nue				7)	11	11	_		
EPA Initial Amended Amendment #		Cit	y, State	, Zip Code ir, NJ 07				14	Ц	Jl		5	201	5
× DOH justification)	ncluding	13300	me of C					Teler 973	ohonesh -543-9	umb 1369	9FOS	CO	NTR VG	OL
DCA Cancellation				TY INFOR	MATION			-						-
Name of Facility Where Abatement is Taking Church	Place (3)		1 AGILI			-	Type of Facility (4)  School (K-12)							
Street Address							Subchapter 8 Other (i.e. priv	(Othe	r than K comme	-12) rcial	buildir	ngs, h	nomes	
176 Cooper Avenue							etc.) Square Feet		Floors			lg. Ag		
City (5) Montclair							3200	2		l'aba	68			
County (6) Essex		(S	ounty Co	ode (7) SE ONLY)			Current Use (Prior	it bein	ig aemo	iisne	a)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCMI	No.	Nan AB	ne o	f Abatement Contr Environmental	actor Servi	<sup>(9)</sup> ces, L	LC				
Street Address							ox 483, 4 E Ga	te Dr	ive					
City, State, Zip Code							ate, Zip Code vood, NJ 0741	8						
Project Manager for Monitoring Firm		Te	elephone	e No.	2009203		one No. 83-8500		Licens 703	e No.	8			
Start Date (10) 7/7/16	Scheduled 8/7/16	Comp	letion D	ate (11)	Nar	ne d	of OSHA Monitor							
Occupancy Status During Abatement (Chec					Stre	eet /	Address							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: boiler room	Period of Aba nal Facility H	ateme ours	nt		City	y, St	ate, Zip Code							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Security 1	novatio				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						8		
	T <sub>1</sub>	ocatio					1 Non-Exempled	(*) and Non-Friable			Abatemen			
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	No Used Maint Custoo	rmally Solely tenand	by ce/	Asbesto (i.e. t	Descrip os Containir thermal syst surfacing, other misce	ng M tems VA	laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)			Removal	Repair	e Encapsulate	Enclosure
1st floor boiler room			×	bo	iler & pipe	e in	sulation		8 LF			Х		
Name of Registered Waste Hauler		10.23.50.7	JDEP W auler ID		Cubic Yards Name of Registered Landfill of Waste									
City, State					Disposal [	Date	City, State	9						
Completed by A. Scott Higgins	Title Presid	ITIE Signature //							Da 6/2		6 & 6	6/29/	16	

NO CK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) Agencies Notifie Type Notification Street Address BPA DOEP DOCL Mila Amended City, State, Zip Code Amendment # Swedesboro Emergency (including ☐ DOH justification) 08080 ☐ DCA Cancellation Name of Contact JOSEPH Name of Facility Where Abatement is Taking Place (3) FACELITY INFORMATION MIMOSA Type of Facility (4) Street Address School (K-12)
SubChapter 8 (Other than K-12)
Other (i.e., private & commercial buildings, Mullica Hill City (5) PLASSBOTO Square Feet # of Floors County (6) Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Street Address ANI JUE LUC Street Address 1212 Bun City, State, Zip Code Çity, State, Zip Code Project Manager for Monitoring Firm 68071 KW Telephone No. License No. Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement Street Address ☐ Abatement Performed Outside of Normal Facility Hours Other - Describe: City, State, Zip Code Scope of Work (Check all that apply) ]≥3 sf or ≥3 lf Full Containment with Negative Pressure 1≥160 sf or ≥260 lf Removation Mini-Enclosure Demoston Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Nomely Location of Abatement Used Solely by Asbestos-Containing Material (ACM) Description of Туре Maintenance/ Asbestos Containing Material (ACM) TO BE ABATED Custodial (i.e., thermal systems insulation, Amount IN Facility Staff? (Specify (13)Removal surfacing, VAT, or (12)SF or LF) other miscellaneous) No MA 8000 SF Name of Registered Waste Hauter MUDEP Waste Cubic Yards Name of Registered Land Hauler ID No. of Waste 67896S Disposal Date Signature Do not use this form for asbestos licensure exempled activities.

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	delity in 1955 can				No CL										
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	THAT PARTY	Date of Notification (1)	5-19-	11	_	Name of	Building Owner/Open	::129)		115	Ĭ				
_	Christian Christ	140thed	Type No	1/2			Jackson Jackson	en Bon	and a	10	1	الرك	_	5	201
	District of the last of the la	P BA M DEP M DOL	Pin			Street Ad	ldress			14	UCA	10	2		
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K		DOH G	Library	ency (including	- [		VACKSON	NJ					IC-	MSI	فان
1			ance	iation	Manta	Name of C					_				
_		Name of Easter to			EK -	EACT	- S(RO)			Telepho 732	one N	827	F _ C	65	7
		Name of Facility Where Al	BOARD	Taking Place (	3)	FACELI	YINFORMATION					//		05	5
		Oli Herr Arterian		office	_			Type of F	acaty (4			_	_		_
- 1		City (5)	Don C	nonno	BI	vd		School	Sendone O /	Other th	an K-	121			
Approximent		Jackso		NI				homes	inc. Ming	te & cc:	mmen	cial b	dan	gs,	
2,40CFD9/A		County (6)		700				Square Fe		of Flor	STS	-	Bidg.	Age	_
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MASSTARM		oject Manager for Morritorin	g Fern		phon	e No.	City, State, Zip Cox Telephone No.	Delan	co 1	シブ.	080	515			커
CONTRACTOR OF THE PERSON	Sie	art Date (10)	1 Sch				Telephone No. 609-346-	09/6	Lio	ense No	).			_	4
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Please To HILL Sole Thurs

6-28-16



Date of Notification (1) 6/30/16		1	Name of John T	f Building O	wner/ ate l	Operator Home	(2)	To the same of the	D)r	E	D E		$\mathbb{V}$		
Agencies Notified  Type Notification  EPA DEP Amended Amendment # Emergency (iii		_	Lovela	ite, Zip Cod adies NJ (		8	* 4			JU	82	5	201		
DOH justification)  Cancellation			John	f Contact				L	Tèl	ephone	Num	ber	VG	OL (	Δ
Name of Facility Where Abatement is Taking John Tilton Private Home  Street Address	Place (3)		FACI	LITY INFOR	RMAT	TON	×	of Facility ( School (K-1 Subchapter Other (i.e. p etc.)	2) 8 (Oth orivate	& comm	nercia	build			es,
City (5) Loveladies NJ 08008							1000		2	f Floors		3	ldg. A 5+	ge	
County (6) Ocean			STATE	Code (7) USE ONLY)			Curre	nt Use (Prid 18	or if be	ing dem	olishe	ed)			9
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCN	l No.		1,000	of Aba aco Ir	tement Cor	ntractor	(9)	2.1				
Street Address		3				100000000000000000000000000000000000000	Addres								
City, State, Zip Code				¥				ip Code n NJ 080	91						-
Project Manager for Monitoring Firm		Т	Telephor	ne No.			ione N 753-9			Licen:		.:			
	Scheduled 7/19/16	Com	pletion [	Date (11)		Name Sam		HA Monitor							
Occupancy Status During Abatement (Check  Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:	eriod of Ab	atem	ent		_		Addres	p Code							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if  ≥160 sf or ≥260 if	-	novati				L X	Mir Glo	l Containme ni-Enclosure ovebag Prod n-Exempted	e cedure	5				9	
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		tenan	ce/	(i.e. th	s Con nerma surfa	taining M I systems icing, VA miscellar	falerial s insula T, or	(ACM) tion,	(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
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United Containers		Ha	uler ID 459	No.	of Wa			G.R.O.\							
City, State Elm NJ		-			Dispo 7/19/	sal Date		City, State Morrisvi		1906	7				
Completed by Anthony T Perna	Title Preside	ent				Signature	9			_	Date	0/16			

* HURRICANE SANDY				to NJAC				# 1	46	39				
Date of Notification (1) JUNE 30, 2016			Name o	f Building KOCHA	Owner/C	perator	(2)	n E	C	El	V		M	
Agencies Notified Type Notification			Street A	ddress			-	Wr.						
EPA Initial Amended			City, Sta	ate, Zip C	ode				JUL	5	2016		U	
DOL Amendment			HÍGH	LANDS	, NJ 07	732						2 0		
DOH justification) DCA Cancellation				f Contact KOCHA				AS	BIE	OBB e Ni	imber	JL $\alpha$		
Name of Facility Where Abatement is Takir	n Place (	3)	FAC	ILITY INF	ORMATI	ON	Type of F	acility (4)						
KOCHANIK PROPERTY	ig i idoc (i						0.000	ool (K-12)						
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City (5) HIGHLANDS							Square F 1016 S	eet	# of F	Floors		3idg. A 1943		
County (6) MONMOUTH				Code (7) USE ONLY	n		Current U RESID	Jse (Prior ENCE	if being	g demolis	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	)	ASCI	VI No.			of Abatem shing Too				nent (	Corp	, Inc	).
Street Address						Exercise and and	Address hompso	n Street	i					
City, State, Zip Code							State, Zip C st Long B		NJ 07	764				
Project Manager for Monitoring Firm			Telepho	ne No.			none No. 222.837	2		License I 00040	No.			
Start Date (10) JULY 11, 2016	Schedul JULY			Date (11)		Name N/A	of OSHA I	Monitor						
Occupancy Status During Abatement (Chec	ck Only Or	ne)				Street	Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of a	Abater y Hour	ment s			City, S	state, Zip C	ode						
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Name of Registered Waste Hauler			NJDEP W	/aste	Cubic	Varde	N	ame of Re	agistara	ad Landfi	11			
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City, State West Long Branch, NJ					Dispos 7/15/	al Date		ity, State	OWN,	, PA				
Completed by JOSEPH P. MILLER	Title PRE	SIDE	ENT		S	ig Aature	holde	1			ate 8/30/1	6		
						Joseph			p g					

page 1

05/28/2016 03:28PM 2013297440 BEST REMOVAL INC PAGE 04/04 State of New Jersey WAIVER REQUEST NOTIFICATION OF ASSESTOS ASATEMENT (Pursuant to N.IAC 8:58 and 12:128) RM FREGEN CY of Resident Norma of Building Outsut Operator (2) 10-28-2016 BASE Address 25 MIDDLESEX ESSEXTURNALL O SPA D Alternied City, State. Zip Code 5 -2016 Amendment # 08830 SELIN NI Barryonay (hai |UNESTATEST| AR DOW Name of Contact D DOA 2 Cantellation SMALLEY 732 205 MOOSTOS CONTROL & FACILITY INFORMATION LICENSING Places of Pacifity William Atministrate in Testing Pipes (5) Type of People (4) BASE □ Selbool (K-12) □ Selbohapitet S (Cliber then K-12) □ Other (Le. private & commande) 25 MIDDLESOX ESSES TURNPIKE boomed dita of Places ISELIN LOD, DOG 3 61 YRS County (8) MIDDLES EX County Code (7) (STATE USE CHELY) RID OFFICE LABS ASCM No. MEHI Rest Removal Inc Etpanet Addres Edward Address 655 WEST SHORE TRAIL 450 South River St SPARTA NJ 07871 Hackensack, N.J. 07601 Temphone No. Tologoppo Mr. JP YOU DODHERN 973 729 2649 201-329-7444 00388 7-1-2016 Number of Others Mountain 7-6-2016 Omega Environmental Conspensy Status During Applement (Chaote only one) □ Facility Cleand/Vectors During Entire Period of Abstentions □ Abstended Perfectived Oxidate of Montage Facility Figure 280 Eugler St City, States, Zim Godin Boson of Work (Court of Stat apply) S. Hackensack , N.J. 07606 All Full Containment with Mogative Pressure Dried or a real property of the state of the Renovation Demolips Mind-Brittens
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 Non-Brestetted (\*) and Main-Princip Pro is Lecation 1: Location of Drinking Mis d Soloh by MINDAY INTO Ameund TO BE ABSTED seringing VAT. or (43) (12) No PILOT PLANT THEMAL INSULATION 130 SFX Reas of Registered Visits Hauter Cubic Yards of MJDEP Vibraio Halfor ID No. Starre of Regiment Land Best Removel Inc Minerva Enterprises ,LLC 17109 3 Y85 Otspesial Date Hackensack , N.J. 07601 7-6-16 Waynesburg, Ob. 44688 6-28-16 A. VELDRAN R. Veldran Estimator The most easier their feature for much

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			ICATION	N OF ASI	ew Jerse BESTOS 8:60 an	ABATE				),[	C	E		$\mathbb{V}$	E
Date of Notification (1) 6-21-2016					Owner/C		(2)				JUL		5	2016	1000
Agencies Notified Type Notification  EPA Initial			Street A	Address Wall St	reet					ACE	BEST	200	201	ITD	71 8
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DOH justification Cancellation			Alex F						100000		e Numb 1-4040			Transition of	
Name of Facility Where Abatement is Takin Private building	ng Place (	3)	FAC	ILITY INF	ORMATI	ON	Туре	e of Facility (4)							
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City (5) North Bergen, NJ 07047							Squ.	are Feet	# of	f Floor	S	100000	dg. A	ige	
County (6) Hudson				Code (7) USE ONL			Curr	ent Use (Prior	if bei	ng der	nolishe	d)			
Name of Monitoring Firm Hired by Building											s, LLC	;			
Street Address	Street Addres 235 Virgini Code City, State, Zi														
	r, State, Zip Code City, State Jersey												-7		
Project Manager for Monitoring Firm			Telepho			Teleph 201-				Licer 011	nse No. 74				
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lame of Registered Waste Hauler		100	JDEP W		Cubic			Name of Re	giste	red La	ndfill				
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Print Form

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Date of Notification (1) 6-23-2016		10.0		Building O Hills Ce		perator	(2)		)) <sub>-</sub>	E C	E		$\mathbb{V}$	1	R
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	cluding	1	Name of						Tele	phone 9	interior	SING	IRO	18	
DOA Caricellation			FACIL	ITY INFO	RMATIC	ON						- 20			
Name of Facility Where Abatement is Taking Private building	Place (3)				,			of Facility (4 school (K-1)							
Street Address 225 West Jersey Street							☐ S ×	Subchapter Other (i.e. p tc.)	8 (Othe	er than K k comme	(-12) ercial	buildi	ngs, l	nome	s,
City (5)								e Feet	# of	Floors		70	dg. Aq )+	je	
County (6) Union			County C	ode (7)			Currer	nt Use (Prid	or if bei	ng demo	lishe	d)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.				ement Cor							
Street Address							Addres Virgini	s a Avenu	9						
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Project Manager for Monitoring Firm			Telephor	ne No.		Telepl	hone No	).		License 01174		•[6			
The state of the s	Schedule		npletion D	Date (11)	10110111111	Name		IA Monitor							
Occupancy Status During Abatement (Check	Only Or	ie)				Street	Addres	s					-		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:						City, 5	State, Zi	p Code							
Scope of Work (Check All That Apply)															
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Boiler room		Χ			Pipe	insul:	ation		1	50 LF		X			
Name of Registered Waste Hauler			JDEP W	/aste	Cubic	Yards	-2	Name of	Regist	ered Lar	ndfill				
Green Environmental Services, LLC		1100	lauler ID 034889		of Wa			G.r.o.w		orth La	ndfi	II .			
City, State Jersey City, NJ						sal Dat -2016	е	City, Sta Morris		PA					
Completed by Liliana Serrano	Title Offic	e ma	nager			Signatu	re JU	us Se	ni	a c	Dat 6-2	te 23-20	016		

State of NJ Notification of Asbestos Abatement D&S Proj. #: 16-195 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 6 / 2 3 / 1 6 yoon han Agencies Notified Type Notification Street Address STOS CONTROL & LICENSING EPA Initial Amended DEP Amendment #: City, State, Zip Code DOL Emergency WESTFIELD, NJ 07090 DOH (including Name of Contact Telephone Number justification) ☐ DCA Cancellation yoon han **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) yoon han Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) WESTFIELD UNION Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 07/06/16 07/20/16 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial E asbestos-containing e е n Description of asbestos-containing Amount staff(12) material (acm) to be m n material (ACM) (Specify SF or C abated in facility (13) 0 C a a Yes No N/A D A crawl space PIPE INSULATION 71 ft X crawl space transite board 55 sq ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 07/07/16 TULLYTOWN, PA Completed by (Print or Type) Title Signature Date BOGDAN JOLDZIC PRESIDENT 06/23/16 not use this form for achaetoe lineneure evented activities

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 16-178 Name of Building Owner/Operator (2) Date of Notification (1) JUL 0 6 1/12 8 1/11 6 5 2016 karl fritsch Type Notification Agencies Notified Street Address | Initial **EPA** ASBESTOS CONTROL & Amended DEP LICENSING City, State, Zip Code Amendment #: DOL leonia, nj 07605 Emergency Telephone Number (including Name of Contact DOH justification) DCA karl fritsch Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) karl fritsch Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors County Code (7) County (6) City (5) (State use only) Current Use (Prior if being demolished) BERGEN Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 08/15/16 07/08/16 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Paterson, NJ 07503 Other-Describe: NORMAL HOURS Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure  $\times$  >3 sf or >3 lf X Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of e е by maintenance/custodial Amount m Description of asbestos-containing asbestos-containing p C (Specify SF or staff(12) material (ACM) 0 material (acm) to be a a abated in facility (13) Yes No N/A X 70 1 ft PIPE INSULATION BASEMENT 40 1 ft PIPE INSULATION BASEMENT CRAWL SPACE X 1 sq ft ACM insulation basement bet. floor joist Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# TULLYTOWN, RESOURCE RECOVERY 13506 2 yds. D & S RESTORATION, INC. Disposal Date City, State 07/26/16 TULLYTOWN, PA PATERSON, NJ 07503 Date Signature Completed by (Print or Type) Title 06/28/16

**BOGDAN JOLDZIC** 

PRESIDENT

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 16-1969

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Date of Notification (1)	11	Name of B	uilding Owr	ner/Operator (2	2)		IIDIF	500	5 1	1 (		711
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Agencies Notified Type Notifica	tion   S	Street Add	ress				l lance	JUL	5	20	16	TID
DEP Amended												
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Emergency		EDISO	N, NJ 088	318				LICE	ENSI	NG		Δ.
DOH (including justification	) N	ame of Co	ontact				Telephon	e Number		- T-		
DCA Cancellatio	n	DONN	A MELIA									
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Name of facility where abatement	is taking pla	ace (3)					Type of Facility (	4) I (K - 12)				
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Street Address								(Private/Co				
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City (5)	Cour	nty (6)			Cou	unty Code (7)		11 01 1 1001	0			90
EDISON	mid	ldlesex			(Sta	ate use only)	Current Use (P	rior if bein	g den	nolish	ed)	
Name of Monitoring Firm Hired by				ASCM No.		Name of Abatement	Contractor (9)					
						D & S RESTOR	>>====================================					
Street Address					=	Street Address	111011, 11101					
				*		20 California Av	/e.					
City, State, Zip Code					_	City, State, Zip Code			manual in			
						Paterson, NJ 07	503					
Project Manager for Monitoring Firm	1	P	hone Numb	er		Telephone Number		License		er		
						973-345-8020		0	1169			
Start Date (10)	Sched	. Complet	ion Date (1	1)		Name of OSHA Moni D & S Restoration						
07/11/16	07/29	9/16				Street Address	on, me.	**************************************	-	-		
Occupancy Status During Abateme	nt (Check o	nly one)				20 California Av	enue					
Facility closed/vacated during						City, State, Zip Code						
Abatement performed outside Describe:		acility hou	ırs-			-						
Other-Describe: NORMAL I						Paterson, NJ 07.	503					
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Location of	Is location by mainte		used solely	1					R	R	E	Е
asbestos-containing material (acm) to be	staff(12)			Description material (		sbestos-containing	Amount (Specify S	For	m	р	n c	n
abated in facility (13)	Yes	No	N/A	material	(ACIVI)		LF)		0 V	a i	a	L
CRAWL SPACE				PIPE INSU	T A TI	ION	15 1 fT		e	r	P	<del></del>
1ST FLOOR CLOSET				PIPE INSU	-		8 L FT		X	片	ዙ	쓔
			1	IIILINOC	12/111	.011	- BETT			片	H	H
					-				븕	믐	片	+-
									븕	片	片	干
Registered Waste Hauler		P Hauler	ID# C	ubic Yards of \	Waste	Name of Registered						
D & S RESTORATION, INC.	135	06		yd.	CLASS Sec	TULLYTOWN,	RESOURCE RE	COVER	Y			
City, State PATERSON, NJ 07503			Disposal D 07/11/10			City, State TULLYTOWN,	РΔ					
Completed by (Print or Type)	Title		<u> </u>	Signature		TOLLITOWN,	17	Date		-		
BOGDAN JOLDZIC	PRESIDI	ENT						06/28/	2016			

Data (N. C.)									-74			
Date of Notification (1)	/1/16			Nam	e of Buildir	ng Owner/Operator	(2) Ritci	11011	JL	5	201	6
Agencies Notified	Type Notifica	tion		Stree	et Address			1111				
<b>⊠</b> EPA	Initial			1				ASBE		200	TIME	ROL
DEP DOL	Amended Amendme	nt #		City,	State, Zip (	Code		ASBE	LIC	=NS	ING	
	Emergence		a l			Al	lentown, NJ	08501	LIU			
DOH DCA	justification Cancellation	on)		Nam	e of Contac	Nick		Telephone Num	ber			
					CILITY IN							
Name of Facility Where	Abatement is Tr	aking Dlag	2 (3)	ГА	CILITIN	FORMATION	I Time of Facility	74				
Traine of Facility Where		esidenti					Type of Facility					
Street Address		CSIGCIII	aı				School (K-1	∠) 8 (Other than K-1	2)			
							Other (i.e., phomes, etc.	orivate & commerc	ial bui	ldings	,	
City (5)	4 11	2.77		0.1			Square Feet	# of Floors	B	ldg. A		
	Allento	own, NJ	085				3000	. ]3	-   -	15	)+/-	
County (6) Mo	nmouth			USE	inty Code ( E ONLY)	7) (STATE	Current Use (P	rior if being demoli	shed)			
Name of Monitoring Firm	Hired by Buildi	ng Owner	T	ASCM	No.	Name of Abatem	nent Contractor (9	9)				
(8) DB E	nvironmenta	al				Stev	ens Environi	mental Servic	es, I	ic.		
Street Address	90%see's 0.00 0.00	200000				Street Address						_
	4 Berkeley	PO E	30x 322									
City, State, Zip Code	reehold, NJ	Ode	m NII 00501									
Project Manager for Mor		07728		phone	No	Tolombono No	Anemow	n, NJ 08501				
	unocore				10-8408	Telephone No. (609) 25	50_0688	License Ne-	049	2		
Start Date (10)		cheduled C				Name of OSHA I			1049	3		
7/11/16			7/15/		10 (11)			ironmental				
Occupancy Status Durin						Street Address	manus o					
Facility Closed/Vacat								eley Place				
Abatement Performed	d Outside of Nor	rmal Facilit	y Hou	rs		City, State, Zip C						
Other - Describe:							Freehold	, NJ 07728				
Scope of Work (Check a	ill that apply)					□ Full Cor	ntainment with Ne	native Pressure				
≥3 sf or ≥3 lf			enovati			Mini-End	closure	gative Fressure				
≥160 sf or ≥260 lf		X De	emolitio	n			ag Procedure	n-Friable Procedu	ro.			
		ls l	ocatio	n		I NOTI-EXC	sinpled ( ) and No	III-I Hable Flocedu	1	bate	ment	
			omally			724			"	Typ		
Location of Asbestos-Containing N			Solely		Ashesi	Description of tos Containing Mat		Amount				
TO BE ABAT	ED		ustodia	ıl		thermal systems in	nsulation,	(Specify	Z	-	Enc	四
IN Facility (13)			Staff? (12)			surfacing, VAT, other miscellaneo		SF or LF)	Removal	Repair	aps	Enclosure
		Yes	No	N/A			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		val	Ŧ	Encapsulate	sure
1st floo	or			×		Duct Insulat	ion	20 sf	×			$\dashv$
Baseme				×		Duct Insulat		10 lf	X			-
2nd floor Bar		=		X		VAT	1011	80 sf	×			-
Bild floor Da	mooni	-		^		VAI			12	-		-
Name of Registered Was	ste Hauler		TN	JDEP \	Naste I	Cubic Yards	Name of Regis	stered Landfill				_
Stevens Environn		ces Inc	Н	auler ID	No.	of Waste	Traine of Regis		1 ~ 11			
City; State	iciitai SCIVI	ces, Inc	-   -	182	292	3 CU Disposal Date	City State	GROWS Lan	dIIIl			_
on, oraco	Allentown	NI				7/15/16 / /	City, State	Mamiaville	DΛ			
Completed By		Title				Signator#	Y - 1 /	Morrisville,	ГА			_
Mahlon E. Ste			oject	Mar	nager	_ ////		/ Date	7/1	/16		
SB-44 MAR 00		* Do not ::	oo this	form	for onbort	/ liannau a	atod ook w					
		DU HOLU.	oc ulis	IUIIII I	ui asnesie	s licensure exem	pieu-activities.					

CK#1501902141

Print Form

Date of Notification (1)		T	Name o	of Building (	Owner/	Operator	(2)		111	))-	5 (	9 1			
06/29/2016				n Hart	_	600	Mode			7)			_	201	2
Agencies Notified Type Notification  E EPA Initial			Street A									ÜL	5	201	
DEP Amended Amendment	#			ate, Zip Co tainside,		092			1	A	SBE	STO	SCC	NTF	ROL
Emergency (i				of Contact					T-e	elepho		LIUI	ENS	NG	
DOH justification)  DCA Cancellation				n Hart											
Name of Facility Where Abatement is Taking House	Place (3)		FAC	ILITY INFO	RMAT	ION	P	of Facility (4	.50				-		
Street Address								School (K-12 Subchapter of Other (i.e. pr	8 (Ot				dings	, hom	es,
City (5) Mountainside							Squa N/A	etc.) are Feet	# ( N	of Floo	rs		Bldg. A	Age	
County (6) Essex				Code (7) USE ONLY)			Curre	ent Use (Prio	r if be	eing de	molis				
Name of Monitoring Firm Hired by Building C N/A	Wner (8)		ASC	M No.				atement Cont ement, Inc		r (9)	7.150.077.				
Street Address						Street 11 R		ss gren Aven	ue						
City, State, Zip Code								Zip Code							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-3				Lice 006	nse N	lo.			
0=11010010	Schedule 07/11/2		npletion	Date (11)				HA Monitor ement, Inc	;						
Occupancy Status During Abatement (Check	Only One	=)				Street		77.50							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: occupied	eriod of A al Facility	baten Hours	nent			City, S	tate, Z	gren Aven	ue				-		
Scope of Work (Check All That Apply)						1000	wa, N	IJ 07512				2.27		i ga cara	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	property.	enova emolit				×	Mir Glo	II Containmen ni-Enclosure ovebag Proce n-Exempted	edure					e	
* 2		_ocati											Abate	ement pe	
Location of Asbestos-Containing Material (ACM)	Used		ly by		os Con	scription taining M	lateria		1	Amoun	t				
TO BE ABATED In Facility (13)	Custo		0.000	(i.e. t	surfa	systems cing, VA niscellan	T, or	ation,		Specif F or LF		Removal	Repair	Encapsulate	Enclosure
L	Yes	No	N/A											e e	
basement		X				insulat	2000			20 LF		Х			
crawl space		X			pipe	insulat	tion			90 LF		X			
Name of Registered Waste Hauler		1	IDEC :	(n-4)	0.1.	V1									
D&S Abatement, Inc	Н	JDEP W auler ID 996	No.	Cubic of Was TBD			Name of R Waste M								
City, State Totowa, NJ					Dispos TBD	sal Date		City, State Tullytown	n, P/	Α					
Completed by Ned Joksimovic	Title PM				S	ignature		FN			Da 06	te 3/29/2	016		

				ICATION	tate of New Jerse N OF ASBESTOS to NJAC 8:60 ar	ABATEME	ENT :: [	Check #	91	8	9	
	Date of Notification (1) June 3	0,20	)16		of Byilding Owner/		exties	ME 6	<u>L</u>	<u>U V</u>		#
	Agencies Notified    Type Notification			Name	P.O. B ate Zip Code Marchin of Contact	iox 5	508 N	J ASEQSO	831	20 20 10 0 4	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	L
	Name of Facility Where Abatement is Taking	Dlace (	2)		ILITY INFORMAT		and of Facility		0,	0 1		
	Street Address	-		line			Subchapte	``~		ildinas	. hom	es
	City (5) Bridgewa	1.	W	- Kl	J 0880	S	etc.) equare Feet	# of Floors		Bldg.		
*	County (6) Somer Set	100		County	Code (7) USE ONLY)		· .	ior if being demol	ished)	. 1	10	1
	Name of Monitoring Firm Hired by Building C	wner (8	)	ASCA	M No.	Name of	Abatement Co		Du	rev.	Ing	
ate	Street Address Box 3	37	3		1.100	Street Ac	Idress	<u> 337</u>	316	9	J. F	16
å	City, State, Zip Code	N	5	80	533	City, Stat	e, Zip Code	A ta	70	8	53	3
3	Project Manager for Moeth rig Firm				758-3365		58-33		No.	39	4	
window	7-11-16	7	- 2	npletion 2	Date (11)	E		hnologie	s I	'nc	-	
Ž	Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Po			nont		Street Ad		337				
_	Abatement Performed Outside of Norma     Other – Describe:	al Facility	y Hours			City, State	e, Zip Code	ALT	08	53	3	
8	Scope of Work (Check All That Apply)			-			JIP.	700	00.		_	
Õ	≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	<b>X</b>	Renova Demolit	tion ion		000	Mini-Enclosur Glovebag Pro					
		Is	Locati	on			Non-Exemple	u ( ) and Non-File	DIE PIC	Abate	ement	
2	Location of Asbestos-Containing Material (ACM)	0.000	Normal ed Sole		De: Asbestos Cont	scription of	arial (ACM)	Amount		T	rpe	Н
	TO BE ABATED In Facility (13)		intenar todial S (12)	2002200	(i.e. thermal surfa		sulation,	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							ate	E)
	Bedrooms		X		Floor	<u> </u>		500 SF	X			
	exterior wells			×	Siding	Shi	isles	700 SF	= X			
			1.00	1050		V 1		5 14 11 - 4				
	Name of Registered Waste Hauler  EPC Technologies			JDEP Wauler ID	No. of Was	ste 6	Wast	Registered Landf		to	e P	A
		UJ	8.		by	7-JU-	City, State	isville	PA			
	Steve Schenker	Title Pre	sid	ent	S	ignature	osch.		ate 6	, - E	30-	16

CHECK	#	9	0	ì	6
	7	9	0	34	30

Date of Notification (1)		<u></u> -	Name o	of Building Ov	morlOr	nomine/	2)				1	£ 9	7/10
6/1/16			EL		A C.		MWOUD (	J	IIDF E	C	E		WI
Agencies Notified Type Notification	-		Street A	Address	175 1		7.100000	100	1107				U
■ EPA ■ Initial		į	2	4 BOL	LLE	VA	CD		111 )11	1111			
☑ DEP ☑ Amended	= 2	- 7	City, Sta	ate. Zip Code	1				11111	JUI		5_2	016
☑ DOL Amendment: ☐ Emergency (in			EL	MUUOOD	PA	RK	N. J	774	07				
DOH justification)	icidanig		Name o	of Contact		ALCOHOLOGICAL STREET			lephone Nu	dier (	OSC	ON	TROI
☐ DCA ☐ Cancellation				LLIAM			HUARY		564.3	918	JEW.	SIAN	THOL
Name of Facility Where Abatement is Taking	Diago /2		FAC	ILITY INFOR	MATIO	M							
ELMWCOD VILLAGE A	PACTA W	Cas:	- [			1	Type of Facility	(4)					- Change
Street Address							☐ School (K-	(2)					
124 BOULEVARD 7	F.5.3						☐ Subchapter ☐ Other (i.e. r	8 (Othe	er than K-12 commercia	) I buil	diage	hom	00
City (5)	-					1	etc.)						20,
ELMWOOD PARK		14				4	Square Feet	#0	f Floors	the state of the s	Bldg. /	10000	
County (6)		-	County	Code (7)			-		<u> </u>	- Intercept	6	0	
BERGEN	1	1		USE ONLY)		_	Current Use (Pri		ng demolishi	<b>≥</b> a)			
Name of Monitoring Firm Hired by Building Or	wner (8)		ASC	IM No.	7	Name	of Abatement Co		/a)			-	
BIG TERRA ENLIREUMENTA	7 ( 5-21:	Tec:-6	الحدد			A. MA	C Contracting Inc	0	(3)				
Street Address						Street /	Address				******		
1130 WEST CHESTERS STR	1331	<b>*</b>	1774				reeland Ave.						ļ
City, State, Zip Code					7	City, St	ate, Zip Code						
Design Marcon Follows						Midlar	nd Park, NJ 0743	2					
Project Manager for Monitoring Firm  RUK FUSTAQUIO		1		hone No.	The state of the s	Teleph	one No.		License No	,			
			973-	494-37	62		262-5841		00156	·•			
Start Date (10) 4/4/16	Schedul	Coi	npletion i	Date (11)	1		of OSHA Monitor						
4 D D D D D D D D D D D D D D D D D D D			+/16			Ome	ga Environmenta	I Servic	es Inc.				
Occupancy Status During Abatement (Check	rind of A	atem	ani		-		Address						
Abatement Performed Outside of Norma	Facility 4	OHES			-		uyer Street ate, Zip Code						
☐ Other-Describe: <u>LLVCCLUPIED</u>	CRA"	<u>ي ن</u>	744667	د	. ]	Hacke	nsack, NJ 07606						ALL PROPERTY.
Scope of Work (Check All That Apply)	-	1 -100	District Control	~ — · · · · · · · · · · · · · · · · · ·		-		1			-		
□ ≥3 sf or ≥3 lf	E RI	noval	on				Full Containmo	mbaatib i					in such light
回 ≥160 sf or ≥260 lf	□ Dir	moliti	in			[SI	Mini-Enclosure		regauve Pre	SSUR			-4604
							Glovebag Proc Non-Exempted	edure	Non Erichia	D	1		i i
	Isl	ocati	חו				Tron-Exempted	( ) and	NOII-FIIADIE	Proc	_	emen	-
Location of	) Po	ormal	У		Daer	cription o				-		pe	1
Asbestos-Containing Material (ACM) TO BE ABATED	Use I	Sola		Asbestos	Conta	ining M	laterial (ACIVI)	А	mount		1		
In Facility	Gust 1	dial S		(i.e. the	ermal s	ystems ng, VAT	insulation.	(5	pecify	3	1 3	Encapsulale	Enclosura
(13)		(12)		a	ther mi	scellane	ous)	Sh	or LF)	вустен	Jedey.	)sd	dos
	Yes	No	N/A				HATT			8	=	Ilale	uline .
CRAWL SPACES	X	-				IPE	: 4		.s 77=				
STORAGE ROOM'S	X				PIR		3/1	<u> 50</u>	<u> </u>	-			-
BOILER ROCK	X				PID	desire de la constante de la c	1		8425	Х	-		
1)01456 146.5	1	-			1010	12	LA L		324	X			
Name of Posintand Marie Live	1 1						Charteri						
Name of Registered Waste Hauler			DEP Wa		ubic Ya f Waste	33333335	Name of F	Register	ed Landfill				-
Newark Carting, Inc		1	04509	1 0.	rvvaste 51		IESI F	PA Bethl	ehem Landf	II Cor	D.		Ì
City, State, Zip Code		and a second		The second second	isposal	**********	City, State					المالية المالية	
Newark, NJ 07105					4/4				A 18015				metal publi
Completed by R. McDonald	Title	L			SHOW MANAGEMENT	naturé	Dingill	5 F	Date		-	T	- Proces
10 MODULATO	Preside	Æ			NA PRINCIPAL	1/6	· 111 Jones	4	PATRICAL		25	116	ELL Park

						30 and 12.12			D	EC	15 1	W	15	HD)
Date of Notification (1) June 29, 2016				Name of Bu Kent Pla		vner/Operato ool	or (2)		K					Ш
Agencies Notified	Type Notification		1	Street Addi 42 Norw		enue			ШЩ	JUL	5	2016	ò	出
EPA DEP	Initial Page  Amended  Amendment		10	City, State, Summit,					AS	SBEST	os co	NTR	OL 8	3
X DOL	Emergency (i		58	Name of C						hone Nun		Na		-
DOH DCA	justification) Cancellation			Frank Le	emire				973-	673-466	57			
				FACILI	TY INFOR	RMATION	Type	of Facility (4)	1					
Name of Facility Where Kent Place School		g Place (3)					×	School (K-12) Subchapter 8	) 3 (Other	than K-12	2)			
Street Address 42 Norwood Aven	ue						<u> </u>	Other (i.e. pri etc.)	# of F	commerci	al buildi	ngs, h		
City (5) Summit, NJ 07902	2							are Feet	2			ig. Ag		
County (6) Union				County Co (STATE US	ode (7) SE ONLY)	n 	Curr	ent Use (Prior ant	r if being	g demolish	ned)			
Name of Monitoring Fir Partner Engineering	m Hired by Building on and Science.	Owner (8) Inc.		ASCM I	No.			atement Cont ruction Cor						
Street Address 611 Industrial Way							et Addre 5 Wato	ess chung Aven	nue					
City, State, Zip Code						City	, State,	Zip Code ange, NJ 07	7052					
Eatontown, NJ 07 Project Manager for M			T	Telephone		Tele	ephone	No.		License N	No.			
Brian Nemetz			10	732-380		-5000	3-669-	SHA Monitor		01231				_
Start Date (10) June 13, 2016		Scheduled July 8, 2	2016		ate (11)	Sc	hneide	er Laborato	ries G	lobal Ind	C.			
Occupancy Status Dur							eet Addr 12 W	ess Cary Street	t					
X Facility Closed/Va Abatement Perfo Other – Describe	acated During Entire rmed Outside of Norr	Period of Al mal Facility I	bater Hour	ment s		City	, State,	Zip Code nd, VA. 232						
Scope of Work (Check							01111101	-1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 l			enov				H	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	e cedure				9	
			<u> </u>	70				VOII-Exciripted	2 ( ) 4110			Abate	ment	
	100	15.00	Loca			Descrip	tion of				-	Ту	pe	
Asbestos-Containi TO BE /	tion of ing Material (ACM) ABATED acility (3)	Mai	ntena	ely by ance/ Staff?		tos Containin thermal syst surfacing, other misce	ng Mater ems ins VAT, o	ulation, r	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									w	
1st and 2	2nd Floor		Χ			Floor	27777		5310	30SF	X			
1st and 2	2nd Floor		X			UV Tra				200SF	X			-
1st and 2	2nd Floor		Χ			Sink Unde	700	ng		2SF	X			-
1st and 2	2nd Floor		Χ			Mas	STATE OF THE STATE			00SF	X			
Name of Registered V	Waste Hauler			NJDEP W Hauler ID		Cubic Yard of Waste	ds	CONTRACTOR OF THE PARTY OF THE	15399	ered Land	HII			
Future Sanitation	Inc.					- Av 0000000000000		Tullyto		Onity				
City, State Passaic, NJ 0705	5					Disposal [	_	City, Star Tullyto						
Completed by Barbara Reed		Title Presi	den	t		Sign	afure	eca M	leed	//	Date June 2	29, 2	016	
Dai Dai a 1 (CCC						1//	000							

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

		(P	ursuant	to NJAC	8:60 and	12:120	0)		17	F	2 2		M	E	F
Date of Notification (1) June 29, 2016				of Building ( Place Sc		perator	(2)	19	3	15_0	9 1	5 L			
Agencies Notified Type Notificati				Address orwood A	venue					J	ÜL	5	. 20	16	
DEP X Amended  DOL Amended	ent #2			ate, Zip Co nit, NJ 07						ASBES	STOS	C(	7 1C	ROL	. &
□ DOH justification     □ DCA Cancellat			Salementa C.	of Contact Lemire						ephone 3-673-	Numb	er	11 4		
Name of Facility Males and Alexander	. 51	- 1	FAC	ILITY INFO	DRMATI	ON				11.000000					
Name of Facility Where Abatement is Ta Kent Place School	king Place (	3)						of Facility (4 School (K-1)	v ***						
Street Address 42 Norwood Avenue							A	Subchapter Other (i.e. p	8 (Othe	er than k comm	K-12) ercial	build	dings,	hom	es,
City (5) Summit, NJ 07902							Squa	re Feet	# of	Floors		В	ldg. A	ge	
County (6) Union				Code (7) USE ONLY)			Curre	nt Use (Pric	or if bein	ng dem	olishe	4)			
Name of Monitoring Firm Hired by Buildir Partner Engineering and Science		)	ASC	M No.				tement Con uction Co							
Street Address 611 Industrial Way West						Street . 235 V		ss nung Aver	nue						
City, State, Zip Code Eatontown, NJ 07724						City, S	tate, Z	ip Code nge, NJ 07	-2500						
Project Manager for Monitoring Firm Brian Nemetz		4	Telepho	one No. 80-1700		Teleph 973-6	one No	0.		Licens					
Start Date (10)		ed Con	npletion	Date (11)				A Monitor		0120					
June 13, 2016	July 8,							Laborato	ries G	lobal	Inc.				
Occupancy Status During Abatement (Ch X Facility Closed/Vacated During Entir	15 -0	550				Street 2512		ss ary Street							
Abatement Performed Outside of No. Other – Describe:	e Period of A ormal Facility	Hours	ient		_	City, St	tate, Zi	p Code , VA. 232							
Scope of Work (Check All That Apply)								,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Section and Section 2	Renova Demoliti					Min Glo	Containme i-Enclosure vebag Proce n-Exempted	edure					3	
		Locati										-	Abate	ment	
Location of Asbestos-Containing Material (ACM)		Normall d Sole		Ashast		cription		(1001)	۸		-		Ту	pe	
TO BE ABATED In Facility (13)	1000000	intenar todial S (12)					insula T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											te	(D
1st and 2nd Floor		X				Insulat			1,7	25LF	X				
Exterior		X				or Barr	(NO 30)		4,0	00SF	X				
Basement	X				Insulat			15	OLF	X					
Room A3	X				ie Dob	s			OSF	X					
Name of Registered Waste Hauler Future Sanitation Inc.	173000	JDEP W auler ID		Cubic \ of Was			Name of R Tullytow			dfill					
City, State Passaic, NJ 07055					Dispos	al Date		City, State Tullytow							
Completed by Barbara Reed	Title Presi	dent			Si	gnature	ha	de	od	2	Date June	29	, 20	16	

State of New Jersey

y	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)										E					
Date of Notification (1)  June 29, 2016			1	Name of Building	Owner/Oper AHS I	JUL JUL	) 5	2816	4							
[ ] DEP [ ] Amend	Notificat led Notif lment #_ ency (inc eation)	fication		Street Address  City, State, Zip Co  Name of Contact  Tom	NEW NEW	VTRG∃S	OL &	1								
			FACII	LITY INFORM	MATION							$\overline{}$				
Name of Facility Where Abatement is Taking I Residence  Street Address			Туре	of Facility (4)	School (K-12) Subchapter 8 (oth Other (i.e., private			- La buildi								
							[x]	homes, etc.)	e & con	mercia	ii buildi	ngs,				
City	County			County Code (7) STATE USE ONI	LY)		re feet 1800 sf ent Use (Prior if	# of Floors Bldg. Age 1 60  if being demolished)								
-							Resider	ence								
Name of Monitoring Firm Hired by Building C	wner (8)	)	I A	ASCM No.	Name of	f Abater	ment Contractor	(9) an Contracting,	Inc							
N/A Street Address					Street A	ddress	Guardi	an contracting,	me.							
Street Address					1											
City, State, Zip Code				City, Sta	88 50	Toms I	River, New Jerse									
Project Manager for Monitoring Firm	Vumber		Telepho 732-34			License N 00624										
Scheduled Start Date (10) 7/11/16		Scheduled 0 7/12/1		n Date (11)	Name of	f OSHA	Monitor E.M.S.	L. Analytical								
Occupancy Status During Abatement (Check of X ] Facility Closed/Vacated Abatement Performed ( ) Other – Describe	During	Entire Period			Street Address  1056 Stelton Road  City, State, Zip Code Piscataway, New Jersey 08854											
Scope of Work (Check all that apply) $ \begin{bmatrix}         ] >3 \text{ sf or } \ge 3 \text{ lf} \\         [x] \ge 160 \text{ sf or } \ge 260 \text{ lf} $		[ ] [x]	Renovati Demoliti		[ [ [ x	] M	Mini-Enclosure Glovebag Proced	t with Negative Pres ture *) and Non-Friable l		ге						
								T	Abat	ement '	Гуре					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	n sed astodial	(i ir	Descripti sbestos-Co Material ( .e., thermal sulation, s VAT, ther miscel	ontainir ACM) I syster urfacin or	ns 1g,	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		X		Asbestos sid	ling			1700 sf	X							
Name of Registered Waste Hauler	1	NJDEP Was	te Hauler I	D No.   Cubic	Yards of Wa	este	Name of Regist	tered Landfill				Ц.				
Guardian Contracting, Inc.			0223 Disposa	3	City, S		T.R.R.F.									
City, State Toms River, New Jersey			7/13/1				Pennsylvani	ia								
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ect Manag	er	Signature	~. <i>′</i>		1		6/2	9/201	6					
	*/	Do not use	this form	for asbestos lic	ensure exe	mpted	activities.									

							$\mathcal{C}$	11#	40	198			Prin	t For			
	NO		ATION C		Jersey STOS ABA				D	EC	E		// [	5			
Date of Notification (1) 06/30/16			Building O	wner/Oper	rator	(2)			JUL	. 5	20	16	-				
Agencies Notified Type Notification			Street Add	S. C.								LU	10	1			
EPA Initial Amended Amendment Emergency				e, Zip Cod ETH, N	le J 07208	ASBESTOS CO LICENS						NSING					
➤ DOH justification)  DCA Cancellation		20	Name of C	Contact WEINS	STEIN				Tele	phone Nur	nber						
	DI (0)		FACILI	TY INFO	RMATION		Type	f Facility (4	1)					-			
Name of Facility Where Abatement is Takin Street Address				S S S	chool (K-1) ubchapter ther (i.e. p	2) 8 (Othe	er than K-12 commerci	2) al build	ings, l	nomes	s,						
City (5) ELIZABETH, NJ				Square 3,000	SF	Feet # of Floors Bldg. Age				je							
County (6) UNION COUNTY			County Co	ode (7) SE ONLY)	\	_	Currer		or if bei	ng demolisl	ned)						
Name of Monitoring Firm Hired by Building		ASCM	No.			e of Abatement Contractor (9) A LEAD PROFESSIONALS											
Street Address				Addres	s OOVE CO	DURT	7										
City, State, Zip Code		1.7470	200	State, Zij	Code	8701											
Project Manager for Monitoring Firm	T	Telephon	e No.	T	Telephone No. 732-668-9078				License N 1200	No.							
Start Date (10) 07/10/16	Schedule 07/11/1		pletion D	ate (11)		Name of OSHA Monitor AAA LEAD PROFESSIONALS											
Occupancy Status During Abatement (Che	ck Only On	e)			1 -		Addres	s DOVE CO	) I IPT								
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A mal Facility	batem Hours	ent		C	City, State, Zip Code LAKEWOOD, NJ 08701											
Scope of Work (Check All That Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emoliti				Sing Branch Branch and	Min Glo	i-Enclosur vebag Pro	e cedure	n Negative			е				
		Locati										Abatement Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Normal d Sole intenar todial S (12)	ly by nce/	Asbesi (i.e.	tos Contain thermal sy surfacir	Description of is Containing Material (ACM) hermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure				
	Yes	No	N/A			11.10	111 AT	ON		70.15	***						
INTERIOR				The state of the s	M PIPE	-				70 LF	X						
INTERIOR				8	ACM FL	.00	K IILE		б	00 SF	X						
								NI=	Denist	orod I and							
Name of Registered Waste Hauler NEWARK CARTING		H	IJDEP W lauler ID 4509		of Waste 10 YAF	ste IFSI											
City, State NEWARK, NJ		Disposa 07/11/		е	City, State BETHLEHEM PA												

Date

06/30/16

Signature

Title

OWNER

JOSEPH PERLSTEIN

Completed by

UC# 2886

Date of Notification (1)					Name of Building Owner/Operator (2)													
6/29/2014 Che	ck # 2886			Our Lady of Lourdes Church							F							
Agencies Notified	Type Notification			Street Ad						10			M					
П ЕРА	× Initial				alley Wa					11:	5							
	Amended	No.		City, Sta		11	JUL		5	2016								
× DOL	Amendment Emergency		-	West Orange, NJ 07052														
□ DOH	justification)	including		Name of Contact							ephone	Numb	per	557				
☐ DCA	Cancellation				nes Ferry					20	1-207	459	0,5		JEC C	/L &		
Name of Facility Where A	hatamant in Takin	- Disea (2)		FACII	LITY INFO	RMATI	ON	т	5 E 104 - / 41	_			-					
Rectory-basement	batement is Takin	g Place (3)							of Facility (4)									
Street Address									chool (K-12		41 1	C 40V						
									ubchapter 8 ther (i.e. pri				build	linas.	home	s.		
100 Valley Way								et	tc.)			3000000000						
City (5)								Square		35,54	Floors		73.03	ldg. A	ge			
West Orange, NJ								2,000		2			4 - 700	0+				
County (6)				County (	Code (7)  JSE ONLY)				t Use (Prior		ng dem	olishe	d)					
ESSEX				%: 					ory Churc									
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	l No.		1		ement Conti									
									es Corpo	ratio	า							
Street Address								Address										
0: 0: 7: 0							200000000000000000000000000000000000000	69th Street										
City, State, Zip Code							100000	State, Zip Code ttenberg, NJ 07093										
Decision Market Control		T 1 1						93										
Project Manager for Monit		Telephor	ne No.			none No			Licens 0107		i)							
Start Date (10)	C	-1-4' T	D=+= (44)			201-295-1700 01074												
7/9/16	Con	ipietion t	Date (11)			of USH												
Occupancy Status During					Address	PER SERVICE SE			=									
					Sueer	Address												
Facility Closed/Vaca Abatement Performe							City S	State, Zip	Codo					1736	<u> </u>			
Other - Describe: _	a outoido oi i tom	idi i dointy i	10010				City, C	riate, Zip	Code									
Scope of Work (Check All	That Apply)		-				L							1) 761				
≥3 sf or ≥3 lf		☑ n-					Г	7 - "	0 1		<b>N</b> 1	-						
≥160 sf or ≥260 lf			nova moliti						Containmer -Enclosure	nt With	Negati	ve Pr	essur	e				
		_					Glovebag Proced Non-Exempted (*				edure							
							Non-Exempted (*				(*) and Non-Friable Procedur							
		1	ocati rmall										Abatement Type					
Location Asbestos-Containing I		Used			Ashast		scription	of Material (ACM)		• *************************************				Type				
TO BE ABA		Main		27 70.00			system				mount Specify	1	R	-77	Enc	四		
In Facilit	У	Custo	oiai S (12)	itair?		surfacing, VAT, or other miscellaneous				SF	or LF)		Remova	Repair	aps	Enclosure		
(13)						otner r	niscellar	neous)					val	===	Encapsulate	sure		
		Yes	No	N/A											Ф	59.		
Basement-Boil	er Room		Χ			Boile	r Insula	sulation		3	30 SF			Х				
			-															
Name of Registered Wast	e Hauler		17.00	JDEP W auler ID		Cubic of Wa	Yards	0	Name of R	egiste	red Lar	ndfill						
Atlantic Carting			3203	3085	140.	tbd	Grand Ce			entra	entral Sanatory Landfill							
City, State			1			555555	sal Date		City, State									
Wayne, NJ					tbd Pen Argyl,				To the control of the									
Completed by		Title				5	Signature	e //	20 1	1		Date	;					
Gina Betances		Office Manager					Clual -				6/29/2016							

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

Initial Friable Notification Check #: 6659

			Name	o of	Ruile	ding.	Owner/O	perato	r (2)						25		
Date of Notification		,					04110270	P	- F	n·F	@	F	7 [	7 6	: [		
0   6   / 2	1	Mrs. Carmichael										-					
Agencies Notified Ty	be Notilics	crou	SCI	SEC U	dare:	35				2			*		- Annual Property		
[X]EPA	[X]Initial		1			772	Code				JUL	- 5	20	16	-   L		
[X] DEP	Notifica	tion					Code		15	2 12					-		
⊠1pgr	( )Amended Notifica	tion			90.000		08854										
[X] DOH	[ ]Cancella	tion	Nam	ne of	Cont	act			TelephoasBestos Control & LICENSING								
[ ]DCA			Mrs	Mrs. Carmichael											_		
							FORMATI	ON		(4)					_		
Name of Facility Whe	re Abatemen	is Ta	king	Plac	e (3)				Type of Facili								
Residence - Basement									[ ]School [ ]Subcha	enter A	(Othe	r th	an K	-12)			
Street Address									Xlother cial	milding	s. ho	mes.	ELC	. ]			
									Square Feet	# of Fl	DOES	Bld	g. A	ge			
City (5)		County	(6)			Cour	nty Code	(7)	2,000 Current Use (	Prior if	beir	ig de	60 emolished)				
E TE ANALON MANAGEMENT SE		N #: -  -  -				(51)	AIE USE	OMETI	Residence					5			
Piscataway, NJ 08854	irm Hired b	Middle y Build	sex	ASCM	No.	$\Gamma$	Name of	Abate	ment Contracto	r (9)							
Owner (8)							Faur Ct	rong D	uilders, Inc.								
N/A Street Address							Street	Addres	s						_		
Street Address						1	180 52	raeant	Avenue								
City. State. Zip Coo	e		_				City. S	tate,	Zip Code								
orty, beare, sap to							Clifton.	NJ 070	)13-1935								
Project Manager for Monitoring Firm				попе	Numb	er	Telepho	one Num	ber		icen	se N	rwber				
							973-61	4-0377		0	0807		_				
Scheduled Start Date							Name of	OSHA	Monitor								
0 7 / 0 9 / 1 Month / Day / 1	161 10	7   /  .	1 1	1/11	16		Four St	trong B	uilders, Inc.								
Occupancy Status Du	ring Abateme	ent (Ch	eck c	outh o	one)	_	Street	Addres	SS								
X) Facility Close	i/Vacated Du	iring E	ntire	Per:	iod		180 Sa	rgeant	Avenue								
[ ]Abatement Perf	ormed Outsid	le of N	ormal	L Fac.	11127	1	City.	State,	Zip Code								
Hours - Descri	be:				-	-	Clifton,	NJ 07	013								
Scope of Work (Chec	k all that a	apply)						[ ]Ful	l Containment	with Neg	ative	Pre	ssur	e	*		
[ ]Demoliti			$\bowtie$	Reno	vatio	on		IX Min	i-Enclosure vebag Procedure								
[X]>3 sf or [ ]\(\sum_{1}\)5160 sf	or >260 lf							[ ]Non	-Friable Proce	dure							
			Τ	Is								Abat	emen	t Ty	pe E		
Locati	on of -		Location Normally					cripti	on of taining	Amou	nt	R E	R	NC	N C		
Asbestos-C Material			S	Used olely			Mate	rial (	ACM)	(Spec	ify	M	E P	A P	T. O		
TO BE A			te	Main	/		nsulatio	n. sur	systems facing. VAT.	LF		V A	A	S	S		
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			Yes	No		Dino	insulatio	n.		130 LF		X					
Basement			$\wedge$	-		ipe	Ilisulatio			+		/\	_				
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			-	1-1	-					-		-	-				
			1	JDEP	Wast	•	Cubic	Vards	Name of Regi	stered I	andf	111					
Name of Registered	waste Haule	T.	H	auler	ID	No.	of Wast		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5								
Four Strong Builders	, Inc.		1	2609			Dianas	-Y Date	G.R.O.W.S.,	Inc.							
City. State							Disposa	ar nare									
Clifton, NJ									Tullytown, PA	1		TK	ate				
Completed By (Print	or Type)	Title				*****	S	ignatur									
Bilyana Kulakovska		Office A	Admir	nistra	tor			4	Olu-			6	/28/	6			
ASB-41										1				0.10	e 7		
JUN 95														G46	0/		

	NOT	IEIC	Sta	ate of Ne	w Jersey	EMENT	Cr# 25.	30	11						
	NOT			ION OF ASBESTOS ABATEMENT (Unant to NJAC 8:60 and 5:16)											
Date of Notification (1)			Name	of Building	Owner/Operator (2	2)	17/1								
06 / 30 /	16		Dr. I	David Ma	talon / GooGoo	Ma LLC	M JUL	г	2016						
Agencies Notified Type Notificati	on	-8-4	Street	Address			П П эог	J	2010		L				
⊠ EPA □ Initial			400	Western	Ave										
<ul><li>☑ DOLWD</li><li>☑ Amended</li><li>☑ DHSS</li><li>Amendmer</li></ul>	+ #2		City, St	tate, Zip C	ode		ASBESTOS			OL &	2				
<ul><li>☑ DHSS Amendmer</li><li>☑ DCA ☐ Emergency</li></ul>	1777	2	Mor	ris Town	ship	L	LICE		IG_		_				
(NJAC 5:23-8) justification	1)		Name	of Contact			Telephone Numbe								
☐ Cancellation	n		Low	ell DeGr	ote		(651)331-8467								
			FAC	ILITY IN	FORMATION										
Name of Facility Where Abatement is Ta	king Place	(3)				Type of Facility									
Morristown Animal Hospital						School (K-12	8 (Other than K-12)								
Street Address						Other (i.e., p	rivate and commerci	al bui	lding	S,					
400 Western Ave						homes, etc.		Dia	I = 1						
City (5)						Square Feet	# of Floors		lg. Age						
Morris Township					VOTATE LIGE ON 14	2,500	2 rior if being demolish								
County (6)			Coun	ty Code (/	)(STATE USE ONLY)			eu)							
Morris	0	(0)	ASCM	Na	Name of Abateme	Animal Hos					-				
Name of Monitoring Firm Hired by Buildi			2973		The state of the s		<i>).</i>								
Environmental Health Investiga Street Address	tions, in		2913	1	Superior Abatement Inc Street Address										
655 West Shore Trail					2 Henderson Drive										
City, State, Zip Code					City, State, Zip C	Constitution of the consti					_				
Sparta, NJ 07871				West Caldwe											
Project Manager for Monitoring Firm		No.	Telephone No.		License No.										
Jean Paul Von Doehren			609) 70		973-808-1616	3	00411								
	cheduled (		State of the state of	111111111111111111111111111111111111111	Name of OSHA N	Monitor									
07 / 18 / 16	_07_	/ _2	9 /	16	Superior Abatement Inc										
Occupancy Status During Abatement (C	heck only	one)			Street Address										
□ Facility Closed/Vacated During Entire					2 Henderson Drive										
Abatement Performed Outside of No					City, State, Zip C										
Time of Abatement:AM	_PM/	PN	/	AM	West Caldwell, NJ 07006										
Scope of Work (Check all that apply)  > 3 sf or > 3 lf	□R	enova	ition		☐ Full Containment with Negative Pressure☐ Mini-Enclosure										
⊠ ≥160 sf or ≥260 lf	⊠ D	emoli	tion		☐ Gloveba	ng Procedure empted (*) and N	on-Friable Procedure	edure							
		ls Loc	ation			( )		_	atem	ent T	уре				
Location of	na	Norm			Description			D.	D	ш	Ш				
Asbestos-Containing Material (ACM) TO BE ABATED			olely by nance/		estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure				
IN Facility	Cu		I Staff?	(	surfacing, VAT	Γ, or	SF or LF)	val	7	sula	sure				
(13)	Yes	(12 s No	annewson's	-	other miscellane	eous)				ate	1557				
Throughout				Wall/Co	eiling Plaster w/	Joint Comp.	7,500 SF	$\boxtimes$							
1 <sup>st</sup> Floor Kitchen				Linoleu			175 SF								
Exterior - Boiler / Windows		T			Gasket / Window	, Caulk	10 LF / 22 EA		П	П	П				
		15			eter Flashing		100 LF		П		П				
Roof		ᆜᆜ	NJDEP		Cubic Yards of	Name of Rec	istered Landfill			_					
Name of Registered Waste Hauler Service Transport Group Inc			Hauler I	D No.	Waste		Enterprises								
			SW2	117	100 Disposal Date	City, State									
City, State  New Castle, DE					7/29/2016										
Completed By (Print or Type)	Title				Signature	701	// Dai	te			.,,,,,,,,				
Nick Petrovski	Presid	dent				Allin	Ellen &	5	3	0-7	16				