GL16-004 Science

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

check # 2257 Page 1 of 1

Date of Notification (1) 7-8-2016				Building Coolleg				iiNil	11	11 1	2 9	0116			
Agencies Notified Type Notification	n	100	Street Ac 505 Ra	idress amapo V	alley	Road									
EPA Initial DEP Amended Amendme				te, Zip Coo ah, NJ 07				1	SIEI	TOS (	101 215	i R G	الا	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DOH justification Cancellation		100		Contact y Rome	ro, Jr					phone N 3-628-9					
	: Dl /2		FACIL	LITY INFO	RMAT	ION	Typo	of Facility (	4)						
Name of Facility Where Abatement is Tak Science Building Street Address	ing Place (3	)						School (K-1 Subchapter	2)	er than K	-12)				
505 Ramapo Valley Road							B1.7.4	Other (i.e. petc.)	rivate &	comme	rcial	build	ings,	home	s,
City (5) Mahwah								re Feet	# of 2	Floors		31000	dg. A )+	ge	
County (6) Bergen			County C	Code (7) ISE ONLY)				ent Use (Pri ege Apar			lishe	d)			
Name of Monitoring Firm Hired by Buildin USA Environmental Managemen			ASCM 0011			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	of Aba Group	tement Cor , Inc	ntractor (	(9)					
Street Address 344 West State Street							Addres Hamb	ss ourg Turn	pike						
City, State, Zip Code Trenton, New Jersey 08618								ip Code dale, NJ (	7403					×	
Project Manager for Monitoring Firm William Weisgarber, Jr.			Telephor 609.65	ne No. 6.8101			hone N 710-9			License 01084					
Start Date (10) 7-25-2016	Schedule 8-30-2		npletion [	Date (11)		100000000000000000000000000000000000000	of OSI Group	HA Monitor , Inc							
Occupancy Status During Abatement (Ch	eck Only Or	ne)					Addres		26						
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	e Period of A	Abatem Hours	nent			City, S	State, Z	ourg Turn ip Code dale, NJ (							
Scope of Work (Check All That Apply)						DIOC	minge	uale, No	31403						
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		Renova Demolit					Mir Glo	Il Containm ni-Enclosuro ovebag Pro n-Exempte	e cedure	3.70				e	
	Is	Locati	on											ement pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Ma Cus	Normal ed Sole iintenai todial S (12)	ly by nce/ Staff?		os Cor therma surfa	escription ntaining I al system acing, VA miscella	Materia ns insula AT, or		(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
Apartments A-H	Yes	No X	N/A	Dryw	all an	d Joint	Comr	oound	27 6	668 SF	-	X			
Apartments A-H		X		,		oist Ac				316 LF	-	X			
Apartments A-H		X	1			Floor (	0.403.0-0.11-0.00			96 SF	-	X			
Apartments A-11				1100	JIII 0111	1 1001		90	-11						
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	c Yards		Name of	Registe	red Land	dfill				-
GL Group, Inc			lauler ID 033034		of Wa	8		Minerv	3) 						
City, State Bloomingdale, NJ					TBD	osal Date	3	City, Star Wayne		ОН					
Completed by Elena Solakov	Title Pres	ident				Signatur	re E	lenn St	Ma		Date 7-8		16		

#### EDS16-178

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

Check # 2255

Page 1 of 1

Date of Notification (1) 7-7-2016					f Building ( e Public			(2)		JUL	12	20	16		11	
Agencies Notified	Type Notification			Street A	ddress ocust Str	eet			ASE	BEST(	os co	ONT	ROL			
EPA DEP DOL	Initial  Amended  Amendment				ate, Zip Co e, NJ 07						CENS					
X DOH X DCA	Emergency (i justification) Cancellation	ricidulity	11.2		f Contact White						ephone 8-482					
N		DI (6		FACI	LITY INFO	RMAT	ION	T	- f E 104 - 7	4)						
Name of Facility Where Harrison Elemental Street Address		Place (3	3)					X	of Facility ( School (K-1 Subchapter	2)	er than	K-12)				
310 Harrison Aven	ue								Other (i.e. petc.)							es,
City (5) Roselle									re Feet 100 +	# of 2	Floors		(100)	ldg. A 0+	ige	
County (6) Union					Code (7) USE ONLY)			Curre	ent Use (Pri ool	or if bei	ng dem	olishe	ed)			
Name of Monitoring Firm EnviroVision Consu		wner (8)		ASCN 0007	100000000000000000000000000000000000000			of Aba Froup	tement Cor , Inc	ntractor	(9)					
Street Address 20-21 Wagaraw Ro	d. Building 35E						Street 140		ss ourg Tpke	)						
City, State, Zip Code Fair Lawn, NJ 0741							City, S	tate, Z	ip Code							
Project Manager for Mor Guillermo M Morale	nitoring Firm			Telepho	ne No. 336-914	5	Teleph		lo.	,, 100	Licens					
Start Date (10)		Schedule		• •	Date (11)			0	HA Monitor		0100					-
7-21-2016		8-1-20		î			GL G									
Occupancy Status Durin	ag Abatement (Check ated During Entire P	65	83	ent			Street 140 I		ss ourg Tpke	£						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norma	al Facility	/ Hours	ioni.					ip Code dale, NJ (	7403						
Scope of Work (Check A	All That Apply)							9			2					
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf		-	Renova Demoliti				×	Mir Glo	Il Containmoni-Enclosure ovebag Procon-Exempted	e cedure					e	
		ls	Locati	on										Abate	ement	
Location	n of	1	Vormall	у		D	escription	of						Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Ma Cus	ed Solel intenar todial S (12)	rice/ staff?		therma surfa	ntaining Mal systems acing, VA miscellar	s insula T, or	ation,	(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Boiler R	00m	Yes	No	N/A		Due	t Insula	tion		27	70 SF		X			
Boiler R	W. Stockers and D. Stockers an	X			Pin	150000	ittings I	0400404040	tion		15 LF		X			
Boiler R	V 2004 (V 2004)	X					ter Tan				0 SF		X			
Boiler R	oom	Х			Exterior I	Boiler 1		/Interial	ior Boiler	68	80 SF		X			
Name of Registered Was	ste Hauler		N	JDEP W	laste	Cubi	c Yards	atcriai	Name of	Registe	red Lar	ndfill				
GL Group, Inc				auler ID 033034		of Wa			Minerva							
City, State Bloomingdale, NJ				1)		TBD			City, Stat Waynes		ОН			24		
Completed by Elena Solakov		Title Presi	dent				Signature	3	Cerm S	lulla	ز	7-7	= -201	16		

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 16 St. Luke's Hospital 7 1 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 185 Roseberry St. ☑ DOLWD ASSES City, State, Zip Code Amendment #1 ☑ DHSS Phillipsburg, NJ 08865 ☐ DCA ☐ Emergency (including Name of Contact Telephone Number (NJAC 5:23-8) justification) 908-239-5007 ☐ Cancellation Ted Ruhf **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12)
Subchanter 8 St. Luke's Hospital Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 185 Roseberry St. homes, etc.) City (5) Square Feet # of Floors Bldg. Age 100,000+ 41+ Phillipsburg, NJ 08865 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Hospital Warren Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennonni Assoc. NA Alliance Environmental Systems Street Address Street Address 550 East Union St. 515 Grove St. City, State, Zip Code City, State, Zip Code West Chester, PA 19382 Haddon Heights, NJ 08035 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. Tom Adams 856-547-0505 610-701-9000 00508 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7 / 13 / 16 8 / 12 / 16 Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 28 N. Pennel Road Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/ PM-Media, PA 19063 Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf □ Renovation Mini-Enclosure ☐ Demolition Glovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Description of Location of Repair Used Solely by Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)Yes N/A No  $\boxtimes$ 1st Floor Sub Phase 4 & 5 X VAT & Mastic 1705 SF Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Waste Richard Burns & Co. Western Berks Community Landfill 19955 40 City, State Disposal Date City, State Phila., PA TBD Birdsboro, PA Date Completed By (Print or Type) Title Signature Mark H. Griffin Estimator

ASB-41 MAY 11

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

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Date of Notification (1) 6/30/2016		1			f Building n ,LLC I				up Sen	rice	15 0		П	U L	
Agencies Notified	Type Notification			Street A	ddress						JUI	_ 1	2 2	2016	
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DOH DCA	justification) Cancellation				f Contact io Chale	n				Tele	phone N	lumbe	r		
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Name of Facility Where	Abatement is Taking	g Place (3	3)	170	L11 1 1141	ORMATI	ion .	Туре	of Facility	(4)					
private house									School (K-	12)					
Street Address								×	Subchapte Other (i.e. etc.)				uildir	ngs, ho	mes,
City (5)									re Feet	# of	Floors		Bld	g. Age	
Union CITY								N/A		N/A	1		N/A	Д	
County (6) HUDSON					Code (7) USE ONLY	)		0.0000000000000000000000000000000000000	ent Use (Pr. VATE HO		ig demol	ished)			
Name of Monitoring Firm	n Hired by Building (	Owner (8)		ASCN	И No.				atement Co		(9)	3,50,7750			
Street Address								Addre	ss KLIN STF	DEET					
City, State, Zip Code						-			ip Code	KEEI					
									), LN, NC	7524					
Project Manager for Mor	nitoring Firm			Telepho	ne No.			none N			License 01274				
Start Date (10)				npletion	Date (11)				HA Monitor						
07/11/2016	2 Ab 242 - 24 (Ob -	08/11/							ATEMEN	T LLC					
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Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F red Outside of Norm	eriod of a al Facility	Abaten / Hours	nent			City, S	state, Z	ip Code				<del>1221</del> F3		
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Name of Registered Was				JDEP W lauler ID		Cubic of Was			Name of						
TRI STATE TRANSI	FER		- 1	/A	7.00	N/A			MINER	RVA EN	ITERPI	RISE	S		
City, State BRONX ,NY						Dispos TBD	sal Date		City, Stat WAYN		RG OH				
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VICTOR ESPIRITU		SUP	ERVI	SOR			1/40	Sur	1 V 2	2/		06/30	/20	16	

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Date of Notification (1)  07 /	07 /	16			of Building	Owner/Operator (2 Edison	2)	JUL 1	2	2016		U
Agencies Notified  ☑ EPA ☑ DOLWD ☑ DOH	Type Notificati Initial Amended Amendmer	nt #		100 l	Address Municipa ate, Zip C		Floor	ASBESTOS LICEI	CO	VTR		24
DCA (NJAC 5:23-8)	<ul> <li>☑ Emergency justification</li> <li>☑ Cancellation</li> </ul>	1)			of Contact Naik	* * 18		Telephone Numbe 732-984-1464	г			
				FAC	ILITY IN	FORMATION	W	70		-2311		
Name of Facility Where Firehouse Street Address 849 Amboy Avenu		king Place (	3)				Type of Facility  ☐ School (K-1 ☐ Subchapter ☐ Other (i.e.,   homes, etc.	2) 8 (Other than K-12) private and commerci	al bu	lding	s,	
City (5) Edison, NJ 08837	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				*** H		Square Feet	# of Floors	Blo	lg. Ag	je .	4.1
County (6) Middlesex	Liend by Puildi	ng Owner (9		Count		(STATE USE ONLY)  Name of Abateme	+ 82	Prior if being demolish	ed)			
Name of Monitoring Firm Bio Terra Solution		ng Owner (d	"	ASCIVIT	NO.	ALL PRO MA	NAGEMENT			- 1	2 .	
Street Address				n eli		Street Address 27 Outwater	Lane				61 10 1	
P.O. Box 1224 City, State, Zip Code			11 X	1		City, State, Zip Co			1 1		- 7	
Union, NJ						Garfield, NJ					5)	= 10
Project Manager for Mor Rick Eustaquio	nitoring Firm			phone N '3-494-		Telephone No. 973-928-4888		License No.	55.0	*	\$ X	
Start Date (10)	. /8 E' IV	cheduled Co		7.0	0.343	Name of OSHA N	NAGEMENT	LLC				
Occupancy Status Durin		10.0 P.C. 10.0 P		ment		Street Address 27 Outwater	Lane				20	
Abatement Performe	d Outside of No	rmal Facility	Hour	s - Des		City, State, Zip Co		* 0.50 	8 2	11		
Scope of Work (Check a	all that apply)	M.S.		20.3		☐ Full Con		egative Pressure		9		1
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		⊠ Rer ☐ Der				☐ Gloveba	g Procedure	Non-Friable Procedure	)		8	Al.
V			Locat orma						Ab	atem	ent T	ype
Asbestos-Containing TO BE AB IN Fact (13)	g Material (ACM) <u>ATED</u> lity	Used Mai	d Sole ntena	ely by ince/ Staff?		Description of estos Containing Ma a., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Interior					VAT			1,363 SF				
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Name of Registered Wa		-	100	JDEP \ lauler II  00348	O No.	Cubic Yards of Waste As Needed	IESI Land	gistered Landfill dfill				
City, State Garfield, NJ			*1			Disposal Date TBD	City, State Bethlehe	em, PA				
Completed By (Print or Allen Monchik	Type)	Title Project	Man	ager		Signature	2/2	Dat	e	//	6	

State of New Jersey

CK-3130		N	1011				C 8:60 and 5:16			P	(P)	r	П	7.77	F	
Date of Notification (1)	hammer and the second				Name	of Buildin	g Owner/Operator (	2)	17)	E	Uл	E	<u>U</u>	W	E	
	7 / _	16					Board of Educati		K						!	
Agencies Notified	Type Notifica	ation			Street	Address				,	JUL	16	2 6	2016		100
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(NJAC 3.23-0)	☐ Cancellat	55385X				e Simpk	8			856-5						
					FAG	CILITY IN	FORMATION									
Name of Facility Where A	batement is T	Taking F	Place	(3)	100			Type of Facilit	v (4)		781					
Pennsville High Scl								School (K-			•					
Street Address								Subchapte		ther th	an K-	12)				
110 S. Broadway								Other (i.e.,		te and	comm	nercia	l bu	ilding	S,	
								homes, etc	73				-			
City (5)								Square Feet	7	f of Flo	oors			ig. Ag	je	
Pennsville								50,000		2				30		
County (6)					Cour	ity Code (7	7)(STATE USE ONLY)		Prior it	f being	demo	olishe	d)			
Salem	alany Million - The Mark Commission of the Commi				10			School								
Name of Monitoring Firm	and the second		vner (	8)	ASCM	No.	Name of Abateme	ent Contractor (	9)							
Epic Environmenta	l Services, I	LLC					Shade Enviro	onmental, LL	C							
Street Address					7.00		Street Address									
1930 Brown Road							623 Cutler Av	venue								
City, State, Zip Code							City, State, Zip Co	ode						7 - 1	7.15	
Newfield, NJ 08344							Maple Shade	, NJ 08052								
Project Manager for Moni	toring Firm			Tele	ephone	No.	Telephone No.		1	License	e No.		-			
Jim Eberts	2E.			8	56-205	-1077	856-755-0099	)		0084	42					
Start Date (10)	5	Schedul	led C	omple	etion Da	te (11)	Name of OSHA N	Monitor			32/2					
07/20/	10.0				5_/		EMSL Analyt									
Occupancy Status During	Abatement (0	Check of	only o	ne)			Street Address									
□ Facility Closed/Vacate	d During Entir	re Perio	od of	Abate	ment		200 Route 13	0 North								
☐ Abatement Performed							City, State, Zip Co	ode								
Time of Abatement: _	AM	PM/		_PM		AM	Cinnaminsor									
Scope of Work (Check all	that apply)												_	- 15.5		
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<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		2	Re	novat moliti			☐ Mini-End	losure g Procedure								
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Exterior High School		]		$\boxtimes$		Cemen	t Board			340	SF					
Exterior Annex Build	ing	]		$\boxtimes$		Cemen	t Board			200	SF					
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Name of Registered Wast	te Hauler			- 30	JDEP 1		Cubic Yards of	Name of Reg	gistere	ed Land	dfill					
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City, State					02200		Disposal Date	City, State								
Freehold, NJ							08/05/2016	Newburg	, PA							
Completed By (Print or Ty	/pe)	Title					Signature		7			Date				
Christina Lynch	esono SA	Contraction of	erati	ons	Manag	jer	mor	na)	/		8	7,	17	11	0	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Check #: 6649

Initial Non-Friable Notification

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ate of Notification		1.1	Name	of l	Buil	ding	Owner/G	Operato	or (2	2) [[U]	J- ''-	9 5	П	U I	=-	
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Name of Facility W	Lama Abaraman	f is Tak	ina				FORMALI	LOW	Typ	e of Facili	ty (4)					_
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North Hunterdon Hig	gh School - asb	estos								[ ]Subcha [ ]Other	11 0	מעודת	Le &	COIL	ICT -	
Street Address								1	Seri	cial diare Feet	buildir	loors	Bld	g. Ag	je	-
1445 Rt. 31 South		2.5								40000	2			50		
City (5)		County	(6)			(STA	TE USE	ONLY)	Cu	rrent Use (	Prior :	f beir	ng de	moli	hed	)
Annandale, NJ 0880	)1	Hunter	don					1	S	chool	(6)				_	
Name of Monitoring	Firm Hired	y Build:	ing	ASCM	No.		Name o	f Abate	emen	t Contracto	E (3)					
Owner (8)				0001	27		Four S	trong B	Builde	ers, Inc.						
Westchester Enviro	nmental, LLC			0001	21		Street	Addres	SS							
307 North Walnut S	troot					Ì	180 Sa	argeant	Ave	enue						_
City, State, Zip	Code					-	City.	State,	Zip	Code						
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West Chester, PA 1	or Monitoring	Firm T	elep	попе	Numb	er	Teleph	ione Nur	mber	•				AIIID C L		
Matt Abraham		6	10-4	31-75	545		973-6	14-0377	7	iror		00807				
Scheduled Start D	ate (10) Sc	hed.Comp	leti	on Da	ate	(11)	Name o	or USha	MOI	11101						
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Agencies Notified Type Notification			Street Ad							-	JUL	1	2 20	)16
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Emergency (justification)	including	- 1	Name of					Te	epho		mber			
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Name of Facility Where Abatement is Taking Middle School (sub-8)	g Place (3)						of Facility (4							
Street Address							School (K-12 Subchapter 8		ner tha	an K-1	2)			
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City (5)							e Feet	# 0	of Floo	ors	В	ldg. A	ge	
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Name of Monitoring Firm Hired by Building (	Owner (8)		ASCM	No.			tement Conf	tracto	r (9)					
Detail Associates,Inc							oration							
Street Address 300 Grand Ave					100000000000000000000000000000000000000	t Addres McBri	ss de Ave							
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Englewood, NJ 07631							Park, NJ	074	24					
Project Manager for Monitoring Firm			Telephor			hone N			Lic	ense l	Vo.			
Tony Valentine			201-56	9-6708	973-	-225-8	400		01	104				
Start Date (10) 07-15-16	Scheduler 07-19-1		pletion D	Date (11)			HA Monitor onmental	Lab	orato	ries				
Occupancy Status During Abatement (Chec	k Only One	e)			Stree	t Addres	SS							
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Abatement Performed Outside of Norm  Other – Describe: start 3 pm unoccupie	nal Facility	Hours					ip Code 07083							
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NOCK (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) JUL 1 2 2016 7/5/16 Haddon Twp School District Agencies Notified Type Notification Street Address **EPA** 500 Rhoads Ave ASBESTOS CONTROL & DEP Initial City, State & Zip Code X DOL X Amended #1-7/8/16 Westmont, NJ 08108 X 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 Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 625 Rhoads Avenue # of Floors Square Feet Blda. Age City (5) County Code (7) County (6) 60.000 40+ Current Use (Prior if being demolished) Haddonfield Camden School 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 Bristol, PA 19007 Newfield, NJ 08344 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 00509 (215)788-6040 James Eberts 856-205-1077 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/6/16 7/11/16 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 Describe: 3:30 PM – 11:30 PM \*X City, State & Zip Code Bristol, PA 19007 Facility Occupied During Abatement 2 AM - 4 PM Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ≥3 sf or ≥3 If Glove Bag Procedures ≥160 sf ≥260 lf Demolition Non-Exempted and Non-Friable Procedure Abatement Type Location of Is Location Description of Amount (Specify Normally Used Asbestos-Containing Asbestos-Containing Material (ACM) SF or LF) Material (ACM) Solely by Remova Maintenance or (i.e., thermal systems TO BE ABATED Custodial Staff? insulation, surfacing, VAT in Facility or other miscellaneous) (13)(12)N/A Yes No M Transite 750 SF Throughout Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Hauler ID No. 20990 20 Cu Yd Minerva Landfill Service Transport Inc. City, State City, State Disposal Date 7/8/16 Waynesburg, OH New Castle, DE Completed By (Print or Type) Signature Title Project Gino Pizzigoni Manager

State of New Jersey NO CK NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 2016 School District of the Chathams 7/6/2016 Street Address Agencies Notified Type Notification 58 Meyersville Road EPA Initial City, State, Zip Code X × DEP Amended Chatham NJ 07928 Amendment #01 DOL Emergency (including Name of Contact Telephone Number DOH iustification) 973-457-2504 John Cataldo X DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Southern Boulevard Elementary School School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 192 Southern Boulevard etc.) # of Floors Bldg. Age Square Feet City (5) 60,000 3 60+ Chatham Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Elementary School Morris Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Unicorn Contracting Corp. 090 RK Occupational & Environmental Analysis Inc. Street Address Street Address 205 Route 46 Suite 7a 401 St. James Avenue City, State, Zip Code City, State, Zip Code Totowa NJ 07512 Phillipsburg NJ 08865 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 01232 973-333-9176 908-454-6316 Jonathan Gilbert Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Envirovision Consultants Inc. 7/23/2016 7/18/2016 Occupancy Status During Abatement (Check Only One) Street Address 20-21 Wagaraw Rd Bldg 35E Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other – Describe: Occupied; Working Hours 7:00am-3:30pm City, State, Zip Code Fair Lawn NJ 07410 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure × Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (Specify Remova (i.e. thermal systems insulation, TO BE ABATED Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)No N/A Yes 200 SF X X Boiler Insulation Boiler Room/ Boiler 1

**Boiler Insulation** 200 SF X Boiler Room/ Boiler 2 X 250 SF X X **Boiler Breeching** Boiler Room 150 SF X Boiler Room X Pipe Insulation Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste

Tullytown Resource Recovery Fascility Unicorn Contracting Corp. 0035844 15

City, State Disposal Date City, State Tullytown PA 1900 TBD Totowa NJ 07512

Date Signaty Completed by Title 7/6/2016 General Manager Dimo Golcev

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Date of Notification (1)	6 / 16					wner/Operator (2 rd of Education			] [		h	1
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□ DCA (NJAC 5:23-8)	justification)	30 <b>3</b>			Contact			Relephone Number 856-662-9500				-
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Glassboro High \$							School (K-12)	Other than V 12)				
Street Address	5011001						Other (i.e., priv	Other than K-12) rate and commerc	ial build	lings,		
560 Joseph L. Bo	wo Boulevard						homes, etc.)			- 23		
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Environmental D	esign, Inc.					Street Address	,					
Street Address					,	623 Cutler A	venue					
5434 King Avenu	ie					City, State, Zip C						
City, State, Zip Code						Maple Shade						
Pennsauken, NJ							s, NO 00002	License No.				
Project Manager for N	Monitoring Firm			hone N	1000	Telephone No.	0	00842				
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Start Date (10)		uled Co			2.000	Name of OSHA						
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Freehold Carta	ge 			15939	9	10 Disposal Date	City, State					
City, State Freehold, NJ						07/22/2016			)ata			
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#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

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en cen					701411	Name of Ab	atement Conti	actor (9)					
ame of Monitoring Firm I	Hired by Buildin	g Owner	(8)	A	SCM No.		RIDGE ENVI	RONMENT	AL INC.			r — in the standard day.	
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	toring Firm			mpletio	n Date (11)	609-890-7 Name of O		-		00676			
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Start Date (10)  5/24/2016  Occupancy Status During  Facility Closed/Vaca Abatement performed o  Scope of Work (Check a  ○ ≥ 3 sf or ≥ 3 lf  ○ ≥ 160 sf or ≥ 260 lf	g Abatement (Clated During Enti outside of working Il that apply)	Schedu 8 / heck onli ire Perio ng hours	led Cor '8 / 1 y one) d of Ab: 5PM-2 Location mally U	atemer AM	Renova Demoli	609-890-7 Name of O MECS Street Add P.O. BOX City, State CROSSW ation on of Asbest ACM) (i.e. the	ITO SHA Monitor Iress (341 e, Zip Code VICKS, NJ 01 eros Containing ermal systems VAT, or other	☐ Full C	ontainment w Enclosure Bag Procedu Exempted (*)	vith Neg re & Non- Abate	gative	e Prod Type	e c
Start Date (10)  5/24/2016  Occupancy Status During  Facility Closed/Vaca  Abatement performed o  Scope of Work (Check a  ≥ 3 sf or ≥ 3 lf  ≥ 160 sf or ≥ 260 lf  Location of Asbestos  Material (ACM) TO Bi	g Abatement (Clated During Enti- putside of working II that apply) s-Containing E ABATED In	Schedu 8 / heck onli ire Perio ng hours	led Cor '8 / 1 y one) d of Ab: 5PM-2 Location mally U Solely b: enance/	atemer AM	Renova Demoli	609-890-7 Name of O MECS Street Add P.O. BOX City, State CROSSW ation tion on of Asbest	ITO SHA Monitor Iress (341 e, Zip Code VICKS, NJ 01 eros Containing ermal systems VAT, or other	☐ Full C	ontainment w Enclosure	vith Neg re & Non- Abate	gative	e Proc	ec
Start Date (10)  5/24/2016  Occupancy Status During  Facility Closed/Vaca Abatement performed o  Scope of Work (Check a  ○ ≥ 3 sf or ≥ 3 lf  ○ ≥ 160 sf or ≥ 260 lf	g Abatement (Clated During Enti- putside of working II that apply) s-Containing E ABATED In	Schedu 8 / heck online Periong ng hours	led Cor '8 / 1 y one) d of Ab: 5PM-2 Location mally U Solely b: enance/ Staff?	atemer AM	Renova Demoli	609-890-7 Name of O MECS Street Add P.O. BOX City, State CROSSW ation on of Asbest ACM) (i.e. the	ITO SHA Monitor Iress (341 e, Zip Code VICKS, NJ 01 eros Containing ermal systems VAT, or other	Full C	ontainment w Enclosure abag Procedu Exempted (*) Specify SF or LF)	vith Neg re & Non- Abate Removal	gative	e Prod Type	iec
Start Date (10)  5/24/2016  Occupancy Status During Facility Closed/Vaca Abatement performed of  Scope of Work (Check a  2 3 sf or 2 3 lf  2 160 sf or 2 260 lf  Location of Asbestor Material (ACM) TO BI Facility (1	g Abatement (Clated During Enti- outside of working II that apply) s-Containing E ABATED In 3)	Schedu 8 / heck onli ire Perio ng hours	led Cor 8 / 1 y one) d of Ab: 5PM-2 Location mally U Solely becamese/ Staff?	atemer AM	Renova Demoli	609-890-7 Name of O MECS Street Add P.O. BOX City, State CROSSW ation on of Asbest ACM) (i.e. the n, surfacing, miscellaneo	ITO SHA Monitor Iress (341 e, Zip Code VICKS, NJ 01 eros Containing ermal systems VAT, or other	☐ Full C	ontainment w Enclosure abag Procedu Exempted (*) Specify SF or LF)	vith Neg re & Non- Abate	gative	e Prod Type	ec
Start Date (10) 5/24/2016 Occupancy Status During Facility Closed/Vaca Abatement performed o Scope of Work (Check a  ≥ 3 sf or ≥ 3 lf  ≥ 160 sf or ≥ 260 lf  Location of Asbestos Material (ACM) TO Bi	g Abatement (Clated During Enti- outside of working II that apply) s-Containing E ABATED In 3)	Schedu 8 / heck online Periong ng hours	led Cor 8 / 1 y one) d of Ab: 5PM-2 Location mally U Solely becamese/ Staff?	atemer AM	Renova Demoli  Descriptic Material (A insulation	609-890-7 Name of O MECS Street Add P.O. BOX City, State CROSSW ation on of Asbest ACM) (i.e. the n, surfacing, miscellaneo	ITO SHA Monitor Iress (341 e, Zip Code VICKS, NJ 01 eros Containing ermal systems VAT, or other	Full C	ontainment w Enclosure abag Procedu Exempted (*) Specify SF or LF)	vith Neg re & Non- Abate Removal	gative	e Prod Type	
Start Date (10) 5/24/2016 Occupancy Status During Facility Closed/Vaca Abatement performed of Scope of Work (Check a      ≥ 3 sf or ≥ 3 lf     ≥ 160 sf or ≥ 260 lf  Location of Asbestor Material (ACM) TO BI Facility (1	g Abatement (Clated During Enti- outside of working II that apply) s-Containing E ABATED In 3)	Schedu 8 / heck online Periong ng hours	led Cor 8 / 1 y one) d of Ab: 5PM-2 Location mally U Solely becamese/ Staff?	atemer AM	Renova Demoli  Descriptic Material (A insulation	609-890-7 Name of O MECS Street Add P.O. BOX City, State CROSSW ation on of Asbest ACM) (i.e. the n, surfacing, miscellaneo	ITO SHA Monitor Iress (341 e, Zip Code VICKS, NJ 01 eros Containing ermal systems VAT, or other	Full C	ontainment w Enclosure abag Procedu Exempted (*) Specify SF or LF)	vith Neg re & Non- Abate Removal	gative	e Prod Type	ec
Start Date (10)  5/24/2016  Occupancy Status During Facility Closed/Vaca Abatement performed of  Scope of Work (Check a  2 3 sf or 2 3 lf  2 160 sf or 2 260 lf  Location of Asbestor Material (ACM) TO BI Facility (1	g Abatement (Clated During Enti- outside of working II that apply) s-Containing E ABATED In 3)	Schedu 8 / heck online Periong ng hours	led Cor 8 / 1 y one) d of Ab: 5PM-2 Location mally U Solely becamese/ Staff?	atemer AM	Renova Demoli  Descriptic Material (A insulation	609-890-7 Name of O MECS Street Add P.O. BOX City, State CROSSW ation on of Asbest ACM) (i.e. the n, surfacing, miscellaneo	ITO SHA Monitor Iress (341 e, Zip Code VICKS, NJ 01 eros Containing ermal systems VAT, or other	Full C  Mini-E  Glove  Non-I  Amount (	ontainment w Enclosure Bag Procedu Exempted (*) Specify SF of LF)	vith Neg	gative	e Prod Type	ec
Start Date (10)  6/24/2016  Occupancy Status During  Facility Closed/Vaca Abatement performed o  Scope of Work (Check a  > 3 sf or > 3 lf  > 160 sf or > 260 lf  Location of Asbeston Material (ACM) TO BI Facility (1	g Abatement (Clated During Enti- putside of working II that apply) s-Containing E ABATED In 3) OR	Schedu 8 / heck online Periong ng hours	led Cor 8 / 1 y one) d of Ab: 5PM-2 Location mally U Solely becamese/ Staff?	atemer AM	Renova Demoli  Descriptic Material (A insulation	609-890-7 Name of O MECS Street Add P.O. BOX City, State CROSSW ation on of Asbest ACM) (i.e. the, surfacing, miscellaneous	SHA Monitor  Iress 341  E, Zip Code VICKS, NJ 01  Iros Containing Iros Contain	Full C  Mini-E  Glove  Non-I  Amount (	ontainment w Enclosure abag Procedu Exempted (*) Specify SF or LF)	vith Neg	gative	e Prod Type	ec
Start Date (10)  5/24/2016  Occupancy Status During  Facility Closed/Vaca Abatement performed o  Scope of Work (Check a  3 sf or ≥ 3 lf  5 ≥ 160 sf or ≥ 260 lf  Location of Asbeston Material (ACM) TO B Facility (1	g Abatement (Clated During Enti- putside of working II that apply) s-Containing E ABATED In 3) OR	Schedu 8 / heck online Periong ng hours	led Cor 8 / 1 y one) d of Ab: 5PM-2 Location mally U Solely becamese/ Staff?	atemer AM	Renova Demoli  Descriptic Material (A insulation	609-890-7 Name of O MECS Street Add P.O. BOX City, State CROSSW ation on of Asbest ACM) (i.e. the n, surfacing, miscellaneo	SHA Monitor  Iress 341 e, Zip Code VICKS, NJ 01  ros Containing ermal systems VAT, or other ous)	Amount ( 2000 L.F	ontainment w Enclosure Libag Procedu Exempted (*) Specify SF of LF) .	vith Neg	gative	e Prod Type	ec
itart Date (10)  /24/2016   Coupancy Status During   Facility Closed/Vaca   Abatement performed or   Scope of Work (Check are   ≥ 3 sf or ≥ 3 lf     ≥ 3 sf or ≥ 260 lf     Location of Asbestor   Material (ACM) TO Black   Facility (1)   WINDOWS/EXTERIO	g Abatement (Clated During Enti- putside of working III that apply) s-Containing E ABATED In 3) OR	Schedu 8 / heck online Periong hours Is Norr S Mainte dial Yes	led Cor / 8 / 1 y one) d of Abs 5PM-2 Location mally U Solely by enance/ No	atemer AM	Renova Descriptic Material (A insulation  GLAZING	609-890-7 Name of O MECS Street Add P.O. BOX City, State CROSSW ation tion on of Asbest ACM) (i.e. the n, surfacing, miscellaned	SHA Monitor  Iress 341  E, Zip Code VICKS, NJ 01  Iros Containing Iros Contain	Amount (  2000 L.F.	ontainment wenclosure shag Procedu Exempted (*) Specify SF or LF) Registered L	vith Neg	gative	e Prod Type	e c
itart Date (10)  /24/2016   Coupancy Status During   Facility Closed/Vaca   Abatement performed or   Scope of Work (Check are   ≥ 3 sf or ≥ 3 lf     ≥ 3 sf or ≥ 260 lf     Location of Asbestor   Material (ACM) TO Black   Facility (1)   WINDOWS/EXTERIO	g Abatement (Clated During Enti- putside of working III that apply) s-Containing E ABATED In 3) OR	Schedu 8 / heck online Periong hours Is Norr S Mainte dial Yes	led Cor / 8 / 1 y one) d of Abs 5PM-2 Location mally U Solely by enance/ No	atemer AM	Renova Demoli  Description Material (A insulation	609-890-7 Name of O MECS Street Add P.O. BOX City, State CROSSW ation on of Asbest ACM) (i.e. the, surfacing, miscellaneous	SHA Monitor  Iress  341  E. Zip Code  VICKS, NJ 01  Cos Containing  Ermal systems  VAT, or other  OUS)  Cubic Yards of  Waste  20	Amount (  2000 L.F.  Name of GROWS	ontainment wenclosure libag Procedu Exempted (*) Specify SF of LF) Registered L	vith Neg re & Non- Abate Removal X andfill	gative	e Prod Type	e c
Start Date (10)  6/24/2016  Occupancy Status During  Facility Closed/Vaca Abatement performed of  Scope of Work (Check a  2 3 sf or 2 3 lf  2 160 sf or 2 260 lf  Location of Asbeston Material (ACM) TO Bi Facility (1)  WINDOWS/EXTERIOR  Name of Registered Wall  CARNEVALE DISPO	g Abatement (Clated During Enti- putside of working III that apply) s-Containing E ABATED In 3) OR	Schedu 8 / heck online Periong hours Is Norr S Mainte dial Yes	led Cor / 8 / 1 y one) d of Abs 5PM-2 Location mally U Solely by enance/ No	atemer AM	Renova Descriptic Material (A insulation  GLAZING	609-890-7 Name of O MECS Street Add P.O. BOX City, State CROSSW ation on of Asbest ACM) (i.e. the, surfacing, miscellaneous	ITO SHA Monitor Iress 341 p, Zip Code VICKS, NJ 05 ros Containing ermal systems VAT, or other ous)  Cubic Yards of Waste 20 Disposal Date	Amount (  2000 L.F.  Name of GROWS	ontainment wenclosure shag Procedu Exempted (*) Specify SF or LF) Registered L	vith Neg re & Non- Abate Removal X andfill	pative Frieb ment Repair	e Processing and Proc	e c
Start Date (10)  5/24/2016  Occupancy Status During  Facility Closed/Vaca Abatement performed o  Scope of Work (Check a  ○ ≥ 3 sf or ≥ 3 lf  ■ ≥ 160 sf or ≥ 260 lf  Location of Asbestor Material (ACM) TO BI Facility (1)  WINDOWS/EXTERIO  Name of Registered Wa  CARNEVALE DISPO	g Abatement (Clated During Enti- putside of working III that apply) s-Containing E ABATED In 3) OR	Schedu 8 / heck online Periong hours Is Norr S Mainte dial Yes	led Cor / 8 / 1 y one) d of Abs 5PM-2 Location mally U Solely by enance/ No	atemer AM	Renova Descriptic Material (A insulation  GLAZING	609-890-7 Name of O MECS Street Add P.O. BOX City, State CROSSW ation on of Asbest ACM) (i.e. the n, surfacing, miscellaned	SHA Monitor  Iress 341  E. Zip Code  VICKS, NJ 09  Ross Containing  Ross C	Amount (  2000 L.F  Name of GROWS  GITY, ST	ontainment w Enclosure Lbag Procedu Exempted (*) Specify SF of LF) Registered L STE SVILLE, PA	vith Neg re & Non- Abate Removal X andfill	pative Frieb ment Repair	e Processing and Proc	ec
Start Date (10)  5/24/2016  Occupancy Status During  Facility Closed/Vaca Abatement performed o  Scope of Work (Check a	g Abatement (Clated During Enti- putside of working III that apply) s-Containing E ABATED In 3) OR	Schedu 8 / heck online Periong hours Is Norr S Mainte dial Yes	led Cor / 8 / 1 y one) d of Abs 5PM-2 Location mally U Solely by enance/ No	atemer AM	Renova Descriptic Material (A insulation  GLAZING	609-890-7 Name of O MECS Street Add P.O. BOX City, State CROSSW ation on of Asbest ACM) (i.e. the n, surfacing, miscellaneous	ITO SHA Monitor Iress 341 p, Zip Code VICKS, NJ 05 ros Containing ermal systems VAT, or other ous)  Cubic Yards of Waste 20 Disposal Date	Amount (  2000 L.F  Name of GROWS  GITY, ST	ontainment wenclosure libag Procedu Exempted (*) Specify SF of LF) Registered L	vith Neg re & Non- Abate Removal X andfill	gative	e Processing and Proc	ec

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Date of Notification (1) 07/07/16				f Building Ov an Associ		perator	(2)		J-15	<u> </u>		U	0 1		
Agencies Notified Type Notification  EPA Initial		1	Street A 552 Fr	ddress anklin Ave	enue			ļÚ.		JUL	1 2	2 2	016		9
EPA Initial DEP Amended Amendment #				ate, Zip Code , NJ 0711					ASB	ESTO	SC	ON	TRC	L&	
Emergency (in justification)  DCA  Cancellation	cluding	1	Name of	f Contact atricia Bac		enti			Tele	phone-1 3-284-(	Tum	ervi			
_ Sort				LITY INFOR							-	-			
Name of Facility Where Abatement is Taking Residential	Place (3)		.,,,,,,				part	of Facility (							
Street Address							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe			build	lings,	home	es,
City (5) Nutley								re Feet	# of 2	Floors			ldg. A 0 +	ge	
County (6) Essex				Code (7) USE ONLY)			Curre	ent Use (Pri	or if beir	ng demo	lishe	d)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	/ No.				tement Cor acting &			al C	ons	ultin	g, In	C.
Street Address							Addre Rou								
City, State, Zip Code						0.0000000000000000000000000000000000000		ip Code J 07470							
Project Manager for Monitoring Firm			Γelepho	ne No.			none N 628-9			License 00408					
	Scheduled 07/21/16		pletion l	Date (11)				HA Monitor ion Cons	ultants	, Inc.					
Occupancy Status During Abatement (Check	2020						Addres	ss garaw Ro	ad, Blo	da. #3	5E				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	Facility F	lours	ent		_	City, S	tate, Z	ip Code , NJ 074	78						
Scope of Work (Check All That Apply)									2070			100			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				×	Mir Glo	ll Containmoni-Enclosure ovebag Production	e cedure	9.50				3	
	le l	ocatio	nn.					LACINIPIE	3 ( ) and	1101111	Tubic		Abate		
Location of	No	rmally	у		Des	cription	of						Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Custo	tenan	ce/		ermal surfac	aining M systems sing, VA niscellar	s insula T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement		1200	X		Pine	Insula	tion		21	5 LF	-	X			_
Basement			^		ripe	Ilisula	illori			<i>J</i> LI		Λ.			
Name of Registered Waste Hauler		1.1-	JDEP W		Cubic \			Name of	Register	red Land	llift				
J.R. Contracting & Environmental Co	nsul., In		auler ID '819	1	•			Grand (		l Land	fill				
City, State Wayne, New Jersey						al Date		City, Stat		nnsylv	ania	3			
Completed by Jerry Bijelonic	Title Project	t Ma	nager		Si	ignature		1		1	Date 07/		6		



			(Pu	rsuant to	o NJAC 8	:60 and	12:120	)	[m	F	C F	1	M	E	FEE	1
Date of Notification (1) 7/8/16					Building C Horse Pil				ol District		<u> </u>	<u> </u>	U			
Agencies Notified	Type Notification			Street Ad 250 Sc	ldress hubert A	venue	)			J	UL 1	2	201	6		7
EPA DEP DOL DOL DOH DCA	Initial Amended Amendment # Emergency (i justification)		-   1	Runner	e, Zip Coo mede No Contact		8		A	Tele	STOS (	umb	ép			
DCA	Cancellation				wsham					856	5-939-4	1500	EX	206	)/	
Name of Facility Where A Triton High School	Abatement is Taking	Place (3)	)	FACIL	ITY INFO	RMATIO	ON	S	of Facility (4 school (K-12	:)						
Street Address 250 Schubert Avenu	ue							× C	Subchapter 8 Other (i.e. pr tc.)	ivate &	comme		build	ings,	home	s,
City (5) Runnemede NJ 080	)78	12.00						Square 1000	e Feet 0+	# of 2	Floors			dg. A	ge	
County (6) Camden	8)	*		County C STATE U	ode (7) ISE ONLY)			Currer	nt Use (Prior	r if beir	ng demo	lishe	d)			
Name of Monitoring Firm Epic Environmental		Owner (8)		ASCM	No.			of Abate aco In	ement Cont	ractor	(9)	127				
Street Address 1930 Brown Road								Address 30x 32	78				eti u si			
City, State, Zip Code Newfield NJ 08344								State, Zip t Berlin	p Code n NJ 0809	91						
Project Manager for Mor	itoring Firm		100		ne No. 05-1077			none No 753-98			License 00727					
Start Date (10) 7/19/16		Schedule 7/22/16		pletion [	Date (11)		Name Sam		IA Monitor							
Occupancy Status Durin	g Abatement (Chec	G000 1015 - 5165						Addres	S					1.00-1-		
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F	Period of A	Abatem	nent		_	City, S	State, Zi	p Code							
Scope of Work (Check A  ≥3 sf or ≥3 lf  × ≥160 sf or ≥260 lf	II That Apply)		Renova Demolit					Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure					e	
		Is	Locati	on											ment pe	
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Use Ma Cus	Normal ed Sole iintenar todial S (12)	ly by nce/ Staff?		tos Cont thermal surfa		Material is insula AT, or		(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
M in Tunn	h un non	Yes	No	N/A		Tro	nsit Bo	pard	-	16	30 SF	-	x			-
Music Trop			X	-	т,	ransit \	400000000000000000000000000000000000000	CONTRACTOR OF THE PARTY OF THE	ale		5 SF		x			
Music Trop	ny room		X		11	I al Ișil V	WIIIGOV	v parie	515		.5 01					
Name of Registered Wa United Containers	ste Hauler		F	IJDEP W lauler ID 2459		Cubic of Wa	Yards ste		Name of I		ered Lan	dfill				
City, State Elm NJ						Dispo 7/22/	sal Date	9	City, State Morrisv		A 1906	7				
Completed by Anthony T Perna	2	Title Pres	ident			1	Signatur	2		_		Date 7/8	e /16			

CHECK# 2008

Date of Notification (1) 6/29/2016			Na Im	me of Bi	uilding Owr Broad As	ner/Op	erator ( ates L	(2) LC		1	-)]_	Ē (	ı E		Ŵ	E_	
Agencies Notified	Type Notification			eet Add	ress nnyview	Oval					*',	11	11 1	2	nnsc		
EPA DEP DOL	Initial Amended Amendment #				Zip Code 7, NJ 088	32					1	51					
DOH DCA	Emergency (in justification) Cancellation	ncluding		me of C r. Jam	ontact es Rivera	3					Tele	phone	Numb		NTR NG	OL 8	Ž.
-				FACILI'	TY INFORM	MATIC	N	Tuna	of Eq.	cility (4)							-
Name of Facility Where Al Residential Street Address	batement is Taking	Place (3)							School	ol (K-12) hapter 8 (i.e. priv	(Othe	r than	K-12) ercial	buildir	nas, h	omes	
City (5)								P	etc.) are Fe	42. SS		Floors			g. Ag		
Elizabeth County (6)				ounty Co	ode (7) SE ONLY)		*	Curr		se (Prior tial	if beir	ng dem	olishe	d)			
Union Name of Monitoring Firm TBD	Hired by Building C	Owner (8)	1	ASCM I	No.					ent Contr		(9)					
Street Address							Street 1385			oad, S	Suite	K					
City, State, Zip Code							City, S Way	State, ine, N	Zip Co Vew v	ode Jersey	0747	70					
Project Manager for Moni	itoring Firm		Te	elephone	e No.		Telep (973		No. 8-504	10		Licen 0087	se No 74	8			
Start Date (10) 7/11/2016		Scheduled 7/18/201		oletion D	ate (11)					Monitor ng, LL(	С					(4)	
Occupancy Status During							Stree 138			Road, S	Suite	K					
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norn	Period of Ab nal Facility F	ateme lours			_			Zip C New	ode Jersey	074	70					
Scope of Work (Check A				,													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	0.		novati molitic					× N	Mini-E	ntainme nclosure ag Proc xempted	edure					a	
						-			NOII-E	xempled	( ) ai	id IVOIT	THOO			ement	
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	No Used Mair	ocation Solely Solely odial Solely (12)	y by ice/ taff?		s Con herma surfa	escription taining Il syster acing, V miscell	Materns ins	sulation or	CM)	(	Amoun Specif F or LF	y	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A	Ding	Ina	ulation	8 E	ittina	c		102 LI	=	x			
Basem	nent	X			Pipe	nst	ulatioi	ιαΓ	ittirig	5		roz Li		-			
														-			
													-				
Name of Registered Wa	ete Hauler		- N	JDEP V	Vaste	Cubi	c Yards	3	1	Name of	Regis	tered L	andfill	1		1	
Service Transport C			Н	lauler ID 0990		of W				Minerv		terpris	ses, L	LC			
City, State New Castle, Delaw	are				1	Disp TBE		>		City, Sta Wayne		g, Oh		ate			
Completed by Predrag Sarcev		Title Vice	Presi	ident			Signat	ure		2	سنيست	S. S		29/2	016		

no 93202347-3	NOT	Pursu	ION OF	of New Jerse ASBESTOS NJAC 8:60 ar	ABATEN d 12:120)			E (	CEI	V	匠	M	
Date of Notification (1) 07/05/2016		So	mervill	ilding Owner/ e Board of	Operator Educati	(2) on	IIX.	1	JUL 12	2016	â	للا	4
Agencies Notified Type Notification			eet Addr West	ess Cliff Street			17 17						
X EPA X Initial Amended Amendment		City	, State, mervil	Zip Code le, New Ja	rsey 088	376			ESTOS C		ROL	α 	7
□ Emergency justification)     □ DCA     □ Cancellation		Br	me of Co yan Bo	усе				908	hone Numb -218-4102	er )			_
	a Place (3)		FACILIT	YINFORMA	TION	Type of	Facility (4)						
Name of Facility Where Abatement is Takin Van Derveer Elementary School	g Flace (o)					C.	chool (K-12) ubchapter 8	Othe	r than K-12)	h. ildin	as b	mas	
Street Address 51 Union Avenue						0	c.)		commercial		gs, no		-
City (5) Somerville						N/A		N/A		N/A			
County (6)		Co (S	unty Co	de (7) E ONLY)		Curren		if beir	ng demolishe	ed)			
Somerset  Name of Monitoring Firm Hired by Building DAI Environmental Service	Owner (8)		ASCM 1				ement Cont ement, Inc		(9)				
Street Address						t Address	s ren Aven	ue					
300 Grand Avenue  City, State, Zip Code						State, Zijowa, N	p Code J 07512						
Englewood, NJ 07631  Project Manager for Monitoring Firm			elephone	e No. 1-4850		hone No -345-86			License No 00675	).			
Nadine Belo Start Date (10)	Scheduled	Comp					IA Monitor ement,Inc	).					
07/15/2016 Occupancy Status During Abatement (Ch						et Addres							
Facility Closed/Vacated During Entire Abatement Performed Outside of No	Period of Al	ateme	ent		City,	State, Zowa, N		lue					
Other – Describe:					100	Owa, IV							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	enovati emolitio				× Mir	ni-Enclosure	e cedure	h Negative F nd Non-Friat			9	
						L NO	III-Exemple	u ( ) u	10111111		Abate	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	Location ormallist Solel of Solel of Solel of Solel of Solel (12)	y y by ice/		Descripti Containing rmal syste surfacing, her miscel	g Materia ems insul VAT, or	ation,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	F	lbow Ins	sulation			26 LF	x			
Bathroom		X		_									
Name of Registered Waste Hauler		100000	IJDEP V	100.0	Cubic Yard	ls			stered Landf				
D&S Abatement, Inc		1000	lauler ID 0996	Т	of Waste BD	ate	Waste City, Sta		agement	of PA			
City, State Totowa, NJ					Disposal D BD		Tullyto	own, 1	WPA-	Date			
Completed by Ned Joksimovic	Title PM				Signa	nure	Th		100	)7/05/	2016	5	

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

DEGELVED

Date of Notification (1) 07/07/2016			U-101036-2-10-0		Name of Buildir		Operato	or (2)	2016	
Agencies Notified		T			Street Address		i			
⊠ EPA		Notificat O Initial	on Type Notification	On.	90 West Franklin Stre City, State, Zip Code	et	ASBEST			8.
□ DCA		O Amer	50000	011	Hackensack		LI	CENSI	ING	
⊠ DOL		X Emerg		tification	Name of Contact;		Telepho	ne Num	nber	
☑ DEP ☑DOH		O Cano	elled		Romane Oliviera		201-342			
Name of Facility 188		= =.		FACILITY IN	FORMATION					
Name of Facility Where A Office Bldg	batement is	Taking Pla	<u>ce (3)</u>		Type of Facility (4)  School (K-12)  Subchapter 8 (othe	r than K-12)				
Street Address 90 West Franklin Street					X Others (i.e. private &	commercial bu	uildings, ho	mes, et	C.	
City (5)	County (6)		Cou	nty Code (7)	Sf 1800 Floors 1 . Current Use (prior if be		{) ·			
Hackensack	Passaic		(Sta	te Use Only)	Comercial Bldg	ing demonstree	9.			
Name of Monitoring Firm	Hirad by Bla	la Oumar /	1 100	CM No.	Name of Contractor (9)					
CSI, INC	Tilled by bio	ig. Owner to	ASC	JIVI INO.	BL Contracting Inc					
Street Address					Street Address					
45 Marina Lane					5 Marguerite Lane					
City, State, Zip Cod E	Brick .NJ 087	724			City State, Zip Code					
Projec Manager for Monit	toring Eirm	Telephoi	o Numbe		Towaco 07082		Linna	Missaalaa		
Michael Chain	tornig Firm	732-921		<u>sı</u>	<u>Telephone Number</u> 973-901-0153		<u>License</u> 01265	Number	<u>r</u>	
Scheduled Start Date (10)	)	Schedule	d Compl	etion Date (11)	Name of OSHA Monitor	r				
07/08/2016		07/13/20		S.1011 S.110 (1.11)	BL Contracting Inc.					
Occupancy Status During  ☐ Facility Closed/Vacate ☐ Abatement Performed	d During Ent	ire Period o	f Abatem	nent	Street Address 5 Marguerite Lane					
Describe			S.		City, State, Zip Code					
□Other - Describe:					Towaco, NJ 07082					
Source of Work (Check al	I that apply)							c Nort AMorton-orde		
□ ≥ 3 sf or ≥ 3	If			☐ Renovation		Ion EXampted Iini-Enclosure	and Non F	riable P	rocedure	
⊠ ≥ 160 sf or				□ Nenovation     □ Demolition     □ Demolition		Glove bag Produit		etive Di		
Location of Asbestos-		P 11		T5 ::: 64						-
Containing Material (ACM Facility (13)	) in Use	ocation Not ed Solely by int/Custodia			sbestos Containing Materi nal systems insulation, or other misc.)		ify SF	emove R	nt Type epair Encap	Enclose
- ·	YE	S NC								
Roof			X	Roof Material	*	1600s	if 🗵	3		
					<u> </u>					$\top$
										+
Name of Reg. Waste Haul	er	NJDEP V	laste Ha	uler ID #	Cubic Yards of Waste		Name of	Registe	ered Landf	501
Waste Management of Pen		32604	raoto ria	<u> </u>	300 bags		T.R.R.F	registe	ACU LANUI	<u></u>
						Disposal D	ate		y, State	4
										13
Completed by (Print or Type	<u>oe)</u>	Title			Signature	,	Date			
Nedo Vasilic		Presiden	t		Nedo Vasiba			40		
					1,000 00016		07/07/20	16		

CK 25467

	C		(Pu	rsuan	t to NJA	C 8:60 and 5:16	o) [	FRE	3 [	\ <i>\</i> //	E	E
Date of Notification (1)				Name	of Building	Owner/Operator (	2)	17 6 6 6	5 1	W		
7/	5 / _	16		Joh	nson & J	lohnson	1					
Agencies Notified	Type Notifica	tion		Street	Address			JUL	12	2016		14
⊠ EPA	☐ Initial			501	George	Street	i i	1 1 200				
□ DOLWD	☐ Amended			City, S	tate, Zip C	ode					01.0	
☑ DHSS	Amendme			Nev	Brunsw	rick, NJ 08901	ĺ	ASBESTOS	3 CO	NIR	UL	St
DCA (NJAC 5:23-8)	☐ Emergeno justification				of Contact			Telephone Numb	ENSII per	VG		
(140/10 0.20 0)	☐ Cancellati			Nan	dita Kan	ndar		732-524-040				
				FAC	CILITY IN	FORMATION		profit Many Control of the Control o				
Name of Facility Where	Abatement is T	aking Place	(3)				Type of Facility	(4)			115575	
Mechanical Buildin		Ü					School (K-1					
Street Address			1917 1 100					8 (Other than K-12)		11.11	200	
501 George Street							homes, etc.	orivate and commer	cial bu	illaing:	S,	
City (5)							Square Feet	# of Floors	Ble	dg. Ag	ie	
New Brunswick							8500	2		+/- 70		
County (6)				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)			-
Middlesex					,	<b>~</b>	Vacant					
Name of Monitoring Firm	Hired by Build	ling Owner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9	)				
EHI, Inc.		,				이 없었었다. 이 아들은 모양하다 모르	mental Manag	\$10.				
Street Address						Street Address		,				
655 West Shore Tra	ail					8436 Enterpr	ise Avenue					
City, State, Zip Code						City, State, Zip Co						
Sparta, NJ 07871						Philadelphia						
Project Manager for Mon	itorina Firm		Tele	phone	No.	Telephone No.		License No.	-			
William Kerbel	itoming i min		V 5 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	73-729		215-365-5810	)	1156				
Start Date (10)	18	Scheduled C				Name of OSHA N						-
7/_19/	. Vindano	8 /					mental Manag	gement. Inc				
Occupancy Status During						Street Address		,				
☐ Facility Closed/Vacate				ment		8436 Enterpr	ise Avenue					
					cribe	City, State, Zip Co				-		
Time of Abatement: 7	7:00 AM-5:30 P	PM/PI	VI	AM		Philadelphia,						
Scope of Work (Check a	Il that apply)					· · · · · · · · · · · · · · · · · · ·	, , , , , , , , ,					
							tainment with Ne	gative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Re □ De					closure g Procedure					
			monus			☐ Non-Exe	empted (*) and N	on-Friable Procedu	re			
		1000	Loca						Ab	ateme	ent Ty	ype
Location		1100	Norma d Sole	illy ely by	Asha	Description of		Amount	R	Re	щ	Щ
Asbestos-Containing TO BE ABA		/ Ma	intena	ince/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	ıcar	ıclo
IN Facil		Cus	todial (12)	Staff?		surfacing, VAT		SF or LF)	Val		Encapsulate	Enclosure
(13)		Yes	No	N/A	1	other miscellane	eous)				ate	
Chiller Water Line				×	Fittina	Insulation		3 ea.			П	
Domestic Water Line						tting Insulation		3 EA				
Domestic Water Line	:5			-	Pipe Fi	tting insulation		3 EA	12		블	
		$ \parallel$ $\perp$	Ш						븯		ᆜ	
			Щ				1				Ш	Ш
Name of Registered Was			70.0	IJDEP \ lauler II		Cubic Yards of Waste		istered Landfill				
USA Environmenta	I Mgmt., Inc			32610		vvaste 1	GROWS L	andfill	5//			
City, State						Disposal Date	City, State	579200				
Philadelphia, PA						8/29/16	Morrisvill	e, PA				
Completed By (Print or T	ype)	Title				Signature	V11 00		ite	20-0-0	0.00	
Kevin Meldrum		Project	Man	ager		Ken	Meld		7-	5-	16	>

STATE OF NEW JERS	EY DEPARTM	ENT OF LAB	OR NOT	TFICATION	N OF ASBESTOS A	BATEM	F	HECK	# 012	159 	
Date of Notification (1)				Name of	Building Owner/Opera	tor (2)	HD)==	, E	11 \V/		
06/22/2016 (for addition	nal material	)		Towe	er West Condo	miniun	Associat	ion 4	2 20	16	
Agencies Notified	Type of Not	fication		Street Ac			П.	UL -	<u> </u>		
( ) EPA (X) NJDEP	( X) Initia	l Notification			te, Zip Code	suy Div	ASBES			ROL 8	×.
(X) NJ DOL	Ame	ndment#_		West	t New York, NJ	07093		LICEN	ISING		
(X)DOH ()DCA		rgency (inclu ïcation)	ding	Name of	Contact		Tel. Num		110		
( ) 20/1		ellation	=1.00	,	/ Rada		201-86	26-39	146		
Name of Facility Where Abateme	nt is Taking Pla	ce (3)	FACILI	Type of F							
Residential Property	TIL IS TAKING FIA	<u>ce (5)</u>			ool (K-12)						
Street Address				( ) Sub	chapter 8 (other than						
6050 John F. Kenned				(X ) Oth	er (i.e. private & com	nmercial	bldgs., home	s, etc.			
<u>City (5)</u>	County (6)	County Co		Sq. Feet:	345,000 # of Floor	ors <u>23</u>	Blo	lg. Age	<u>60</u>		
West New York	HUDSON				Use (if being demo!i	shed):					
Name of Monitoring Firm Hired b N/A	y Bldg. Owner (	B) ASCM No N/A	-		Contractor (9) rial Safety & Env	ironme	ental Soluti	ons, I	nc.		
Street Address N/A				Street Ad 3300 F	dress Iudson Avenue						
City, State, Zip Code N/A				City State	e, Zip Code City, NJ 07087						
Project Manager for Monitoring F	irm Telephor	e Number			e Number			Li	cense N	lumber	
N/A				(201)3	25-0055			1	1124		
Scheduled Start Date (10) 06/13/2016	07/15/2	d Completion D	ate (11)	Name of ISES, In	OSHA Monitor						
Occupancy Status During Abater	nent (Check onl	y one)		Street Ad							
( ) Facility Closed/Vacated Du ( ) Abatement Performed Outs					Iudson Avenue						
(X) Other - Describe: Work in segregated lobby are	a in occupied	building			e, Zip Code City, NJ 07087						
Source of Work (Check all that ap	oply) (	) Demolition	on		) Renovation						
( ) Minor Project (< 25 SF	or < 10 LF A	CM)		( X	) Full Containment	with Ne	gative Pressu	ire			
( ) Small Project (>25 <16 ( X ) Large Project (>160 SF				(	) Mini-Enclosure ) Glove-bag Proce	dura					
( X ) Large 1 Toject (> 100 St	01 > 200 L1	NOW		(	) Non-Exempted (		on-Friable Pro	ocedure	9		
Location of Asbestos- Containing Material (ACM)		Normally Used aintenance or	(i.e		scription of ACM ystems insulation, surfa	acina.	Amount (Specify SF	A	bateme	nt Type	
To be Abated in Facility (13)		Staff? (12)	,		other miscellaneous.)	01	or LF)	Z.	77	Enc	四四
	YES N	O N/A						Remova	Repair	Encapsulate	Enclosure
								/al	=	late	ıre
Lobby area ceiling		<	Pop-	-corn ceili	ng (surfacing)		~ 1750 SQ FT	Х			
Lobby area ceiling		<	TSI	pipe insul	ation		~ 200 LF	Χ			
					*						
Name of Reg. Waste Hauler Atlas Disposal Options,		DEP Waste Hau 452	iler ID#	,	Cubic Yards of Wast	<u>e</u>	Name of Reg Grand Cen 1963 Pen	tral Sa	anitatio	n	
City, State 311 East Blackwell Street,	Dover, NJ 0	7801		Date /	11 -		City, State Pen Argyl,	70-1-1 -00-1-1	5		
Completed by (Print or Type)	Title		Signa		Manha	)	<u>Date</u>				
David Camacho	Project S	upervisor		HAM	HAMIN		06/22/201	6			

CK7204

								11		EIW	臣同
Da	ate of Notifi	ication 7/7/16	3	Name Levi k		)wner /	Operator (2)				The second secon
Agenci	esNotified EPA	Type of Notif	ication gency Notificati	Street	Address		W.	11	JUL	1 2 20	16
	DEP		Notification		tate & Zip Co	ode			L		
X	DOL		nded Notification		off, NJ 074				ASBESTO	S CONTR	ROL&
X	DOH		ellation		of Contact	•				Telephone	Number
	DCA	04.10	ondion:	Levi I							35.0
					ACILITY IN	ORM	ATION				
Name	of Facility V		nent is Taking F	Place (3)			e of Facility (4)				
		R	Residence			_	School (K-12)	100	De rev		
Street /	Address			Ī			Subchapter 8				
							Other (i.e., priv				s, etc.
				_		Squ	are Feet	# of Floor	rs E	Bldg. Age	
City (5)			County (6)	County C	Code (7)		2,800		2	5	50÷
	Wycko	off	Bergen			Curr	rent Use (Prior	if being der	molished)		
						Res	sidence				
Name	of Monitorin	na Firm Hired	by Building Ow	ner (8)	ASCM No.	Nam	ne of Abatemer	nt Contracto	or (9)		
	onmental		-,9	(-)	N/A		bal Abateme				
treation with the second	Address				1.000		et Address				
	ad Stree	t					Schoolhous	e Road			
	tate & Zip (					City	State & Zip Co	ode			
	van, NJ 0						nroe Townsh		831		
		for Monitoring	Firm	Telephone	Number		phone Number		License N	Number	
	Seiger	•		732-290-2		1000000	-605-9062			00714	
-	uled Start D	Date (10)	Scheduled Com			Nam	ne of OSHA Mo	nitor			
	7/21/1	(S) (S)		7/23/16			bal Abateme		es, LLC		
Occupa	ancy Status	s During Abat	ement (Check o	only one)			et Address				
			During Èntire Pe		tement	443	Schoolhous	e Road			
А	batement	Performed Ou	utside of Norma	I Facility Ho	ours -	City	, State & Zip Co	ode			
	escribe:					Moi	nroe Townsh	ip, NJ 08	831		
C	ther - Des	cribe:						7.837			
Scope	of Work (C	heck all that a	apply)								
	emolition		X Renovati	on			Full Cor	ntainment v	with Negative I	Pressure	
	arge Proje	ct	70 710110100				Mini-En		3		
		≥3 SF or≥ 3	LEACM					ag Procedu	ıre		
			≥ 260 LF ACM				Other:	ag 1 1000ac			
		_ocation of	ZOO LI AON	Is Locati	ion		escription of		Amount	Abato	ment Type
		stos-Containii	na	Normally U			estos-Containin	a l	(Specify		y: Removal,
		aterial (ACM)	19	Solely b			aterial (ACM)		Square Feet o		Repair,
		BE ABATED		Maintenan	ce or	(i.e.,	thermal system	ns	Linear Feet)	Encap	sulation or
		in Facility	9	Custodial S	Staff? i		on, surfacing, \			En	closure)
		(13)		(12)		or othe	er miscellaneou	18)			
		Basement		N/A		Pir	e insulation		15 LF	Re	emoval
-		Justinelit		INIA		1 1	, mountainen		.0 =1	1.00	
Name	of Register	ed Waste Ha	uler	NJDEP Wa	ste Hauler II	) #	Cu. Yds. of W		Name of Regis	tered Land	llift
	old Carta				18693		_ 2	(	GROWS		
City, St		en e					Disposal Date		City, State		
Fi	reehold, N	NJ.					7/24/1	16 J	Morrisville, F	PA	
Comple	eted By (Pr	rint or Type)	Title				Signature	1	1		Date
Dor	ninick Tr	ingali	Manage	r			10)	\ >			7/7/16

8			140				AC 8:60 and 5:		DE G	E	] [	7 E	
Date of Notification (1)					Nan	ne of Buildi	ng Owner/Operator	(2)	1616-2				- 1
6/	26 /	1					University-Offic		d Constructio	n 1 2	2 20	116	
Agencies Notified	Type Notif	fication			Stre	et Address							-
□ EPA □ DOLWD	☐ Initial				20	00 Elm Dr	•						
⊠ DOLWD	Amend Amend		12.7	5116	City	State, Zip	Code		ASBEST	U.3 U	ONE	1100	_ 2
DCA	☐ Emerge				Pi	rinceton,	NJ 08544	1	i_i	DEIK	21:40		
(NJAC 5:23-8)	justifica	ation)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19	Nam	ne of Conta	ct		Telephone Nu	ımber			
	☐ Cancel	lation			R	obert Orte	ego		609-258-1				
MA.					F	ACILITY II	NFORMATION		0.0				
Name of Facility Where A				ce (3)				Type of Facility	(4)				
Princeton Universit	y-Firestor	ne Lib	rary					☐ School (K-1)	2)				
Street Address								☐ Subchapter	8 (Other than K-	12)			
Washington Rd								homes, etc.	rivate and comn	nercial	buildi	ngs,	
City (5)								Square Feet	# of Floors		Bldg.	Δαο	
Princeton									# 011100IS	1	Diag.	nye	
County (6)					Cou	unty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	olished)	)	-	
MERCER								Library					
Name of Monitoring Firm		ilding (	Owner	(8)	ASCN	ΛNo.	Name of Abatem	ent Contractor (9)					100
ATC Associates Inc							BRISTOL EN	VIRONMENTA	L, INC.				
Street Address					-		Street Address						-
Three Terri Center							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip C	ode					-
Burlington, NJ 0801							BRISTOL, PA	19007					
Project Manager for Monit	oring Firm			Te	ephone	No.	Telephone No.		License No.				
Michael Keehn				1	09-38	6-8800	215-788-6040	)	00509				
Start Date (10)		Sched	luled C	Compl	etion Da	ate (11)	Name of OSHA N	Ionitor				-	
7/6/_	16		7 /	/8	3/	16	BRISTOL EN	VIRONMENTAL	_, INC.				
Occupancy Status During	Abatement	(Check	only	one)			Street Address						
☐ Facility Closed/Vacated	During Ent	tire Per	iod of	Abate	ement	*	1123 BEAVE	RSTREET					
Abatement Performed	Outside of N	Normal	Facilit	у Ног	rs - De	scribe	City, State, Zip Co						
Time of Abatement: 7:	<u>00</u> AM- <u>3:30</u>	PM/ <u>5:</u> (	<u>00</u> PM	- <u>1:30</u>	AM		BRISTOL, PA						
Scope of Work (Check all	that apply)					-							
≥3 sf or ≥3 If			M D.		40900			ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			⊠ Re	enova emoliti			Mini-Enc     Glovebag						
							⊠ Non-Exe	mpted (*) and Nor	n-Friable Proced	ure			
				Loca						At	patem	ent T	vpe
Location o Asbestos-Containing M		A)		Norma	illy ely by		Description of				_		T -
TO BE ABAT	ED (ACI)	VI)		inten		Asbes	stos Containing Mai , thermal systems i	terial (ACM)	Amount (Specify	Removal	Repair	nca	Enclosure
IN Facility			Cus		Staff?	(	surfacing, VAT,		SF or LF)	ova	=	psu	usc
(13)		-		(12)	Τ	-	other miscellaned	ous)				Encapsulate	e e
B LEVEL SECURITY O	EEICE		Yes	No	N/A	DIDE IN			102000 - 20100				
C LEVEL	FFICE						SULATION (WRA	AP & CUT)	20 LF				
5					1 <u>_</u>		TILE & MASTIC		900 SF				
Green Roof						Waterpr	oofing		22 SF				
( 1B				Ц									
Name of Registered Waste					JDEP V		Cubic Yards of	Name of Registe					
SERVICE TRANSPOR	KI GROUF	INC			auler II 20990	2	Waste	G.R.O.W.S.	LANDFILL				
Dity, State						1	Disposal Date	City, State					
NEW CASTLE, DE								MORRISVIL	LE, PA 19067				
Completed By (Print or Type	e)	Title					Signature			ate .	1		
Brian Scafiro		Est	timat	or			Bran	Scefin 6	2)	7/5	710	0	

ASB-41 MAY 11

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

m 0 19123050472

, , , ,							-,	11: -1	(J) (E)	u	U	!		
Date of Notification (1) 07/08/16				f Building owder	Owner/C	Operator	(2)		1141 1	2.5	016			
Agencies Notified Type Notification			Street A	ddress ehigh Av	/e,			lu l	JUL		17111	i		
EPA Initial Amended Amendmen	:#	-		ate, Zip Co				ASI	BESTOS LICE	CON	TRO IG	)L &		
□ Emergency justification     □ DCA Cancellation			Name o	f Contact					Telephor	-	1000			
			FACI	LITY INFO	ORMATI	ON								
Name of Facility Where Abatement is Takin Acu Powder	ig Place (3)		57-111-12-14-15-1				-	of Facility (4) chool (K-12		33				
Street Address 901 Lehigh Ave,	6.						S X	ubchapter 8 ther (i.e. pri	(Other tha			dings,	home	es,
City (5) Union							Square		# of Floor	'S	E	Bldg. A	\ge	
County (6) Union County				Code (7) USE ONLY	)		Curren	t Use (Prior	if being de	molish	ied)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	/ No.			of Abate	ement Contr	actor (9)					
Street Address	11		1				Address 87th	Street Su	ite A4					
City, State, Zip Code							tate, Zip h Berg	Code en, NJ 07	047					
Project Manager for Monitoring Firm			Telepho	ne No.		100000000000000000000000000000000000000	none No. 293-63		Lice 012	nse No	0.			
Start Date (10) 07/23/16	Scheduled 09/23/16		pletion	Date (11)				A Monitor CONSUL	TING LL					
Occupancy Status During Abatement (Cher	k Only One	:)					Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Ab nal Facility I	oatem Hours	ent			City, S	tate, Zip		SUITE 1	07				
_						UNIC	DN NJ	07083						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enovat emoliti				×	Mini- Glov	Containmen Enclosure ebag Proce Exempted (	dure				0	
	le I	ocatio	nn.				1 14011	Exempled	) and Mon	-i ilabi	110	Abate		
Location of	987/37	ormall	y			scription						Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Main Custo	tenan	ice/		thermal surface				Amount (Specify SF or LF	,	Removal	Repair	Encapsulate	Enclosure
Main Room						TSI			450 LF		x			
Name of Registered Waste Hauler NEWARK CARTING		Ha	JDEP W auler ID 509	(A)(12.975)	Oubic of Was			Name of Re	•		IT G	ROV	VS N	ı.
City, State HILLSIDE, NJ					Dispos	al Date		City, State MORRIS	VILLE PA	Ą				
Completed by Bryan Parra	Title Projec	t Ma	nager		S	ignature		land		Dat	e /08/1	6		

page 1

07/86/2016 03:50PM 2	013297440			BEST REMOVAL	INC		PAGE	33/04	F
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REQUEST FOR	10 NOT	THEAT	TON OF	ASSESTOS ABAT	TERMENT	3	13.1	į	
DAY WAIVER		(Pursu	ant to I	UAC 3:60 and 12:1	125)		1 2 20	16	11
Date of Nutrication (1)		T	Name of	Building Owners Operator	(2)	-	1125 1/1		1
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Agency Netford 7	po Notification		Etreet A		الخليدة المسام	ASBEST	OS CONT SENSING	HUL	٢
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IS DON	Concellation		Co	LOWDEN		2013	23 311	61	1
			FACIL	TY INFORMATION					1
Name of Feddity Where Alte		(3)		•	Type of Feeling	(4)			
C. LOWDEN	• • •				C Subshedur I	(Chinar Sham K-12)			
Street Address	م مع مع مداد کا سی م				Other Cas. pr	wets & construction	buildings.		1
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County (8)	71-1-2			Code (7) (STATE USE	Compant Lies /Pa	for If Issing domails	shed) .		1
PASSAIC	<u></u>		DNLY		CURRENT	VACANT	office		1
Name of Mentioring Plan H	had by Building Owner	ABC	M No.		ment Contractor (				
(a)				Steet Address	moval In	<u>c</u>		-	-
STREET, PRINCIPAL			ta		th River	S t			
City, Starte, Zip Code				City, State, Zip	Coole				7
	·	18/1	- 1/-	Hackens Talaphone No.	sack, N.J	. 07601			4
Project fileringer for Monito	ying Han	1,616.02	ano No.	201-329		00388			1
Allert Darin (10)	Schoduled Cpr	nation, E	(11)	Name of ORH	A Monitor		-		7
7-12-16	7-13				Environm	ental			-
Occupancy Status During		27		Street Address	uyler St				
C Facety Cinend/Viscaled C Absterned Performed C	During Entire Pentod of Welde of Normal Facilit	Abstranc v Flours	តារំ.	Caly, State, Za	Cede				1
All Other - Describe: 8	AM 5 PM		• •	S. Ha	ckensack	, N.J. 07	606		1
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10 2 3 20 41 2 3 W		_	Q Deep	oversion — Alle collion — Q Gir	ni-Erminaute webeg Protection		•		
. 25 (44 2 4) 224 2				No	n-Exercises (*) all	d Mon-Proble Pro	Abs	APPROPRIES	+
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. Location Ashants-Contisining	of Material (ACMC)	14 4 10	ulady by	Descriptio Ambasios Covisioning	n of Medwrisi (ACM)	Amount		8 5	2
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Name of Registered What	Horder	I M. House	* Waste H	Instant   Cubic Yards o	Name of Res	stored Landill			-
Best Remov		ED No.		Weeks		a Enterpr	ises ,	LLC	1
City, Malin		1	7109	1 2 YO	City, Marte				-
Hackensack	, N.J. 076	601		7-13-11		sburg, Ob	44688		
Completed by	Tille			Signature	1		Deta	1.	1
R. WELDRAN .	Esti	mato	r	K. Yell	un		7-6-1	6	Ц

5 · (1) · (1)			1 a	lama of	Redin	Owner/Operator	(2)	1111	1 2 2	016		IL
Date of Notification (1)						SHAR	(2)	JUL JUL	1 2 2	UIU		-
Agency Notified	Type Notification		-	treet A		0111		L		TD	21	2.
D ED4	All Initial							ASBESTO	SCON	ITH	JL (	X
D EPA	☐ Amended		C	City, Sta	te, Zip	Code .		LIU	ENSIN	<u>u</u>	_	_
■ DOL	Amendment #			LIN	OFA	N.J.	0703	6				
	☐ Emergency (including	9	_ I	lame o	f Contac	ŧ /		Telephone Num	ber			
DOH DCA	justification)   Cancellation					HAR						
G DOA	<u>a cancianon</u>		11			ORMATION		1				
Name of Facility Where A	batement is Taking Place	e (3)					Type of Facility	(4)				
MRS. ASHAR							☐ School (K-12	2)				
			-				☐ Subchapter	8 (Other than K-12	)			
Street Address								rivate & commercia	al building	gs,		
							homes, etc.		D14-	A		
City (5)					• ; ;		Square Feet		Bidg.	Mge ZH/	2	
LINDER	NI						2400.	1- 2	60	17	5,	
LINDER County (6)	75.			County	Code (7	(STATE USE	Current Use (F	rior if being demol	ished)			
Winn			(	ONLY)	4.		RESIDE	WCE				
Name of Monitoring Firm	Hited by Building Owner		ASCM	No.		Name of Abaten	nent Contractor (					
(8)	THUE BY DEBUG OFFICE	1			₩.		moval In					
						Street Address					-	
Street Address				94				a .				
							th River	St				
City, State, Zip Code						City, State, Zip C		07/01				
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Project Manager for Mon	itoring Firm	Te	lephon	e No.		Telephone No.		License No.				
	Ţ					201-329	-7444 .	00388				U
Start Date (10)	Scheduled Co	mpleti	on Dat	e (11)		Name of OSHA						
7-21-16	7-2.	3-1	6			Omega 1	Environm	ental			10000	
Occupancy Status During						Street Address						
D.E. T. C	d Dusing Entire Desir d of	6 Abot	nmc=4	(2)		.280 H1	uyler St		<u> </u>			
☐ Facility Closed/Vacate ☐ Abatement Performed	Outside of Normal Facili	ty Hou	शास्त्रार श्रु			City, State, Zip (	Code			10		
Dither - Describe:			- 4	+01		S. Ha	ckensack	,N.J. 07	7606			
Scope of Work (Check a								,		100000	le constitution de la constituti	
				m Door	ovation		Containment with -Enclosure	h Negative Pressu	re			
□ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf				□ Dem		☐ Glov	ebag Procedure					
2 100 31 01 2 200 11						□ Non-	Exempted (*) as	d Non-Friable Pro	cedure			
		ls	Locatio	on	148					Ab	aten Typ	
		N	iomali	у	:	Description.				П	- )	T
Location Asbestos-Containin	\$ 11 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1		d Solei		Asha	Description stos Containing M	aterial (ACM)	Amount		-	ī	n .
TO BE A	BATED		ustodi		(Le	., thermal systems	s insulation,	(Specify		Removal	Repair	Encapaulat
IN Fac			Staff?		.,	surfacing, VA other miscellan		SF or LF		3701	pair	UBC
(13	"		(12)			Other Itaboellan	cous,			=	18	10
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Name of Registered Was		1000000		Vaste H	lauler	Cubic Yards of Waste		istered Landfill	W <sub>2</sub>		2234100	
Best Remo	val Inc	ID	No.	100		1/2 YDS	Minerv	a Enterpr	ises	,	LL	C
			Τ/	109								
City, State						Disposal Date	City, State		110	0.0		
Hackensac		601				7-23-16	Wayne	sburg, Oh	1,446	88		
Completed by	Title					Signature			7-1	ط	11-	
R. VELDRAN -	Esti					1 K. Veldra			1-1	- 0	6	
ASB-41	* Do not	use ti	his form	n for as	bestos l	icensure exempted	d activities.					

A. Energency D. NoTIFIC

COMMENTS.	18913181	F455E3E4
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PERSONAL PROPERTY.	100 miles	and and the second
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Date of Notification (1) 7/6/16	7 .				Building Ov			(2)		E'	5 E	Ų Ņ	į,	-	1	
Agencies Notified	Type Notification			treet Add					.   12 -		111 1	2 20	16		J	
EPA DEP DOL	Initial Amended Amendment				e, Zip Code ood NJ 0			Ř	12 +		- CL			1		
DOH DCA	Emergency (i justification) Cancellation	ncluding	333	ame of o	Contact						phone No 3-546-00			_ a		
Name of Facility Where	Abatement is Taking	Place (3)	10	FACIL	ITY INFOR	RMATI	ON	Type of	Facility (4	1)						
Wilson Hall Street Address	W 60					<u> </u>		X SI	chool (K-12 ubchapter ther (i.e. p	8 (Othe	er than K-	12) cial buil	dings	, hor	mes,	
302 College Drive	10									# 01	Floors		Bldg. 85+	Age		
Blackwood NJ 080	12			County C	ode (7) SE ONLY)				t Use (Pric	1	ng demoli					
Camden  Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCM			I PARTITION OF	of Abate	ment Con	tractor	(9)		ė.	-		
N/A Street Address	6						Street	Address Box 32					10			
City, State, Zip Code							City, S	State, Zip		91						
Project Manager for Mon	nitoring Firm	62	T	elephor	ne No.			none No 753-98			License 00727					
Start Date (10)							Name Sam		A Monitor						9	
Occupancy Status Durin		k Only One	)				Street	Address	ddress							
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire I	Period of Al nal Facility I	Hours	ent	100 0	_	City,	State, Zip	Code							
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enovat emoliti					Min Glo	Containm Enclosure Lebag Pro Exempte	e cedure				иге		
/1/						8				- ( )			Ab	atem Type		
Locatic Asbestos-Containin TO BE Al In Fac (13	g Material (ACM) BATED illity	Used Mair	d Solely by intenance/ (i.e. therma surf.				escriptio ntaining al systen acing, V miscella	Material ns insula AT, or	(ACM) tion,	(	Amount Specify F or LF)	Removal	Zabaii	Ť	Enclosure	
Room	211		CHES	X-	I	Floor	Tile &	Mastic		7	00 SF	x				
						• •					-	-				
	3	+				-							+			
Name of Registered W	aste Hauler	20		JDEP W lauler ID		Cubic of Wa	c Yards aste		Market Horses		ered Land	dfill				
United Containers				2459		4	osal Dat	0	G.R.O City, Sta							
City, State Elm NJ				6/11				Morrisville PA 19067								
Completed by Anthony T Perna	29 120	Title Presi	dent				Signatu	re			Date 7/6/16					

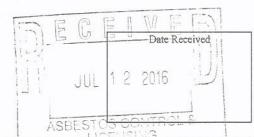
#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	July 8, 2016			N	ame of Building	Owner/Op A Fu	perato	or (2) wit	h Hope	DEC	59	819	3	
Agencies Notified  [ x ] EPA  [ ] DEP  [ x ] DOL  [ x ] DOH	[ ] Amend	Notification  Ied Notification  Iment #_  ency (inc.)	ication	C	ity, State, Zip C	ode Nep			g Brook Road	ephone Number	1 2	2016 2017	OL &	
[ ] DCA	justific [ ] Cancel					Strugala				ephone Number	CA10	NG.		
				FACIL	ITY INFOR	MATIO		_	07 'Y': (4)					
Name of Facility Where R	Abatement is Taking F esidence	Place (3)						Type	[ ]	School (k-12) Subchapter 8 (other Other (i.e., private			buildin	igs.
Street Address										homes, etc.)	oc com	IIIOIOIU	- Cumum	.80,
City		County	(6)		ounty Code (7) TATE USE ON	ILY)			are feet 3000 sf	# of Floors 2	Bldg.	Age 60	)	
Brigantine		Atlant	tic					Curr	rent Use (Prior if b Residence					
Name of Monitoring Firm	m Hired by Building C I/A	Owner (8)		A	SCM No.	Name	e of A	bater	ment Contractor (9		Inc.			
Street Address	N/A					Street	t Add	lress	1889 Ro	ute 9, Unit 61				
City, State, Zip Code						City,	State	, Zip	Code Toms R	ver, New Jerse		55-12	71	
Project Manager for Mo	ımber		Telep 732	-349	-993	32	License N 00624	umber						
	Scheduled Start Date (10)         Scheduled Com           7/20/16         7/22/16									Analytical				
Occupancy Status Durin	ng Abatement (Check Cacility Closed/Vacated	only one) I During	Entire Period	of Abates	ment	Stree	Street Address 1056 Stelton Road							
[ ] A	Abatement Performed Other – Describe	Outside o	f Normal Fac	ility Hou	rs	City,	, State	e, Zip	Code Piscatav	way, New Jerse	y 088	54		
Scope of Work (Check	all that apply)					]	]		Full Containment Mini-Enclosure	with Negative Pres	sure			
L 3	>3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renovati Demoliti		]	] x]		Glovebag Procedu Non-Exempted (*	re ) and Non-Friable	Procedi	ıre		
		ī				-					Abat	ement	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)  Is Location Normally used Solely by Maintenance/Custor Staff (12)				ed		Descri Asbestos Materia (i.e., them insulation VA other mis	-Con al (A mal s n, su AT, c	ntaini CM syste rfaci or	ing ) ems ng,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	ENCAPSULE	E N C L O S U R E
Exterior X					Asbestos r	oofing				3000 sf	X			
Exterior														
														-
Name of Registered W	aste Hauler		NJDEP Waste			ic Yards of	f Was	ste	Name of Registe T.R.R.F.	ered Landfill			1	
					al Date	Ci	ity, St	tate						
Toms River, New Jersey 7/2  Completed by (Print or Type) Title					Signature	<u>T</u>	ullyt	town	n, Pennsylvani	a	Dat 7/8	e 3/16		
Nicholas	er		1		-	dactivities					-			

Guardian Contracting, Inc. 1889 Route 9 Suite 61 Toms River, New Jersey 08755

### DEMOLITION / RENOVATION NOTIFICATION



Operator Project #:	Postmark:	Notification	Dn:	-	
I. TYPE OF NOTIFICATION (O - Original R - Revised C -	Cancelled): O	П.	IS ASBESTOS PRESENT? (Y	es/No):	Y
III. FACILITY INFORMATION (identify owner, removal contract	ctor and other operator)				
OWNER NAME: A Future with Hope					
Address: 205 Jumping Brook R	oad				
City: Neptune State:	NJ	Zip:	07753		
Contact: Lou Strugala		Tel:	732-598-4877		
REMOVAL CONTRACTOR: Guardian Co.	ntracting, Inc.		NJ License: 00624		
Address: 1889 Route 9	9, Unit 61				
City: Toms River State:	New Jersey	Zip:	08755		
Contact: Nicholas Fer	nicola	Tel:	732-349-9932		
OTHER OPERATOR (if different)			NJ License:		
Address:	1				
City: State:		Zip:			
Contact:		Tel:			
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovation E - Emergency Re	enovation):	D		
V. FACILITY DESCRIPTION (Including building name, number	r and floor or room number)				
Building Name: Residence					
Address: 1517 N Ohio Avenue					
City: Brigantine State:	New Jersey	County:	Atlantic		
Site Location: Exterior					
Building Size: 3000 sf # of Fl	loors: 2	Age in Ye	ars: 60		
Present Use: Residence	Prior Use:	Residenc	e		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF	APPROPRIATE, USED TO DETEC	CT THE PRES	ENCE OF ASBESTOS MATER	IAL:	
IS MATERIAL ASSUMED TO BE ASBESTOS?  VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				Nonf	riable
1. Damilated ACM to be somewed	RACM				Material To Be
Regulated ACM to be removed     Category I ACM not removed	To Be Removed		LOCATION	22,000,000	noved
Category II ACM not removed	Kemoved			Cat I	Cat II
Pipes (Linear feet):					
Surface Area (Square feet): 3000 sf	Asbestos roofing		Exterior		
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start: 7/20/16	5	Complete: 7/22/1	16	

	NOTIFICATION	OF DEMOLITION	ON AND RENOVATI	ON (continued)								
x	DESCRIPTION OF PLANNED DEMOLITION OF	R RENOVATION WOR	RK, AND METHOD(S) TO BE	USED	EIVEN							
xi.	DESCRIPTION OF WORK PRACTICES AND ENAND RENOVATION SITE:  Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be placed.	roped off with caution tape	e and warning signs. Plastic sheetin	ASBESTOS g will be placed on the ground to								
xii.	WASTE TRANSPORTER #1 Name: Guar	dian Contracting, I	Inc.									
	Address: 1889	Route 9, Unit 61		10								
	City: Toms River		New Jersey	Zip: 08	755							
	Contact Person: Nich	olas Fernicola										
	WASTE TRANSPORTER #2 Name:											
	Address:											
	City:	State:	State: Zip:									
	Contact Person:				8							
xiii.	WASTE DISPOSAL SITE Name: T.R.:	R.F.										
	Location: Bord	lentown Road										
	City: Tullytown	State:	Pennsylvania	Zip: 19	007							
	Telephone: 215-943-9732		Permit #: 101	***************************************								
xiv.	IF DEMOLITION ORDERED BY A GOVERNME	ENT AGENCY, PLEAS			OPY OF ORDER							
	Name:		Title:									
+1	Authority:											
	Date of Order (MM/DD/YY):		Date Ordered to Begin (MN	1/DD/YY):								
XV.	FOR EMERGENCY RENOVATIONS		Brown Market									
	Date and Hour of Emergency (MM/DD/YY):											
	Description of the Sudden, Unexpected Event:											
	Explanation of how the event caused unsafe conditi	ons or would cause equi	ipment damage or an unreasona	ible financial burden:								
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLL ASBESTOS MATERIAL BECOMES CRUMBLES			estos is found or pr	EVIOUSLY NONFRIABLE							
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED I THE DEMOLITION OR RENOVATION AND EV AVAILABLE FOR INSPECTION DURING NORI	IDENCE THAT THE I	REQUIRED TRAINING HAS	BEEN ACCOMPLISHED I								
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Oper	ator)	July 8, 2016 (Date)							
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.	$\setminus$ $\land$									
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Operator)  July 8, 2016 (Date)									

29844 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) July 8, 2016 A Future with Hope Agencies Notified Type of Notification Street Address [X] EPA Initial Notification 205 Jumping Brook Road DEP Amended Notification City, State, Zip Code ] DOL Amendment # ASBESTOS CONTROL & Neptune, NJ 07753 Emergency (including ] DOH justification) ] DCA Name of Contact Telephone Number Cancellation Lou Strugala FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Subchapter 8 (other than k-12) Street Address [x] Other (i.e., private & commercial buildings, homes, etc.) City County (6) County Code (7) Square feet # of Floors Bldg. Age (STATE USE ONLY) 2200 sf 60 Highlands Monmouth Current Use (Prior if being demolished) Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/19/16 7/20/16 E.M.S.L. Analytical

				Piscalaway, New Jers	sey 08854					
Scope of Work (Check all that apply)	[ ] [ x]	Renovation Demolition	[ ] [ ] [ x]	[ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Glovebag Procedure [ X ] Non-Exempted (*) and Non-Friable Procedure						
					Abateme	nt Type				
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Cincipal Staff (12)  YES NO	sed y	Description of Asbestos-Contain Material (ACM (i.e., thermal syst insulation, surfactor VAT, or other miscellaneous)	ning Amount (Specify SF or LF)	R R E E M P A I V R A L	E E N N C C A L P O S S U U L R E E				
Exterior	X	Asi	bestos siding	2200 sf	X					
Name of Registered Waste Hauler Guardian Contracting, Inc.		te Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill T.R.R.F.						
City, State Toms River, New Jersey		Disposal Date 7/21/16	City, State	, Pennsylvania						
Completed by (Print or Type) Nicholas Fernicola	Title Project Manag	Sign		1						

Street Address

City, State, Zip Code

1056 Stelton Road

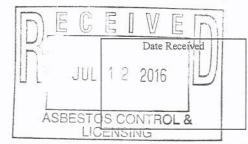
Piscataway New Jersey 08854

Occupancy Status During Abatement (Check only one)

Other - Describe

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours



#### DEMOLITION / RENOVATION NOTIFICATION

Operate	or Project #:	Postmark:		Notificat	ion:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised C	- Cancelled):	0	П.	IS ASBESTOS PRESENT? (Y	es/No):	Y
III.	FACILITY INFORMATION (identify owner, removal contra	ctor and other	operator)		H		
	OWNER NAME: A Future with Hope						
	Address: 205 Jumping Brook I	Road					
	City: Neptune State:	NJ		Zip:	07753		
	Contact: Lou Strugala			Tel:	732-598-4877		
	REMOVAL CONTRACTOR: Guardian Co	ontracting, I	nc.		NJ License: 00624	ļ	
	Address: 1889 Route	9, Unit 61					
	City: Toms River State:	New Je	ersey	Zip:	08755		
	Contact: Nicholas Fer	rnicola		Tel:	732-349-9932		
	OTHER OPERATOR (if different)				NJ License:		
	Address:						
	City: State:			Zip:	<del></del>		
	Contact:			Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovatio	n E - Emergency Ren	ovation):	D		
V.	FACILITY DESCRIPTION (Including building name, number	er and floor or	room number)			State	
	Building Name: Residence						
	Address: 8 4 <sup>th</sup> Street						
	City: Highlands State:	New Je	ersey	County:	Monmouth		
	Site Location: Exterior						
	Building Size: 2200 sf # of F	loors:	2	Age in Y	ears: 60		
	Present Use: Residence		Prior Use:	Residen	ce		
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF	APPROPRIA	TE, USED TO DETECT	THE PRE	SENCE OF ASBESTOS MATER	IAL:	
	70.1.1.TER.1.1.1.1.00.TE.T.T.T.T.T.T.						
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS?  APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					Nont	friable
	Regulated ACM to be removed		RACM		LOCATION		s Material To Be
	Category I ACM not removed     Category II ACM not removed		To Be Removed		LOCATION	Ren	noved
						Cat I	Cat II
	Pipes (Linear feet):						
	Surface Area (Square feet): 2200 sf	Asbest	os siding		Exterior		
	RACM Off Facility Component (Cubic feet):						
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	7/19/16		Complete: 7/20/1	.6	

					D
	NOTIFICATION	OF DEMOLIT	TON AND RENOV	VATION (continue	WELFE WELFE
X.	DESCRIPTION OF PLANNED DEMOLITION (	R RENOVATION W	ORK, AND METHOD(S)	TO BE USED	J
					ر 1 2 2016 الال
	DECORPORA A CONTRACTOR A CONTRA				
Xi.	DESCRIPTION OF WORK PRACTICES AND E AND RENOVATION SITE:	NGINEERING CONT	TROLS TO BE USED TO	PREVENT EMISSIONS	OF ASBESTOS AT THE DEMOLITION ASBESTOS ON THUL &
	Prior to removal the work area around the hald and the			<u>L</u>	LICEN 'NG
	Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be pla	e roped off with caution to ced in double 6 mil. Bags	ape and warning signs. Plastic , sealed and labeled and placed	sheeting will be placed on th in a locked container for dis	e ground below and the asbestos will be posal.
				Design and the second s	
xii.	WASTE TRANSPORTER #1 Name: Gua	rdian Contracting	, Inc.		
	Address: 188	9 Route 9, Unit 6	1		
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nic	nolas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R	.R.F.			
	Location: Bore	dentown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	ENT AGENCY, PLEA	ASE IDENTIFY THE AGE		FACH COPY OF ORDER
	Name:		Title:		
	Authority:		1		
	Date of Order (MM/DD/YY):		Date Ordered to Begin	n (MM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):	¥			
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe conditi	ons or would cause eq	uipment damage or an unre	easonable financial burder	i:
100.00					
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLI ASBESTOS MATERIAL BECOMES CRUMBLE	OWED IN THE EVE D, PULVERIZED, OR	NT THAT UNEXPECTED REDUCED TO POWDE	ASBESTOS IS FOUND R	OR PREVIOUSLY NONFRIABLE
xvii.	I CEDTIEV THAT AND DISTRIBUTED AND THE A	V MVM DD OLDGOOD			
AVII.	I CERTIFY THAT AN INDIVIDUAL TRAINED I THE DEMOLITION OR RENOVATION AND EV	IDENCE THAT THE	REQUIRED TRAINING	HAS BEEN ACCOMPLE	SPART M) WILL BE ONSITE DURING ISHED BY THIS PERSON WILL BE
	AVAILABLE FOR INSPECTION DURING NOR	MAL BUSINESS HOL	JRS. (Required after Nove	ember 20, 1991)	
	Nicholas Fernicola / Project Manager (Printed Name/Title)	<u> </u>	(6)-	+11	July 8, 2016
xviii.		I TO CORPORATE	(Signature of Owner	(Operator)	(Date)
AVIII.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.			- 20
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner)	(Operator)	July 8, 2016 (Date)

Sheroe of Registered Vilente Rauler

Completed by

J. Maiorano

Best Removal Inc

Hackensack , N.J. 07601

RECEIVED 07/07/2016 03:57PM 2013297440 BEST REMOVAL INC page 1 07/07/2015 18:47AM 2013297448 BEST REMOVAL INC. State of How Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:126) 2016 Date of Notification (1) Name of Building Owner/Operator (2) 7/7/16 STANLEY DEC Agegoy Notified Type Natificulian INSING LOW TO BOOK O EPA D Amended City, State, Zip Code -ELDOT Streetson array EAST RUTHERFORD 07073 N E Imergency (Including E DOH Name of Covinct Cancellation The Dec FACILITY INFORMATION Name of Paulity Where Abeternest is Taking Pince (5) Type of Feality (4) MR Dec. □ Sahoai (K-12) Birmet Acher Charlester 8 (Other than K-12)

Strong (Le. private & commercial buildings. homes, etc.) Chy (B) Square Feet: EAST PUTHERFORD 2200 1945 2 COUNTY (0) County Code (7) (STATE USE Current Use (Prior II being dom BERGEN RESIDENCE Name of Monitoring Firm Hired by Dubling Center ASCH NO. Norms of Abalament Contractor (8) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Gode Hackensack, N.J. 07601 Project Manager for Monitoring Plan Telephone No. Yelephone No. License No. 201-329-7444 00388 Short Date (10)

7/13/16

Cocupation Statute During Abstractic (Check only one) Achecisted Completon Date (15) Martin of OSHA Monitor 7/14/16 Omega Environmental Street Address G Facility Classed/Vacanted During Entire Period of Atminiment O Abstancent Performed Outside of Normal Pecility House O Class — December: 60:2002 / 170 5:20 (M) .280 Huyler St Cay, State, Zip Code S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) PESGOZEE D Fidi Containment with Negotive Pressure All Renovation -- Historians Procedure
-- Hon-Eventied (\*) and Nov-Princis Procedure □ ≥ 160 of or ≥ 250 # la Location Abe in room T)/94 Normally Location of Description of contents Continued (ACM) (ACM) (ACM) (ACM) (ACM) (ACM) Used Bolely by -Conditioning Material (ACM) TO Bill ABATED Maintanego Curtodial Amount IN Feelity . (Specify Starf? surfacing VAT. or SF. ELF (13) miner miscollationus) (12) Yes No NA SA SENENC THERMAN INSULATION 2254 CRAWL SPACE THERMAK INSULATION 204

NJDEP Waste Header

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17109

ID No.

Estimator

Cubic Yards of | Norms of Regulatored Landing

Disposed Date

7/14/16

3 /20 Minerva Enterprises , LLC

Toiono

Waynesburg, Oh. 44688

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# CK 52715492-8

Date of Notification (1)		1	Name of	Building C	)wner/O	perator	(2)	11						H		
07/07/2016			Dave L			r	\-/	11	L J	UL '	12	2016		11		
Agencies Notified Type Notification			Street Ad	idress				100000	i							
× EPA × Initial			City Stat	te, Zip Cod	10				ASBES	STOS	001	VIN	 ][			
EPA Initial Amended Amendment				air, NJ 0						LICE	NSII	IG_				
Emergency justification)	(including			Contact					Telephor	ne Nun	nber					
DOH justification)  DCA Cancellation			Dave L													
Name of Facility Where Abatement is Takin	q Place (3)		FACIL	LITY INFO	RMATIC	NC	Type	of Facility (4)								
House	3 , ,							School (K-12)								
Street Address							×	Subchapter 8 Other (i.e. prietc.)				lings,	home	s,		
City (5) Montclair								e Feet	# of Floo N/A	irs		ldg. A /A	ge			
County (6) Essex			County C	Code (7) ISE ONLY)		_	Curre	nt Use (Prior se	if being de	emolish	ied)					
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	l No.				ement Contr ement, Inc								
Street Address			-			Street 11 R		s gren Avent	ie e							
City, State, Zip Code								p Code J 07512								
Project Manager for Monitoring Firm		Telephor	ne No.		Teleph 973-3	one No 345-8		1 2 3 3 3 3 3	ense N 875	0.						
Start Date (10) 07/18/2016								IA Monitor ement, Inc								
Occupancy Status During Abatement (Chec	ck Only On	e)				Street										
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr						22000 0000		osengren Avenue								
Abatement Performed Outside of Norr Other – Describe:	nai Facility	Hours			_	0.7		o Code J 07512								
Scope of Work (Check All That Apply)							*									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	0.00	enova emoliti				×	Mir Glo	Containmer ni-Enclosure vebag Proce	edure							
2							1 No	n-Exempted	(^) and No	n-Friab	le Pro	Abate	277			
Location of	N	Locati Iormall	ly		Des	scription	of					Ту	ре			
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  No Used Main Custo				os Cont thermal surfac	aining M systems cing, VA niscellar	faterial s insula T, or		Amoun (Specif SF or Li		Removal	Repair	Encapsulate	Enclosure		
h	Yes	No	N/A		pins	incula	tion		120 L	_	1.					
basement	Х			pipe	insula	tion		120 L		X						
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of R	egistered l	andfill						
D&S Abatement, Inc.		Н	auler ID 0996		of Was	ste		Waste N	lanagem							
City, State Totowa, NJ					TBD	sal Date		City, State Tullytow								
Completed by Ned Joksimovic	ST 31 TO 32						8	for		Da 07	ite 7/07/2	2016				

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Date of Notification (1) 07/07/2016				Name of Ann Div	Building O	wner/C	perator	(2)		JUL	122	2015		7		
	Type Notification  Initial Amended Amendment		(		dress e, Zip Coo eld, NJ 0			11	ASBE	ESTO LIC	S CON ENSIN	NTROL IG	. &			
DOH DCA	Emergency ( justification) Cancellation	including		Name of Ann Div	ver					Tele	phone N	umber				
Name of Facility Where A House Street Address	batement is Takin	g Place (3)		FACIL	ITY INFO	RMATI	ON	×	School (K-12 Subchapter 8 Other (i.e. prietc.)	) 3 (Othe ivate &	commer	cial buil			es,	
City (5) Westfield				County	ada (7)			N/A	are Feet  rent Use (Prior	N/A		1	Bldg. /	nge		
County (6) Union		. (0)		9:	ISE ONLY)	_	Nome	Но	use patement Cont			isi icu)				
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.		D&S	Aba	atement, Inc		(9)					
Street Address							100 00000000	ose	ngren Aven	ue						
City, State, Zip Code	ect Manager for Monitoring Firm								Zip Code NJ 07512							
Project Manager for Moni							Teleph 973-		No. -8685		License 00675	No.				
Start Date (10) 07/19/2016					Date (11)				SHA Monitor atement, Inc	c.						
Occupancy Status During  X Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire	Period of A	baten	nent			City, S	lose State,	ress ngren Aven Zip Code NJ 07512	ode						
Scope of Work (Check Al  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	ll That Apply)	-	enova emolit						Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure	24 PATE 1					
		598	Locati				escription							emen ype	t	
Asbestos-Containing TO BE ABA	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)				Normally ed Solely by Asbesto				rial (ACM) ulation, r s)	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
Yes						ve	rmicul	ate		12	00 SF	х				
Name of Registered Waste Hauler				NJDEP W		Cubic of Wa	c Yards		Name of F							
D&S Abatement, Inc.  City, State				0996	110.	TBD		e	Waste N		gement	ot PA				
Totowa, NJ						TBD			Tullytow		A	Date				
Completed by Ned Joksimovic	y Title						Signatur	۲ ۱	TO	Date 07/07/2016						

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7700000	Z WILL STA	ACT 7/26/16	OTIFICA	TION O	FASB	y Jersey ESTOS ABAT	EMENT ()	EGE				
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	Date of Notification (1)			Name o	of Building	Owner/Operator	ENTY	ANACEO	2016		7	4
	Agency Notified	Type Notification		Street /	Address	3000	7 A 12 051	1 - S- W.T.	= 80	0		
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		☐ Emergency (including	ng	Name (	of Contac			Telephone Num	nber	^^	_	
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Ī			·	FACI	LITY INFO	ORMATION	Type of Facility	(4)				-
		Abatement is Taking Pla										
		BONEVAR	(1) C	JAS 1	<del> ·</del>		☐ School (K-12 ☐ Subchapter 8	3 (Other than K-1:	2)			
	Street Address	BOULEVA	111	t-A	~	,	Dother (i.e. pr	ivate & commerci	al building	ß,		
	City (5)	- 200 00 0	.102		3 (		Square Feet	# of Floors	Bldg.			
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	County (6)	UDSON		County	Code (7	(STATE USE		rior if being demo				
		m Hired by Building Own	er AS	CM No.		Name of Abater	nent Contractor (					
97		1 Morrison TA		2.5		Best Re	moval In	С	1 7			
	Street Address	ve. 10				Street Address						
		fuy len si	ī			450 Sou City, State, Zip	th River	St				-
	City, State, Zip Code	SACIC. NJ.	070	~ (·			ack, N.J	. 07601				
	Project Manager for Mc	politoring Firm	Teler	phone No.		Telephone No.		License No.				
	Flic G	ECHAUS				201-329	-7444 -	00388				
	Start Date (10)	Scheduled C	ompletion	Date (11)		Name of OSHA		+-1				
	QHASEZ 7/		18/1	8		Street Address	Environm	entar				_
		ing Abatement (Check or					uyler St					
	☐ Abatement Performe	ated During Entire Period and Outside of Normal Fac	ality Hours	,		City, State, Zip	Code	**	7606			
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	Scope of Work (Check	all that apply)		00 Da	novation		Containment witi	h Negative Pressi	ne			
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**	TO BE	ABATED acility	Cu	stodial	(£.	e., thermal system surfacing, VA		(Specifi SF or LI	)	Romoval	Repair	Enclosure
****		13)		(12)	Ì	other miscella				Val	late	e.
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	Name of Registered V	<del>Vaste Hauler</del> noval Inc	ID N	EP Waste io.	Hauler	Cubic Yards of Waste	The second second second	a Enterp	rises	3 .	LIC	G
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	City, State		7601			Disposal Date	City, State	sburg, 0	b ///	522		
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Agencies Notified  EPA	Type Notifica	ation		S	treet	Address			ž	und k	,	JUL	1 2	2	110	1_	ニノ
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DCA	Emergen		g			cliff Lak		677			-	Company and the last	ENSII	VG			
(NJAC 5:23-8)	justification ju						į				Teleph	one Nu	mber				
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Private house	Datement is i	aking Flac	e (3)						Type of Facil School (K		1						
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City (5)									homes, e Square Feet	(A)	# of F	loore		Ric	lg. Ag	10	
Woodcliff Lake, NJ 076	677											.00.0		0.0	9. 75		
County (6)					Coun	ty Code (7)	(STATE U	SE ONLY)	Current Use	(Prior	if bein	g demo	olished	1)			
Bergen																	
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	AS	CM	No.	Name	of Abateme	nt Contractor	(9)							
							Gr Tec	h LLC									
Street Address							Street /	Address									
City State 7:- Code							- Annual Company	Iley Rd#									
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Project Manager for Moni-	toring Firm		T	eleph	one	No	Vayne	, NJ 0747	0		Linon	se No.		_			
3-11-11-11-11-11-11-11-11-11-11-11-11-11				Сюрп	OHE	INO.	973-63				01127						
Start Date (10)	1.5	Scheduled	Com	pletio	n Da	te (11)	-	of OSHA M	lonitor		0112,						
		07			. / .	16	-		nsultants,lnc	3							
Occupancy Status During  X Facility Closed/Vacate	95			500				Address									
Abatement Performed						scribe			Road, Bldg	.# 35	E						
Time of Abatement: _	AM	PM/	P	PM		AM	M	ate, Zip Co									
Scope of Work (Check all	that apply)						rair La	wn, NJ 0'	and deconta	minat	ion with	negat	ive pre	225	ire		
✓ >3 of or >3 If		57 -						Full Cont	ainment with	Negat	tive Pre	ssure					
>3 sf or >3 If > 160 sf or >260 If		Search.	enov Iemal	ation lition			M	Mini-Encl Glovebac	osure Procedure	ПТе	ent with	Negati	ive Pre	ess	ıre		
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Asbestos-Containing N			ed S	Solely		Asbe		scription o	t terial (ACM)		Am	ount	1	D	Re	En	En
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Name of Registered Wast	te Hauler					e Hauler ID No	Cubic Ya	irds of Waste	Name of Re	giste	red Lar	ndfill					
Gr Tech LLC			<i>u</i>	003	3378	35	TBI		T.R.R.F. I	nc					Y .		
City, State							Disposa		City, State								
Wayne, NJ 07470		I Till					TBI		Tullytown,	, PA							
Completed By (Print or Ty	rpe)	Title					Sig	gnature	Teulic We	_	0		Date				
N.Jevtic		Owner						//	lemic Me	mac	2	C	)7/07/	20	16	- 2	

OK 354

Date of Notification 7/07/2016

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Date of Notification (1) 7/07/2016			140	ame of Bo Chris Da		wner/Op	perator	(2)			(0)		ט ע		7.	
Agencies Notified	Type Notification		S	treet Add	ress		7				JUL	12	20	16	1	111
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X DOL	Amendment	The second second second second	.   [	Dumont	NJ 076	328			1		STO	_	7-10-1-A	ROL	&	_
▼ DOH	Emergency ( justification)	including	1000	ame of C						Tele	phone	Num	ber =			_
DOH DCA	Cancellation			Chris Da	avis											
				FACILI	TY INFO	RMATIC	ON	T (F-	Tit. (4)							
Name of Facility Where	Abatement is Taking	g Place (3)						Type of Fac	iiity (4)							
Private Dwelling									(K-12)	(O4b a	= than	V 40	v			
Street Address								Other etc.)	apter 8 (i.e. priv	rate &	comm	nercia	l build	ings,	home	s,
City (5)								Square Fee	et	# of	Floors		BI	dg. A	ge	
Dumont NJ 07628								n/a	7.5	n/a			n,	'a		
County (6)			To	County Co	ode (7)			Current Use	e (Prior	if bein	g dem	olish	ed)			
BERGE	X I			STATE US				Private D			10000					
Name of Monitoring Firm		Owner (8)		ASCM N	No.		Name	of Abatemer	t Contra	actor (	(9)			- 12		
Standart Envirome		(0)			56			x Contract			500					ě.
Street Address	1101 001 11000						Street	Address					1108			
2108 Fulton Ave S	uite 2A							Norley Dr								
City, State, Zip Code	uno Z/ (							State, Zip Coo	de						37	
Brooklyn NY 1123	3						1000 CO 4000 CO	dland Par								
Project Manager for Mor	Project Manager for Monitoring Firm							hone No.			Licen		Ο.			
Kayode Adefisoye							973-	-692-6298			0126	36				
Start Date (10)		Scheduled	Com	pletion Da	ate (11)	1		of OSHA Mo								
07/18/2016		07/20/20	116				Ama	ax Contrac	ting LL	_C						
Occupancy Status Durin	g Abatement (Ched	k Only One)					C Company Company	Address								
➤ Facility Closed/Vac	ated During Entire	Period of Ab	atem	ent				Norley Dr								
Abatement Perform	ned Outside of Norr	nal Facility H	lours				AND NOTHER DESIGNATIONS	State, Zip Coo			25					
Other - Describe:							Woo	odland Par	k NJ	0742	.4					
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ACCUPATION AND ADDRESS OF THE PARTY OF THE P	novat moliti					Full Con Mini-End Gloveba	losure g Proce	dure						
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TO BE AB		Custo		taff?	(1.6.	surfa	cing, V	AT, or			or LF		Remova	Repair	aps	Enclosure
(13)			(12)			other r	niscella	neous)					val	a:	Encapsulate	sure
		Yes	No	N/A											Ф	
BASEN	IENT			X		Pipe	insul	ation		5	0 LF		X			
	BACLIVEIVI									2.						
						£3	-									
Name of Registered Wa	ste Hauler		200000	JDEP Wa			Yards	Na	me of R	egiste	ered La	andfill				
Amax Contracting I		8	35633	auler ID 1 036184		of Wa		GI	ROWS	3			0			
				300104			sal Date	e Cit	y, State			-				
City, State Woodland Park Ne	w.lersev 0742	4					6/2016		orrisvil		A					
Completed by	00.00y 0142	Title					Signatu	//	Date							
		A COLUMN	t Ma	anager			J.,	Ille		07/07/2016						
- Wasiarkov	Fome Maslarkov Proj							1000		,						

CHECK# 1965

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

Date of Notification (1) 6/27/2016	Name of Building Owner/Operator (2) Nora Williams									17					
Agencies Notified  Type Notification  EPA  DEP  Amended  Amendment:		Ci		dress e, Zip Code ood, N J		50		Company and a second a second and a second and a second and a second and a second a	Li JUL	12	201	0			
□ Emergency (in justification)     □ DCA     □ Cancellation	ncluding		ame of ( lora W	Contact illiams					Telephone N	Imber	NTR IG	OL 8	×		
Name of Facility Where Abatement is Taking Residential Street Address		FACIL	ITY INFOR	RMATI	ON	Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,									
City (5) Ridgewood					Squa 2,50	etc.) ire Feet 00	# of Floors	BI 80	Bldg. Age 80						
County (6) Bergen		County Code (7) (STATE USE ONLY)					Current Use (Prior if being demolished) Residential								
Name of Monitoring Firm Hired by Building (TBD							ky Contracting, LLC								
Street Address			uite K												
City, State, Zip Code			City, State, Zip Code Wayne, New Jersey 07470												
Project Manager for Monitoring Firm	Т	Telephone No.			13/30/20/20/20/20	Telephone No. License No. (973) 928-5040 00874									
Start Date (10) 7/6/2016	Comp 6					Name of OSHA Monitor Sky Contracting, LLC									
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:		ement 138 City,					et Address 85 Valley Road, Suite K State, Zip Code ayne, New Jersey 07470								
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	and the same of th	novati		4			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	ocatio				Description of				Abatement Type						
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Solely tenan dial Si (12)	y by ce/		os Cor therma surfa		Materi ns insu AT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
Attic	Yes	INU	NA	V	ermic	culite Insulation			660 SF	х					
Name of Registered Waste Hauler	200.00				- CONT -			lame of Registered Landfill							
Service Transport Group, Inc.	2000	Hauler ID No. of W 20990 10			Mine			Minerva Enterprises, LLC							
City, State New Castle, Delaware		Disposal Da TBD .					Oate City, State Waynesburg, Ohio								
Completed by Predrag Sarcev	Title Vice President					Signature Date 6/27/2016									

NOTIFICATION OF ASBESTOS ABATI (Pursuant to NJAC 8:60 and 12:1)									1.6	G E		7	7 [	1 7				
Date of Notification (1)  Name of But					/Operator	(2)	110					h-	111	111				
07/07/2016  Agencies Notified Type Notification										101 1	2	20	ĥ	1	Щ.			
												-	1					
➤ DEP				ate, Zip Co					ASBE	STOS	CO	NTF	301	2				
Emergeno	ent # cy (including		V18010 = 0.11 = 100-0	lair, NJ (	)704;	3		ASSESTOS CONTROL & LICENSING Telephone Number										
DOH justification DCA Cancellat				Kenny					Tele	epnone i	Num	ber						
	TION								•									
Name of Facility Where Abatement is Taking Place (3) House								e of Facility (	2000									
Street Address								School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,										
City (5)			10				Squ	etc.) lare Feet	# of	Floors		В	ldg. A	.ge				
Montclair											I/A							
County (6) County Code (7) (STATE USE ONLY)							Current Use (Prior if being demolished)  House											
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. N/A						Name of Abatement Contractor (9) D&S Abatement, Inc.												
Street Address							Street Address 11 Rosengren Avenue											
City, State, Zip Code							City, State, Zip Code Totowa, NJ 07512											
Project Manager for Monitoring Firm	Telepho	ne No.	Telephone No. 973-345-8685					License No. 00675										
Start Date (10) 07/18/2016	Date (11)		Name of OSHA Monitor D&S Abatement, Inc.															
Occupancy Status During Abatement (Ch		Street Address																
Facility Closed/Vacated During Entire Period of Abatement						11 Rosengren Avenue												
Abatement Performed Outside of Normal Facility Hours Other – Describe:						5,000		Zip Code NJ 07512										
Scope of Work (Check All That Apply)	_					-												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure																
	15	Location	on					IOII-EXCITIPLE	u ( ) and	1 NOTE:	Habit	-	Abate	ment				
Location of	300	Normall ed Solel	у			Description of						Type						
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	aintenar	ice/			Containing Material (ACM) rmal systems insulation,			Amount (Specify			R	ת	Enc	Ē			
In Facility (13)	Staff? surfacing, VAT, o other miscellaneou						SF or LF)			Remova	Repair	Encapsulate	Enclosure					
(,	Yes	No	N/A				cellarieous)					a	-	late	ıге			
basement		X	75		pip	e insula	ition	115 LF				х						
Name of Registered Waste Hauler NJDEP Waste C								Name of				D 4						
D&S Abatement, Inc. 20996 T						BD Waste Management of PA					ra —	A						
City, State Dis Totowa, NJ							D City, State Tullytown, PA											
Completed by Title Ned Joksimovic PM						Signature	7	FN			Signature Date 07/07/2016							

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)																	
Date of Notification (1) 7/8/16		Name of Building Owner/Operator (2) Rob Smith Private Home									16						
Agencies Notified  Type Notification  I linitial Amended Amendment # Emergency (ining justification)  DCA  Type Notification  Amendment # Cancellation	cluding		City, State, Zip Code Manahawkin NJ 08050  Name of Contact Rob  Manahawkin NJ 08050  ASBESTOS CONTROLLICENSING  Telephone Number								ROL	. &					
Name of Facility Where Abatement is Taking F		FACI	LITY INFO	RMATI	ON	Type	of Facility (	4)									
Rob Smith Private Home Street Address								School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Manahawkin NJ 08050			Square Feet # of Floors 1000 1						Bldg. Age 35+								
County (6) Ocean			Code (7) USE ONLY)		Current Use (Prior if being demolished)  House												
Name of Monitoring Firm Hired by Building Ow N/A		ASCN	l No.		Name of Abatement Contractor (9) Pernaco Inc.												
Street Address			Street Address PO Box 329														
City, State, Zip Code							City, State, Zip Code West Berlin NJ 08091										
Project Manager for Monitoring Firm	1	elepho	ne No.		Telephone No. License No. 856-753-9800 00727												
Start Date (10) S 7/21/16 7	pletion	Date (11)		Name	of OSHA Monitor												
Occupancy Status During Abatement (Check		Street Address															
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:			City, State, Zip Code														
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	÷	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure															
Location of	Locatio			Do	Description of					Abatement Type							
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	d Soleh ntenan odial S (12)	ce/		os Con thermal surfa	taining N systems cing, VA niscellar	laterial s insula T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure				
Exterior Siding		х		Exte	rior Sid	ding	1000 SF			x							
Name of Registered Waste Hauler	JDEP W	Waste Cubic Yards			Yards Name of Register				i Landfill								
United Containers	Hauler ID No. of W. 22459 3			acto			R.O.W.S.										
City, State Elm NJ				Disposal Date City, State 7/27/16 Morrisville PA 19067				7									
Completed by Anthony T Perna	Title Presid	dent			5	Signature					Date 7/8/16						