State of NJ Notification of Asbestos Abatement

Paragon Job#			nt to NJAC 8		and 12:120-7)	177	E G E	7 []			
NOCK						1171					i
Date of Notification (1)	Name of	f Buildina Own	er/Operator (2))			JUL 1	E 00	2		
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Agencies Notified Type Notifica	tion Street Ac	ywine Gatev	vay, LLC								-
EPA D laifiel						AS	LESTOS	COL	10L	Ĉ.	-
DEP Initial		Lancaster A	Ave.			Land state and a land	LICE	APIL	-		
DOL Amendment #	Oity, Ota	te, Zip Code									
DOH Emergency	II Kadn	or, PA				I Tole	nhana Num	hor	e mt.c.	THE STATE OF	
justification		Contact				106	phone Num	iber			
DCA Cancel	ation Chris	s Condon				61	0-325-560	0			
		FAC	ILITY INFORM	IATION							
Name of facility where abatement	is taking place (3)					Type of Fa	cility (4) School (K -	12)			
Warehouse						=		567.77	oon K	10\	
Street Address			000			100	Subchapter 8 Other (Private	55		-12)	
						B	ldgs./Home:	s, etc.			
1100 Wright Ave.						Square Fe		loors		dg. Ag	ge
City (5)	County (6)				ty Code (7)	27,200 S			50		
Camden	Camden			(State	e use only)	Vacant E	se (Prior if b	eing dem	olish	ed)	
Name of Monitoring Firm Hired by			ASCM No.		Name of Abatement						
A CONTRACTOR CONTRACTO	Diag. Omio. (o)		ACOM NO.				6				
Langan Engineering Street Address					Paragon Contractive Street Address	oung, inc.					
300 Kimball Dr. 4th Floor					590 River Rd.						
City, State, Zip Code					City, State, Zip Code				E/ASTO		
Parsippany, NJ 07054					Clifton, NJ 070						
Project Manager for Monitoring Fire	n	Phone Numb	per	 -	Telephone Number	17	Licer	nse Numb	per	-	
* * * * * * * * * * * * * * * * * * *					(973) 614-1600)	007	748			
_Langan Scheduled Start Date (10)	Isched Com	973-560-49 oletion Date (1			Name of OSHA Mor	nitor					
* *	Journal Control	Diction Date (1	1)		Paragon Contra	cting, Inc.					
07/25/2016	08/05/2016				Street Address						
Occupancy Status During Abateme					590 River Rd.						
Facility closed/vacated during Abatement performed outsid					City, State, Zip Code	3					
Describe:					CI:C NI 070	1.4					
Other-Describe:				$- \bot$	Clifton, NJ 070	14					
Scope of Work (check all that app Demolition							_				
	Renovation			19-1-1-1	II Containment w/ne	Harris State Control		ovebag pr			
\boxtimes >3 sf or >3 lf	≥160 sf or ≥260 lf			ШМ	ini-enclosure	⊠ Non-	-Exempted (") Non-f		proce	dure
Location of	Is location norm		1					R e	R	E n	E
asbestos-containing material to be	staff(12)	. Juotourul	Descripti material		bestos-containing	Amo (Spe	ount ecify SF or	m	р	C	n
abated in facility (13)	Yes No	o N/A	Illatellali	(ACIVI)		LF)		O V	a	a p	L
								e	r	P	-
Heater Room			Pipe Insula			6 LI			님	닏	Ц.
Bathroom			Plaster Cei	ling		200 SI	-		님	님	
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Decistored Wests Harley		1-15"	J	Mest-	Mana (B	212-100		Ц	Ш	Ш	Ш
Registered Waste Hauler Paragon Contracting, Inc.	NJDEP Hau 22161		Cubic Yards of 6 cvds	vvaste	Name of Registere GROWS/Tullyt						
City, State		Disposal I			City, State					-	
Clifton, NJ 07014		TBD			Tullytown, PA						
Completed by (Print or Type)	Title		Signature	/	6		Dat				
Goran Lazevski	President		1	6 1	C		07/	11/2016			

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) Paragon Job# Name of Building Owner/Operator (2) Date of Notification (1) 0 7 / 1 1 / 1 6 Brandywine Gateway, LLC 1111 1 5 2016 Agencies Notified Type Notification Street Address Initial 556 E. Lancaster Ave. DEP Amendment City, State, Zip Code DOL Amendment # __ Radnor, PA Emergency (includ DOH Name of Contact Telephone Number justification) □ DCA Cancellation 610-325-5600 Chris Condon **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Warehouse Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 1140 Wright Ave Bldg. Age Square Feet # of Floors County (6) County Code (7) 6.350 SF 01 50 (State use only) Current Use (Prior if being demolished) Camden Vacant Building Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. Langan Engineering Paragon Contracting, Inc. Street Address Street Address 590 River Rd. 300 Kimball Dr. 4th Floor City, State, Zip Code City, State, Zip Code Parsippany, NJ 07054 Clifton, NJ 07014 Project Manager for Monitoring Firm Telephone Number License Number Phone Number (973) 614-1600 00748 973-560-4900 Langan Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) Paragon Contracting, Inc. 07/25/2016 08/05/2016 Street Address Occupancy Status During Abatement (Check only one) 590 River Rd. Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Clifton, NJ 07014 Other-Describe: Scope of Work (check all that apply) □ Demolition Renovation Full Containment w/negative pressure Glovebag procedure \boxtimes >3 sf or >3 If Non-Exempted (") Non-friable procedure >160 sf or >260 lf Mini-enclosure Is location normally used solely E Location of Е e by maintenance/custodial п asbestos-containing Amount Description of asbestos-containing n staff(12) m D C (Specify SF or material to be material (ACM) C 0 a а LF) abated in facility (13) Yes N/A No V p Roo Flashing/Sealant 1.050 SF Roof X Interior VAT/Mastic 300 SF X Cubic Yards of Waste Registered Waste Hauler Name of Registered Landfill NJDEP Hauler ID# Paragon Contracting, Inc. 22161 10 cyds GROWS/Tullvtown City, State Disposal Date City, State Clifton, NJ 07014 TBD Terllytown, PA

Signature

Date

07/11/2016

Completed by (Print or Type)

Goran Lazevski

Title

President

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) Paragon Job# Name of Building Owner/Operator (2) Date of Notification (1) 0 7 / 1 2 / 1 6 605 Jackson Hoboken, LLC Agencies Notified Type Notification Street Address \boxtimes EPA Initial 1450 Garden St. DEP Amendment City, State, Zip Code DOL Amendment # _ Hoboken, NJ 07030 Emergency (includ DOH. Name of Contact Telephone Number justification) ☐ DCA Cancellation 201-222-2580 Matthew Testa **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Pino Property Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 605-633 Jackson St. Bldg. Age Square Feet # of Floors County (6) City (5) 4,000 sf County Code (7) (State use only) Current Use (Prior if being demolished) Vacant Building Hoboken, NJ 07030 Hudson Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. Langan Engineering Paragon Contracting, Inc. Street Address Street Address 590 River Rd. 300 Kimball Dr. 4th Floor City, State, Zip Code City, State, Zip Code Parsippany, NJ 07054 Clifton, NJ 07014 Telephone Number Project Manager for Monitoring Firm License Number Phone Number (973) 614-1600 00748 973-560-4900 Langan Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) Paragon Contracting, Inc. 08/19/2016 Street Address Occupancy Status During Abatement (Check only one) 590 River Rd. Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Clifton, NJ 07014 Other-Describe: Scope of Work (check all that apply) Demolition Full Containment w/negative pressure Glovebag procedure ☐ Renovation Non-Exempted (") Non-friable procedure \boxtimes >3 sf or >3 lf Mini-enclosure ≥160 sf or ≥260 lf Is location normally used solely Location of e e by maintenance/custodial Amount asbestos-containing Description of asbestos-containing m staff(12) p C (Specify SF or material to be material (ACM) C 0 a abated in facility (13) LF) Yes No N/A V Metal Roof Panels with Tar 5,400 SF Roof Stand By During Demo X Roofing/Flashing X Office Roof 823 SF 580 SF Office Interior VAT/Mastic X NJDEP Hauler ID# Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill Red Technologies, LLC. 36163 60 cyds Minerva Enterprises Disposal Date City, State City, State Portland, CT 06480 TBD Waynesburg, OH Completed by (Print or Type) Signature Date Goran Lazevski President 07/12/2016

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

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Date of Notification (1)	Name o	f Building Own	er/Operator (2)				14.11	1 5 2	()1b	-	- 1	
10 7 /1 12 / 1 16	605 Ja	ackson Hobo	ken, LLC				UU +					
Agencies Notified Type Notificat	ion Street A					T L		is CON	TEO	E8		
EPA Initial	1450	Garden St.				AS	BESIL		G			1
DEP Amend	ment City, Sta	ite, Zip Code										
DOL Amendment #	II Hope	oken, NJ 070	30									
DOH Emergency justification)	(includ Name of	Contact	NAME OF TAXABLE PARTY.		od timela inicializaciones in terrolizaciones	T	elephone	Number	ALL DATE OF THE PARTY OF THE PA	- 100		
DCA Gancell	The III	hew Testa					201-222	-2580				
		FAC	ILITY INFORM	ATION								
Name of facility where abatement	is taking place (3)					Type of F						
Warehouse								(K - 12)	6 la a a 4 la	an V	10)	
Street Address								pter 8 (O Private/Co			12)	
							Bldgs./h	Homes, et	ic.			
720 Monroe St.	T 0 1 (0)					Square		# of Floor	S		ig. A	ge
City (5)	County (6)				nty Code (7) e use only)	16,000		or if being		50	d)	
Hoboken, NJ 07030	Hudson			(Oldi	0 450 5111/7		Buildin		y uem	Ulishe	u)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatement	Contractor	(9)					
Langan Engineering					Paragon Contract	ting, Inc.						
Street Address					Street Address							
300 Kimball Dr. 4th Floor				_	590 River Rd.				-			
City, State, Zip Code					City, State, Zip Code							
Parsippany, NJ 07054 Project Manager for Monitoring Firm	2	Phone Numb			Clifton, NJ 0701 Telephone Number	4		License	Numb	er		
# # # # # # # # # # # # # # # # # # #	H	The section of the section of			(973) 614-1600			00748	INUITID			
Langan Scheduled Start Date (10)	Isohad Com	973-560-49 pletion Date (1			Name of OSHA Mon	itor						
	Sched, Com	pielion Dale (1	1)		Paragon Contrac	ting, Inc.						
07/27/2016	08/19/2016			_	Street Address							
Occupancy Status During Abateme Facility closed/vacated during					590 River Rd.							
Abatement performed outside					City, State, Zip Code							
Describe:	•				Clifton, NJ 0701	1						
Other-Describe: Scope of Work (check all that app	lv/)				Cinton, 143 070							
Demolition	Renovation			ПЕ	ull Containment w/ne	native nres	sure [Glove	nan nr	ncedi	ıre	
\boxtimes >3 sf or >3 lf	≥160 sf or ≥260 l	f		_	lini-enclosure							edure
	Is location norm		vl						IR	R	Е	1
Location of asbestos-containing	by maintenance			ion of as	sbestos-containing	A	mount		e	е	n	l E
material to be	staff(12)		material		spesios-containing		pecify S	For	m o	p a	c	C
abated in facility (13)	Yes N	o N/A				L	-)		v e	i	р	
Roof			Roofing/F	ashing	8	16,00	00 SF		×	Ů		
					-							
Registered Waste Hauler Red Technologies, LLC.	NJDEP Ha 36163		Cubic Yards of 180 cyds	vVaste	Name of Registered Minerva Enterpr							
City, State		Disposal I			City, State				-		-	
Portland, CT 06480		TBD			Waynesburg, O	Н						
Completed by (Print or Type)	Title		Signature	1	1.			Date	2016			
Goran Lazevski	President							07/12/	2016			

CK# 7246

			(F	ursuan	t to NJAC	8:60 an		20)		EC			\mathbb{W}	E	M
Date of Notification (1)	<u></u>			Name PSE	of Building	g Owner/0	Operato	or (2)	##			П			
Agencies Notified	Type Notification				Address HADLE	Y ROA	 D			JUL	1 5	- (2016	1	الك
DEP X DOL	Initial Amended Amendment	#		City, S	tate, Zip C	Code		07068		ASBEST	OS C	10	TRO)L &	
DOH DCA	Emergency (i justification) Cancellation	ncludin	g	Name	of Contact	t				Telephone	Numb	er		_	
				FAC	CILITY INF	ORMATI	ON K	RiTY		732-	· 8.	30	2-	6%	7/
Name of Facility Where A	batement is Taking	Place	(3)					Type of Fa							
Street Address	PARK A	4 V A	=					Subcl Other	ol (K-12) hapter 8 ((i.e. priva	Other than ate & comm	K-12) ercial	buil	dings	hom	es,
City (5)	NGE	7 , C	<i></i>					Square Fe		# of Floors		E	Bldg. /	\ge	
County (6)					Code (7)		-			f being dem		d)	2/	4	
Name of Monitoring Firm	Hired by Building C	Numer /S	3)		M No.	Ŋ		GA	RAC	GE		-/			ÿ
ENVIRONMENTAL	TACTICS	whol (c	-,	004			UNI	of Abateme	TEMS (ctor (9) DF AMER	ICA				
Street Address 64 BROAD STREET	-						1000	t Address WHITEHE	AD AV	 Е.			HI-T		
City, State, Zip Code MATAWAN, NJ 0774	47						City, S	State, Zip Co	de						
Project Manager for Monit TOM GEIGER	oring Firm			Telepho 732-2	one No. 90-2217	7	Telep	hone No. -432-8350		Licens 0111		1)			
Start Date (10)		Schedu	iled Cor		Date (11)		Name	of OSHA Mo					l de la constant		
Occupancy Status During	Abatement (Check	Only C)ne)	3//	16			QUE SYST	EIVIS C	OF AMER	ICA				
Facility Closed/Vacat Abatement Performe	ed Durina Entire Pe	eriod of	Abaten	nent			396	WHITEHE		Ε.					
Other - Describe: _	necessary	of acini	iy nouis	nl	4			State, Zip Coo JTH RIVEF		3882					
Scope of Work (Check All ≥3 sf or ≥3 lf	That Apply)		/	-	,			7							
≥160 sf or ≥260 lf			Renova Demolit					Full Cont Mini-Enc Glovebag	losure	with Negativ ure	e Pre	ssur	е		
							-		mpted (*)	and Non-Fr	riable l				
Location o			s Locati Normal ed Sole	y		Des	cription	ı of					Abate Ty		
Asbestos-Containing N <u>TO BE ABAT</u> In Facility (13)	<u>red</u>	Ma	aintenar stodial S (12)	ice/	Asbes (i.e.	thermal: surfac	system ing, VA		1)	Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A		other m	iscellar	neous)				oval	air	sulate	sure
GARAGO	e e		×		ACM	Boile	ER I	NSULATIO	N	12 5F	- /	<			
No															
Name of Registered Waste WASTE MANAGEME			Ha	JDEP Wauler ID		Cubic Y of Wast				istered Land	ifili				
City, State			1	125		APP× Disposa	/ al Date		OWS N	UKIH				- 120	
ELIZABETH, NJ Completed by							D			LLE, PA					
CAROL RAIMO		Title OFFI	ICE M	GR		Sig	gnature	_ //	1	20	Date	1,0	1/		

NO CK

Date of Notification (1)				f Building O			(2)		L.					-
7/14/16 Agencies Notified Type Notification				an Automo	otive G	roup		121						
EPA Initial				ast Kings	_	ау	Mary Caller Happy Mary		JUL	1 5 20	16	= 0		
DEP Amended Amendment i Emergency (i		_		ate, Zip Cod Shade, N		52		ASB	ESTO	S CONT	hOL	ا د		
DOH justification) Cancellation	noluding		Name of Bill Ab	f Contact					Tel	phone Nur 5-486-71	nber			
Cancellation				LITY INFO	RMATIO	N			00	0-400-71	U I			
Name of Facility Where Abatement is Taking Holman Infiniti Auto Center	Place (3)				· · · · · · · · · · · · · · · · · · ·		Туре	of Facility (4	4)					
Street Address 577 Route 38							×	School (K-1: Subchapter Other (i.e. p	8 (Othe			dings,	, hom	es,
City (5) Maple Shade								etc.) re Feet 0	# of	Floors		Bldg. A	Age	
County (6) Burlington			County (Code (7) USE ONLY)		_		ent Use (Prio	or if bei	ng demolish	ned)			
Name of Monitoring Firm Hired by Building C Oxford Engineering	wner (8)		ASCN	√l No.				tement Con	tractor	(9)				
Street Address 336 Point Street		7.77			100		Addres Vest	ss Lincoln H	ighwa	y, Suite	500			
City, State, Zip Code Camden, NJ 08102								ip Code 19341						
Project Manager for Monitoring Firm William Moran			Telepho 856-54	ne No. 11-0700		170	one No 372-8			License N 01161	0.	100		
0110110	Scheduled 8/14/16	Com	npletion	Date (11)				HA Monitor alytical, In	l C.				-	
Occupancy Status During Abatement (Check	Only One)					Addres			2				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	eriod of Ab	atem	ent		13			Route 130	North	1				
Other – Describe: Roof work	ai racility r	10015						ip Code son, NJ 0	8077					
Scope of Work (Check All That Apply)							,							
≥3 sf or ≥3 if ≥160 sf or ≥260 if		novat moliti				×	Mir Glo	I Containme ni-Enclosure ovebag Proc	edure				21	
	le I	ocatio	on			E22	1 1001	n-Exempted	() and	Non-Friad	le Pro		e ement	
Location of		rmall	V		Descr	ription	of	10				Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main: Custor	tenar	nce/	(i.e. th	s Contair nermal sy surfacin other mis	vstems	insula T, or	ition,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			•							e	
Exterior			X	L. Carrier	meter F				40	0 SF	X			
Exterior		X	Pene	tration	Roof	Flash	ning	20	0 SF	X				
						10				-				
Name of Registered Waste Hauler		TN.	JDEP W	aste	Cubic Ya	rds		Name of F	eniste	ed Landfill				
Waste Management of New Jersey		35000	auler ID	No.	of Waste			GROWS	0					
City, State Trenton, NJ					Disposal TBD	Date		City, State Morrisvil		A				
Completed by Jack Bally	Title Sr. Pro	ject	Manag	ger	Sign	nature	LP.	sally	- 0	Da 7/	te 14/16	5		

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	ASBESTOS CONTROL & LICENSING

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Date of Notification (1) 07 / 13 /	16				_	Owner/Operator (atalon / GooGoo	1	UL JUL 1	5	2016		U
Agencies Notified	ation			517 : 500 T : 500 T	Address	Ava		ASBESTOS	CON	ITDO	1 0	
□ DOLWD □ Amended					Western			LICEN	ISIN	G	JL &	
□ DHSS Amendm □ Am					tate, Zip C							
☐ DCA ☐ Emergen		luding			ris Town			Talashana Niverba				
(NJAC 5:23-8) justificati					of Contact			Telephone Number				
Cancella	tion			2770076.001	ell DeGr			(651)331-8467				
				FAC	ILITY IN	FORMATION	4					
Name of Facility Where Abatement is	Taking	Place	(3)				Type of Facility					
Morristown Animal Hospital							School (K-1	2) 8 (Other than K-12)				
Street Address								private and commerc	ial bu	ilding	S,	
400 Western Ave							homes, etc	.)				
City (5)							Square Feet	# of Floors	Blo	dg. Ag	ge	
Morris Township							2,500	2	1	200		
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (F	rior if being demolish	ied)			
Morris							Animal Ho	spital				
Name of Monitoring Firm Hired by Buil	ding O	wner (8	3)	ASCM	No.	Name of Abatem	ent Contractor (9	9)				
Environmental Health Investig	ations	s, Inc		2973	7	Superior Ab	atement Inc					
Street Address						Street Address						
655 West Shore Trail						2 Henderson	Drive					
City, State, Zip Code				-		City, State, Zip C	ode					
Sparta, NJ 07871						West Caldwo	ell, NJ 07006					
Project Manager for Monitoring Firm			Tele	ephone	No.	Telephone No.		License No.				
Jean Paul Von Doehren			(6	609) 70	4-8850	973-808-161	6	00411				
Start Date (10) 07 / 26 / 16				etion Da		Name of OSHA I Superior Ab						
Market and the second s			1111			•	atement ine					
Occupancy Status During Abatement (Street Address	D.i.					
 □ Facility Closed/Vacated During Ent □ Abatement Performed Outside of N 					cribe	2 Henderson		201-2				
Time of Abatement:AM						City, State, Zip C						
Scope of Work (Check all that apply))			ell, NJ 07006					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		□ Rei ⊠ Dei				Mini-En ☐ Gloveba	closure ag Procedure	egative Pressure	Э			
		ls	Loca	tion			1		_	atem	ent T	vpe
Location of			orma			Description			1	_		1
Asbestos-Containing Material (ACN TO BE ABATED	Л)			ely by ance/		stos Containing M ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cust		Staff?	(1.6	surfacing, VA		SF or LF)	oval	=	psu	Sur
(13)		Yes	(12) No	N/A		other miscellan	eous)				late	e
Throughout				\boxtimes	Wall/Ce	eiling Plaster w	Joint Comp.	7,500 SF	\boxtimes			
1 st Floor Kitchen				\boxtimes	Linoleu	ım		175 SF	\boxtimes			
Exterior - Boiler / Windows				\boxtimes	Rope G	asket / Window	/ Caulk	10 LF / 22 EA	\boxtimes			
Roof				\boxtimes	Perime	ter Flashing		100 LF				
Name of Registered Waste Hauler			10.0	NJDEP 1		Cubic Yards of	Name of Reg	istered Landfill	-			
Service Transport Group Inc			H	Hauler II		Waste	Minerva	Enterprises				
City, State				SW21	1/	100 Disposal Date	City, State					
New Castle, DE						8/09/2016	The second secon	urgh, OH				
Completed By (Print or Type)	Title					Signature		A Dat	e			
Nick Petrovski		reside	né			Signature	1//	//	7_	13	_ ,	11
MICK FELLOVSKI	1	esiue	111		00000		11/1/1/2	Run (-/	-)	1	5

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Date of Notification (1) 07-12-2016				of Building d Vailsbu				nization	D.	5_	<u> </u>	5		U	15	The state of the s
	Notification nitial		40-42	Address Richelie		ace				J	JUL	15	2	2016	1	凹
	mended mendment #		-	ate, Zip Co rk, NJ 07					l							
	mergency (including	-		of Contact				-	A	SBE Teleph	STO ohe(N	S C	N é	ITRO G	OL 8	×.
DCA C	ancellation			r Botros				L		973-4						
Name of Facility Where Abateme	ent is Taking Place (3)	FAC	ILITY INFO	ORMATIC	NC	Tyr	oe of Facilit	v (4)							
Unified Vailsburg Service	Organization	-,					T T	School (F								
Street Address 1044 South Orange Ave							×	Subchap Other (i.e etc.)	ter 8 (C	Other th	nan K- ommei	-12) rcial b	ouild	lings,	hom	es,
City (5) Newark				*!			Squ	uare Feet	#	of Flo	oors		BI	dg. A	\ge	
County (6) Essex			County (STATE	Code (7) USE ONLY)). ——			rrent Use (F	Prior if b	being o	demol	ished)			
Name of Monitoring Firm Hired b Detail Associates,Inc	y Building Owner (8)		ASCI	M No.				batement C orporation		tor (9)						
Street Address 300 Grand AVenue						Street 606 I		ress Bride Ave		1875						
City, State, Zip Code Englewood, NJ								Zip Code nd Park, N	NJ 074	424						
Project Manager for Monitoring F Stephen Jaraczewski	irm		Telepho 201-56	ne No. 69-6078		Teleph 973-2		No. -8400		501	cense 1104	No.				
Start Date (10) 07-25-16	07-29-	16	npletion	Date (11)				SHA Monito onmenta		orator	ries,L	LC				
Occupancy Status During Abater	765 759	.50				Street		37.77.17.								
Facility Closed/Vacated Dur Abatement Performed Outs Other – Describe:	ing Entire Period of a de of Normal Facility	Abaten Hours	nent S			City, S	tate,	ute 22 W Zip Code	est							
Scope of Work (Check All That A	pply)					Unio	n, N	IJ 07083								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	× F	Renova Demolit				×	N G	ull Contain Ini-Enclosu Blovebag Pr Ion-Exempt	ire ocedur	re					2	
	. Is	Locati	on					The state of the s	T	2110 110	211 1 116	10.01			ment	
Location of Asbestos-Containing Material	777.0	Vormal d Sole				cription						-	-	Ту	ре	
TO BE ABATED In Facility (13)	IVIa	intenar lodial S (12)			thermal s	ystems ng, VA	insu T, or			Amou (Spec SF or I	ify	Nemova	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A												te	CD.
mechanical room	X			sh	neet me	tal ins	sulat	tion	'	400 5	SF	x	1			
Name of Registered Waste Haule	r	N	JDEP W	/aste	Cubic Y	ards		Name o	f Reais	stered	Landf	isi .		5		
Lilich Corporation		100000	auler ID 3724	No.	of Wast			GROV				atti				
City, State Woodland Park, New Jerse	у				Disposa	I Date	= 2-1-7-	City, Sta		PA						
Completed by Momo Glavatovic	Title vice p	ent		Sig	nature		00	7			ate)7-12	2-20	016			

State of New Jersey

JK 3/32		NOII				C 8:60 and 5:16	:1		<u>U</u> _\	y l	<u> </u>	11
Date of Notification (1)	11 / 16				section that is reported to the	g Owner/Operator (2)	JUL 1		515		
Agencies Notified	Type Notification				Address	treet	2		Const.	_		
□ DOLWD	☐ Amended		ł	City. S	state, Zip C	Code		LKĒ	Vie da	3		
⊠ DOH	Amendment #_					NJ 08028	L-	1,1 0 12.				
	Emergency (in justification)	cluding	1		of Contac			Telephone Num	ber			
(143/10/3.25-0)	☐ Cancellation			Nev	vport Co	nstruction		856-662-950				
					•	IFORMATION						
Name of Facility Where	Ahatement is Taking	Place	(3)	IAC	DILIT IN	IFORWATION	Type of Facility	· (4)				
Bowe School Street Address	toatement is raking	1 1000	(0)		=		School (K-1		!)			
7 Ruth Mancuso La	ano							orivate and comme	rcial bu	gnibliu	JS,	
City (5)	2116						homes, etc.	# of Floors	RI	dg. A	ne .	
Glassboro							20,000	2		80 80	ge	
County (6)				Cour	tu Codo /7	VOTATE LISE ONLY		rior if being demolis				_
Gloucester				Coun	ity Code (7	')(STATE USE ONLY)	School School	nor it being demois	sileu)			
	. I liand by Duilding C	· · · · · · ·	0\	00011	NI-	Name of Abotem		1				
Name of Monitoring Firm)wner (28	ASCM		Name of Abateme		Č.				
Environmental Des	sign, inc.			009	5	CAMPANA A CONTROL OF THE PARTY	onmental, LLC	,				
Street Address						Street Address						
5434 King Avenue					-7-6	623 Cutler A						
City, State, Zip Code						City, State, Zip C						
Pennsauken, NJ 08						Maple Shade	, NJ 08052					
Project Manager for Mon	itoring Firm		0	phone		Telephone No.	20	License No.				
Tim Gromen				6-616		856-755-0099	V	00842				
Start Date (10)/	Section 25 Section 199			tion Da /_		Name of OSHA N EMSL Analyt						
Occupancy Status Durin	g Abatement (Check	conly c	ne)			Street Address						
□ Facility Closed/Vacate	ed During Entire Pe	riod of	Abater	nent		200 Route 13	0 North					
Abatement Performed						City, State, Zip C	ode					
Time of Abatement: _	AMPi	/l/	PM-		AM	Cinnaminsor	n, NJ 08077					
Scope of Work (Check a	II that apply)											
≥3 sf or ≥3 if ≥160 sf or ≥260 if		-	novatio molitio			☐ Mini-End ☐ Gloveba	losure g Procedure	egative Pressure on-Friable Procedu	ire			
			Locat						Ab	atem	ent T	уре
Location Asbestos-Containing TO BE AB/ IN Facil	Material (ACM) ATED	Use Ma	Normal d Sole intena todial S	ly by nce/		Description of estos Containing Ma e., thermal systems surfacing, VAT	iterial (ACM) insulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	(12) No	N/A		other miscellane	ous)				ate	"
Bathrooms			No ⊠		Plaster			360 SF				
										П	П	
								-	+			
									ᆜ			
-										Ш	Ш	
Name of Registered Was Jack Robinson Wa			74 355	JDEP \ auler II 17304	D No.	Cubic Yards of Waste 40		istered Landfill and County Land	lfill			
City, State Voorhees, NJ						Disposal Date 08/12/2016	City, State Newburg,	PA				

Completed By (Print or Type)

Christina Lynch

Title

Operations Manager

Signature

CK 5871

QC 3		(P	ursuant	to NJAC 8:60 as	nd 12:12	0)		1	FR		W		1>
Date of Notification (1) 07/11/2016				f Building Owner ier Lanes, Inc		(2)			L W		11/		
Agencies Notified Type Notifie	cation		Street A	ddress					JUL	15	201	6	世
X EPA X Initial				arolier Lanes				14.	0.000,000,000		112303711		1
X EPA X Initial Amen Amen	ded dment #			ate, Zip Code	1 0000	0		L	SBESTO	SCC	INTE	ROL	8
Emerc	gency (including	-		Brunswick, N	J 0890	2			LIC	FNS			
	ation) ellation			ivingston				839.62	ephone Nu 32) 846-0				
- Canac	, iiddoll			LITY INFORMA	TION			1//	02) 040	0000		-	
Name of Facility Where Abatement is Bowlero Carolier	Taking Place (3	3)					of Facility School (K-						
Street Address							Subchapte	r 8 (Oth					
790 US Route 1 North							Other (i.e. etc.)	private &	& commerc	ial buil	dings	hom	es,
City (5)						Squa	re Feet	# of	f Floors	E	Bldg. A	Age	
North Brunswick						78,8		1			50		
County (6) Middlesex				Code (7) USE ONLY)			ent Use (Pr ertainme		5575	hed)			
Name of Monitoring Firm Hired by Bu	ilding Owner (8)		ASCN	ЛNo.			tement Co		(9)				
BioTerra Solutions Street Address							ontracting	g, Inc.					
1130 West Chestnut Street						Addre	ss on Aveni	uo IIn	i+ 265				
City, State, Zip Code							ip Code	ue, on	11 303				
Union, NJ 07083					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		J 07012						
Project Manager for Monitoring Firm			Telepho	ne No.	-	hone N			License N	lo.			- PARTS
Rick Eustaquio			(973)	494-3762	(973	3) 450	-9500		001036				
Start Date (10)			npletion	Date (11)			HA Monitor						
07/21/2016	08/05/						ontracting	j, Inc.					
Occupancy Status During Abatement Facility Closed/Vacated During F	N 50 (5)					Addre	ss on Avent	ıe IIn	it 365				
Abatement Performed Outside of	ntire Period of A f Normal Facility	Abatem Hours	ient				ip Code	ac, On	11 000		_		
Other - Describe: Monday to Sat					C		J 07012						
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Pemolit			×	Mir Glo	ll Containm ni-Enclosur ovebag Pro n-Exempte	e cedure				e	
	Is	Locati	on		-							ement	t
Location of	Llee	Normall d Sole			escription					-	1)	ре	-
Asbestos-Containing Material (AC TO BE ABATED	Ma Ma	intenar	nce/	Asbestos Cor (i.e. therma					mount Specify	D	_	Enc	皿
In Facility (13)	Cust	odial S (12)	Staff?	surf	acing, VA	T, or			or LF)	Remova	Repair	aps	Enclosure
(13)	- L	28 B	T	otner	miscellar	neous)				va	air	Encapsulate	sure
1st Floor Customer Area	Yes	No	N/A X		Mastic			5.0	00 SF	V			
4 Offices & Storage Area			X	\/im\	l Floor					X	-		\vdash
									75 SF	X	-		\vdash
Bowling Ball Storage Roor			X		lue Dot				SF	X			
Bowling Ball Storage Roor Name of Registered Waste Hauler	m	LNI	X	Ceiling Lev		Com			0 SF	X			
			JDEP Wauler ID		Yards aste			01/2/10/24	red Landfil			_	
Atlantic Carting		N	J641	30			Grand	Centra	al Sanitai	y Lai	ndfill	Corp).
City, State Wayne, NJ				Dispo TBD	sal Date		City, Stat	/ /	4				
Completed by	Title		**		Signature	AIN		7, ,		ite			
Milena Zoric	Excu	tive D)irector		V	MA	/ 1	1	0	7/11/	2016		1

	1		CATION	ate of New Jerse N OF ASBESTOS to NJAC 8:60 ar	ABATE		Enternation of the	D)_E_	(5		(h	-419
Date of Notification (1) 07-11-2016				of Building Owner/ ont Board of Ed					JUL	1 5	20	16	
Agencies Notified Type Notification EPA Initial			Street A	Address pew Street					, 0 _	1 0	<u> </u>	10	
X DEP Amended X DOL Amendment				ate, Zip Code int, NJ 07628				ASSE		S CO ENS			. a
□ Emergency justification) □ DCA □ Cancellation			Name o Kevin	f Contact Dune				Telephor 201-38					
			FAC	ILITY INFORMAT	ION				20, 200,00				
Name of Facility Where Abatement is Takin Dumont High school	g Place (3	3)				-	of Facility (4 School (K-12						
Street Address 101 New Milford Ave							Subchapter 8 Other (i.e. pr	Other tha			dings	, hom	es,
City (5) Dumont							etc.) ire Feet	# of Floo	rs	E	Bldg. /	Age	
County (6) Bergen				Code (7) USE ONLY)		Curre	ent Use (Prior	if being de	molisi	hed)			
Name of Monitoring Firm Hired by Building Detail Associates, Inc	Owner (8)		ASC	И No.			itement Cont	ractor (9)					
Street Address 300 grand Ave					Street	Addre							
City, State, Zip Code Englewood, NJ 07631							ip Code Park, NJ	07424				-	
Project Manager for Monitoring Firm Tony Valentine			Telepho 201-56	ne No. 39-6708	Teleph	none N 225-8	0.		nse N	lo.			
Start Date (10) 07-22-2016	Schedule 07-26-2			Date (11)	Name	of OSI	HA Monitor onmental L			II C			
Occupancy Status During Abatement (Chec					Street	Addres							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other - Describe: start 4 pm (sub-8 und	al Facility	Hour	nent s	<u> </u>	City, S	itate, Z	ip Code 07083		1				
Scope of Work (Check All That Apply)					1 01110	11, 110	0,000				_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	parameters.	Renova Demoli			X	Mir	Containmer ni-Enclosure ovebag Proce n-Exempted	dure ten	t/1	im.	.co	nta	inmen
Location of		Locat		Do	scription			() 4110 13011	11100		Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	* Ma	d Sole intena odial ((12)	nce/	Asbestos Con (i.e. therma surfa	taining N	Material s insula T, or	(ACM) ation,	Amoun (Specify SF or LF	,	Remova	Repair	Encapsulate	Enclosure
closet	Yes	No	N/A		1					=		ate	- Б
		Switz editor	X		insula			90 LF		х			
band hallway		X	pipe	insula	tion		8 LF		×				
Name of Registered Waste Hauler		k	IJDEP W		Yards								
Lilich Corporation							Name of Re		andfill				
City, State Woodland Park, New Jersey				Dispo	sal Date		City, State Morrisvill	e, PA					
Completed by Momo Glavatovic	Title vice p	resid	dent	S	Signature	6	20		Dai 07	te -11-2	016		

NOCE

1		(, -				<u>.</u> 0.00 ana		La L	: B 1	WB	F	7	
Date of Notification	(1) 7/5/16					wner / Operator	(2)			U 15	7 }		
Agencies Notified EPA	Type Notifica	ation	1,566	eet Addr		E)		ŬЩ JU	L 15	2016			17
☐ DEP ☐ DOL		nded #2-7/11/1	Cit	y, State 8 estmont	& Zip Co			ACENE					
□ DOH	() - () -	gency	100	me of Co		7100		ASRES	OS CON CENSIN	Telepho	he N	umb	er
☐ DCA		ellation	C/	O Robe	rt Dina	n	_		TIASIIA	856-72			
				FACILIT	Y INFO	RMATION			25/10/2012				
Name of Facility Wh	nere Abateme	ent is Taking Pl				Type of Facili		NON SUB-CH	IAPTER 8				
Street Address								Other than K-					
625 Rhoads Aver	nue						e. priva	ate & commer				tc.)	
						Square Feet		# of Floors		Bldg. Ag			
City (5)		County (6)	Coun	ty Code	(7)	60,000		2			40+		
Haddonfield		Camden				Current Use (School	Prior i	t being aemo	isned)				
Name of Monitoring	Firm Hirad h	v Building Own	or (8)	IASC	CM No.	Name of Abat	emen	t Contractor (9)				
Epic Environmen			ici (0)	///	JIVI 140.	Bristol Envi			0)				
Street Address						Street Addres							
1930 Brown Road						1123 Beave							
City, State & Zip Co Newfield, NJ 083						City, State & Z Bristol, PA							
Project Manager for		irm	Telepho	one Numl	her	Telephone Nu			License	Number		-0.00	-
James Eberts	monitoring r		1.5	5-1077		(215)788-60			00509				
Scheduled Start Date 7/6/16	te (10)	Scheduled Con	npletion 7/12/1)	Name of OSH Bristol Envi							
Occupancy Status I	During Abater	nent (Check or		0		Street Addres		iciitai iiio.					
		During Entire P		Abateme	ent	1123 Beave		eet				**//5-44	
		utside of Norma	al Hours	s – 7am t	o 3pm	City, State & 2							
	3:30 PM -					Bristol, PA	19007	7					
Scope of Work (Che	upied During												
Ocope of Work (one	on an triat ap	,P13)						Full Contains	ment with	Negative	Pres	sure	
≥3 sf or ≥3 l ²				Renovatio				Mini-Enclosu					
≥160 sf ≥26	0 If			Demolitio	n			Glove Bag P			- 0		
	ocation of		lala	cation		Description		Non-Exempt	Amount		ateme		_
	os-Containin	a		lly Used		Asbestos-Conf		1	(Specify	- 70		5111.1	ypc
Mate	erial (ACM)	5	Sole	ely by	İ	Material (AC	CM)		SF or LF)	, z	_	Enc	面
	BE ABATED Facility			nance or ial Staff?		i.e., thermal sy sulation, surfac				Removal	Repair	aps	Encisoure
"	(13)			12)		or other miscella				val	ai-	Encapsulate	oure
				No N/A			.,					0	
Throughout						Transite	е		750 SF				
											H	井	H
				러분							H	H	H
			+++								H	H	H
			HH	ᅱ片	-						Ħ	Ħ	n
Name of Registered	Waste Haul	er		NJDEP	Waste	Cubic Yards	Nam	e of Registere	ed Landfill				
				Hauler II		of Waste							
Service Transpor	rt Inc.			20990		20 Cu Yd	THE PARTY OF THE P	erva Landfil	I				
City, State New Castle, DE						Disposal Date 7/8/16	11	State /nesburg, C	Н				
Completed By (Print	t or Typo)			Title		Signature	**ay	,oobarg, C		Date			
Gino Pizzigon	27.5			Project			-	. /	- 0	Juio	/	1.	
Onio i izzigoni				Manage		Sens Kis	300	rone /-	cl	7/	11/	1/6	0

State of New Jersey

6516 - NJ

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

Initial Non-Friable Notification Check #: 6649

$N() \sim 0$							- CI	ICCK #. C	7043				
Date of Notification	on (1)		Nan	ne of Bu	ildin	g Owner/Operato	or (2)	[-] E	C E	f T	vii I		
0 7 / 0				orth Hute		High School - as	sbestos			U	<u> </u>		
Agencies Notified	tabe worr:	restion	1 263	reet waa	ress		1		JUL 1	5 0	116		
[]EPA [X]DEP	[]initia Notif:	al ication	11	45 Rt. 3°				<u> </u>	JUL I	J 21	J 10	- 1-	=
X]DQL	(X) Amend		An	nandale	N.I.O	8801	İ	ASB	ESTOS	CON	TRO	8	
[]DOH	Notif:	ication	1	ne of Co					ne Numbe	A 11			_
[]DCA	[]Cance	llation	W	lliam Mo	wery			908-713	3-4177				
			-	FACIL	I YTI	NFORMATION							
Name of Facility Wh	nere Abatem	ent is Ta	king	Place (3)		Type of E	acility	(4)				
North Hunterdon Hig Street Address	h School - a	sbestos					[]	ther (i.	er 8 (Oth e., priv ldings, h	rate nomes	e coi	mmer)
1445 Rt. 31 South							Square Fe	200	of Floors	BI		Age	
City (5)		County	(6)			ATE USE ONLY)	Current t		or if be	ing d	50 emol	ishe	d)
Annandale, NJ 0880	1	Hunter	don		, , ,		School	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				(*)	
Name of Monitoring Owner (8)		by Build	ing	ASCM No	·	Name of Abate		ractor (₹)				
				0004		Four Strong B	uilders Inc	(#					
Briggs Associates Street Address				0004		Street Addres	ss .			-			
3 Crosswicks St					Ì	180 Sargeant	Avenue						
City. State. Zip Co	ode					City. State,	Zip Code						
Bordenton, NJ 08505	o Monitorin	g Firm [T	elep	hone Num	ber	Clifton, NJ 070	013-1935		Licer	nse N	umbe	r	
Mike Hoodak				47-2958		973-614-0377			0080	7			
Scheduled Start Da	te (10) S	ched.Comp			(11)	Name of OSHA			10000	-			
0 7 / 1 8 / Day / Occupancy Status Do	1 6	0 7 / 2	Day	/ 1 6	.1	Four Strong B							
Occupancy Status D						Street Addres							
of Abatement						180 Sargeant					_		
[]Abatement Per Hours - Descr	ibe:	ide of No	rmaı	Facilit	- Y	City, State.	41p Lode						
[]Other - Descr	-				_	Clifton, NJ 070	013						
Scope of Work (Che []Demolit [X]>3 sf o []\(\frac{1}{2}\)160 sf	ion		IX1	Renovati	on	[]Mini []Glov	l Containm i-Enclosur vebag Proc -Friable P	e edure		e Pre	ssui	e	
				Is			•			Abat	emer		rpe
	ion of		Nor	mally		Description				R	_	E N	E
Materia			So	sed lely		Asbestos-Cont Material (A	ACM)		Amount Specify	E	R E	C A	C T.
TO BE	ility		ten	Main- ance/	ir	(i.e., thermal sulation, sur	facing. VA		SF or LF)	0 V	P A	P	O S U R
. (1	3)		Sta	ff(12)		or other misc	cellaneous)		A L	R	Ţ	U R
Cafe B and Media Cer	star at N. Llum	tordon UC	Yes	No N/A	Mran	&cut of 30 pipe	fittings	30	LF	V	_	•	E
Cale B and Media Cer	iter at N. Hun	teruori no		\wedge	vviap	acut of 50 pipe		- 30				-	
										-			
				_									_
Name of Registered	Unnto Voul		I N	DEP Wast	- 0	Cubic Yards	Name of	Pagistor	ad (aad f	1			
Name of Registered	waste dadi			uler ID		of Waste	Manie OI	negrater	eu bandt				
Four Strong Builders	s, Inc.		12	2609			G.R.O.W						
City. State	18*					Disposal Date	City. St	ate					
Clifton, NJ							Tullytown	n, PA					
Completed By (Prin	t or Type)	Title				Signature	e		7	Da	ite		
Nevenko Zivkovic		Officer				arce	de 30	recent	£'	7/	11/1	6	
505-41													

CR# 3064

	88.1					T	3 6 1		-		
Date of Notification (1)				Owner / Operato	or (2)	11	5 6 5				
7/12/16				ool District							
Agencies Notified Type Notifica	ition		Address				1111 ×	er ele	10		0.6
			urch Stre				JUL 1	7 96	10		1
☐ DEP ☐ Initial ☐ Amer		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ate & Zip C								1
1 2000 and a contract of the c			of Contact	08070			-STOS	I 	Line servers at	nd Mariana	. i
	gency ellation	100000000000000000000000000000000000000					LICE	Telepi			per
_ Calle	Silation	WIIKE S	Simpkins				LIOL	856-5	40-6	200-	
			ILITY INF	ORMATION						V	
Name of Facility Where Abateme	nt is Taking Place	(3)		Type of Facil							
Pennsville Middle School				School (
Street Address						Other than K					
4 William Penn Ave						te & comme	ercial buildin	ngs, ho	mes,	etc.)	
	<			Square Feet		# of Floors		Bldg. A	ge		
City (5)	County (6)	ounty Co	ode (7)								
Pennsville	Salem			Current Use	(Prior if	being demo	olished)			300	
				School							
Name of Monitoring Firm Hired by	y Building Owner (8	3)	ASCM No.	Name of Aba	tement	Contractor	(9)			E i	
Pennoni Associates, Inc.				Bristol Env							
Street Address				Street Addre	SS						
515 Grove St.			C.	1123 Beave	er Stre	et					
City, State & Zip Code				City, State &							14
Haddon Heights, NJ 08035				Bristol, PA							
Project Manager for Monitoring F		ephone N		Telephone N			License	Numbe	г		
Brian Clark		-547-05		(215)788-60	-		00509				
	Scheduled Complet		(11)	Name of OSI							
7/27/16		9/16		Bristol Env		ental Inc.					
Occupancy Status During Abaten				Street Addres							
Facility Closed/Vacated D			ement	1123 Beave							
Abatement Performed Ou	itside of Normal Ho	ours –		City, State &							
Describe:				Bristol, PA	19007						
Facility Occupied During		3:30 PI	M	L	- 72						
Scope of Work (Check all that ap	ply)					Full Contain	mont with	Nogotiv	o Dr	200115	_
\ \ ≥3 sf or ≥3 lf		Pono	vation			Mini-Enclos		Negativ	erie	255ui	0
≥3 \$1 61 ≥3 11 ≥160 sf ≥260 lf		Demo				Glove Bag F					
2100 31 2200 11		Deme	Jillion			Non-Exemp			ole Pr	ocedi	ure
Location of	le	Locatio	n	Description	Konsaid	TVOIT EXCITIP	Amount		baten		
Asbestos-Containing	0,000	mally Us	222	Asbestos-Con			(Specify	/ /	T	T	Type
Material (ACM)		Solely by		Material (A			SF or LF)		_	四四	1 m
TO BE ABATED	10070	ntenance	5 5 6 6	(i.e., thermal s				040	Repair	Encapsulate	Enclosure
in Facility	Cus	todial St	aff?	insulation, surfac				2	ball	usc.	uso
(13)	Yes	(12) No 1	N/A	or other miscell	aneous	5)		2	- -	ate	ē
	165								7 -	-	-
Exterior Louver Caulk			<u> </u>	Caulkin	g		480 LF		4		무
		141							<u> </u>		11
		141									부
									4		+-
		141							44	니닏	14
		141			T						
Name of Registered Waste Haule	er .			Cubic Yards	Name	of Register	ed Landfill				
Camilas Transpart Inc			ler ID No.	of Waste	BAima	df					
Service Transport Inc.		4	20990	1 Cu Yd		rva Landfi	11				
City, State				Disposal Date	City, S		NI I				
New Castle, Delaware	2			7/29/16	wayr	nesburg, C	Ή				
Completed By (Print or Type)		Title		Signature	0 -			Date	Barrana.		
Gino Pizzigoni		Proj		Sino 1	0		1.0	7/1	2/16	Ó	
		Man	nager	Muie 1	12/30	sous 1	1				

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CK #	3064
1.1-	/f.

Date of Notification								wner / Operato	or (2))	·	1111 4 1	004			\parallel
Ai NI-4:GI	7/12/16	- t:			-			ol District				JUL 1 !	5 201	0		/
Agencies Notified EPA	Type Notific	ation		Stree				4								
□ DEP	☐ Initia	10					Stree Zip Co				3.00		OM:			
□ DOL	⊠ Initia 			33.500						-	ASD	EU (311			
Ø DOH				Nam			NJ 0	0070					elepho	no Ni	ımho	
DCA DCA		rgency cellation					kins						56-540			31
<u> </u>	Canc											0	30-340)-020	,,,	
N1	A.L L.		/		ACI	LITY	INFO	PRMATION						- 457		
Name of Facility Wh	nere Abatem	ent is Taking P	iace (3)				Type of Facili			chant	05.0				
Central Park ES										3 (Other tha						
Street Address															\	
43 Oliver Avenue	9								-	ivate & con					(C.)	
City (E)		County (6)	To	a		do (*	7\	Square Feet		# 01 F100	JIS	P	ldg. Age	3		
City (5)		County (6)	00	ounty	7 00	ue ()	Company Hand	/Daile	a if haine al		hod)		-		
Pennsville		Salem						Current Use ((Prio	or it being a	emolis	inea)				
			//0			100		School		10 1	1 (0)					
Name of Monitoring Pennoni Associa		y Building Owi	ner (8)	ľ	ASC	M No.	Name of Aba Bristol Env				1				
Street Address	ites, iiic.							Street Addres		iiiieiitai, ii	10.	21132				
515 Grove St.								1123 Beave		treet						
City, State & Zip Co	de				-			City, State &		100000000000000000000000000000000000000						
Haddon Heights,								Bristol, PA								
Project Manager for		irm	Tele	phon	e N	umb	er	Telephone No				License N	umber			
Brian Clark	Wormtoring i		05	-	(215)788-60			1.0	00509							
Scheduled Start Da	(11)		Name of OSH		Monitor											
7/29/16	125 125			/16		(/		Bristol Env			ic.					
Occupancy Status [During Abate	ment (Check o	nly or	ne)				Street Addres	SS							
Facility Clos	ed/Vacated	During Entire F	eriod	of A	bate	emer	t	1123 Beave	er St	treet						
Abatement	Performed O	utside of Norm	al Ho	ours -	-			City, State &								
Describe:								Bristol, PA	190	07						
		Abatement 7	AM to	3:30) PN	Λ										
Scope of Work (Che	eck all that ap	oply)								Eull Con	tainm	ent with N	agative	Dros	CUITA	30
□ >2 of or>21	£ .			D	0001	vatio	_		님	Mini-End			egalive	1 103	Suic	
≥3 sf or ≥3 l ≥160 sf ≥26			A			lition			H			cedures				
2100 51 220	0 11		Ш	De	51110	muon			M			d and Non	-Friable	Pro	edu	re
1,	ocation of		le	Loca	ation	2		Description	n of	THOIT EXC						
	os-Containin	ın		mally				Asbestos-Con				Specify	7100	T		JPC
	erial (ACM)	9		Solely				Material (A				F or LF)	_		Щ	т
	BE ABATED			ntena				(i.e., thermal s	yste	ms			Ren	Re	ıcar	ncl
ii	n Facility		Cus	todia		aff?		nsulation, surfac					Remova	Repair	Encapsulate	Enclosure
	(13)		V	(12		1/4		or other miscell	lane	ous)			<u>n</u>		ate	ē
			Yes			N/A						7015				
Exterior Louver (Caulk			\boxtimes				Caulkin	ıg		1	70 LF		H	님	H
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		Ш								니님	H	님	Н			
			Щ		Ш										님	
			Ш						1			1511				
Name of Registered	Waste Haul	er		1000			Children Comment	Cubic Yards of Waste	Na	me of Regi	stered	Landfill				
Sancias Transpor	rt Inc					er ID 2099		1 Cu Yd	R/I i	nerva Lar	dfill					
Service Transpor	it iiio.					.000		Disposal Date	100000	y, State				- 77	25	
City, State New Castle, Dela	ware							8/1/16		aynesbur	a. OH					
	Completed By (Print or Type) Title										ر, ح. ا		Date			
Gino Pizzigon	And the second second second second			1000		ect		Signature	0			/ ^	7/12	/16		
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Ck#3064

Data of Natification (4)		Thi		-f D	.:1-1:	0	- (2)			5 3	- 11	1	13	1
Date of Notification (7/12/16						Owner / Operator ool District	r (Z)	112	1					7
Agencies Notified	Type Notifica	otion		treet	-		DOI DISTRICT		-H	1		2000			11
EPA	ype Nounce	ation	1.7			h Stre	·*		111	JI JI	JL 1	5	2016	5	1
□ DEP		í		_	_	& Zip C				1	- N	2,000			-
⊠ DOL	Amer		100						1						
						e, NJ (18070			ASBES	TOS	QQ	KE	OLE	-
⊠ DOH □ DCA		rgency	1000			ontact			ř						eT
L DCA	Cand	ellation	IV	like :	Sim	pkins					856-	54 0	-620	10-	-
				FAC	ILIT	TY INF	ORMATION						- 11		
Name of Facility Whe	ere Abateme	ent is Taking Pl	ace (3)				Type of Facili	ty (4)							
Valley Park ES			, ,				School (H		Subchap	ter 8					
Street Address		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					Subchap	ter 8 (Oth	er than K-1	12)					
63 Mahoney Road	I								& commerc		nas, h	ome	es, e	c.)	
oo manoney read	•						Square Feet		of Floors		Bldg.				
City (5)		County (6)	Cou	nty C	ode	(7)		""			J	5			
Pennsville		Salem	000	, 0	rouc	(,)	Current Use (Prior if he	ina demoli	(had)					-
remisvine		Salem					School	1 1101 11 00	ing demon	Si icu)					
N		D 11 11 0	(0)		TAG	ONANI		1							_
Name of Monitoring F		by Building Own	ier (8)		AS	CM No	Name of Abai			1)					
Pennoni Associat	es, inc.								tai, iiic.						
Street Address							Street Addres								
515 Grove St.	1-						1123 Beave						-		
City, State & Zip Cod							City, State & 2	: 5							
Haddon Heights, I			T-1		N 1	h	Bristol, PA			Licono	Mussala				
Project Manager for I	ivionitoring F	-irm	Teleph 856-5			per	Telephone Nu			License 00509	Nullin	ei			
Brian Clark	(40)	0-1-1-1-1-0-				1	(215)788-60 Name of OSH			00303					
Scheduled Start Date 8/1/16	e (10)	Scheduled Cor)	Bristol Envi											
Occupancy Status Di	uring Abates	ment (Check or	8/3/1				Street Addres		tai iiio.						
		During Entire P			teme	ent	1123 Beave								
		utside of Norma					City, State & 2								
Describe:							Bristol, PA								
Facility Occu	pied During	Abatement 7 A	AM to 3	:30 F	M										
Scope of Work (Chec								20 11270			1000	so o			
									I Containm		Negat	ive	Pres	sure	
≥3 sf or ≥3 lf			\boxtimes	Ren	ovati	on			ni-Enclosur						
≥160 sf ≥260	If			Dem	olitic	on			ove Bag Pr						
								No.	n-Exempte	ed and No					
	cation of			ocatio			Description			Amount		Aba	teme	nt T	уре
1	s-Containin	g	Norm				Asbestos-Cont			(Specify					
	rial (ACM)			lely b			Material (AC		8	SF or LF)		R	_	Enc	m
	E ABATED		Mainte				(i.e., thermal sy					em	Repair	ap	Clo
In In	Facility (13)	3		ิขเลเ 5 (12)	iaii?		insulation, surfactor or other miscella					Remova	air	Encapsulate	Enclosure
	(13)			No I	N/A	-	or other miscens	arieous)				-		ate	æ
F-4						<u> </u>	Caulkin	~		398 LF	- 1		\neg	$\overline{\Box}$	\Box
Exterior Louver C	auik		\dashv		님	-	Caulking	g		330 LF	1	4	H	H	뉘
			H	井	믐							=	H	Η	H
			+	H	ዙ						-	+	뉘	H	Η
	-	H	님						- 1	4	H	H	H		
			\Box	H	⊢						L	₩	H	H	H
N	\A/==t- !!			L L	<u> </u>	10/	Cubia Vasts	Nomf	Registere	4 004511	- 1				Ш
Name of Registered	vvaste Haul	er		90000		D No.	Cubic Yards of Waste	INAME OF	Negistere	u Lanuilli	0				
Service Transport	Inc			Inal	209		1 Cu Yd	Minerya	a Landfill						
City, State					200	-	Disposal Date	City, Stat				_			
New Castle, Delay	vare						8/3/16		sburg, Ol	-1					
Completed By (Print				Title	2		Signature		3, 2.		Da	te			
Gino Pizzigoni				100000	ojec	f	1) -		/			116		
GIIIO FIZZIGOIII				0.746	nag		Sino F	//	m	1 0	17	1 6	. 0		
				ma	9	٠.	man 1	boled	one 1	11					

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

Leek# 2702

Date of No	tification (1)			Si .	FLEET JA	MES STRE	wner / Oper ET LLC	rator (2)	3 6	15 U	W 15	
Agencies N	Notified /	Type of No	otifica	tion	-	Street Ad 225 MILLE	dress BURN AVE			1111	15 2	2016	
	EPA DEP		Initia Amer	L		City, State	e, Zip Code			JUL	+ 3 - 4	11111	
	DOH	V		naea ndment#	2	Name of (N, NJ 0704 Contact			Telephor	ne-Numb	ernol	p.
	DOL			gency w ellation	/ justification	KRIS LUK	OWITZ		A		ENSIN		α
						ACILITY IN	FORMATIC	N					
Name of Fa 15-17 JAMI			ent is	Taking I	Place (3)		Type of Fa	8 0 4	40)			11	
Street Add	ress						1 1	School (K Subchapte	-12) er 8 (Other	than K-12	2)		
15-17 JAMI	ES STREE						Ø	Other (I.e. bldgs., ho	, private & mes, etc.)	cmmercia	al		
City (5) NEWARK		County (6) ESSEX)		County Code	(7)	Square Fe	et ,000	# Of Floor	S	Buildin	g Age	
		LOOLA						se (Prior if	being dem	olished)		40	+
Name of M	lonitoring	Firm Hired	by Blo	dg. Own	er (8)	ASCM NO	\						
BIOTERRA	ENVIRON	IMENTAL S	OLUT	IONS			NORTHST	AR CONTE	ACTING G	ROUP. IN	IC.		
Street Add			2012				Street Add						
1130 WEST			T				22 //////	• D==l====					
UNION, NJ							32 William City, State	, Zip Code					
Project Mn RICK EUST	TAQUIO		irm		Telephone Nu 973-494-3762	mber	1	ver, NJ 079					
Sheduled S	Start Date				letetion Date (1		Telephone	Number		License I	Number		
/	$\frac{1-04}{2}$	/16	-	08_/	/ <u>31</u> /	16	973-88	4-8682			0	0860	
Occupancy								SHA Moni	tor			-	
	Facility Cl Abatemen		ted Du	iring Ent	ire Period of			AR CONTR	ACTING G	ROUP, IN	C.		
	Abatemen	t Performe	d Outs	side of N	ormal Facility		Street Add	iress					
	Hours - De		MON	EDI 7	00414 0 00014		32 William						
V	Other - De	scribe:	IVION	- FRI - 7:	00AM - 3:30PM			, Zip Code ver, NJ 079	36			8	
Scope of V	Vork (Chec	k All That	Apply))			-						
	Demolition	n		V	Renovation		Full Conta	inment wit	h Negative	Pressure	•		
	≥3sf or ≥3						Mini - Enc	losure	-				
	≥160 sf or	≥260 If				✓		Procedure pted (*) an		hle Proce	dure		
							TYON EXCIT	ptou () un	u 11017 1 11u	510 1 1000	uuio		
CO 190	ocation of stos Conta	55 acc.	Lo	ls cation	۸.	Descripti				Abateme	nt Type	l-	le.
Aspes	Stos Conta	illing	9999333	rmally	AS	bestos - C Material (Amount	R E	R	E N	E N
-	BE ABATI	<u>ED</u>	U	Jsed		e., thermal	systems		(Specify	M	E	С	С
	in Facility			olely			acing, VAT	,	SF or LF)	0	P	A	L
	(13)			Main- nance/	ord	otner misc	ellaneous)			V A	A	P	o s
			0.000000	stodial						L	R	Ū	Ū
				iff (12)								L	R
CHURCH YES NO N/A					PIPE & FITTIN	G			1940 LF	7			
					WINDOW CAU	To Describe to the Control of the Co			3800 LF	7	H	1 1	1 -
4 STORY B			-		PIPE & FITTIN				6475 LF	7			
4 STORY B				1	WINDOW CAU				6000 LF	V			
Name of Re NEWARK C		waste Hau	ier			Cubic Yards of Waste	Name of R GROWS	egistered l	_andfill				
City, State					4509	Disposal	City. State						
NEWARK, I						Date	MORRISV		/				
Completed	by (Print	or Type)			Title			Signature	11,	1		Date	
Steve Stiles					Project Manage	ar.		De	Joff (()		0	7/14/16

14012

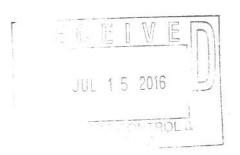
			(ru	Suaiii	L LO NOA	C 0.	.00 anu 5.10	7	FER	匠	1	VII '	E
Date of Notification (1)	40 /	40				Owi	ner/Operator (2	2)	111))-15-19	ㅂ	<u> </u>	<u>u</u>	
	12 / _	16		EDE	CNS				115				1
Agencies Notified ⊠ EPA	Type Notificat	tion			Address Sustom H	lous	se Street, Su	ite 450	JU Lija JU	L 1	5 2	016	10.7
□ DOLWD		. 104		City, S	tate, Zip C	ode							
☑ DHSS	Amendme Emergence	S 5 5		Bos	ton, MA	021	10		ASEES	TOS		il ai	.)
☐ DCA (NJAC 5:23-8)	justificatio			Name	of Contact	t			Tielephone Numb	рег	+ 1.87	1	
A seethous tements relatives that vertically the	☐ Cancellati			Alys	ssa Torto	olani	i		617-369-661	8			
	1			FAC	ILITY IN	FOF	RMATION		-				
Name of Facility Where	Abatement is Ta	aking Place	(3)					Type of Facility	(4)				
Princeton Shoppin	ng Center							School (K-12		8			
Street Address	A341							☐ Subchapter 8	8 (Other than K-12 rivate and commer) cial bu	ildina	S.	
301 North Harriso	n St.							homes, etc.)					
City (5)								Square Feet	# of Floors	Blo	dg. Ag	ge	
Princeton, NJ 085	40							277,286	1		52		
County (6)				Coun	ty Code (7)(STA	ATE USE ONLY)		rior if being demolis	shed)			j
Mercer								Vacant Reta					
Name of Monitoring Fire				ASCM	No.			ent Contractor (9)					
Accredited Envi	ronmental T	echnolog	ies,	NA				ronmental Sys	stems				
Street Address						2200	reet Address						
28 N. Pennell Rd.							550 East Uni	200000000000000000000000000000000000000					
City, State, Zip Code						-	y, State, Zip C						
Media, PA 19063			T= .				West Cheste	r, PA 19382					
Project Manager for Mo	nitoring Firm		1	phone		1 400	lephone No.		License No.				
Eric Sutherland			4	10-891			510-701-9000	B	00508				
Start Date (10)		Scheduled C	77				me of OSHA N	lonitor					
7 / 20				<u> </u>	10_		AET						
Occupancy Status Duri							reet Address	D !					
□ Facility Closed/Vaca □ Abatement Performent □ Abatement □ Abat	시크트 경우병 등은 경기 위치를 구기 때문에 가지 않다.				cribe	- 35	28 N. Pennel	7/10/07/07/07					
Time of Abatement:					onbo		iy, State, Zip Ci Media, PA 19						
Scope of Work (Check	all that apply)	-											
≥3 sf or ≥3 lf		⊠ Re	enovat	ion			☐ Full Con ☐ Mini-End	tainment with Ne	gative Pressure				
≥160 sf or ≥260 lf			emoliti					g Procedure					
							☐ Non-Exe	mpted (*) and No	on-Friable Procedu	_			
		10.0	s Loca Norma							Ab	atem	ent T	уре
Locatio Asbestos-Containing		Use	ed Sol	ely by	Asbe	estos	Description of Containing Ma		Amount	Rer	Repair	Enc	Enc
TO BE A	BATED	· Ma	aintena	ince/ Staff?		e., the	ermal systems	insulation,	(Specify	Remova	air	aps	Enclosure
IN Fac		Ous	(12)				surfacing, VAT ther miscellane		SF or LF)	<u>a</u>		Encapsulate	лге
\$1.57		Yes	No	N/A								е	
Unit 440					VAT				220 SF				
Unit 440				\boxtimes	Mastic				48 SF	\boxtimes			
Unit 340				\boxtimes	VAT / N	/last	ic	3	1120 SF				
Unit 560				\boxtimes	VAT / N	Aast	ic		3400 SF				
Name of Registered Wa	aste Hauler		577	JDEP \		100 87 800	bic Yards of		stered Landfill				
Empire Wrecking	Company of I	Reading	ŀ	lauler II 13318			aste 30	Western E	Berks Landfill				
City, State				10010	,		sposal Date	City, State					
Reading, PA						1	ГBD	Birdsboro	, PA				
Completed By (Print or	Type)	Title					Signature	NMO	Da	ate ,	1		
Mark Griffin	noted to all	Estima	tor				-	THIIT		7/10	0/1	1	
ASB-41								11/4		1/12	-//	0	
MAY 11		* Do no	use ti	his form	for asbes	tos li	icensure exemp	oted activities.		282C	,		

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility		9		Decription of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
IIN FACILITY	YES	NO	N/A			1	air	ate	ire
Unit 130			1		5000 SF	X			
Unit 150			X	VAT	1400 SF	X			
			X			X			
,			X		55	X			
			X			X			
,			X			X			
			X			X			
			X			X			
			X		(N	X			
			X			X			
			X			X			
			X			X			
			X			X			
*			X			X			
			X			X			
			X			X			
19			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			\boxtimes		110)-15-16-	X			
			X		1111	X			
Page 2 - Notification - 1/4/13					L ASPESTO	1 0	Lord Nara		

NOCK				to NJAC				Г	IF) E	C			\mathbb{V}	E
Date of Notification (1) 7/13/2016				f Building Sharp &							1111				
Agencies Notified Type Notification EPA Initial			Street A		oln Ave	enue P	ОВ	ox 2000, R'	Y28-4	14	JUL	1	J	2016	
DEP Amended Amendment				ate, Zip Co ay, NJ 0						ASBI	EST()S EN	CON	VTRO	S JC
Emergency justification)				f Contact	le Dina	-t C	0 -			phone	Numb	er			
DCA Cancellation				a Schen			&E		132	-594-	//46				
Name of Facility Where Abatement is Takin Building 75 Power House	g Place (3	3)	FACI	LITTINE	JRIVIATI	ON	Тур	e of Facility (4	2)		1				
Street Address 126 East Lincoln Avenue							×	Subchapter Other (i.e. pretc.)				ouild	ings,	home	∌s,
City (5) Rahway							0.70	are Feet 287	# of 3	Floors			dg. A 1 yrs	ge old	
County (6) Union				Code (7) USE ONLY)			rent Use (Prio wer House	r if beir	g demo	olished	1)			
Name of Monitoring Firm Hired by Building Environmental Health Investigation)	ASCN 0010					patement Cont burg Indust			Com	par	יע		
Street Address 655 West Shore Trail						Street	Addr						<u> </u>		
City, State, Zip Code Sparta, NJ 07871						City, S	State,	Zip Code m, PA 180							
Project Manager for Monitoring Firm Lisa Liloia		- 1	Telepho 973-72	ne No. 29-5649		Teleph 610-		No. 1800		Licens					
Start Date (10) 4/18/2016	Schedul 8/05/2		pletion	Date (11)		555		SHA Monitor burg Indust	rial Se	ervice	Com	par	ny		
Occupancy Status During Abatement (Chec	ck Only O	ne)				Street	Addr	ess				·	-		-
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	nal Facilit	v Hours	ent					Ilman Drive	9		-3				
Other – Describe: Abatement Areas wi	Il be dema	arcated	/2000					m, PA 180	15						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demoliti			20	×	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ull Containme lini-Enclosure Blovebag Proc lon-Exempted	edure	-				е	
Location of		Locati Normali	31		D-							,		ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Sole aintenar stodial S (12)	rice/ staff?	(i.e.	tos Coni thermal surfa other r	system cing, VA niscellar	Materi s insu T, or neous	s)	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Ground, 1st, Platform Levels	Yes	No X	N/A		SI - P			n Pg. 2	2.6	90 LF		X			
Boilers 4, 6 & 7, Tanks	X	-			<u> </u>		aching		35 SF		X				
Roof flashing, Tar & Caulk		X		101		urfacin		doming		50 SF	_	X			
Ground Level - Boiler's 4 & 6		X				ransite				5 SF	-	X			
Name of Registered Waste Hauler			JDEP W	/aste	<u>,</u>	Yards	9	Name of F							
Freehold Catage, Inc.		100000	auler ID 5939	No.	of Wa 450			Lycomir	ng Cty			Ма	nage	emer	nt
City, State Freehold					TBD	sal Date		City, State Montgor		PA					
Completed by Jason GaNun	Title Proje	ect Ma	nager		8	Signature	e las	of.	32		Date 7/13	/20	16		

Pg. 2 of 7/13/2016 Amended Notification for 126 East Lincoln Ave. Rahway, NJ 07065

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Us M Cu	cation N sed Sole laintenar stodial S (12)	ly by nce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Rem.	<u>Abatem</u>	ent Type	
	YES	NO	NA			ixem.	кер,	Lincap	Liluose
Boiler 6		Χ		Misc. – Gasket/Rope	1,000 LF	Χ			
3170									



(Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 7/12/16 Trenton Board of Education Agencies Notified Type Notification Street Address EPA 1490 Prospect Street 1111 1 5 2016 DFP Initial City, State & Zip Code DOL Amended Trenton, NJ 08638 X DOH Emergency Name of Contact Jelephone Number & DCA Cancellation Mr. Everett O. Collins 609-656-4900 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)

☑ School (K-12) NON SUB-CHAPTER 8 Trenton Central HS West Street Address Subchapter 8 (Other than K-12) 1001 West State Street Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 70,000 60+ Trenton Mercer Current Use (Prior if being demolished) School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Connection Bristol Environmental, Inc. Street Address Street Address 120 North Warren Street 1123 Beaver Street City, State & Zip Code City, State & Zip Code Trenton, NJ 08010 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Rollie Jones 609-392-4200 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/22/16 7/29/16 Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 7:00 AM to 3:30 PM Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure Remova TO BE ABATED Maintenance or (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT or other miscellaneous) (13)(12)Yes No N/A M **RM B-17** Nailcrete Stabilization 700 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Bristol Environmental Inc 18706 GROWS Landfill 4 cu yd City, State Disposal Date City, State Bristol, PA 7/29/16 Morrisville, PA Completed By (Print or Type) Signature Title Date Gino Pizzigoni Project 7/22/16

Low

Manager



Date of Notification (1) 7/12/16				Building Ov				110/	(()		19		711		
Agencies Notified Type Notification	on	-	Street Ad 93 Willo	dress ow Grove	e Roa	ad			JUL	15 2	2016		上	7	
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X DOH justification DCA Cancellat		100	Name of Cathy	Contact						phone N 9-820-9		F			
Name of Facility Where Abatement is Ta	king Place (3)		FACIL	ITY INFOR	RMAT	ION	Тур	e of Facility (4)					72-5	
Cherokee High School							×	School (K-12		- 4h 1/	40)				
Street Address 120 Tomlinson Mill Rd.								Subchapter 8 Other (i.e. pr etc.)	ivate 8	commer	rcial b				s,
City (5) Marlton NJ 08053							100	uare Feet 00+	2	Floors		35	dg. Aq 5+	ge 	
County (6) Burlington			County C STATE U	ode (7) SE ONLY)	-		Cur	rent Use (Prio	r if bei	ng demoli	ished)				
Name of Monitoring Firm Hired by Buildi Coastal Environmental Complia			ASCM	No.		Name Pern		batement Cont Inc.	ractor	(9)					
Street Address PO Box 167						Street PO E									
City, State, Zip Code Hammonton NJ 08037								Zip Code rlin NJ 0809	91						
Project Manager for Monitoring Firm Cathy Leddon			Telephon	ne No. 0-9312		Telepl 856-		No. -9800		License 00727					
Start Date (10) 7/13/16	Scheduled 7/15/16	d Com	npletion [Date (11)		Name		SHA Monitor							
Occupancy Status During Abatement (C	heck Only One	?)			W-5-15-1	Street	Add	ress							
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: night shift after 3	ormal Facility	batem Hours	nent		_	City, 8	State,	Zip Code				e e e e e	i.	7	
Scope of Work (Check All That Apply)												2012			
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	The second secon	enova emolit					1	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					e	
	ls	_ocati	on					1011, 27,011, 51,0	() ()				Abate	ment	
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	N Used Mair Custo	ormal Sole ntenar odial S (12)	ly by nce/Staff?	Asbest (i.e.	os Co therma surf	escription ntaining I al system acing, V/ miscella	Mater ns ins AT, o	г	(8	mount. Specify or LF)		Removal	Repair	e Encapsulate	Enclosure
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Main Office		-			nsite Pa				4 SF	×					
Main Hall Trophy Case				IIai	ISILE I	21161	3		.4 01	-1	_		-		
											\dashv				
Name of Registered Waste Hauler United Containers	H	JDEP W lauler ID 2459		Cubi of W	c Yards aste		Name of I	-1-01100	ered Land	dfill					
City, State Elm NJ					Disp 7/15	osal Date	е	City, State Morrisv		A 19067	7		17		
Completed by Anthony T Perna	Title Presid	dent				Signatur	re	,	-		Date 7/12		3		

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Date of Notification (1) 7/12/16				Building (5			123	11	1
Agencies Notified Type Noti	fication		Street A	ddress	1000		OLI II		11	JL 15	2016		-41	ì
EPA Initia			ecomo estable	low Grov		ıd			ال	JL IJ	2019			
DOL Ame	nded ndment #			te, Zip Co ong NJ C					ODEC	TOS CO	WITE	01.8		
DOH justif	rgency (including ication)			Contact					Tel	ephone N	umber			1
DCA Can	cellation		Cathy	LITY INFO	DHATI	ON	_	-	60	9-820-9	312			
Name of Facility Where Abatement Shawnee High School	is Taking Place (3)		FACI	LITTIMEC	TRIVIATI	ON		oe of Facility	200 (200 200 (200					
Street Address							×	School (K- Subchapte	r 8 (Oth					
600 Tabernacle Road								Other (i.e. etc.)			-11			es,
City (5) Medford NJ 08088							V2200	uare Feet 00+	2	f Floors		31dg. <i>A</i> 35+	Age .	
County (6) Burlington			County (Code (7) JSE ONLY)	T	_	Cui	rrent Use (Pr	ior if be	ing demoli	shed)			
Name of Monitoring Firm Hired by E Coastal Environmental Com			ASCN	l No.		Name Pern		batement Co	ontractor	(9)				
Street Address PO Box 167					2.52.50000	Street PO E		17.7 Fig		¥0				
City, State, Zip Code Hammonton NJ 08037								Zip Code erlin NJ 08	091					
Project Manager for Monitoring Firm Cathy Leddon	1		Telephor	ne No. 20-9312		Teleph 856-		No. -9800		License 00727	No.	.1		
Start Date (10) 7/13/16	Scheduled 7/15/16	i Com	pletion (Date (11)		Name Same		SHA Monito	r.					
Occupancy Status During Abatemen	nt (Check Only One)			-	Street	Add	ress	8					
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: night shift at	of Normal Facility I				_	City, S	tate,	, Zip Code						
Scope of Work (Check All That App	у)	N. W 0.												1000000000
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The state of the s	nova moliti		it:		×	1	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure					
	le I	ocati	on			<u> </u>	3 1	von-Exemple	() ar	id Non-File	able PTC		e ement	1
Location of	No	ormali	у		Des	scription	of				_	Ty	rpe	
Asbestos-Containing Material (A <u>TO BE ABATED</u> In Facility (13)	Custo	tenar	ice/		thermal surface	aining M systems cing, VA niscellar	s ins	r	(:	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										e	
Main Office				Floor T	Tile & N	Mas	tic	6	85 SF	x				
							4							
V		1	IDEE:					1						
Name of Registered Waste Hauler United Containers		Н	JDEP W auler ID 2459		of Was			G.R.O		ered Landf	111			
City, State Elm NJ						sal Date		City, Sta		A 19067				
Completed by Anthony T Perna	Title Presid	ent				Signature	7				Date 7/12/1	 6		

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Date of Notification (1) 07-11-16					Building C Ferreira)wner/0	perator	(2)			1	7				1	1
Agencies Notified	Type Notification			Street A	ddress			10000			1.	JU	_ 1	5 2	016		1
EPA DEP DOL	Initial Amended Amendment #				te, Zip Coo Ridge, NJ		66				AS	BES.1	ros	CON	ITRO	L &	
DOH DCA	Emergency (in justification) Cancellation	cluding	194 17		Contact Ferreira						Tel	ephone	e Nun	iber	<u> </u>		
□ box	Cancellation			03-03-031 1/30-03-0	LITY INFO	RMAT	ON										
Name of Facility Where a Private Residence	Abatement is Taking	Place (3	3)					Ту	pe of Fac	ility (4)							
Street Address								*	Subch Other etc.)	apter 8 (i.e. pri	(Oth				dings,	home	≥s,
City (5) Park Ridge								Sq	uare Fee	et	# 01	f Floor	S	В	ldg. A	ge	
County (6) Bergen				County (Code (7) USE ONLY)			Cu	urrent Use	e (Prior	if bei	ng der	nolish	ed)		ŧ	
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCN	No.		100000000000000000000000000000000000000		Abatemer ontracti			(9)	85 W.ES				
Street Address							Street 522										
City, State, Zip Code									, Zip Coo City NJ (,			. 1111022-00			
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph	hone				Licer 012	nse N 06	0.			
Start Date (10) 07-22-16		Schedul		npletion l	Date (11)				OSHA Mo								
Occupancy Status Durin			1171				Street	Add	dress								
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire Pened Outside of Norma	eriod of a	Abaten y Hours	nent s			100000000000000000000000000000000000000	State	e, Zip Coo								
Scope of Work (Check A							Unio	on C	City NJ	07087							
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		Is	Locat	ion					THOIT EXC	Inplod	() un	10 11011	11100	1	Abate	ement	t
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Exter	ior	Х				Siding	1			10	000 S	F	X				
					IN COLUMN												
Name of Registered Wa			1000	NJDEP W Hauler ID		Cubic of Wa	Yards aste		1	ne of F	Ē				on. F	ocii:	5 ,
Delfa Contracting LI City, State	_C			3524		Dispo	10 sal Date	9		llytow , State		esour	ce K	ecov	ery F	aciii	Ly
Union City, NJ			07-	25-16			llytow		A	15							
Completed by Jaime Delgado		Title Proj.	Man	ager.			Signatur	e	18	_				te 7-11-	16		

State of New Jersey

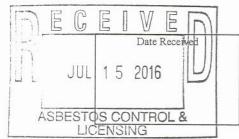
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Date of Notification (1)			T	Name	of Buildin	g Owner/Operator	(2)	1111 1	5 20	16	1 = 2.5	1	7
7/12	16			0	SHOW	T TOYLLA	CE A	RTS JULNE			1	TO SHARE ST	
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	ended		Γ	City, S	tate, Zip	Code .	- 077	JO LICE	4SII4G				
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		19	Γ	Name	of Contac	Ż.		lelephone Nur	nber	, ,			
□ DCA □ Car	cellation			M	K. 12	BAUER		917494	512	<u>ک</u>			
				FACI	LITY INF	ORMATION							
Name of Facility Where Abateme	ent is Taking Plac	ce (3)					Type of Facilit	y (4)					
DUNGUTTERA	ACE AL	25	. 11	10		*	School (K-1	2)					
Street Address		1///		-	 ·		☐ Subchapter	8 (Other than K-12					
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	2 2	,,,,,					homes, etc Square Feet	7.	Bidg.	Age		-	
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BEALEN	BEIGEN Tame of Monitoring Firm Hired by Building Owner The street Address				rcage (?) (STATE USE		ENCE AP					
	DUMORT DUMORT BEILGEN ame of Monitoring Firm Hired by Building Owner reet Address by State, Zip Code				*.	T 81 6 85-4	•		1 >	_			
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City, State, Zip Code	ency Notified EPA DEP DOL Amended Arrendment # DEM DEP DOL DOH DOA DOA DOA TEMPORATION DOA TEMPORATION DOA TEMPORATION DOA TEMPORATION DOA TEMPORATION DOA TEMPORATION DOA TEMPORATION DOA TEMPORATION DOA TEMPORATION DOA TEMPORATION DOA TEMPORATION DOA TEMPORATION DOA TEMPORATION DOA TEMPORATION DOA TEMPORATION DOA TEMPORATION DOA TEMPORATION DOA TO STAND DOA TO STAND DOA TO STAND DOA TO STAND DOA TO STAND DOA TO STAND DOA Location of Asbestos-Containing Material (ACM) TO STAND DOA TO STAND DOA Location of Asbestos-Containing Material (ACM) TO STAND DOA Location of Asbestos-Containing Material (ACM) TO BEABATED IN Facility (13)					City, State, Zip (
	PA DEP DOL Amended Amendment # Emergency (Including justification) DOH DCA Emergency (Including justification) DOH DCA Cancellation The of Facility Where Abatement is Taking Place DUNOUT TELLA CE A formet Address DUNOUT TO SELLEN The of Monitoring Firm Hired by Building Owner The of Monitoring Firm Hired by Building Owner The of Monitoring Firm Hired by Building Owner The of Monitoring Firm Hired During Entire Period of Abatement Performed Outside of Normal Facility Other — Describe: S. 10 AM TO S. 20 To pe of Work (Check all that apply) So of 2 3 if Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)					Hackens							
Project Manager for Monitoring F	ty (5) DULUES DO THE STATE OF					Telephone No.	À , , ,	License No.					
	ame of Monitoring Firm Hired by Building Owner ity, State, Zip Code ity, State, Zip Code roject Manager for Monitoring Firm tart Date (10) 7/25/16 Ccupancy Status During Abatement (Check only of A Abatement Performed Outside of Normal Facility Other – Describe: 8:40 AM TO 5:00 cope of Work (Check all that apply)					201-329	12 202 2	00388					
1	roject Manager for Monitoring Firm tart Date (10) Scheduled Comp 7 25 16 7 2 2					Name of OSHA							
	27	16										_	
Occupancy Status During Abater	nent (Check only	y one)	55			Street Address							
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☐ Abatement Performed Outside	of Normal Facil	ity Hou	ITS	4:0		City, State, Zip C			7.00	9			
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	ply)					-EFull	Containment with	h Negative Pressu	re				
A ≥ 3 sf or ≥ 3 lf					ovation ,	- A Mini-	-Enclosure		2				
U ≥ 160 sf or ≥ 260 ff				U Den	nolition		ebag Procedure Fremated (*) as	nd Non-Friable Prod	cedure				
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			Location	23	- 1					<u> </u>	Ту	pe	_
	ol (ACAD	Use	d Solel	ly by		Description		Amount				_	
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(13)			(12)			other miscellane	eous)			/al	=	1	nre
*	Ī	Yes	No	N/A	İ								
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TEACT YEMOAST	THE	1.0		109		2 / 407	Minerv	a Enterpr	ises	,	LI	'C	1
City, State						Disposal Date	City, State						
	N.J. 076	601				7/27/16		sburg, Oh	446	88			2000
Completed by	Title					Signature)		Date,	<u> </u>	-		
J.Maiorano	Esti	mat	or			VA	(ou'oron	9	7/1:	2/	16	>	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

		(Pursuant	t to NJAC 8:60	and 12:12	20)	EGE		V [7		
Date of Notification (1) 7/11/	2016			Name of Building		rator (2) uso Tree Service	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5 30	9	910			
Agencies Notified Type of [X] EPA [X] [] DEP [] [X] DOL	Notification Initial Notification Amended Note that Amendment Emergency	otification		Street Address City, State, Zip C	ode	hurch Road Pleasant, NJ 08742	ASBESTOS (CONTI	ROL	&			
[x] DOH []	justification Cancellation)		Name of Contact Chris	s Macaluso		elephone Number 732-60	4-9392	2				
			FACI	LITY INFOR	MATION								
Name of Facility Where Abatement i Residence	s Taking Place	(3)				Type of Facility (4)	School (k-12) Subchapter 8 (oth	har than	l- 12\				
Street Address						[x]	Other (i.e., prival homes, etc.)			al build	lings,		
City	902	nty (6)		County Code (7) (STATE USE ON	LY)	Square feet 1000 sf	# of Floors	Bldg.		0			
Brick Name of Monitoring Firm Hired by I	Oci			ASCM No.	Name of	Current Use (Prior if Marina Abatement Contractor)					
N/A	Sunding Owner	(0)		ASCIVI No.		Guardi	Guardian Contracting, Inc.						
Street Address					Street A		oute 9, Unit 61						
City, State, Zip Code					City, Sta	te, Zip Code Toms F	River, New Jers	ey 087	55-12	271			
Project Manager for Monitoring Firm	n	Telephone	Number		100000000000000000000000000000000000000	ne Number 9-9932	License N 00624	_					
Scheduled Start Date (10) 7/21/16		Scheduled 7/22/		on Date (11)	Name of	OSHA Monitor E.M.S.	L. Analytical						
	d/Vacated Duri	ng Entire Perio			Street A		telton Road						
Abatement Pe	rformed Outsid	e of Normal F	acility Hou	ırs	City, Sta	te, Zip Code Piscata	way, New Jerse	ey 0885	54				
Scope of Work (Check all that apply)				[]	Full Containment Mini-Enclosure	with Negative Pres	ssure					
$\begin{bmatrix} \\ \\ \\ \\ \\ \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} \\ \\ \\ \\ \\ \end{bmatrix} \ge 160 \text{ sf or } \ge 26$		[] [x]	Renovati		[x]	Glovebag Procedu	ire and Non-Friable	Procedu	re				
								A hate	ement '	Type			
Location of Asbestos-Containing Material (<u>TO BE ABATED</u> in facility (13)		Is Location Normally used Solely by intenance/Constaff (12) S NO	sed y	(i.	Description Shestos-Co Material (A.e., thermal Isulation, St VAT, ther miscell	ntaining ACM) systems irfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Exterior		X		Asbestos sid	ing		1000 sf	X					
										-	-		
Name of Registered Waste Hauler Guardian Contractin	g Inc.	NJDEP Was	te Hauler I	ID No. Cubic Y	Yards of Was	te Name of Register	red Landfill						
City, State			Disposa	al Date	City, St	ate							
Toms River, New Je Completed by (Print or Type) Nicholas Fernicola	Title	ject Manag	7/25/1 ger	Signature	Tully	town, Pennsylvania	1	Date 7/11	/2016	5			

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



DEMOLITION / RENOVATION NOTIFICATION

Oper	rator Project #:	Postmark:		Notificat	nion:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised C -	Cancelled):	0	П.	IS ASBESTOS PRESENT? ((Yes/No):	Y
Ш.	FACILITY INFORMATION (identify owner, removal contract	tor and other	operator)				
	OWNER NAME: Macaluso Tre	ee Service	<u> </u>				
	Address: 502 Church Raod						
	City: Point Pleasant State:	New J	ersey	Zip:	08742		
	Contact: Chris Macaluso			Tel:	732-604-9392		
	REMOVAL CONTRACTOR: Guardian Con	ntracting, 1	Inc.		NJ License: 0062	24	
	Address: 1889 Route 9	, Unit 61					
	City: Toms River State:	New J	ersey	Zip:	08755		
	Contact: Nicholas Ferr	nicola		Tel:	732-349-9932		
	OTHER OPERATOR (if different)		*		NJ License:		
	Address:						
	City: State:			Zip:	7		
	Contact:			Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo F	R - Renovatio	n E - Emergency	Renovation):	D		
V.	FACILITY DESCRIPTION (Including building name, number	and floor or	room number)				
	Building Name: Residence						
	Address: 72 Sandy Point Drive						
	City: Brick State:	New Je	ersey	County:	Ocean		
	Site Location: Exterior						
	Building Size: 1000 sf # of Flo	oors:	1	Age in Y	ears: 60		
	Present Use: Residence		Prior Use:	Residence	ce		
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF A	APPROPRIA	TE, USED TO DET	ECT THE PRES	SENCE OF ASBESTOS MATE	RIAL:	
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					Non	friable
	Regulated ACM to be removed		RACM			Asbestos	s Material To Be
	Category I ACM not removed Category II ACM not removed		To Be Removed		LOCATION	0.000	noved
	Pipes (Linear feet):					Cat I	Cat II
	Surface Area (Square feet): 1000 sf	Asbest	os siding		Exterior		
	RACM Off Facility Component (Cubic feet):						
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	7/217	7/16	Complete: 7/2	22/16	L
						/10	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHO	D(S) TO BE USED DE CEIVED
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USEI AND RENOVATION SITE:	TO PREVENT EMISSIONS OF ASBEST OS ATOTHE DEMOLITION
	Prior to removal, the work area around the building will be roped off with caution tape and warning signs. removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and	Plastic sheeting will be placed on the province of the placed in a locked container for disposal ICENSING
xii.	i. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.	
	Address: 1889 Route 9, Unit 61	
	City: Toms River State: New Jersey	Zip: 08755
	Contact Person: Nicholas Fernicola	
	WASTE TRANSPORTER #2 Name:	
	Address:	
	City: State:	Zip:
	Contact Person:	
xiii.	ii. WASTE DISPOSAL SITE Name: T.R.R.F.	
	Location: Bordentown Road	
	City: Tullytown State: Pennsylvania	Zip: 19007
	Telephone: 215-943-9732 Permit #:	101494
xiv.	V. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE	AGENCY BELOW AND ATTACH COPY OF ORDER
	Name: Title:	
	Authority:	
	Date of Order (MM/DD/YY): Date Ordered to	Begin (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 conditions or would cause equipment damage or a	n unreasonable financial burden:
xvi.	i. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO PO	CTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE WDER
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULA THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAIN AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS-HOURS. (Required after	VING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title) (Signature of C	Owner/Operator) July 11, 2016 (Date)
xviii.	iii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	\bigcap 0
	Nicholas Fernicola / Project Manager (Printed Name/Title) (Signature of C	July 11, 2016 (Date)

Date of Notification (1) 7/11/16				of Building C			(2)		JU	14	3	2016		Y
Agencies Notified Type Notification	n	-	Street A		Laona	d 			ASBES	TO0	00	NTR	OL 8	<u> </u>
▼ EPA □ DEP □ Amended ▼ DOL □ Amendment	nt#		City, Sta	ate, Zip Coo	de				ASRES	ICE	NSI	VG		
	y (including n)			of Contact					Telephone	e Nur	nber			
Name of Facility Where Abatement is Tal house Street Address	sing Place (3)	FAC	ILITY INFO	RMAT	TON	×	s of Facility (4 School (K-12 Subchapter 8 Other (i.e. pr etc.)	(Other than	merci	al buil	- 250		es,
City (5) Nutley							210		# of Floor		6	31dg. <i>A</i> 33	\ge	
County (6) Essex				Code (7) USE ONLY)			Curr	ent Use (Prio	r if being der	nolish	ned)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASC	M No.				atement Cont ronmental		LLC				
Street Address						Street PO B		ess 83, 4 E Ga	ite Drive					
City, State, Zip Code					City, State, Zip Code Glenwood, NJ 07418									
Project Manager for Monitoring Firm		Telepho	ne No.		Telephone No. License No. 973-764-2276 703									
Start Date (10) 7/21/16	Schedule 8/30/16		npletion	Date (11)		Name	of OS	HA Monitor						
Occupancy Status During Abatement (Character During Entire Abatement Performed Outside of Not Other – Describe: basement	e Period of A	batem	nent			Street City, S		ss Zip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Interest	enova emolit	700000000000000000000000000000000000000			×	Mi Gi	II Containmer ni-Enclosure ovebag Proce on-Exempted	edure					
Location of	1 110	Locati						zir Exempted	() and (40))-	11100	10	Abate	ement pe	ı
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Sole ntenar odial S (12)	ly by nce/		os Con herma surfa	escription staining M I systems acing, VA' miscellan	lateria insul T, or	ation,	Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
basement	103	140	X		pipe	insulat	tion		30 LF		x			
14							E							
Name of Registered Waste Hauler Freehold Cartage	Hauler ID No. of			Cubic Yards of Waste		I amount of the second	egistered La Berks Lar							
City, State Freehold, NJ		10	,,,,,		TBD Dispo	sal Date		City, State Birdsbore		20.				
Completed by A. Scott Higgins	dent			104000	Signature	H	L		Dat 7/1	te 11/16	16			

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Date of Notification (1) 7/11/16					Building O		perator	(2)			<u>ر کہ</u> ل	UL	15	20	16		
Agencies Notified	Type Notification		S	Street Ad	dress					-							
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ĭ DOH	Emergency (justification)		10000	Name of						Tele	phone l	Numi	per				
☐ DCA	Cancellation		_ '		avoren	PMATI	ON										
Name of Facility Where A	Abatement is Takin	g Place (3)		TAGIL		MATI		Тур	e of Facility (4)							
house Street Address								×	School (K-12 Subchapter 8 Other (i.e. pretc.)	(Othe				ings, l	nomes	5,	
City (5) Westfield								Squ 230	are Feet 00	# of 2	Floors		BI 66	dg. Ag	je		
County (6) Union	2.5			County C	ode (7) SE ONLY)			Curi	rent Use (Prio	r if beir	ng demo	olishe	ed)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				atement Cont ironmental			LC					
Street Address							Street PO E		ess 483, 4 E Ga	ate Dr	ive						
City, State, Zip Code									Zip Code d, NJ 0741	18							
Project Manager for Mon	itoring Firm			Telephor	ie No.		Telephone No. License No. 973-764-2276 703					se No	C.				
Start Date (10) 7/21/16		Schedule 8/30/16		pletion [Date (11)		Name	of OS	SHA Monitor								
Occupancy Status Durin	g Abatement (Chec	ck Only On	e)				Street	Addr	ess								
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norr	Period of <i>A</i> mal Facility	batem Hours	ent		_	City, S	State,	Zip Code						77		
Scope of Work (Check A	II That Apply)																
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			enova emoliti					Full Containment with Negativ Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Fr									
		Is	Locati	on										Abate	ment		
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Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Ma Cus	intenar todial S (12)	nce/ Staff?		therma surfa	itaining I I system acing, VA miscella	is insi AT, or		(3	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure	
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4										Ħ							
Name of Registered Waste Hauler Freehold Cartage				IJDEP W lauler ID 5939		of Wa			Name of Western								
City, State Freehold, NJ				-		Dispo	osal Date	3	City, State Birdsbo		Ą						
Completed by A. Scott Higgins	Title Pres	ident				Signatur	e	An	_		Da 7/	te 11/16	3				

OH# 3675

Date of Notification (1) 7 12 16		Name of	of Building Owner/O	Operator	(2)	\ <u>[</u>		4				
Agencies Notified Type Notification		Street	Address	1		1	C-1410 A-2					
DOH DOA Initial Amended Amendment in Emergency (in justification) Cancellation		ELI	ate, Zip Code 2ABETh OF Contact BARD P	1 ARA	VID. 0	7201	2016 mber)				
Name of Facility Where Abatement is Taking	Place (3)	1	ILITY INFORMATI	ON	Type of Facility	(4)						
Name of Facility Where Abatement is Taking	riace (5)				School (K	2000						
Street Address					Subchapte Other (i.e.	er 8 (Other than K-1) private & commerci	2) al build	dings,	home			
EZIZABETH N	.C.	72	101		Square Feet	# of Floors	В	ldg. A				
County (6)			Code (7) USE ONLY)		Current Use (P	rior if being demolish	ned)					
Name of Monitoring Firm Hired by Building O	wner (8)	ASCI	M No.	Name	of Abatement Co							
Street Address			-	Street	Address	-						
City, State, Zip Code				City, S	Sity, State, Zip Code 1							
Project Manager for Monitoring Firm		Telepho	one No.	Teleph	300	0						
Start Date (10) 22 16	Scheduled Co	mpletion 2	11/	Name	of OSHA Monito	inc						
Occupancy Status During Abatement (Check		1	1	Street	Address (X	214						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other — Describe:	I Facility Hour	'S		City, s	tate, Zip Code	GE N.J.	589	57	_			
Scope of Work (Check All That Apply)				01~	3 .0 (-3	0 , 0.0						
.□ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli			1 - 10 - 10 - 10	Mini-Enclosus Glovebag Pro				9			
	Is Local	tion		X	1 WOIT-EXEMPLE	Janu Roser Nap	-		ment			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Norma Used Sole Maintena Custodial (12)	ely by ince/ Staff?	Asbestos Conti (i.e. thermal surface		laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate			
	Yes No	N/A							te			
						70115		-	_			
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Name of Registered Waste Hauler . NOVATECH INC		JDEP W lauler ID	No. of Was	te O	G	Registered Landfill	\bigcap					
City, State OID BRIDGE NO		85) Uispos	al Daté B3	G VORRY	/ · -	KIF	\ .				
CARIOS AMEIDA	Title .	IDEA	21 1	gnature Mu	BALENCE	Dat	e 15	2///	(p			
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			FICATIO	N OF ASBESTOS t to NJAC 8:60 an	ABATE		Oh#	26	71	1
Date of Notification (1)				of Building Owner/		· [[-7]]	C. E. L.		B	
7/12/16)		04	N Hold	Na	- 111				
Agencies Notified Type Notification			Street	Address 2	ر داری	A.J.	dy 15 3018	20	4	
DEP Amended Amendment:			City, Si	ate, Zip Code	wing	MUC:	2167 60			
DOL Amendment		g	EL	IZABETY	1/6	UD ASS	Talanhana Nu	3 10		
DOH justification) DCA Cancellation			Name o	of Compaction	5	osa.	I Alsonona NI	mp		
Name of Facility Where Abatement is Taking	Diana	(3)	FAC	ILITY INFORMAT		Type of Facility	(4)			
Name of Facility Villete Abatement is Taking	i lace	(0)				School (K				
Street Address				the second contract of the second		☐, Subchapt	er 8 (Other than K- private & commerce	12) dal bu	ildings	, home
City (5)						Square Feet	# of Floors		Bldg. /	Age
ELIZABETH N.D.		7	County	Code (7)		Current Use (P	rior if being demolis	hed)	Cl	
UNION				USE ONLY)			HOUSE			
Name of Monitoring Firm Hired by Building C	wner (8	3)	ASCI	VI No.	Name N\	of Abatement Co	ontractor (9)			
Street Address					Street	Address	116			
City, State, Zip Code					City S) DOX (19			
ony, orace, zip oode					210	BRIDE	E NO.	08	25	7
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph	none No. 238x74	50C License 1	10 C	6	
Start Date (10)	Schedu	led Cor	npletion Q \	Date (11)	Name	of OSHA Monito	INL			
Occupancy Status During Abatement (Check	Only O	ne)	011	16	Street	Address	INC			
Facility Closed/Vacated During Entire Pe	eriod of	Abaten	nent		F.C	O. Box 8	314			
Abatement Performed Outside of Norma Other – Describe:	II Facilit	y Hour	S		City, S	tate, Zip Code	GE N.O.	69	85	7
Scope of Work (Check All That Apply)					01-					
≥3 af or ≥3 if □ ≥160 af or ≥260 if	12 6	Renova Demolit) M(i			ressu	ire	
	Γ					Non-Exempte	ed (*) and Non-Friat	le Pro		ement
Location of		s Locati Normal	ly	Des	scription	of			Ty	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	ed Sole aintena	nce/	Asbestos Control	aining M	laterial (ACM)	Amount (Specify	70		Enc
In Facility (13)	Cus	todial S (12)	Staff?	surfac	ing, VA	r, or	SF or LF)	Removal	Repair	Encapsulate
	Yes	No	N/A			,		a		ate
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MIIC			X	Floor 1	15	12×12	< 100 S/F			+
							_	<u> </u>		-
Name of Registered Waste Hauler			JDEP Wayler ID		rards	Name of	Registered Landfill			
NOVATEDO INC.			1850	Disposi	3	City, Stat	14.0 WS)1		
		28	57	Dispos	221	141.000	sille 1	1-	1.	
COMPleted by Completed by	Title	200	->1		gnature	16 1. 10x10	Dat	` '		

Ch 6250

Date of Notification (1) Name of Building Owner/Operator (2) 7-11-16 FORE Agency Notified Type Notification Jeffini fil. □ EPA City, State, Zip Code D DEP □ Amended ASBESTOS CONTROL Amendment # @ DOL TEANECK, NJ ☐ Emergency (including Telephone Number Name of Contact justification) **超 DOH** B. MURPHY D DCA ☐ Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) FORD School (K-12) ☐ Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Bldg. Age Square Feet # of Floors City (5) 400. EANECK Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) ONLY RESIDENCE BERGEN Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 201-329-7444 00388 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Omega Environmental 7-22-16 7-23-16 Occupancy Status During Abatement (Check only one) Street Address 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours 8AM 5 PM All Other - Describe: S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Renovation Mini-Enclosure 删 > 3 of or ≥ 3 lf □ Demolition ■ Glovebag Procedure ☐ ≥ 160 sf or ≥ 260 lf ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Used Solely by Description of Encapsulate Containing Material (ACM) stos Containing Material (ACM) Amount Maintenance/ Enclosure Removal Repair TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial IN Facility surfacing, VAT, or SF or LF) Shaff? (13)other miscellaneous) (12)NA LF BASEMENI THERMAL INSULATION Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill Waste Best Removal Inc ID No. Minerva Enterprises , LLC 17109 240 Disposal Date City, State City, State Hackensack , N.J. 07601 7-23-16 Waynesburg, Oh, 44688 Signature Completed by Title R. Veldran 7-11-16 Estimator R. VELDRAD * Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 7/12/2016				Name of Al Kay	Contraction of the Contraction o	Owner/Op	perator	(2)	10	E	Gel	EUK			19
Agencies Notified EPA DEP	Type Notification Initial Amended				te, Zip Co						JUL	1 5	2016		U
DOH DCA	Amendment Emergency justification) Cancellation	(including		Name of Al Kay					L	ASE	BESTC ephoini€	S CO NEIMBH	NTR(NG	DL &	
Name of Facility Where a Residential Propert Street Address		ng Place (3)	FACI	LITY INF	ORMATIC	ON	Subcl Subcl	ol (K-12) napter 8) 3 (Oth	er than I		uildings	, hom	ies,
City (5) Westfield								Square Fe 1,900 +		2	f Floors		Bldg. 50+	Age	
County (6) Union				County (Code (7) JSE ONLY)		Current Us	e (Prior	if bei	ng demo	olished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	1 No.			of Abateme orn Contra							
Street Address	ity, State, Zip Code						7000000000	Address Route 46	Suite 7	7a					
City, State, Zip Code							tate, Zip Co wa NJ 075								
	roject Manager for Monitoring Firm				ne No.			none No. 333-9176	Licens 01232						
Start Date (10) 7/25/2016		7/26/20)16	npletion [Date (11)		Name of OSHA Monitor Envirovision Consultants Inc.								
Occupancy Status During X Facility Closed/Vac	ated During Entire	Period of A	Abaten	nent			20-2	Address 1 Wagara		- Blo	lg.35E				
Abatement Perform Other – Describe:		nal Facility	Hours			_		tate, Zip Co Lawn, NJ		0					
Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Il That Apply)		lenova emolit				×	Gloveba	losure g Proce	dure				re	
Location	of	1000	Locati Iormal	200000		Des	cription					·	Aba	emen ype	t
Asbestos-Containing TO BE AB, In Facil (13)	Material (ACM) ATED	Ma	d Sole intenar odial S (12)	nce/		stos Conta thermal s	aining N systems ing, VA	laterial (ACN s insulation, T, or		(5	mount Specify or LF)	Kemovai	Repair	Encapsulate	Enclosure
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Basem				X			or Tile				0 LF	X			
	,														
Name of Registered Was Unicorn Contracting City, State			Н	JDEP Wauler ID	No.	Cubic Y of Wast 5	te	Tu			red Landsource		very I	asci	ility
Totowa NJ 07512						TBD			lytow	PA	11				
Completed by Dimo Golcev		Title Gene	ral M	anager		Sig	gnature	HUY	1		1	Date 7/12/2	2016		
ASB-41 (R-06-08)				,	* Do no	t use this fo	ro/for a	sbest	os licens	sure exe	empted	activi	ties.		

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Date of Notification	(1)			Nan	1e 0	f Ruildir	g Owner / Opera	/	2)			V ji	= 1	- , ;		
	7-13-201			Josi	1e &	Kaleb	Sanchez	ator (2	2)				,1	1		
Agencies Notified EPA	Type Noti	fication		Stre	et A	ddrees				ı JUL	1 5 20	016	11	7.1		
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☐ DCA	☐ Ca	ncellation		Jose	ie S	anchez			1	LIC	Teleph	ione	Numi	ber		
				-	FAC	II ITY IN	FORMATION									
Name of Facility Wh	nere Abate	ment is Taking	Place	(3)			Type of Fa	cility (4)			100000				
Street Address						00	Schoo	I (K-12	2)							
Officer Address							Subch	apter	8 (Other tha	n K-12)						
							Square Fee	(i.e. pr	rivate & com	mercial build	dings, ho	mes,	etc.)			
City (5)		County (6)	C	ounty	Cod	de (7)	4,000	3E	# of Floo	ors basement	Bldg. A					
Weehawken, NJ		Hudson		,		1.7		e (Pric	or if being de	emolished)		100)			
Name of Manitorina	Firm I Co. 1						Townhouse	2								
Name of Monitoring Health and Safety S	ervices	by Building Ov	vner (8	3)		SCM N		atem	ent Contrac	tor (9)						
Street Address	0.11000		e - Miles			17	Street Addr	lanag	ement Grou	ip, LLC						
P.O. Box 365									ve, Suite 20	2						
City, State & Zip Coo Berlin, NJ 08009	de	÷.					City, State	& Zip (Code				-			
	pject Manager for Monitoring Firm						Trenton, NJ	0861	9							
Mr. Jim Proctor	. Jim Proctor					mber	Telephone	Numb	er	License	Number					
Scheduled Start Dat	heduled Start Date (10) Scheduled				311			609-914-4279 01185 Name of OSHA Monitor								
07-26-201	07-26-2016) 231	11)	J&S Enviro	ment	ionitor al Laborator	ioc Inc						
Occupancy Status D	uring Abate	ement (Check o	only on	ie)	-		Street Addr	ess	ai Laborator	165, 1116.			_			
☐ Facility Close ☐ Abatement F	ed/Vacated	During Entire	Period	of Ab	ater	nent	2333 Route		est							
_ Describe: 9	9am – 5nm	during Normal F	Hours:				City, State 8		Code							
Facility Occu	pied During	a Abatement					Union, NJ 0	7083								
Scope of Work (Che	ck all that a	apply)														
≥3 sf or ≥3 lf				_					Full Conta	ainment with	Negative	Pres	sure			
□ ≥160 sf ≥260	lf				nova nolit				Mini-Encl	osure						
50 000 RANGE BARSON	7.7			Del	HOIR	1011			Glove Ba	g Procedures	es					
	cation of		ls	Locat	ion		Description	n of	NOII-EXEI	npted and No Amount						
	s-Containi	ng		nally		b	Asbestos-Co	ntainir	ng	(Specify	AD	ateme	ent I	ype		
TO BE	rial (ACM) E ABATED		Main	olely tenan	by		Material (A	(CM)		SF or LF)	Z.		Ш	四		
	Facility			odial ((i.e., thermal insulation, surfa	systen	ns VAT		Rem	Re	nca	ncl		
	(13)			(12)	Jun		or other miscel	laneo	VAI		emova	Repair	Encapsulat	closure		
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Basement					X	Pipe	Insulation			55 LF						
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lame of Registered V	Vaste Haul	er		NII)FP	Macto	Cubic Yards	INI-	(D							
700 March 200 Ma						ID No.							m-H			
Resource Manageme		250518315	3521		TBD Grows Landfill											
ity, State						T.	Disposal Date City, State							_		
renton, NJ 08619							TBD Morrisville, PA									
ompleted By (Print o	r Type)			Title			Signature		, //		Date					
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(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 07 13 16 Evelyn Kane Agencies Notified Type Notification Street Address **⊠** EPA □ DOLWD ☐ Amended City, State, Zip Code ASBESTOS CONTROL & Amendment # M DOH Wood Ridge, NJ 07075 LICENSING ☐ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Anthony Lacetola FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Residential Subchapter 8 (Other than K-12) Street Address ☑ Other (i.e., private and commercial buildings, homes, etc.) City (5). Square Feet # of Floors Bldg. Age Wood Ridge, NJ 07075 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Bio Terra Solutions** ALL PRO MANAGEMENT LLC Street Address Street Address P.O. Box 1224 27 Outwater Lane City, State, Zip Code City, State, Zip Code Union, NJ Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rick Eustaquio 973-494-3762 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07 / 23 / 16 08 / 23 / 16 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ Garfield, NJ 07026 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 If ☐ Mini-Enclosure □ Renovation ≥160 sf or ≥260 If ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Remova Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes N/A No Interior X TSI 130 LF \boxtimes П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Waste Hauler ID No. IESI Landfill All Pro Management, LLC 0034860 As Needed City, State City, State Disposal Date Garfield, NJ TBD Bethlehem, PA Completed By (Print or Type) Title Signature Date Zvonko Veskov President

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 12 16 New Jersey Turnpike Authority 07 Type Notification Street Address Agencies Notified SEPA - DOL 581 Main St. Initial □ DEP City, State, Zip Code **ESTOS CONTROL &** DCA (NJAC 5:16) Amendment #1 LICENSING Woodbridge NJ 07095 □ DHSS ☐ Emergency (including DCA justification) Name of Contact Telephone Number (NJAC 5:23-8) ☐ Cancellation Robert Wowensdorf 7324428600 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Existing Bldg School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, MP E111.5 homes, etc.) # of Floors City (5) Square Feet Bldg. Age Secaucus 6900 1 1960 Current Use (Prior if being demolished) County (6) County Code (7)(STATE USE ONLY) Hudson Prosecutor's Office Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Bio Terra Environmental Solutions LLC 06-15995 APS Contracting, Inc. Street Address Street Address PO Box 1224 155-161 Pennsylvania Avenue City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Union, NJ 07083 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. 01-287 Rick Eustaquio 973-494-3762 973-754-1908 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 08 / 04 / 16 __07__ / __25__ / __16__ APS Contracting, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 155-161 Pennsylvania Avenue ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/____PM-___AM Paterson, NJ 07503 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf Mini-Enclosure ☐ Renovation □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Enclosure Asbestos Containing Material (ACM) Amount Removal Encapsulate Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, surfacing, (Specify TO BE ABATED Custodial Staff? SF or LF) VAT. or

Thruout Bldg				_	glass Wall Insul/C	ement Brd	324sf	\boxtimes			
EC Rm1038				Mastic	C/Cork Floor Tile		7,940sf				
EC Rms 1040				Cement Piping/Pipe Insulation			22 lf	\boxtimes			
Name of Registered Waste Hauler APS Contractors, Inc.			NJDEP Waste Hauler ID No. 21259		Cubic Yards of Waste 40 Yards	Name of Registered Landfill Grows Landfill					
City, State Paterson, New Jersey					Disposal Date 07/20/16	City, State Morrisville	e, PA 19067				
Completed By (Print or Type)	Title				Signature	0.	/ [Date			

other miscellaneous)

8,448 sf.

 \boxtimes

(12)

No

M

Yes

П

President

N/A

VAT

ASB-41 JUL 01

Svetozar Savreski

Thruout Bldg

IN Facility

(13)

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