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			_											p Code	State, Z	City,			☐ Initial ☐ Amended	EPA DEP
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Date of Notification (1)		N	ame of l	Building O		1			3/3			
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DCA Cancellation				5568H	DIBER					in call		
	DI (0)		FACIL	ITY INFO	RMATIC	N NC	Type of Facility (4	1				$\overline{}$
Name of Facility Where Abatement is Taking	Place (3)						School (K-12	2)				
Street Address				r			Other (i.e. p	8 (Other than K-1) ivate & commerci	2) ial buildi	ngs, I	nome	s,
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City (5)							2,075	2		d 5		
ALLENDALE				ode (7)			Current Use (Pric	or if being demolis	hed)	- 6		$\neg$
County (6)			STATE U	SEONLY)	505,140,000-T	[`		idence	,			- [
BELGEN							f Abatement Con					-
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	NO.			: Contracting					8
Street Address						Street A						
							owell Road ate, Zip Code					
City, State, Zip Code						Glen I	Rock, N.J 074					
Project Manager for Monitoring Firm			Telephor	ne No.		Telepho (201)2	ne No. 262-5841	License N 00156	NO.			
Start Date (10)	Schedule	d Com	pletion [	Date (11)			f OSHA Monitor	IN SUCCESSO CASA				
7/24/13	. 8/	24/1	3			Omeg	a Environme	ntal Services I	nc.			
Occupancy Status During Abatement (Check	Only On	e)				Street A	ddress			12.00	22	
			ant		- 1	280 H	uyler Street					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	al Facility	Hours	Cit		1	City, Sta	ate, Zip Code					
Other Describe:					-	Hacke	ensack, N.J 0	7606				
Scope of Work (Check All That Apply)							,					
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Street Address							Street	000000	The state of the s				* (		
07- 01-1- 7- 0-1									rell Road						
City, State, Zip Code									Zip Code ck, N.J 074	152					
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Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	VI No.				batement Con		(9)				
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0% 064 75 0 1									vell Road						
City, State, Zip Code									, Zip Code						
5	roject Manager for Monitoring Firm								ock, N.J 074	52					
Project Manager for Mon	roject Manager for Monitoring Firm						Telep				License				
	***								2-5841		00156	)			
Start Date (10)				and the same of th	Date (11)				SHA Monitor		2	×.			
7/22/13		8	120	1/13			Ome	ega	Environmen	tal S	ervices	inc.			
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Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	Hour	3			100000000000000000000000000000000000000		, Zip Code						
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Scope of Work (Check A	Il That Apply)						_								
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BUSEMENT	BUSEMENT					DUCT	IN	SUL	CATION	2	85F	1	1		
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		1											1	-	$\vdash$
	2	++		-									+	-	$\vdash$
													1_		
Name of Registered Was	100	JDEP W auler ID	(5,000) (5,000)	Cubic of Was			Name of R								
Rovic Transportation		)785	140.	OI AAS	7		IESI PA	Beth	lehem l	_andfil	l Cor	p.			
City, State	·					Dispos	al Date	)	City, State	_					-
Riverdale, New Jerse	y 07457						190/1		Bethlehe	m, P	.A 180	15			
Completed by		Title	-				ignature		1			Date ,			
Joseph Vocaturo							1	١.	Vorate	w)			12/	3	



Date of Notification (1)	***		-11	1	Name o	f Building	Owner/Operator	(2)	)	<9/9 <sub>.717</sub>				
07/	12 /	13	- 11	- 1	The S	Seeing E	ye			**************************************	A			
Agencies Notified	Type Notification	on		1	Street A	ddress					47 6	1 / 1	1	
□ EPA	✓ Initial				10 W	ashingto	on Valley Road	d		d. 2				
□ DOLWD	☐ Amended			- 1	City, Sta	ate, Zip Co	ode							
☑ DHSS	Amendmen	- 100		1	Morr	istown, I	NJ 07963					**		
DCA (NJAC 5:23-8)	☐ Emergency justification		Jaing		Name o	f Contact				Telephone Numbe	r			
(NJAC 3.23-0)	☐ Cancellatio	(f)			Bud	Liptak					_			
			-77		FΔC	II ITY INE	ORMATION							
Name of Facility Where A	Abatement is Ta	kina F	Place (	3)				Т	Type of Facility (4	1)				
The Seeing Eye Am				-,					☐ School (K-12)					
Street Address			-5			_		$\dashv$	Subchapter 8	(Other than K-12) vate and commercia	al buil	dinas	<b>3</b> 0	
10 Washington Val	lev Road								homes, etc.)	vate and commerci	ai buii	uiiiga	,	
City (5)	io, itouu				7 AC 10 10 10 10 10 10 10 10 10 10 10 10 10			+	Square Feet	# of Floors	Bld	g. Ag	е	
Morristown									55,000	2	4	5		8
County (6)			_		Count	v Code (7)	(STATE USE ONLY	2	Current Use (Price	or if being demolish	ed)			
Morris							•		Commercial					
Name of Monitoring Firm	Hired by Buildin	ng Ov	vner (8	B) [A	ASCM N	No.	Name of Abater	me	ent Contractor (9)					
Environmental Hea				´	0010	4	Superior Al	ba	tement Inc					
Street Address			4.5	_			Street Address	į.						
665 West Shore Tra	ail						2 Henderso	n	Drive					
City, State, Zip Code		-					City, State, Zip	Co	ode					
Sparta, NJ 07871						West Caldy	vel	II, NJ 07006						
Project Manager for Mon	itoring Firm			Tele	phone N	No.	Telephone No.			License No.				
John A. Sekelsky	-			(9:	73) 651	1-2039	(973) 808-1	61	6	00411				
Start Date (10)	Sc	chedu	led Co	mplet	ion Dat	e (11)	Name of OSHA	M	lonitor					
_07_ / _22_ /	_13_	07	/	_ 25	_ / _	13	Superior Al	ba	tement Inc					
Occupancy Status Durin	g Abatement (C	heck	only o	ne)			Street Address	is a	<del></del>					
☐ Facility Closed/Vacat	700				nent		2 Henderso	on	Drive					
☐ Abatement Performe	d Outside of Nor	rmal F	acility	Hour	s - Desc	cribe	City, State, Zip	Co	ode	312				
Time of Abatement: will isolate work a	Occupied BL	DG-	Cons	truct	of bu	ilding	West Caldy	мe	II, NJ 07006					
Scope of Work (Check a	ill that apply)	CUDI	eu be	/I LIOI	OI DU	iidiiid								
☐ >3 sf or >3 lf			⊠ Rei	novati	on		⊠ Full Co □ Mini-E		tainment with Neg losure	ative Pressure				
\(\sigma \geq 160 \text{ sf or \geq 260 lf}\)			Dei				☐ Glovel	bac	a Procedure					
							☐ Non-E	xe	mpted (*) and Noi	n-Friable Procedure				
				Locat lorma			Description	n o	of.				ent Ty	
Location Asbestos-Containing		,	Use	d Sole	ly by	Asbe	stos Containing		3/4	Amount	Removal	Repair	Enc	Enclosure
TO BE AB	ATED		100000000000000000000000000000000000000	ntena	nce/ Staff?	(i.e	., thermal system			(Specify SF or LF)	JOV	ai.	aps	losu
IN Faci (13)	•		Ousi	(12)	otan:		surfacing, V/ other miscella			SF OF LF)	<u>m</u>		Encapsulate	Te
(13)			Yes	No	N/A								Ф	
Laundry Room						VAT & I	Mastic			155 SF				
and the second of the second o	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						Mastic			255 SF	×		П	
Computer Server Ro				Z						-	=	_		
Computer Room Off	fice			Ø	VAT &	Mastic			170 SF	M	닏			
Name of Registered Wa	ste Hauler			-250	JDEP \		Cubic Yards of	f	Name of Regis	stered Landfill				
Service Transport	Group, Inc				lauler II SW21		Waste 10		Minerva La	andfill				
City, State					3447		Disposal Date		City, State					
New Castle, DE							7/25/13		Waynesbu	rgh, OH				
Completed By (Print or	Type)	Title		-			Signature		7//	// Da	te			~
Nick Petrovski	· /PY/	OMMERICA.	reside	ent				/	1/1/1/11	hhn	7-	12	- ]	3
THOR I CHOYOR								1	11 11-11	vom	77			

ASB-41 MAY 11

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

CK 38

Date of Notification (1)			I	lame of	Building O	wner/Operator (2	)	4/2				
07 /	12 / 13			South	Orange-	<ul> <li>Maplewood B</li> </ul>	Board of Educa	tion $\frac{37}{6}$	r			
Agencies Notified	Type Notification		5	Street Ac	ddress		-	¥.	9 0: 0			
⊠ EPA	☑ Initial			525 A	cademy	St.			41	0		_
☑ DOLWD	☐ Amended		(	City, Sta	te, Zip Coo	de		1.72				
☑ DHSS	Amendment #			Maple	ewood N	J 07040		187	- d			
□ DCA     (NJAC 5:23-8)	☐ Emergency (ir justification)	ncluaing	1	Name of	Contact			Telephone Numb	per			
(NJAC 5.25-6)	Cancellation			Willia	m Kyle							
				FACI	LITY INF	ORMATION	- 25 111 /	4				-
Name of Facility Where	Abatement is Takin	g Place (	3)				Type of Facility (					
Maplewood Middle	School						School (K-12)     Subchapter 8	(Other than K-12	)			
Street Address							Other (i.e., pr	ivate and comme	rcial build	lings,		
7 Burnet St							homes, etc.)	# of Floors	Plda	. Age		-
City (5)							Square Feet	A TOTAL TOTAL CONTROL OF THE PARTY OF THE PA	50		•	
Maplewood NJ 070	140						100,000	2				$\dashv$
County (6)				County	Code (7)	STATE USE ONLY)			sileu)			- 1
Essex							Middle Scho	001				$\dashv$
Name of Monitoring Firm	n Hired by Building	Owner (8	) /	SCM N	0.		ent Contractor (9)	Inc				
Ahera Consultants	<b>i</b>			0057			an Restoration,	inc				-
Street Address						Street Address	:					
PO Box 385			. 2			421-423 Stra						
City, State, Zip Code		2				City, State, Zip C						
Oceanville NJ 083	21					Paterson NJ	0/501	License No.				-
Project Manager for Mo	nitoring Firm			phone N	750000000000000000000000000000000000000	Telephone No.	•	00805				
Eric Clarkson			1.000000	9-652-		973-925-130 Name of OSHA		00000		-		_
Start Date (10)	Sec.	eduled Co					an Restoration	. Inc				
07 /22 /		08 /		_'=	13_	Street Address	an restoration					$\neg$
Occupancy Status Durin	ng Abatement (Che	eck only o	ne) Nata	ment		421-423 Stra	ight St					
□ Facility Closed/Vaca     □ Abatement Performer	ited During Entire r	al Facility	Hour	s - Desc	cribe	City, State, Zip C					-	
Time of Abatement:	AM	PM/	_PM-	/	MA	Paterson N.			_			
Scope of Work (Check	all that apply)		-	-		⊠ Eull Co	ntainment with Ne	native Pressure				
		⊠ Re	novat	ion		☐ Mini-Er	closure	gaavorioseare				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		☐ De				Gloveb	ag Procedure cempted (*) and No	on_Friable Procec	lure			
						□ Non-EX	tempted ( ) and No	T TIABLE 1 10000	Aha	ateme	ent Ty	vpe
			Loca Norma			Description	of					
Location Asbestos-Containin		Use	d Sol	ely by	Asbe	stos Containing N	Naterial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
TO BE AL	BATED		intena	ance/ Staff?	(i.e	., thermal system surfacing, VA	s insulation,	(Specify SF or LF)	oval	=	psu	Sun
IN Fac		Cus	(12)			other miscellar	neous)	0,			late	0
(13	9	Yes	No	N/A						_	_	
2 nd Floor Girls Re	stroom		$\boxtimes$		Ceiling	& Wall plaster		1270 sf				닏
2nd Floor Girls Res	stroom		$\boxtimes$		Pipe &	fitting Insulation	on	175 lf				닏
2nd Floor Boys Re			Ø		Ceiling	& Wall plaster		1275 sf				
2nd Floor Boys Re					Pipe &	fitting Insulati		175 lf				
Name of Registered W				NJDEP		Cubic Yards of	**************************************	istered Landfill				
New American R				Hauler I 3039		Waste 20	G.R.O.W.	S.				
City, State			-			Disposal Date	City, State	DA 40007				
Paterson NJ 0750	01					TBD	Morrisvil	le, PA 19067	<u> </u>			
Completed By (Print o	r Type)	Title				Signature	Al		Date	10	100	218
Igor Jezdimirovio		V. Pre	sider	nt					07/	12	120	13
			-			0	ALL STORY OF THE S					

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

Date of Notification (1)				N	lame of	Building C	Owner/Operator (2	)	`6				
1	<i>i</i> _		_										
Agencies Notified	Type Notifica	tion		-   5	Street A	ddress			8, 7	je.			
EPA	☐ Initial	75.75								2/1			
□ DOLWD	☐ Amended			(	City Sta	te, Zip Co	de		5 //	-			
☐ DHSS	Amendme	ent #		1	J., O.	,							
☐ DCA	☐ Emergen		uding	-	lomo o	Contact			Telephone Numb	er			$\neg$
(NJAC 5:23-8)	justification			1	varrie o	Contact			,				
	☐ Cancellat	ion										-	
					FACI	LITY INF	ORMATION					_	-
Name of Facility Where	Abatement is T	aking l	Place (	3)				Type of Facility (					
								School (K-12	) 3 (Other than K-12)				
Street Address								Other (i.e., pr	rivate and commerc	cial build	dings,		
Officer Address								homes, etc.)					
0: (5)								Square Feet	# of Floors	Bldg	. Age		
City (5)								60	Daniel 100 100 100 100 100 100 100 100 100 10				
					Count	. Codo (7)/	STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
County (6)					County	/ Code (/)(	STATE USE ONLT)	Cullent Osc (i ii	or in boing demand	,			
								10-11(0)			-		-
Name of Monitoring Firm	n Hired by Buil	ding O	wner (8	B) A	SCM N	lo.	Name of Abateme	ent Contractor (9)					
Street Address							Street Address						
									_			<u></u>	
City, State, Zip Code		_					City, State, Zip C	ode					
Oity, Otate, Zip oode						1							
	todos Fissa			Tolor	ohone N	lo l	Telephone No.		License No.				
Project Manager for Mo	nitoring Firm			relet	onone i	10.	reiephone ivo.		1				
								it					
Start Date (10)				100	ion Date	60 CEC	Name of OSHA	Monitor					
//			/		_ / _								
Occupancy Status Durin	ng Abatement	Check	only o	ne)			Street Address						
☐ Facility Closed/Vaca					nent								
☐ Abatement Performe	ed Outside of N	lormal	Facility	Hour	s - Desc	cribe	City, State, Zip C	ode		7-4			
Time of Abatement:	AM	PN	Λ/	PM-		MA	,1,1						
			5-1-1-										
Scope of Work (Check	all that apply)						☐ Full Cor	ntainment with Ne	gative Pressure				
☐ ≥3 sf or ≥3 lf			☐ Re				☐ Mini-En						
□ ≥160 sf or ≥260 lf			☐ De	molitic	n		Gloveba	ag Procedure	on-Friable Procedu	ire			
							☐ Non-Ex	empted ( ) and N	Triable Frocedo		ateme	nt T	<b>'DO</b>
				Locat			2 23			1		1929	
Locatio		2022		Norma d Sole		A - I	Description stos Containing M		Amount	₽e	Rep	E	Enc
Asbestos-Containin		M)		intena		Asbe	thermal systems	s insulation.	(Specify	Removal	Repair	ä	Enclosure
TO BE A			Cus		Staff?	(	surfacing, VA		SF or LF)	/a		Encapsulate	ure
(13				(12)			other miscellan	eous)				ate	
			Yes	No	N/A								
Classroom				$\boxtimes$		Ceiling	& Wall Plaster		2700 sf				
Classroom			-		-					$\neg \neg$		П	
												_	
									5245 SF				
Total				Щ,			Oubic Varda of	Name of Doo	istered Landfill				
Name of Registered W	aste Hauler			100	NJDEP \		Cubic Yards of Waste	Name of Reg	notered Landini				
					iaulei II	J NO.	114316						
City, State				-			Disposal Date	City, State					
Oity, State							NA.						
	T \	T;41					Signature	101	10	Date			2779
Completed By (Print or	Type)	Titl	C				O.g. include						
7											m 1100		
ASB-41				A CONTRACTOR			400 line /	moted activities					
MAY 11		*	Do no	t use t	nis form	i for asbes	tos licensure exer	ripteu activities.					

Mogheck

ETS JOB # 4039/1:	3					2813 n	11.	AMENDM	=NI#1	
Date of Notification (	1) 7/10/2013			of Building Ov of America	wner /	Operator (2)	16 4	1 5:00		
	Type Notifica	ition	Street	Address			AT .		THE STATE	
		NI-tifti		roadway	do					
DEP DEP		Notification		tate & Zip Co		•			き	
DOL     DOL		ded Notificatio		Branch, NJ	0//4	.0			م د	Number
□ DOH     □	Canc	ellation		of Contact				5.11	DIDITITION OF THE	Killina i
☐ DCA			Mr. Ry	an Schnup	p					
			FAC	CILITY INFO					1	0
Name of Facility Who Bank of America	ere Abateme	ent is Taking Pla	ace (3)			of Facility (4) School (K-12)				8
Street Address						Subchapter 8 (	Other than	K-12)		
0.100.7144.000						Other (i.e., priv			gs, home	s, etc.
577 Broadway							# of Floors		ldg. Age	
City (5)		County (6)	County C	ode (7)	-	5,013		2	- A	0+
		Monmouth	County O	000 (1)	Curr	ent Use (Prior i				-
Long Branch		Wionimouth			Ban		being den	ionoriou)		
N	Firm I lim d b	. Duilding Our	or (9)	ASCM No.		e of Abatemen	t Contracto	r (0)		
Name of Monitoring				ASCIVI NO.		Contracting		1 (5)		
Environmental Te	esting Con	suitants, LLC				et Address	, 1116.			
Street Address	ita 404					Clay Street				
One Mall Drive, S City, State & Zip Coo						State & Zip Co	nde -			
						oklyn, NY 11				
Cherry Hill, NJ 08		irm	Telephone	Number		phone Number		License N	umber	
Project Manager for Howard Zenobi	Monitoring F	11111	(856) 482-			-706-6300		LICCHSCIA	00511	
Scheduled Start Dat	a (10)	Scheduled Con	1		_	e of OSHA Mo	nitor			
July 20, 20	Section 1997		ust 20, 20		0.0000000000000000000000000000000000000	atech, Inc.	intoi			
Occupancy Status D				10	_	et Address				
Facility Close	edN/acated I	During Entire P	eriod of Aba	tement	0.0000000000000000000000000000000000000	Radio Road				
		utside of Norma				State & Zip Co	ode			
		:00 PM - 12:0			2000 DOM:	e Egg Harbo		87		
	AM - 6:00 F		o Airi , ou	nuay 5.00		c Lgg Harbo	.,	•		
Other - Desc		101			1					
Scope of Work (Che		nnly)								
Demolition	ck all that ap	Renovati	on			☐ Full Con	ntainment w	ith Negative F	ressure	
Large Project	<b>*</b> †	Z				Mini-End				
Quantity is ≥		LEACM				K	g Procedu	·e		
		≥ 260 LF ACM					•	npted(*) and	l Non-Fi	riable
Quantity is a	2 100 31 01 2	200 LI AOIVI					Procedu			
1.0	cation of		Is Location	on	D	escription of	1100000	Amount	Abate	ment Type
	os-Containin	a	Normally L			stos-Containing	a	(Specify		y: Removal,
	erial (ACM)	9	Solely b			aterial (ACM)		quare Feet or		Repair,
	E ABATED		Maintenand			hermal system	s	Linear Feet)		sulation or
	Facility		Custodial S			on, surfacing, V			En	closure)
	(13)		(12)		or othe	er miscellaneou	ıs)			
						A T 18 8 41 -		4 240 CE	De	movel
Entire	- Page		N/A		V	AT/Mastic		1,210 SF	Re	emoval
					-		-			
	NUDED We	ste Hauler ID		Cu. Yds. of W	lasta N	ame of Regist	orod Lan	dfill		
Name of Registered Tri State Transfer		er	NJDEP Wa	19551	#	15Yds	s. N	linerva Ente		
City, State						Disposal Date		ity, State		
Bronx, NY						TBD		/aynesburg,	OH	
Completed By (Print	or Type)	Title				Signature	/_//	2		Date
RICHIE SMITH		PROJE	CT EXECU	ITIVE		1///	X.		-	7/10/2013
						11/00	V			<u> </u>

ETS JOB # 4042/13

CheCK # 24098

28/2 MENDMENT # 0 2

Date of Notification (1)				/ Operator (2)		- 56 5	5
7/10/2013		Soveregin E					
Agencies Notified Type Notifica	tion	Street Addres		S.S		5 30 8	~
EPA	Notification	75 State Str City, State & 2					<u>න</u>
	Notification						30 8
	ded Notification	Boston, MA				T,	
	ellation	Name of Con				16	elephone Number
DCA DCA		Susan Peck					
			INFORM				
Name of Facility Where Abateme	nt is Taking Place	e (3)	Тур	e of Facility (4) School (K-12)			
Soveregin Bank Street Address				Subchapter 8 (	Other than K-	12)	
Sueet Address			l⋈				s, homes, etc.
44 Most Main Street			- Louise	are Feet	# of Floors		dg. Age
44 West Main Street City (5)	County (6)	County Code (7		2400	2		60+
	Monmouth	County Codo (1		rent Use (Prior i	Maria and a second a second and	shed)	
Holmdel	MIDITIONEL		Ba	생님이 보았다	. 2519 50111011		
Name of Monitoring Firm Hired by	/ Building Owner	(8) ASCN		ne of Abatemen	t Contractor (9	9)	
Hillmann Consulting, LLC			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S Contracting			
Street Address			Stre	eet Address			
1600 Route 22 E				Clay Street			
City, State & Zip Code				, State & Zip Co			77E-1
Union, NJ 07083				ooklyn, NY 11		10	
Project Manager for Monitoring F		elephone Numbe		ephone Number		License Nu	umber 00511
Brian Nemetz		08-688-7800		3-706-6300	nitor		00311
	Scheduled Compl	letion Date (11) 21, 2013		me of OSHA Mo stor Technolo			
July 20, 2013 Occupancy Status During Abaten				eet Address	51		
Facility Closed/Vacated D	Ouring Entire Peri	od of Abatemen		59 Jackson A	ve		
Abatement Performed Ou				y, State & Zip Co			
Describe: Saturday 2				ng Island City			
AM - 6:00 F				<del></del>	14.77		
Other - Describe:							
Scope of Work (Check all that ap					ntainment with	Negative D	ressure
Demolition	□ Renovation	I;		Mini-En		regative i	1000010
Large Project	15 4014				ag Procedure		
Quantity is ≥ 3 SF or ≥ 3						tod(*) and	l Non-Friable
Quantity is ≥ 160 SF or ≥	260 LF ACM			Other.	Procedure	ieu( ) anu	A ROII-I Habie
Location of		Is Location		Description of		Amount	Abatement Type
Asbestos-Containing	a   N	Normally Used		estos-Containin	g   (	Specify	(Specify: Removal,
Material (ACM)	"	Solely by	N	Material (ACM)	Squ	are Feet or	
TO BE ABATED		faintenance or		thermal system		ear Feet)	Encapsulation or
in Facility	C	ustodial Staff?	insula	tion, surfacing, \	/AT		Enclosure)
(13)		(12)	or oth	ner miscellaneou	12)		
1 <sup>st</sup> Floor		N/A		VAT/Mastic		400 SF	Removal
Name of Registered Waste Haul	er N	JDEP Waste Ha		Cu. Yds. of W	/aste Nam	ne of Regist	ered Landfill
Tri State Transfer		1955	1	8Yds			rprises, Inc.
City, State				Disposal Date		State ynesburg,	ОН
Bronx, NY	Talls			Signature	/ / Wa	// Jobburg,	Date
Completed By (Print or Type) RICHIE SMITH	Title	T EXECUTIVE		Signature	1	1	7/10/2013
INIONIE SIMITH	II IOOLO			1 /	V / 1	r.	

ETS JOB # 3914/12 Check	2#241	147		201	2 1111 7		AMENDME	NT # 2	
Date of Notification (1)		Name of	Building Ow	ner / Oper	ator (2)	o <sub>7.1.</sub> Ş.	i GQ		
7/10/2013		Bed, Ba	ath and Bey	yond	_				
Agencies Notified Type Notification		Street Ad				43			İ
EPA			erty Avenu		ta Lib		-		
DEP Initial Notific			te & Zip Cod	е					1
DOL Amended N			NJ 07083		-		Tr	elephone l	Number*
DOH Cancellation	1		Contact				1	JIODITO I	
DCA DCA			n Purcell						
		FACI	ILITY INFO	RMATION	٧ .				
Name of Facility Where Abatement is T	aking Place	(3)		Type of Fa					
Bed, Bath and Beyond Property					ol (K-12)		14.40		
Street Address				Subc	hapter 8 (	Other than	i K-12) 	a homes	etc
							mercial building	da Ago	, etc.
650 Liberty Avenue				Square Fe		# of Floor		dg. Age	
City (5) Coun	ty (6)	ounty Co	de (7)	200		:	2	50	,+
Union Unio	n					if being de	molished)		1
				Commm			(0)		
Name of Monitoring Firm Hired by Build	ding Owner (		ASCM No.			t Contract	or (9)		
ATC Associates, Inc.			00098	Street Ad		, 1110.			
Street Address	uito 706			160 Clay					
1090 King Georges Post Road, S	uite 700			City, Stat		ode			
City, State & Zip Code Edison, NJ 08837				Brookly					
Project Manager for Monitoring Firm	Tel	ephone N	lumber	Telephon	e Numbe	Г	License N		
Pat Sisk		32) 771-0		718-706				00511	
Scheduled Start Date (10) Sched	luled Comple		(11)	Name of					
7/10/2013		0/2014				Factics, I	nc.		
Occupancy Status During Abatement (	Check only	one)		Street Ac					
Facility Closed/Vacated During	Entire Perio	d of Abat	ement	City, Stat					
Abatement Performed Outside	of Normal F	acility Hol	urs -	Matawa					
Describe:	rea Vacateo	4. Warl	king Hours		11, 140 07				
Other - Describe: Work A	nday - Sat	urday 3	·nng Hours						
12:30 A		uruay o.	.00 1 111					535	
Scope of Work (Check all that apply)	101								
Demolition	Renovation						with Negative F	ressure	
Large Project						nclosure			
Quantity is ≥ 3 SF or ≥ 3 LF A	CM					ag Proced	ure		
Quantity is ≥ 160 SF or ≥ 260	LF ACM			$\succeq$	4	Tent		1 11 1	T
Location of		Is Location			iption of		Amount (Specify		ment Type y: Removal,
Asbestos-Containing	N	ormally U		Asbestos	-Containii al (ACM)	ng	Square Feet or	1 1	epair,
Material (ACM)	M	Solely by aintenance		(i.e., therr		ns	Linear Feet)	Encap	sulation or
TO BE ABATED in Facility		ustodial S	taff? in	sulation, s	urfacing,	VAT		En	closure)
(13)	0.000	(12)		or other mi	scellaned	ous)			
					AT		1,500 SF	Re	moval
1 <sup>st</sup> Floor		No			sulation	,	60 LF		moval
1 <sup>st</sup> Floor		No		ripe ii	Sulation		00 2.	1	
	N	DED Wes	ste Hauler ID	)# [CII	. Yds. of \	Naste	Name of Regis	tered Lan	dfill
Name of Registered Waste Hauler	N.		19551	/#  Ou	600	)	Minerva Ente	erprises,	Inc.
Tri State Transfer			.0001	Dis	posal Da	977	City, State		
City, State Bronx, NY					TB		Waynesburg	, OH	T= -
Completed By (Print or Type)	Title			Sig	nature	01/4	1		Date 7/40/2012
ROY JOHNSON	PROJECT	EXECU	JTIVE		-Ko	14			7/10/2013
					1 1	$\cup$			

### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

CE# 2465

Date of Notification (1)		uilding Owner /		70			1962				
July 9, 2013 Agencies Notified Type Notification		VERIZON COMMUNICATIONS Street Address									
Agencies Notified Type Notification	2-8 Brown		ue 2013./// ode 2013./// Telephone Number								
☐ DEP ☐ Initial	City, State 8			-13 33	16						
DOL Amended	Lakehurst			94 1 == 1	47	9, 4					
	Name of Co				T.	elepho	ne N	lumh	er		
☐ DCA ☐ Cancellation		DIOLOGICA STATUS		4 C/n	]-		-	GIIID	Ĭ		
	FACILIT	Y INFORMA	TION					_	_		
Name of Facility Where Abatement is T			of Facility (4)								
Lakehurst CENTRAL OFFICE	3 (-/		School (K-12)								
Street Address		——————————————————————————————————————	Subchapter 8	(Other than K-	12)						
2-8 brown avenue											
, and		Squa	re Feet	# of Floors	BI	dg. Ag	e				
City (5) Count	y (6) County Code (	(7)									
Lakehurst OCE	AN	Curre	if being demol	emolished)							
	2000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			nication cen							
Name of Monitoring Firm Hired by Build	ing Owner (8) ASC	CM No. Name	e of Abatemer	nt Contractor (9	9)						
USA Environmental		BRIS	STOL ENVIR	CONMENTAL	. ÍNC						
Street Address			t Address								
8436 ENTERPRISE AVE			BEAVER S	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
City, State & Zip Code			State & Zip Co								
PHILADELPHIA PA 19153	IT-IENI	the second second	STOL, PA 19	ASSEMBLE OF THE PROPERTY OF TH	I						
Project Manager for Monitoring Firm MARK JENKINS	Telephone Numb 215-365-5810		lephone Number License Number 5-788-6040 00509								
	led Completion Date (11)		e of OSHA Mo	nitor		0050	19		_		
7/23/13	8/2/13			ONMENTAL	. INC						
Occupancy Status During Abatement (C	heck only one)		Street Address								
Facility Closed/Vacated During	The state of the s	1123 BEAVER STREET									
Abatement Performed Outside of		City, State & Zip Code BRISTOL, PA 19007									
Describe: 7:00 AM – 4:00 P	BRIS	STOL, PA 19	007								
Facility Occupied During Abater Scope of Work (Check all that apply)	nent										
Scope of Work (Check all that apply)			$\square$	Full Containn	nent with Ne	native	Pres	SCUIP			
☐ ≥3 sf or ≥3 lf		on	Ħ	Mini-Enclosu		galivo	1 100	Jour	50		
≥160 sf ≥260 lf	☐ Demolition		H	Glove Bag Pr							
		••					d Non-Friable Procedure				
Location of	Is Location	De	scription of		Amount	Abatement Type					
Asbestos-Containing	Normally Used		tos-Containing		(Specify				<u> </u>		
Material (ACM)	Solely by		terial (ACM)		SF or LF)	D	_	핅	ш		
TO BE ABATED in Facility	Maintenance or Custodial Staff?		nermal system			Remova	Repair	Encapsulate	Enclsoure		
(13)	(12)		insulation, surfacing, VAT or other miscellaneous)						our		
3 <b>3</b> 3 3 4 5	Yes No N/A	1,700,000,000,000,000		10				ē	, co		
Fist floor main frame		VA	T/MASTIC		1320 SF		П	П	П		
First floor equipment room			T/MASTIC		300 SF	Ø	П	H			
• •						T	Ħ	Ħ	Ī		
						П	T	Ī			
Name of Registered Waste Hauler		Waste Cubic Y		e of Registere	d Landfill	-					
	D No. of Wast	TAGEST TO STATE OF THE PARTY OF									
SERVICE TRANSPORT GROUP, IN	IC. 20990	40	100 100 100 100 100 100 100 100 100 100	ERVA LAND	FILL						
City, State NEW CASTLE, DE 19720	Disposa TBD		State YNESBURG,	OH 44688	ĺ						
Completed By (Print or Type)	Title	Signatu			3.1. 17000	Date					
PATRICK T. DeCARO	Estimat		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				3				
		Tall	get &	LAND			>0				



ETS JOB # 4039/13					AME	NDMEN	<i>್ರಿ/ಕ್ಷ</i> T#1	<u> </u>				
Date of Notification (1) 7/10/2013			Name of Building Owner / Operator (2) Bank of America						A Brown			
Agencies Notified Type Notification  EPA  DEP Initial Noti	fication Notification	Street A 522 Ma City, St	Address ain St ate & Zip Cod		720		c 7	,	*			
DOH Cancellati			y Beach, N of Contact	3 077	20		IT	elephone	Number			
DCA DCA			Mr. Ryan Schnupp									
		FAC	ILITY INFO	RMA	TION							
Name of Facility Where Abatement is	Taking Plac	e (3)			of Facility (4)							
Bank of America Street Address					School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.							
522 Main St				Square Feet # of Floors Bldg. Age					5, 010.			
	nty (6)	County Co	ode (7)	6,038 2					0+			
Bradley Beach Mo	nmouth			Curre Ban	ent Use (Prior if <b>k</b>	being de	molished)					
Name of Monitoring Firm Hired by Bu Environmental Testing Consult		(8)	ASCM No.	Name of Abatement Contractor (9) ETS Contracting, Inc.								
Street Address One Mall Drive, Suite 404				Street Address 160 Clay Street								
City, State & Zip Code Cherry Hill, NJ 08002				City, State & Zip Code Brooklyn, NY 11222								
Project Manager for Monitoring Firm Telephone Number Howard Zenobi (856) 482-1311					Telephone Number 718-706-6300 License Number 00511							
Scheduled Start Date (10)  July 20, 2013  Scheduled Completion Date (11)  August 20, 2013					Name of OSHA Monitor Synatech, Inc.							
Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement					Street Address 829 Radio Road							
Abatement Performed Outside of Normal Facility Hours - Describe: Saturday 2:00 PM - 12:00 AM , Sunday 9:00					City, State & Zip Code Little Egg Harbor, NJ 08087							
AM - 6:00 PM  Other - Describe:	PIVI - 12.00	Alvi , Sui	iday 9.00	Ettie Egg Harbor, No 00007								
Scope of Work (Check all that apply)       Demolition       Full Containment with Negation         Large Project       Mini-Enclosure         Quantity is ≥ 3 SF or ≥ 3 LF ACM       Glovebag Procedure         Quantity is ≥ 160 SF or ≥ 260 LF ACM       Other: Non-Exempted(*)         Procedure							ure empted(*) and	Non-Fr				
Asbestos-Containing No Material (ACM) TO BE ABATED Ma			y e or taff? ins	Asbestos-Containing (Sp. Material (ACM) Square			Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, r Repair, Encapsulation or Enclosure)				
Entire				VAT/Mastic 92			924 SF	Removal				
Name of Registered Waste Hauler NJDEP Waste			ste Hauler ID	# Cu. Yds. of Waste Name of Regis			Name of Registe					
Tri State Transfer City, State		19551	15Yds Minery Disposal Date City, Sta			City, State						
Bronx, NY  Completed By (Print or Type) RICHIE SMITH  TBD Waynesburg, OH  Signature  PROJECT EXECUTIVE					OH	Date 7/10/2013						



AMENDMENT # 1

Agencies Notified    EPA	Date of Notification (1)				Name of Building Owner / Operator (2)							
State Street	7/10/2013			Soveregin Bank						6-,1		
DEP   DOL		Type Notifica	ation									
DOL DCA					The State of the Control of the Cont							
DOH											24	
DCA			nded Notification	500101								
FACILITY INFORMATION   Name of Facility Where Abatement is Taking Place (3)	□ DOH     □	☐ Cano	ellation	Name o	f Contact				7	relephone	Number	
Name of Facility Where Abatement is Taking Place (3)  Soveregin Bank  Street Address    Subchapter 8 (Other than K-12)   Other (i.e., private & commercial buildings, homes, etc.  Square Feet # of Floors   Bidg. Age   2	DCA			Susan	Peck							
Solvent Address    Sched (K-12)   Subchapter 8 (Other than K-12)   Other (i.e., private & commercial buildings, homes, etc.	FACILITY INFORMATION											
Subchapter 8 (Other than K-12)		ere Abateme	ent is Taking Pla	ace (3)							ţ.	
Square Feet   # of Floors   Bidg. Age   G0+	Soveregin Bank											
Square Feet	Street Address											
County (5)  Oakhurst  Mommouth  County (6)  Mommouth  County Code (7)  Current Use (Prior if being demolished)  Bank  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  1600 Route 22 E  City, State & Zip Code  Union, NJ 07083  Project Manager for Monitoring Firm  Brian Nemetz  Scheduled Start Date (10)  July 14, 2013  Cocupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours-  Describe: Saturday 2:00 PM - 12:00 AM , Sunday 9:00  AM - 6:00 PM  Other - Describe:  Cope of Work (Check all that apply)  Demolition  And - 6:00 PM  Clary State & Zip Code  Long Island City, NY 11101  Location of Absestos-Containing Material (ACM)  Material (ACM)  To Be ABATED  in Facility  (13)  Is Location of Asbestos-Containing Material (ACM)  To Be ABATED  in Facility  (13)  Is Location of Renovation  Renoval  N/A  VAT/Mastic  Name of Registered Waste Hauler  N/A  VAT/Mastic  Name of Registered Waste Hauler  Tri State Transfer  Tip State  City, State  Name of Registered Waste Hauler  Tri State Transfer  Tip State  City, State  Name of Registered Lording  Name of Registered Lording  Name of Registered Waste Hauler  Nome of Registered Waste Hauler  Tri State Transfer  Tip State  Couppleted By (Print or Type)  Title  Couppleted By (Print or Type)  Title  Countracting Name of Abatement Contractor (9)  ETS Contracting, Inc.  Street Address  180 Clay Street  City, State  Name of Registered Lording Inc.  Street Address  180 Clay Street  Name of Registered Lording Inc.  Street Address  180 Cay Street  City, State  Name of Registered Lording Inc.  Name of Registered Lording Inc.  Name of Registered Waste Hauler  Name of Registered Waste Haul					Other (i.e., private & commercial buildings, hor						s, etc.	
County (5)  Oakhurst  Mommouth  County (6)  Mommouth  County Code (7)  Current Use (Prior if being demolished)  Bank  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  1600 Route 22 E  City, State & Zip Code  Union, NJ 07083  Project Manager for Monitoring Firm  Brian Nemetz  Scheduled Start Date (10)  July 14, 2013  Cocupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours-  Describe: Saturday 2:00 PM - 12:00 AM , Sunday 9:00  AM - 6:00 PM  Other - Describe:  Cope of Work (Check all that apply)  Demolition  And - 6:00 PM  Clary State & Zip Code  Long Island City, NY 11101  Location of Absestos-Containing Material (ACM)  Material (ACM)  To Be ABATED  in Facility  (13)  Is Location of Asbestos-Containing Material (ACM)  To Be ABATED  in Facility  (13)  Is Location of Renovation  Renoval  N/A  VAT/Mastic  Name of Registered Waste Hauler  N/A  VAT/Mastic  Name of Registered Waste Hauler  Tri State Transfer  Tip State  City, State  Name of Registered Waste Hauler  Tri State Transfer  Tip State  City, State  Name of Registered Lording  Name of Registered Lording  Name of Registered Waste Hauler  Nome of Registered Waste Hauler  Tri State Transfer  Tip State  Couppleted By (Print or Type)  Title  Couppleted By (Print or Type)  Title  Countracting Name of Abatement Contractor (9)  ETS Contracting, Inc.  Street Address  180 Clay Street  City, State  Name of Registered Lording Inc.  Street Address  180 Clay Street  Name of Registered Lording Inc.  Street Address  180 Cay Street  City, State  Name of Registered Lording Inc.  Name of Registered Lording Inc.  Name of Registered Waste Hauler  Name of Registered Waste Haul	57 Monmouth Rd											
Oakhurst    Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)			County (6)	County Co	nde (7)	'			2			
Bank	5 3 5			Journey Co	, , ,	Curre						
Name of Monitoring Firm Hired by Building Owner (8)  Hillmann Consulting, LLC  Street Address 1600 Route 22 E  1600 Clay Street  1718-706-63000  1718-708-63000  1718-708-63000  1718-708-63000  1718-708-63000  1718-708-63000  1718-708-708-708-709  1718-708-708-708-709  1718-708-708-708-709  1718-708-708-708-709  1718-708-708-708-709  1718-708-708-708-709  1718-708-708-708-709  1718-708-708-708-709  1718-708-708-708-709  1718-708-708-708-709  1718-708-708-708-709  1718-708-708-708-709  1718-708-708-708-709  1718-708-708-708-708-709  1718-708-708-708-708-709  1718-708-708-708-708-709  1718-708-708-708-708-709  1718-708-708-708-708-709  1718-708-708-708-708-708-709  1718-708-708-708-708-709  1718-708-708-708-708-709  1718-708-708-708-708-708-709  1718-708-708-708-708-708-709  1718-708-708-708-708-708-709  1718-708-708-708-708-708-708-708-709  1718-708-708-708-708-708-708-708-708-708-70	Oaknurst		Wollinoutii									
Hillmann Consulting, LLC  Street Address 160 Clay Street 160				(0)	100111			. 0	(O)			
Street Address 1600 Route 22 E City, State & Zip Code Union, NJ 07083 Project Manager for Monitoring Firm   Telephone Number   908-688-7800   Telephone Number   718-706-6300   Ucense Nu			by Building Own	er (8)	ASCM No.	100000000000000000000000000000000000000			or (9)			
1600 Route 22 E   160 Clay Street   160 Clay		ting, LLC			B.T.			, inc.				
City, State & Zip Code Union, NJ 07083    Telephone Number   908-688-7800   Telephone Number   908-688-7800   Telephone Number   908-688-7800   Telephone Number   908-688-7800   Telephone Number   718-706-6300   Telestor   Telephone Number   718-706-6300   Telestor   Teles						12:30 11:00						
Union, NJ 07083  Project Manager for Monitoring Firm												
Telephone Number   Telephone		de										
Scheduled Start Date (10)									10.			
Scheduled Start Date (10) July 13, 2013  Occupancy Status During Abatement (Check only one)		Monitoring F	irm									
Suly 13, 2013									00511			
Occupancy Status During Abatement (Check only one)												
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Saturday 2:00 PM - 12:00 AM , Sunday 9:00			The second secon		*							
Abatement Performed Outside of Normal Facility Hours - Describe: Saturday 2:00 PM - 12:00 AM , Sunday 9:00  AM - 6:00 PM  Other - Describe:  Scope of Work (Check all that apply) Demolition Large Project Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM  Abbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Is Location of Ashestos - Containing Material (ACM) TO BE ABATED in Facility (13)  Name of Registered Waste Hauler Tri State Transfer  NJDEP Waste Hauler ID # Signature  City, State Bronx, NY  City, State City, State City, State Bronx, NY  City, State C	Occupancy Status During Abatement (Check only one)											
Describe: Saturday 2:00 PM - 12:00 AM , Sunday 9:00  AM - 6:00 PM  Other - Describe:  Scope of Work (Check all that apply) Demolition Large Project Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM  Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  NAME of Registered Waste Hauler Tri State Transfer  Description  NJDEP Waste Hauler ID # 19551  Dendition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure  Other: Non-Exempted(*) and Non-Friable Procedure  Amount (Specify Square Feet or Custodial Staff? (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  NAME of Registered Waste Hauler Tri State Transfer  NJDEP Waste Hauler ID # 19551  NJDEP Waste Hauler ID # 19551  NJDEP Waste Hauler ID # 19551  NAME of Registered Landfill Minerva Enterprises, Inc. City, State Bronx, NY  Date  Date										ALCONO DE LA COMPANSION		
AM - 6:00 PM  Other - Describe:  Scope of Work (Check all that apply)  Demolition  Large Project  Quantity is ≥ 3 SF or ≥ 3 LF ACM  Quantity is ≥ 160 SF or ≥ 260 LF ACM  Location of Asbestos-Containing Material (ACM)  TO BE ABATED  in Facility (13)  Normally Used (12)  NAMe of Registered Waste Hauler  Tri State Transfer  Normally Used (13)  Normally Used (12)  Normally Used Staff?  City, State  Normally Used (13)  Normally Used (12)  Normally Used Staff?  Cu. Yds. of Waste Mainer and Normally Used (15)  Name of Registered Waste Hauler  Tri State Transfer  Normally Used (12)  Name of Registered Waste Hauler  NJDEP Waste Hauler ID # (19)  Name of Registered Waste Hauler  Tri State Transfer  NJDEP Waste Hauler ID # (19)  Signature  Name of Registered Landfill  Minerva Enterprises, Inc.  Date												
Completed By (Print or Type)    Other - Describe:	1			o Aivi , Suii	iday 5.00	Long lowing only, it is in						
Scope of Work (Check all that apply)  Demolition  Large Project  Quantity is ≥ 3 SF or ≥ 3 LF ACM  Quantity is ≥ 160 SF or ≥ 260 LF ACM  Location of Asbestos-Containing Material (ACM)  TO BE ABATED in Facility (13)  1st Floor  N/A  N/A  N/A  VAT/Mastic  N/A  N/A  N/A  VAT/Mastic  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/												
Demolition												
Large Project ✓ Mini-Enclosure   Quantity is ≥ 3 SF or ≥ 3 LF ACM ✓ Other: Non-Exempted(*) and Non-Friable Procedure   Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Is Location Normally Used Solely by Material (ACM) (12) Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Amount (Specify: Removal, Repair, Encapsulation or Enclosure)   1st Floor N/A VAT/Mastic 300 SF Removal   1st Floor N/A VAT/Mastic 300 SF Removal   1st Floor N/A VAT/Mastic 300 SF Removal   1st Floor N/A VAT/Mastic Name of Registered Landfill Minerva Enterprises, Inc.   Name of Registered Waste Hauler Tri State Transfer NJDEP Waste Hauler ID # 19551 Cu. Yds. of Waste 8Yds Name of Registered Landfill Minerva Enterprises, Inc.   City, State Bronx, NY Disposal Date Waynesburg, OH		eck all that ap				Full Containment with Negative Pressure						
Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM    Quantity is ≥ 160 SF or ≥ 260 LF ACM   Quantity is ≥ 160 SF or ≥ 260 LF ACM   Quantity is ≥ 160 SF or ≥ 260 LF ACM   Quantity is ≥ 160 SF or ≥ 260 LF ACM   Quantity is ≥ 160 SF or ≥ 260 LF ACM   Quantity is ≥ 160 SF or ≥ 260 LF ACM   Quantity is ≥ 160 SF or ≥ 260 LF ACM   Quantity is ≥ 160 SF or ≥ 260 LF ACM   Quantity is ≥ 160 SF or ≥ 260 LF ACM   Quantity is ≥ 160 SF or ≥ 260 LF ACM   Quantity is ≥ 160 SF or ≥ 260 LF ACM   Quantity is ≥ 160 SF or ≥ 260 LF ACM   Quantity is ≥ 160 SF or ≥ 260 LF ACM   Quantity is ≥ 160 SF or ≥ 260 LF ACM   Quantity is ≥ 160 SF or ≥ 260 LF ACM   Quantity is ≥ 160 SF or ≥ 260 LF ACM   Quantity is ≥ 160 SF or ≥ 260 LF ACM   Quantity is ≥ 160 SF or ≥ 260 LF ACM   Quantity is ≥ 160 SF or ≥ 260 LF ACM   Amount (Specify Removal, Repair, Encapsulation or Enclosure)   Signature   Signature   Disposal Date   City, State   City, St	The state of the s	.W	X Renovati	on								
Quantity is ≥ 160 SF or ≥ 260 LF ACM    Other: Non-Exempted(*) and Non-Friable Procedure    Location of Asbestos-Containing Material (ACM)   TO BE ABATED   in Facility (13)   (12)   (12)   (12)   (12)   (12)   (13)   (13)   (14)   (14)   (15)   (1	-											
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Name of Registered Waste Hauler Tri State Transfer  Name of Registered Waste Hauler Tri State Transfer  City, State Bronx, NY  Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)  Normally Used Solely by Maintenance or Custodial Staff? (12)  Normally Used Solely by Maintenance or Custodial Staff? (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  NAME VAT/Mastic  Signature  Amount (Specify Specify: Removal, Repair, Encapsulation or Enclosure)  Name of Registered or Linear Feet or Linear Feet or Custodial Staff? Encapsulation or Enclosure)  Name of Registered Landfill Minerva Enterprises, Inc.  City, State Waynesburg, OH  Completed By (Print or Type)  Title												
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Name of Registered Waste Hauler Tri State Transfer  City, State Bronx, NY  Is Location Normally Used Solely by Maintenance or Custodial Staff?  Normally Used Solely by Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Name of Registered Waste Hauler ID # Cu. Yds. of Waste Syds Minerva Enterprises, Inc.  Disposal Date Waynesburg, OH  Completed By (Print or Type)  Title  Signature  Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Amount (Specify Specify: Removal, Repair, Encapsulation or Enclosure)  Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)  Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)  Cu. Yds. of Waste Minerva Enterprises, Inc.  City, State Waynesburg, OH  Date	Quantity is	≥ 160 SF or	≥ 260 LF ACM				Samuel .		55 500	d Non-Fi	riable	
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Normally Used Solely by Maintenance or Custodial Staff? (12)  Normally Used Solely by Maintenance or Custodial Staff? (12)  NAT/Mastic  Normally Used Solely by Maintenance or Custodial Staff? (12)  N/A  VAT/Mastic  Specify Square Feet or Linear Feet)  Repair, Encapsulation or Enclosure)  Name of Registered Waste Hauler Tri State Transfer  NJDEP Waste Hauler ID # Signature  Date  Date								Procedu	ıre			
Material (ACM) TO BE ABATED in Facility (13)  NAME of Registered Waste Hauler Tri State Transfer  City, State Bronx, NY  Material (ACM) Maintenance or Custodial Staff? (12)  NAME of Registered Waste Hauler  NJDEP Waste Hauler ID # Signature  Date  Repair, Encapsulation or Enclosure)  Repair, Encapsulation or Enclosure  Cu. Yds. of Waste Bronx, NY  Disposal Date Waynesburg, OH  Date												
Maintenance or Custodial Staff? (12)  1st Floor  N/A  Name of Registered Waste Hauler  Tri State Transfer  City, State Bronx, NY  Maintenance or Custodial Staff? (12)  Maintenance or Custodial Staff? (12)  Name of Registered Waste Hauler  NJDEP Waste Hauler ID # 10			ng									
in Facility (13)  Custodial Staff? (12)  Insulation, surfacing, VAT or other miscellaneous  N/A  VAT/Mastic  Signature  Enclosure  Enclosure  Enclosure  Custodial Staff? (12)  Insulation, surfacing, VAT or other miscellaneous  Custodial Staff? (12)  Insulation, surfacing, VAT Or other miscellaneous  Signature  Enclosure  Enclosure  Custodial Staff? (12)  Enclosure  Enclosure  Custodial Staff? Or other miscellaneous  Name of Registered Landfill Minerva Enterprises, Inc. City, State Waynesburg, OH  Completed By (Print or Type)  Title  Signature  Date												
(13) (12) or other miscellaneous)  1st Floor N/A VAT/Mastic 300 SF Removal  Name of Registered Waste Hauler Tri State Transfer  City, State Bronx, NY  Completed By (Print or Type) Title  N/A VAT/Mastic 300 SF Removal  Cu. Yds. of Waste Name of Registered Landfill Minerva Enterprises, Inc.  City, State Waynesburg, OH  Signature Date												
1st Floor  N/A  NAT/Mastic  300 SF  Removal  Name of Registered Waste Hauler  Tri State Transfer  City, State  Bronx, NY  Completed By (Print or Type)  N/A  VAT/Mastic  300 SF  Removal  Cu. Yds. of Waste  8 Yds  Minerva Enterprises, Inc.  City, State  Waynesburg, OH  Date	11 TOTAL CONTINUE #1								Eliciosa		Jusuie)	
Name of Registered Waste Hauler  Tri State Transfer  City, State  Bronx, NY  Completed By (Print or Type)  NJDEP Waste Hauler ID # 19551  Cu. Yds. of Waste  8Yds  Minerva Enterprises, Inc.  City, State  Waynesburg, OH  Date	(13)				(12)							
Name of Registered Waste Hauler  Tri State Transfer  City, State  Bronx, NY  Completed By (Print or Type)  NJDEP Waste Hauler ID # 19551  Cu. Yds. of Waste  8Yds  Minerva Enterprises, Inc.  City, State  Waynesburg, OH  Date	1 <sup>st</sup> Floor		N/A		VAT/Mas			300 SF F		Removal		
Tri State Transfer  City, State  Bronx, NY  Completed By (Print or Type)  Title  19551  8Yds  Minerva Enterprises, Inc.  City, State  Waynesburg, OH  Date			1071									
Tri State Transfer  City, State  Bronx, NY  Completed By (Print or Type)  Title  19551  8Yds  Minerva Enterprises, Inc.  City, State  Waynesburg, OH  Date												
Tri State Transfer  City, State  Bronx, NY  Completed By (Print or Type)  Title  19551  8Yds  Minerva Enterprises, Inc.  City, State  Waynesburg, OH  Date	Name of Registered Waste Hauler N ID				te Hauler ID	Hauler ID # Cu. Yds. of Waste N:			Name of Registered Landfill			
City, State Bronx, NY  Completed By (Print or Type)  Title  Disposal Date  City, State  Waynesburg, OH  Date												
Bronx, NY  Completed By (Print or Type)  Title  Signature  Date												
Completed By (Print or Type) Title Signature Date										, OH		
		or Type)	Title					`	,		Date	
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