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

MOCK		NOTI				BESTOS ABAT AC 8:60 and 5:10				U	Li-	7
Date of Notification (1)  2 / 10	/	17				g Owner/Operator ( be Community C		MAR Job #1702-2154		201 hk. N	7	Senior
□ EPA □ Initi	Notificati ial ended	on		510		norse Pike		ASBESTO LIC	S OC ENGL		ROL	8.
The state of the s	endmen	ıt # <u>1</u>		200000000000000000000000000000000000000	tate, Zip (							
□ DCA □ Em		(including			of Contac	ng, NJ 08330		Telephone Numb	ar	-		
	tification ncellatio				vard Per	5/195		Telephone Hamb	M.L.			
	Tochatio					NFORMATION				10-		
Name of Facility Where Abateme	ant is Ta	king Place	(3)	FAC	JILII Y IN	NEORINATION	Type of Facility	(4)				
ACCC - Building C Theatr		Killy Flace	(5)				School (K-12	2)				
Street Address							Subchapter Other (i.e., p	8 (Other than K-12) rivate and commerce	ial bu	ildings	5,	
5100 Blackhorse Pike					- 5		homes, etc.					
City (5)							Square Feet	# of Floors	100	ig. Ag	e	
Mays Landing							30,702	1		1967		
County (6)				Coun	ty Code (	7)(STATE USE ONLY)	1 C C	ior if being demolis	red)			
Atlantic							Theatre					
Name of Monitoring Firm Hired b	y Buildir	ng Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)	)				
Brinkerhoff Environmenta	al					Asbestos an	d Mold Service	es, Corp.				
Street Address						Street Address						
1805 Atlantic Avenue						3859 Sylon E						
City, State, Zip Code						City, State, Zip C						
Manasquan, NJ 08736						Hainesport,	NJ 08036					
Project Manager for Monitoring F	irm		1.10.10000	phone I		Telephone No.		License No.				
Gary Fleming			1	32-223		609-702-0400		00862				
Start Date (10) / /	16.76	heduled C	ASSESSEDANCE	Marian marian		Name of OSHA MEMSL Analys						
Occupancy Status During Abater	ment (Cl	heck only	one)			Street Address						
☐ Facility Closed/Vacated Durin					100	200 U.S. Rou	ite 130 North					
Abatement Performed Outside Time of Abatement:Al						City, State, Zip C						
Scope of Work (Check all that ap	ply)						20.40 ST 100000 TO	4010 TOLERON STORY				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Section 1	novat moliti			Mini-End     Gloveba	g Procedure	gative Pressure on-Friable Procedur				
		le le	Loca	tion	T	⊠ Non-Exe	empled ( ) and No	Trable Frocedur	-	ateme	ant T	vne
Location of	1 (4 0 4 4)	115	Vorma		Anh	Description estos Containing Ma		Amount	-	7 7	-	
Asbestos-Containing Material TO BE ABATED	I (ACIVI)	Ma	intena	ance/		e., thermal systems		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus	todial (12)	Staff?		surfacing, VAT		SF or LF)	2		sula	ure
(13)		Yes	No	N/A		other miscellane	eous)				te	
Theatre				$\boxtimes$	Carpet	& Mastic		4,500 SF				
Theatre				$\boxtimes$	Textur	ed Ceiling		<25 SF				
			П		<del> </del>							
			П						$I_{\Box}$	П	П	П
Name of Registered Waste Haule	er		1	NJDEP /	│ Waste	Cubic Yards of	Name of Regi	stered Landfill				
Waste Management			133	17273	D No.	Waste 5	Grand Ce					
City, State Lafayette, NJ						Disposal Date	City, State Penn Arg	/le, PA				
Completed By (Print or Type)	T	Title				Sidnature /	7	Da		-		
Kimberly A. Trumbetti		Office	Coor	dinato	r	( t)		J.	-2	4-	17	

ASB-41 MAY 11

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

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:60 and 5:16)

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Date of Notification (1)	15 /	17		N		Building ( sh Patel	Owner/C	perator (		#1508-2011	Chk.			4
Agencies Notified	Type Notificati			S	treet A	ddress avidson	Avenu	ıe		ASBEST	OS CO CENSIN		OL 8	Ž.
⊠ DOLWD		distributes.		C	city. Sta	te, Zip Co	de							
☑ DHSS	Amendmer	SARANIE TO A COLUMN				erset, NJ								
□ DCA	☐ Emergency justification		ıg	I		Contact		-		Telephone Num	nber			
(NJAC 5:23-8)	☐ Cancellation	-			Tony	Merrill								
						LITY INF	ORMA	TION		1				
Name of Facility Where A	hatament is Ta	king Plac	0 (3	.)	FACI	LITT HAT	OICIVIA	111011	Type of Facility	(4)	-			
		ikiliy Flac	<i>(</i> 3	')					School (K-12	2)				
Somerset/Bridgewa	iter notei								Subchapter 8	3 (Other than K-1	2)	dinae		
Street Address									homes, etc.)	rivate and commo	er Clar Dun	uniga	,	
110 Davidson Aven	ue								Square Feet	# of Floors	Bldg	g. Age	9	
City (5)									21.000	3	3	7		
Somerset					County	/ Code (7)	(STATE I	ISF ONLY)		ior if being demo	lished)	- Table 1 A		
County (6)					County	y Oode (r)	(01/11/20	02 0.1217	Vacant					
Somerset	I time at her Devitati	ina Oumo	- (0)		SCM N	0	Name	of Ahatem	ent Contractor (9)	)				
Name of Monitoring Firm		ing Owne	1 (0)	'	SCIVI IV	0.			d Mold Service					
Horizon Environme	entai							Address						
Street Address									Boulevard					
PO Box 316							To Address of the Land	ate, Zip C						
City, State, Zip Code	c								NJ 08036					
Thorofare, NJ 0808		- 1	Tolor	hone N	lo.		one No.		License No.			(-5.0)		
Project Manager for Mon	itoring Firm			6-848-0		101920	702-040	0	00862					
Dave Flanigan	10	Cor	-	on Date			of OSHA			-				
Start Date (10)	1				/ /				tical, Inc.					
_2 / _27 /		S. Contraction	_				-02.00000	Address				-		-
Occupancy Status Durin									ute 130 North					
<ul> <li>☑ Facility Closed/Vacate</li> <li>☑ Abatement Performed</li> </ul>	ed During Entir	e Period	OT A	baten Hours	nent : - Desc	ribe		tate, Zip (			- X			
Time of Abatement:	AM	PM/	ility	PM-	A	AM	8724		on, NJ 08077					
Scope of Work (Check a	Il that apply)						-			tive Procesure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	Scope of Work (Check all that apply)  >3 sf or >3 lf							☐ Mini-Er ☐ Gloveb	ntainment with Ne nclosure ag Procedure cempted (*) and N		dure			
			1 - 1				- k	△ NOII-EX	tempted ( ) and it	OTT THOSIS T 1999		ateme	ent Tv	/pe
	- 6			_ocati ormal	8		D	escription	of			1		
Location Asbestos-Containing		11	Jsed	Sole	ly by	Asbe	stos Co	ntaining M	Naterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE AB	ATED			ntena ndial S	nce/ Staff?	(i.e		al system acing, VA	s insulation,	(Specify SF or LF)	ova	=	nsd	sur
IN Faci (13)	lity			(12)			other	miscellar	neous)				late	Œ
(13)		Ye	es	No	N/A									
Wing B			]		$\boxtimes$	Transit	e Pane	ls		48 SF				
					$\boxtimes$								Ш	Ц
			1	П										
				_					· · · · · · · · · · · · · · · · · · ·			П	П	П
				Ц			Toulis	Varda of	Name of Per	istered Landfill				_
Name of Registered Wa				1177	JDEP V lauler ID		Waste	Yards of	GROWS					
Freehold Cartage,	inc.				02265		5	! D-+-	5,000,000,000,000					
City, State								sal Date	City, State	le, PA 19067				
Freehold, NJ									WOTTISVII	IE, FA 13007	Dat-			
Completed By (Print or	Туре)	Title			750 Selv		5	Signature	Control of the Contro		Date 2-2	2-1	1)	
Kimberly A. Trumi	ompleted By (Print or Type)  Kimberly A. Trumbetti  Office C							W			aa	1_1		

ASB-41 MAY 11 \* Do not use this form for asbestos licensure exempted activities.

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

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Date of Notification (1)								111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Date of Notification (1)						ng Owner/Operator	20.0	lend lend			201	1
	3 /	17		V	layne Ser	nior Citizens Run	nymede Corp					
Agencies Notified	Type Noti	fication			et Address			ASBES	TOS	CO	NTF	RE
⊠ EPA ⊠ DOLWD	☑ Initial	المما		1	00 Runny	mede Drive		1.	JCE	NSI	VG	
☑ DOEWD	Amend	ded dment#		City	State, Zip	Code			20			
DCA	100000000000000000000000000000000000000	ency (inclu	ding	W	ayne, NJ	07470						
(NJAC 5:23-8)	justific	ation)	unig	-	ne of Conta			Telephone Num	her		- 57	_
244 1	☐ Cance	llation		V	incy Brun	0		- Cophone Han				
				F	ACILITY I	NFORMATION		-		7/2		
Name of Facility Where A	Abatement is	s Taking Pl	ace (3)		NOILITT I	IN OKNIATION	Type of Facility	, (4)				_
Edward Sisco Sr. C							School (K-1					
Street Address							☐ Subchapter	8 (Other than K-12	2)			
100 Runnymede Dr	ive						Other (i.e.,	private and comme	rcial l	ouildir	ngs,	
City (5)							homes, etc	# of Floors		21-1-	^ -	_
Wayne							9000	# of Floors	E	Bldg. /	4ge	
County (6)				Cor	unty Code /	7)(STATE USE ONLY)			1	40		_
Passaic					., 0000 (	MOTHER OOL ONLY	R-2	rior if being demoli	snea)			
Name of Monitoring Firm	Hired by Bu	ilding Own	er (8)	ASCN	/ No.	Name of Abateme		)				_
Criterion Laboratori	ies		v-/		and the state of the		A CONTRACTOR OF THE PROPERTY OF THE PARTY OF					
Street Address						Street Address	d Mold Servic	es, corp.				_
3370 Progress Drive	e, Suite J					3859 Sylon B	oulovers!					
City, State, Zip Code	,											
Bensalem, PA						City, State, Zip Co						
Project Manager for Monit	torina Firm		To	lephone	No	Hainesport, N	IJ 08036					
Mike Panepresso				1(09)	4-1300	Telephone No.		License No.				
Start Date (10)		Scheduled				609-702-0400 Name of OSHA M		00862			11.5	
		Concadica	COLLID		ale (III)							
3/17/	17											
		3	/1			EMSL Analyti						
Occupancy Status During  ☑ Facility Closed/Vacated	Abatement	3 (Check onl	/1 y one) of Abat	8 /		EMSL Analyti Street Address	cal, Inc.					
Occupancy Status During  ☐ Facility Closed/Vacated ☐ Abatement Performed (	Abatement	3 (Check onl	/1 y one) of Abat	8 /		EMSL Analyti Street Address 200 U.S. Rout	cal, Inc.					
Dccupancy Status During Facility Closed/Vacated Abatement Performed Time of Abatement;	Abatement d During En Outside of N	(Check onlitire Period Normal Fac	y one) of Abat	8 /	17scribe	EMSL Analyti Street Address 200 U.S. Rout City, State, Zip Co	cal, Inc. ee 130 North					
Decupancy Status During  ☐ Facility Closed/Vacated ☐ Abatement Performed ☐ Time of Abatement: ☐ DUSS ☐ U. W47	Abatement During En Outside of N	(Check onlitire Period Normal Fac	y one) of Abat	8 / ement urs - De	17scribe	EMSL Analyti Street Address 200 U.S. Rout	cal, Inc. ee 130 North		-			
Decupancy Status During  ☐ Facility Closed/Vacated ☐ Abatement Performed of Time of Abatement:  ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Abatement During En Outside of N	(Check online Period Normal Fac	y one) of Abat ility Hou	ement urs - De	17scribe	EMSL Analyti Street Address 200 U.S. Rout City, State, Zip Co Cinnaminson	cal, Inc. e 130 North de , NJ 08077	native Proceure				
Decupancy Status During  Facility Closed/Vacated  Abatement Performed of Abatement:	Abatement During En Outside of N	(Check onliting Period Normal Fac	y one) of Abat ility HouPM	ement urs - De	17scribe	EMSL Analyti Street Address 200 U.S. Rout City, State, Zip Co Cinnaminson	cal, Inc. e 130 North de , NJ 08077 ainment with Necessure	gative Pressure				
Occupancy Status During  ☐ Facility Closed/Vacated ☐ Abatement Performed of Time of Abatement:  ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Abatement During En Outside of N	(Check onliting Period Normal Fac	y one) of Abat ility Hou	ement urs - De	17scribe	Street Address 200 U.S. Rout City, State, Zip Co Cinnaminson	cal, Inc. e 130 North de , NJ 08077 ainment with Negosure Procedure					
Decupancy Status During  Facility Closed/Vacated  Abatement Performed of Abatement:	Abatement During En Outside of N	(Check onliting Period Normal Fac	y one) of Abat ility HouPM	ement urs - De 1	17scribe	Street Address 200 U.S. Rout City, State, Zip Co Cinnaminson	cal, Inc. e 130 North de , NJ 08077 ainment with Negosure Procedure	gative Pressure n-Friable Procedur				
Decupancy Status During  Facility Closed/Vacated  Abatement Performed of Abatement:	Abatement d During En Outside of N AM- NUM W that apply)	Check onlitire Period Normal Fac	y one) of Abat ility Hot PM Renova Demolit Is Loca	ement urs - De	17scribe	EMSL Analyti Street Address 200 U.S. Rout City, State, Zip Co Cinnaminson,  Full Conta Mini-Encla Glovebag Non-Exen	cal, Inc.  e 130 North  de  NJ 08077  ainment with Negosure  Procedure  npted (*) and No		Ab	patem	ent T	
Cocupancy Status During  Facility Closed/Vacated  Abatement Performed of Abatement:	Abatement d During En Outside of N AM- NEN W that apply)  If Identified the control of the contr	(Check onlitine Period Normal Fac	y one) of Abati ility Hou PM Renova Demolit Is Loca Norma	ement urs - De tion ion ally ely by	scribe _AM	EMSL Analyti  Street Address 200 U.S. Rout City, State, Zip Co Cinnaminson  Full Conta  Mini-Encla  Glovebag  Non-Exen  Description of stos Containing Mate	cal, Inc.  e 130 North  de , NJ 08077  ainment with Negosure Procedure npted (*) and No		Ab	_		
Cocupancy Status During Facility Closed/Vacated Abatement Performed Time of Abatement:	Abatement d During En Outside of N AM- MEN & W that apply)  If laterial (ACN ED	Check onlitire Period Normal Fac	y one) of Abat ility Hot PN Renova Demolit Is Loca Norma sed Sol fainten istodial	ement urs - De tion ion ally ely by ance/ Staff?	scribe _AM	EMSL Analyti  Street Address 200 U.S. Rout City, State, Zip Co Cinnaminson  Full Conta  Mini-Encla  Glovebag  Non-Exen  Description of stos Containing Mate, thermal systems in	cal, Inc.  te 130 North  de , NJ 08077  ainment with Negosure Procedure npted (*) and No	n-Friable Procedur Amount (Specify	Ab	ate Repair		
Cocupancy Status During Facility Closed/Vacated Abatement Performed Time of Abatement:	Abatement d During En Outside of N AM- MEN & W that apply)  If laterial (ACN ED	(Check onlitine Period Normal Face PM/	y one) of Abati ility Hot PM Renova Demolit Is Loca Norma sed Sol lainten stodial (12)	ement urs - De tion ion ally ely by ance/ Staff?	scribe _AM	EMSL Analyti  Street Address 200 U.S. Rout City, State, Zip Co Cinnaminson  Full Conta  Mini-Encla  Glovebag  Non-Exen  Description of stos Containing Mate	cal, Inc.  te 130 North  de , NJ 08077  ainment with Negosure Procedure npted (*) and No	n-Friable Procedur Amount		_		
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Cocupancy Status During Facility Closed/Vacated Abatement Performed of Abatement:	Abatement d During En Outside of N AM-MEN & W that apply)  f laterial (ACN ED	(Check onlitine Period Normal Face PM/	y one) of Abati ility Hot PN Renova Demolit Is Loca Norma sed Sol faintena istodial (12)	ement urs - De tion ally ely by ance/ Staff?	scribe AM	EMSL Analyti  Street Address 200 U.S. Rout City, State, Zip Co Cinnaminson  Full Conta  Mini-Encla  Glovebag  Non-Exen  Description of stos Containing Mate, thermal systems in surfacing, VAT, and store and	cal, Inc.  te 130 North  de , NJ 08077  ainment with Negosure Procedure npted (*) and No  erial (ACM) issulation, or us)	Amount (Specify SF or LF)	Ab	_		
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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CK 3976

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

Date of Notification (1)		46553389	0 -	Building Owner					) E C		1	W	厚
2/27/17		6	TR	. AL	KRA	メイナマ			1,60		ı U	U	15
Agencies Notified Type Notification		Stree	et Ado	ires;		-		ll r	Ń				
<b>_</b>									1 111	9	9	203	9
☐ EPA ☐ Initial ☐ DEP ☐ Amended		City	, State	e, Z p Code		120	-	1	L.		G	401	
DOL Amendment #		E	NO	Lew C	DOC.	· 100	, ວັ	763	31				
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DOH justification)  DCA Cancellation			A	IR. KR	AUI	TZ		11-	72		-		
B BCA E CENTRAL		F		ITY INFORM									— <u>`</u>
Name of Facility Where Abatement is Taking Place	:(3)					Type o	Facility (4)						- 1
MR. AL KRAY	172					□ s	chool (K-12)	)					
Street Address				<del></del>			uhchanter 8	Other t	han K-12)				.
Street Address						-20	ther (i.e. pri	vate & c	commercial bu	uldmg	s, non	ies, et	c.)
G: 75			- 3	<del></del>		Square	Feet	# of	Floors	Ble	dg. Ag	e	
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		T Cour	-5. C	ode (7)				if being	demolished)				
County (6) BENCEN				SE ONLY)		Curon			EN CE	927			
	(0)	1,	001	NI.	l M-	me of Abate					V40 - + 1		
Name of Monitoring Firm Hired by Building Owner	न्न (४)	A	SCM	I NO.	1000000								
-						Best Rei	moval in	iC .					-
Street Address				•	Str	eet Address		~	24				
						450 Sou		Stre	et				
City, State, Zip Code						y, State, Zip							
*					I	Hackensa	ick, NJ (	)7601					
Project Manager for Monitoring Firm		Tele	phone	e No.	Te	lephone No.			License No.	•••			
				=,		201-3	29-7444		003	88			
Start Date (10) S	cheduled Co	ompletic	on Da	te (11)	Na	me of OSHA	Monitor						
3/10/17	3	1111	17			Omega.	Environ	nenta	al		*		
Occupancy Status During Abatement (Check Only	One)			-		eet Address							
				Ę.		280 Hu	yler Stre	et				~~	
☐ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal Fac	ility Hours				Cit	ry, State, Zip	Code	CONT. CONT.					
Other - Describe: 8:00 AM TO	:00 01	1			.	South I	<b>Tackens</b>	ack, l	NJ 07606				
Scope of Work (Check All That Apply)		-						_			-		
						П г.Л	Containme	at with ?	Negative Pres	ure			
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□ ≥160 sf or ≥260 lf	LI Delli	MINITEDIT				₽ Glo	vebag Proce	dure					
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TO BE ABATED		tenance/ ial Staff		(i.e. thermal	systems	insulation, s	urfacing,		Specify For LF)	Removal	Repair	Encapsulate	Enclosure
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(13)							1			-		te	c
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Name of Registered Waste Hauler		NJD	EP W	aste C	ubic Yar	ds	Name of I	Register	ed Landfill				
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Best Removal Inc			171	09					I va Eller	)115¢	, D, L		-
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Hackensack, NJ 07601	900				3/13/	17	Wayn	nesbu	rg, OH 4		)		
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Date of Notification (1	27 /	17			Owner/Operator (2 wth Properties	2)	II MAR -	- 3 %	2017		
Agencies Notified	Type Notificat ⊠ Initial	ion		Address N. Whac	cker Drive		ASBEST	3 CO1	VTRO	OL	8
☑ DOLWD ☑ DOH ☐ DCA	Amended Amendmei		Chi	tate, Zip ( cago, IL	60606	1	- Lana Numbe	NSIN	<u> </u>		-
(NJAC 5:23-8)	justification  Cancellation	٦)	Kell	of Contac ly Webb			sono Milmbe				
			FAC	CILITY IN	FORMATION						
Name of Facility Whe Woodbridge Cer Street Address	nter Mall	aking Place (3	3)			Type of Facility (4  School (K-12)  Subchapter 8  Other (i.e., pri homes, etc.)	(Other than K-12) vate and commerci				
City (5)	) Woodbridge Center Drive 5)					Square Feet	# of Floors	Bldg	. Age	9	
Woodbridge						1,633,000	2	46	5		
County (6)			Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Price	or if being demol she	ed)			
Middlesex						Commercial					
Name of Monitoring F		ing Owner (8)	ASCM	No.		ent Contractor (9) onmental, LL.C					
Street Address 3370 Progress I					Street Address 623 Cutler A	venue					
City, State, Zip Code Bensalem, PA 1					City, State, Zip C						
Project Manager for			Telephone	No.	Telephone No.		License No.				
Michael Panepr			215-244	1-1300	856-755-009	9	00842				
Start Date (10) 3 / 8	S	icheduled Co	mpletion Da		Name of OSHA I Criterion La	Monitor boratories, Inc.					
Occupancy Status D	uring Abatement (0	Check only or	ne)		Street Address	ss Drive, Suite	J				
Abatement Performent of Abateme	rmed Outside of No	ormal Facility	Hours - De PM- <u>7:00</u> A	scribe M	City, State, Zip C Bensalem, F	Code					
Scope of Work (Che  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 l	ck all that apply)		novation nolition		☐ Full Col	ntainment with Neg aclosure and Procedure	native Pressure				
		Is	Location					Aba	ateme		уре
Asbestos-Contai	ation of ining Material (ACN	) Used	ormally d Solely by ntenance/	Ast	Description bestos Containing Mile., thermal systems	laterial (ACM)	Amount (Specify	Remov	Repair	Encaps	110000

TO BE ABATED  IN Facility  (13)	Cus	todia (12	Staff?	] (".	surfacing, VAT other miscellane	, or	SF or LF)	/al	2000	sulate	ure
(10)	Yes	No	N/A								
Dave & Busters Construction Area	In	$\boxtimes$	П	Black	Tar a/w Fiberglas	s Fittings	8 LF	$\boxtimes$			
Dave & Busicis Constitution 1 act	e & Busters Construction Area										
	+	뭄	+=								
Name of Registered Waste Hauler Freehold Cartage			NJDEP Hauler I	D No.	Cubic Yards of Waste	10.00	istered Landfill and County Lan	dfill			

Completed By (Print or Type) Christina Lynch

Title Vice President of Operations

02265

Signature

City, State

Newburg, PA

Date 2/27/17

City, State

Freehold, NJ

Disposal Date

3/9/2017

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

CK 3977

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Date of Notification (1)		Na	,	ilding Owner/Ope		PETE	RC	In E	GE		$\mathbb{W}$	世
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Agencies Notified Type N	Notification	St	treet Addr	tt S					110	0	0047	
	nitial	10	ity, State,	7 in Code				had been	VI /- I I	J	2017	
1 Der 1 - 1	Amended Amendment#			N GUEN O	20	NS	. 0	7631				
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P DOIL	justification) Cancellation	-		PETERS							-	
□ DCA □ □ C	- Salechadon		FACILI	TY INFORMAT	ION							
Name of Facility Where Abatemen	nt is Taking Place (3)					Type of Fac	ility (4)					
5000 1000 1000 1000 1000 1000 1000 1000	BENJAMIN	u P	erae	<u> </u>		□ Schoo	1 (K-12)	other than K-12)				
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County (6)			County Co STATE US	de (7).		Curent Os	10	ESIDEN	(5			
Berles					Noma	f Abatemen						
Name of Monitoring Firm Hired by	y Building Owner (8)		ASCM	NO.	A CONTRACTOR CONTRACTOR	st Remo						
					Street A		1 641 1116					
Street Address						0 South	River	Street				
					City, St	tate, Zip Coo	ie					
City, State, Zip Code					Hac	kensack	, NJ 0	7601				
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Project Manager for Monitoring F	шш		10.0p.10		1	201-329	-7444	0	0388			
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	WE IN THE TRANSPORT		FACIL	ITY INFO	RMATION									7.107	
Name of Facility Where Abatement is Takir	ng Place (3)		TIO 01	T)/			Type o	f Facility (4)	)						
BARLINVIS APARTMENTS UNIT Street Address 2006 BEACH AVE UNIT 2000B	2000B A	LAN	IIIC CI	1 Y			S × O	chool (K-12 ubchapter 8 ther (i.e. pri	(Othe	er than K	-12) rcial b	uildi	ngs, l	nome	s,
City (5)							Square	tc.) Feet	# of	Floors		Blo	dg. Ag	je	
VENICE PARK / ATLANTIC City  County (6) -			County C	ode (7) SE ONLY)			Currer	t Use (Prior	if bei	ng demol	lished	)	-		
ATLANTIC  Name of Monitoring Firm Hired by Building	Owner (8)	1.	ASCM		Na		of Abate	ement Cont							
Street Address					Str	eet	Addres								
City, State, Zip Code					Cit	y, S	state, Zij								
Project Manager for Monitoring Firm		T	elephon	e No			none No 668-90			License 1200	e No.		***		
Start Date (10) 3/9/17	Scheduled 3/14/17	d Com	pletion D	Date (11)				A Monitor PROFES	SSIO	NALS					
Occupancy Status During Abatement (Che	ck Only One	;)			10000000	C. Contin	Addres	s OOVE CO	LIDT						8874
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of Al mal Facility	batem Hours	ent		Cit	y, S	State, Zi								
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti					Min Glo	Containme i-Enclosure vebag Proc	edure						
			1				_l Nor	n-Exempted	(*) an	id Non-Fi	riable			ement	
Location of	N	Location ormall	у		Descrip	otio	n of						Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Mair	Solel ntenar odial S (12)	ice/	Asbest (i.e.	tos Containi thermal sys surfacing other misc	ng I tem	Material is insula AT, or	(ACM) tion,	(	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							0005		_		9	
INTERIOR					Ti	le			9	00SF	- 2	K			
									in the						
No. of Deviated West Heads		l N1	JDEP W	laste	Cubic Yar	de		Name of I	Regist	ered Lan	ndfill				
Name of Registered Waste Hauler NEWARK CARTING		Н	auler ID 4509		of Waste 8			IES!	000000						
City, State NEWARK, NJ					Disposal I 3/14/17		е	City, State		M PA					
Completed by JOSEPH PERLSTEIN	Title OWN	ER			Sign	atu	re				Date				

(1431330)

JAN 13

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

11/40	00)	(1	Pursu	ant to	NJAC 8	3:60 and 5:16)	)	1	III MAR	· ·	201	7	
Date of Notification (1)	300					wner/Operator (2)	)	10	1	2 2	/		1
02 /	25 / 17	_	1	_otano	-Speedy	& Sons			1.31	23	()	n	2
Agencies Notified	Type Notification	20,,	Str	eet Add	dress				ASDES II.	JO OC JENSI	NG	0 =	-
⊠ EPA	☐ Initial		1	216 Ma	ain Stree	t, Suite 1		1.00					
☑ DOLWD	☐ Amended		Cit	y, State	e, Zip Code	е							
☑ DOH	Amendment #				River, N.								
□ DCA		luding			Contact			Te	lephone Numbe	r			
(NJAC 5:23-8)	justification)		11 2332		otano								
	☐ Cancellation					DIMATION	_						
				FACIL	ITY INFO	RMATION	Type of Fac	cility (4)					
Name of Facility Where	Abatement is Taking	Place (3	)				☐ School						
Former Bank							Cubcha!	nter 8 (O	ther than K-12)	10000 Table			
Street Address							Other (i.	.e., privat	e and commerci	al build	ings,		
34-36 Washington	Street						homes,	Control of the Contro	u - f = 1	Rida	Age		-
City (5)							Square Fee	et   7	# of Floors	80	555		
Toms River							5000		2				
County (6)			- (	County	Code (7)(S	TATE USE ONLY)			f being demolish	ea)			
Ocean							Former						
Name of Monitoring Fin	m Hirad by Building (	)wner (8'	AS	SCM No	). N	Name of Abateme	ent Contract	or (9)					
		, milo: (e)				Guardian Co	ntracting,	Inc.					
Guardian Contrac	ting, inc.				- 5	Street Address							
Street Address						1889 Route 9	9, Unit 61						
1889 Route 9, Uni	it 61					City, State, Zip C	18						
City, State, Zip Code					,	Toms River,		ev 0875	5				
Toms River, NJ 0						Telephone No.			License No.				
Project Manager for Mo			90	none N		732-349-993	2		00624				
Nicholas Fernico	la		20 20	-349-9		Name of OSHA							
Start Date (10)	es overse	duled Co			1	E.M.S.L. Ana							
_02_ / _25_	/ _17	02_/	27	- ' -			alytical					-	
Occupancy Status Dur	ring Abatement (Chec	k only or	ne)			Street Address							
M Facility Closed/Vac	ated During Entire Pe	eriod of A	batem	ent		1056 Steltor							
Abstement Perform	ned Outside of Norma	al Facility	Hours	- Desc	ribe	City, State, Zip C							
Time of Abatement	t:P	M/	_PIVI		(IVI	Piscataway,	New Jers	ey 0885	04				
Scope of Work (Check	( all that apply)					□ F./II Co	ntoinment W	ith Nega	tive Pressure				
*		⊠ Rer	novotio	n		☐ Mini-Er	nclosure	nui i i i i					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			molitio			☐ Gloveh	an Procedu	re	Triable Dropodu	ro			
X > 160 St 01 > 200 II		_				☐ Non-E	kempted (*)	and Non-	Friable Procedu		ateme	nt Ty	ma
		101	Locati									-	100
Locat	tion of		lormal d Sole			Description	n of Matarial (AC)	(1)	Amount	Remova	Repair	Enc	Enclosure
Asbestos-Contain	ing Material (ACM)		intenar		Asbes	stos Containing N	ns insulation.		(Specify	von	air	aps	ISOI
	ABATED acility	Cus	todial S	Staff?	(,,,,	surfacing, VA	AT, or		SF or LF)	<u>n</u>		Encapsulate	re
	3)		(12)			other miscella	neous)					œ	
		Yes	No	N/A					40			П	F
first floor			$\boxtimes$		clean u	p of debris fro	m floor		10 yards		Ш	ᆜ	1-
All de Hoor													L
		$\perp$								П	П		I
									<u></u>		1		Г
			П										L
10 - 10 - 11-1-1	Moste Hauler		N	JDEP '	Waste	Cubic Yards of	Name	of Regist	tered Landfill				
Name of Registered			100	lauler I	D No.	Waste	T.R.	.R.F.					
Guardian Contr	acting, inc.			2022	3	Disposal Date	City, S	State					
City, State						2/28/17			Pennsylvania				
Toms River, Ne	w Jersey					570,73530,5360		7		Date /		1	
Completed By (Print	or Type)	itle				Signature		1	1	- l	50	1_	7
Nicholas Fernic		Projec	t Mar	ager			7	11		1/0	7)	11	1
								1		1			
ASB-41 JAN 13		* Do no	ot use t	his forn	n for asbes	stos licensure ex	empted activ	vities.					

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

				(P	ursuai	nt to NJA	AC 8:60 and 5:1	6)		To your			
Date of Notification (1)					Name	of Buildin	g Owner/Operator	(2)	led had	IAR -	3	2017	
02 /	27 /	17			102455111		ntracting, LLC	( <del>-</del> )		2,	3 3	8	
Agencies Notified	Type Notific	cation		-	Stree	t Address			ASBE	s tos	COI	VTR	OL 8
⊠ EPA					77 - Q. A. C.	3 Halyard	Road			LICE	VSIN	<u>G</u>	
□ DOLWD	☐ Amende	334				State, Zip (				-			
□ DOH	Amendm						h, NJ 08751						
DCA (NJAC 5:23-8)	☐ Emerger justificat		ıding			of Contac			Telephone Nu	mbor			
(140/10/03.25-0)	☐ Cancella				(2) (2) (3) (4) (3)	nk Disar	<del>60</del> %		relephone Nu	imper			
			-				FORMATION						
Name of Facility Where A	batement is	Taking F	Place	(3)	IA	CILITI	NFORWATION	Type of Facility	(4)				
Residence		· annig i	1400	(0)				School (K-12					
Street Address		i e e e e e e e e e e e e e e e e e e e						Subchapter	8 (Other than K- rivate and comm	12) nercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	B	ldg. A	ne.	
Ortley								1100 sf	1		65	90	
County (6)					Cour	nty Code (7	7)(STATE USE ONLY)		for if being demo	157.11			
Ocean								Residence	3				
Name of Monitoring Firm	Hired by Buil	lding Ow	ner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)	)				
N/A							Guardian Co	ntracting, Inc.					
Street Address							Street Address						
							1889 Route 9	), Unit 61					
City, State, Zip Code							City, State, Zip C	ode					
							Toms River,	New Jersey 08	755				
Project Manager for Moni	toring Firm			Tele	ephone	No.	Telephone No.		License No.			-	
							732-349-9932	2	00624				
Start Date (10)		Schedule				275 (5)	Name of OSHA M	Monitor					1200
03 /09 /	17	03	_ /	_1	0_/	17_	E.M.S.L. Ana	lytical					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate							1056 Stelton						
Abatement Performed							City, State, Zip Co	ode					
Time of Abatement:		PIVI/_	_	_PIVI		AIVI	Piscataway,	New Jersey 08	854				
Scope of Work (Check all	that apply)								VSE 323				
≥3 sf or ≥3 lf			Rer	novat	ion		☐ Full Con	tainment with Neg closure	gative Pressure				
≥160 sf or ≥260 lf		$\boxtimes$	] Der	noliti	on		☐ Gloveba	g Procedure					
			la.				⊠ Non-Exe	mpted (*) and No	n-Friable Proced		-	M-55-00	
Location	nf			Loca lorma			Description of	of.		Ab	atem	ent T	ype
Asbestos-Containing N	Material (ACM	Л)			ely by	Asbe	stos Containing Ma		Amount	Rer	Repair	Encapsulate	Enc
TO BE ABA	- Contraction				ance/ Staff?	(i.e	., thermal systems surfacing, VAT	insulation,	(Specify	Removal	air	aps	Enclosure
(13)	,			(12)			other miscellane		SF or LF)	<u>n</u>		ulat	Гe
		Y	'es	No	N/A							Ф	
exterior				$\boxtimes$		asbesto	os siding		1100 sf				
											П	П	П
			7	П	1								
			_	_						_	Ш	Ш	Ш
		L		Ц									
Name of Registered Wast Guardian Contractin				100	JDEP V lauler II 20223	No.	Cubic Yards of Waste 3	Name of Regis	stered Landfill				
City, State							Disposal Date	City, State					
Toms River, New Je	rsey						03/13/17	Tullytown,	Pennsylvania				
Completed By (Print or Ty	pe)	Title					Signature	1	//	Date /		1	71.72
Nicholas Fernicola		Proi	ect	Man	ager			~ L	1	- /	77	117	

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

MAR - 3 2017	<u></u>	E	C	E		$\bigvee$	E	M	r
			MAR	-	3	2017	7		

14 311	3 4 000 2	(Purst	rant to	UAC 8:60 an	rd 12:120)			MAN - 3 Z	UII	1	-	
ate of Notification (1)		Nar	ne of Bu	ilding Owner/				SBESTOS CON	TROI	8		
3 28 7 pencies Notification		SH	ON out Add		sider (	4_	A	LICENSIN	G			
DEP DOL Emergency (including part of the policy of the pol	duding	Na	me of C	Chau		N	ew.	Se-Sey	or			
1 1			FACILI	TY INFORMA	TION 1 T	vne of F	acility (4)	}				
lame of Facility Where Abatement is Taking I	Place (3)				Language Lancock Comp.	Sch Sub Oth	oc! (K-12) chapter 8 er (i.e. pri )	) (Other than K-12) vate & commercial I				
					19	iquare F		# of Floors	3	Ago T		
300 db BOC Ch						170		if heing downlisher	1 1	1		
3-cad Ry 150G Yh		Co	ounty Co	ide (7) E ONLV)	the state of the s	distance.	1	r if being demolished	٠,			
Monarch					1 22	12(.)	CO P	(Q tractor (9) ~				-
lame of Monitoring Firm Hired by Building O	wner (8)	ANI-YOR	ASCM	No.			on Co.,					
treet Address		1			Street A							-
					City, Sta							
ity, State, Zip Code							New Je	rsey				
A.C. T. Vissa		TT	elephon	e No.	Telepho	ine No.		License No.				
roject Manager for Monitoring Firm		1	J. 0 p. 11011		732 2	94 17	57	00029				
Start Date (10)  3 9 7  Occupancy Status During Abatement (Check	Schedule 3 (V Conty One		oletion E 子	Pale (11)	1001-4	Address	Monitor					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A	bateme Hours			City, St	ate, Zip	Code					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	R. R.	enovati emolitic	ion		on the second	Mini-	Enciosur	ent with Negative Pr e cedure d (*) and Non-Friab	le Proc	edun	9	
	T .			-					and the same of	Abate Tu	men pe	in the
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Location Loc	ly ly by nce/ staff?	(i.e. the	Dascription Containing It mal system urfacing, VA ner miscellar	fateriai s insulat T, or	(ACM) lon,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	The second secon
And the second s	Yes	No	N/A					auce	X			
basemient-	-		X	PIPE	,750	15+	<u> </u>	1000	1		La arrange	
		1	-						1		Semilar in Co.	
			-	1 1 1				7 0 1 1		Parities and a second	and the latest dear	1
	- Constitution	Salvara de la companya de la company	Steading		Cubic Yards		Name o	in Registered Landfill	<u>;</u>	1	1	
Name of Registered Waste Hauler Ace Insulation Co., Inc.			UDEP V lauler II. 2086	No. 0	f Waste	2	Chrins	s Landfill				
City, State Colts Neck, New Jersey				1	Sisposal Date 3/14	17	Easto	n , PA	ate		1	
Completed by Bree McGuire	Title	retary	/ Treas	urer	Signalur (	21	1		2	2	5	The second second

	1			
1	b 1	+3	1.1	~
1	127	7)	1101	
			·Ce	

#### State of New Jersey

UK#3	ILO	N	OH		(Pursuant to NJAC 8:60 and 5:16)										
Date of Notification (1)					Name	of Buildin	g Owner/Operator (	(2)	IIII WAT	3	201	l l	1110		
2 /	23 /	17			The second second		Medical Center								
Agencies Notified	Type Notific	ation			Street	Address			ASBESTO	15.00	DMT	301	0.		
☐ EPA	☐ Initial	41017				Hamilto	n Ave			ENS		141.	U.		
□ DOLWD	Amended	d			0.70	State, Zip 0			The state of the s	and measurement			ANTHON HOME		
□ DHSS	Amendm	ent #			1.00	nton NJ									
□ DCA	⊠ Emergen		ding			of Contac			Talanhana Num	bar					
(NJAC 5:23-8)	justificati  Cancella					a Gelli	τ		Telephone Num	per					
	Caricella	1011			155577					= !*					
N 6 F - 1124 1045 4	VI	- 1:		(0)	FA	CILITY IN	IFORMATION								
Name of Facility Where A		l aking P	lace (	(3)				Type of Facility							
St Francis Medical	Center							School (K-12	<sup>(</sup> ) 3 (Other than K-12	4)					
Street Address								Other (i.e., p	rivate and comme	, rcial bι	uilding	js,			
601 Hamilton Ave								homes, etc.							
City (5)								Square Feet	# of Floors	10000	dg. A	ge			
Trenton								70,000	3	100	60+				
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)					
MERCER								Hospital							
Name of Monitoring Firm	Hired by Build	ding Owr	ner (8	)	ASCM	No.	Name of Abateme	ent Contractor (9)							
Environmental Con	nection						BRISTOL EN	VIRONMENTA	L, INC.						
Street Address							Street Address		-						
120 North Warren S	Street						1123 BEAVE	R STREET							
City, State, Zip Code	707			W-100-0			City, State, Zip Co	Code							
Trenton, NJ 08608							BRISTOL, PA	19007							
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.	-		7.77.77			
Rollie Jones			- 4		9-392		215-788-6040	)	00509						
Start Date (10)	18	Schedule	ed Co	mple	tion Da	te (11)	Name of OSHA M	Monitor		-					
2/23/	17	_ 2	_ /	23		17	17 CONTRACTOR STORY 1 CONTRACTOR 1 CONTRACTO	VIRONMENTA	L, INC.						
Occupancy Status During							Street Address								
Facility Closed/Vacate							1123 BEAVE	R STREET							
Abatement Performed							City, State, Zip Co	ode							
Time of Abatement: 1	1.00AIVI-1.30	PIVI/		VI	AN	/1	BRISTOL, PA	19007							
Scope of Work (Check all	that apply)								31 ±31						
≥3 sf or ≥3 If			Ren	ovati	on		☐ Full Con	tainment with Ne	jative Pressure						
☐ ≥160 sf or ≥260 lf				olitic			⊠ Gloveba	g Procedure							
							☐ Non-Exe	mpted (*) and No	n-Friable Procedu	re:					
				ocat orma						Ab	atem	ent T	ype		
Location Asbestos-Containing I		.			ly by	Acha	Description o stos Containing Ma		Amount	Re	Re	E	En		
TO BE ABA		"	Main	tena	nce/		., thermal systems		(Specify	Removal	Repair	cap	clos		
IN Facilit	У	(	Custo	dial : (12)	Staff?		surfacing, VAT		SF or LF)	<u>va</u>	,	Encapsulate	Enclosure		
(13)		_	00	No	N/A	1	other miscellane	ous)				ate			
School of Nursing Bldg					IN/A	Pipe Ins	sulation		25 LF		$\Box$				
			7												
			-	Ц_								ш			
												Ш			
Name of Registered Wast	te Hauler			N	JDEP \		Cubic Yards of	Name of Regis	tered Landfill						
BRISTOL ENVIRON	MENTAL, IN	VC.		Н	auler II 18706		Waste 1 Cu Yd		. NORTH LAND	FILL					
City, State							Disposal Date	City, State							
BRISTOL, PA 19007							2/24/17	MORRISVI	LLE, PA 19067						
Completed By (Print or Type) Title							Signature	0		ate /		1			
Gino Pizzigoni		Esti	mato	or			9 4/10	Rimana	4.1 (Mr)	2/	23	11-	7		

\* Do not use this form for asbostes licensure exempted ectivities.

Signature

TIIIA

Eatimator

Gino Pizzigoni

MAY 11 GI 17041

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

EGETS	程们
MAR - 3 20	17 U

						10 0.00 and 0.11	1 T WALL 2 SOL							
Date of Notification (1)	) 2/23/17			Nar	ne of Buildi	ng Owner/Operato	100							
Agencies Notified		-11		_			Folcik	ASBI						
☐ EPA	Type Notific	ation		Stre	et Address	3		1	1.10	JEN	Silvi	<u>G</u>		
DEP	☐ Initial ☐ Amended	H		_										
<b>▼</b> DOL	Amendm	ent#		City	, State, Zip									
₩ DOH		icy (includi	ing				rinceton, NJ	08542						
DCA DCA	justificat Cancellat	ion) tion		Nan	ne of Conta			Telephone Number						
						Leah Folcik								
				F	ACILITY IN	FORMATION			-					
Name of Facility Where						-004440	Type of Facili	tv (4)	- //			_		
	F	Resident	tial				School (K-							
Street Address							er 8 (Other than K-1	2)						
							Other (i.e.,	private & commerc	cial bu	ilding	s,			
City (5)							homes, etc.) Square Feet # of Floors   Bldg.				A 00	-		
	Prince	eton, N.	085	42			1000	# 01 1 10013	Bldg. Age 85+/-					
County (6)					inty Code (	7) (STATE		Prior if being demol			) <del>+</del> /-			
1	Mercer			US	E ONLY)	i) (OIAIL	Current Use (I	-nor it being demoi	isnea)	)				
Name of Monitoring Firm	m Hired by Build	lina Owne	r	ASCN	4 No	I Name of Abator	nent Contractor	(0)	-					
(8)	MECS	9 0 11110		7.10011	1110.				т.					
Street Address	11200						mental Servic	es, I	nc.					
	PO Box	3/11				Street Address	Box 322							
City, State, Zip Code	10 00%	J+1					BOX 322							
	Crosswick, N	JT 0851	5			City, State, Zip C	NII 00501							
Project Manager for Mo		13 0051		-			Allentov	vn, NJ 08501						
	eisgarber			ephone		Telephone No.	-0.000	License No.		****				
Start Date (10)					98-4070	(609) 25		(	0049	3				
Provide a contractive contractive providence	S	cheduled (			ate (11)	Name of OSHA I								
2/28/17			3/1/	17			N	1ECS						
Occupancy Status Durin						Street Address	221							
	ted During Entire	e Period o	f Abate	ement			Box 341							
Other - Describe:	d Outside of No	rmai Facil	ity Hou	rs		City, State, Zip C	201.07.07.07.00.00.00.00.00.00.00.00.00.00.	NI 00515						
							Crosswic	ks, NJ 08515						
Scope of Work (Check a	all that apply)													
≥3 sf or ≥3 lf		<b>⋉</b> R	enovat	ion		☐ Mini-End	tainment with Ne	egative Pressure						
≥160 sf or ≥260 lf			emolitic			Gloveba	g Procedure							
						☐ Non-Exe	empted (*) and N	on-Friable Procedu	re					
			Location Location Location						I A		ment			
Location	of	Used	d Solei	y by		Description of				Тур	е			
Asbestos-Containing N			ntenar ustodia			os Containing Mat	erial (ACM)	Amount			m			
TO BE ABAT		3077	ustodia Staff?	11	(i.e.,	thermal systems in surfacing, VAT.		(Specify	D.	D	Encapsulate	E		
(13)			(12)			other miscellaneo		SF or LF)	Removal	Repair	sde	Enclosure		
		Voc	No	N/A					12	=	lat	ure		
											CD			
Bathroom ×					The	ermal Pipe Ins	ulation	15 lf	25					
								•						
		-						-	-		_			
Name of Registered Was	ste Hauler		1 N	JDEP V	N/asta T	Cubic Yards	I Nome of D	stand I - 15"						
			1 1 1	auler ID		of Waste	Name of Regi							
Stevens Environn		182		1 CU		GROWS Lan	dfill							
City, State						Disposal Date	City, State	7				=		
Allentown, NJ						3/1/17	1/1	Morrisville,	PA					
Completed By Title						Signature///	11	Date				=		
Mahlon E. Stevens Project I					ager	_////			2/27	/17				
20.44	5,000	1.1411	2501	-///			41 1	/1/						

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



Date of Notification (1)	23/17			Name of Building Owner/Operator (2)  Saint Michaels Medical Center CONTROL									
Agencies Notified	Type Notification	i i		Stree	t Address	Sum I	TIONACIS IVICC	liqui C.	11000	IGEI	UU	9 1 1 1	<del>OL</del>
□ EPA	Initial								-	The Column	4271	1 1,31	
DEP DEP	Amended Amendment #	ŧ		City,	State, Z p (								
	Emergency (i		g				lewark, NJ 0	<u> </u>					
DOH DCA	justification) Cancellation			Name	of Contac			Teleph	none Numb	per			
						Ron Carvalho							_
Name of Facility Where	Abatana at ia Talia	- Di	(0)	FA	CILITY INF	ORMATION		7.0					
Name of Facility Where	St. Michaels			Conto			Type of Facility						
Street Address	St. Wilchaels	IVICU	icai	CITTE	ı		School (K-1		than K-12	2)			
	111 Ce	ntral	Ave				Other (i.e., phomes, etc.	orivate &			dings	1	
City (5)	7						Square Feet	-	loors	В	ldg. A	ge	
	Newark	, NJ (	710	2			150000				85	+/-	
County (6)					nty Code (	7) (STATE	Current Use (P	rior if beir	ng demolis	hed)			
	Essex				-								_
Name of Monitoring Firm (8) Environ	mental Tactic			ASCM	SCM No. Name of Abatement Contractor (9) Stevens Environmental						200		
Street Address	mental lactic	_			Service	S, II	1C.		_				
Oliect Address	64 Broad Str				Street Address	PO Box 322							
City, State, Zip Code	<u> </u>				City, State, Zip C								
	Iatawan, NJ (					Allentow	n, NJ (	08501					
Project Manager for Mor		100000	ephone		Telephone No.		Licer	ise N <del>o.</del>					
	Geiger		1 -		0-2217	(609) 25		_	0	049.	3		
Start Date (10)	Sche			etion Da	ite (11)	Name of OSHA		ECC					
2/24/17 Occupancy Status Durin	Abstance (Cha		2/27/	17		Street Address	IVI	ECS					_
Facility Closed/Vacate	구기 이 기계 가는 그리고 있다.			ment		Street Address	PO F	3ox 34	1				
☐ Abatement Performed						City, State, Zip C				=			_
Other - Describe:	8am to 4 pm						Crosswicks, NJ 08515						
Scope of Work (Check a	II that apply)					П= ::0							_
≥3 sf or ≥3 lf		<b>X</b> Re	enovat	ion		☐ Full Cor	ntainment with Ne closure	gative Pr	essure				
≥160 sf or ≥260 lf			emolitic			Gloveba	ag Procedure	Faiable	December				
		Is	ocatio	on		I Non-Exe	empted (*) and No	n-Friable	Procedur	T	bater	ment	
		N	omally	/							Тур		
Location of Asbestos-Containing M			l Solel ntenan		Asbest	Description of tos Containing Mat		Amo	ount				
TO BE ABAT	ED	10000	ustodia Staff?		(i.e.,	thermal systems in surfacing, VAT,		(Spe		Re	Z.	nce	Enc
(13)			(12)			other miscellaned		SF 0	LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A			c serior contract			a		ate	Гe
Basement ×					The	ermal Pipe Ins	sulation	20	lf	×			
Name of Registered Was			l l	JDEP \ lauler ID		Cubic Yards of Waste	Name of Regi						
Stevens Environmental Services, Inc.					18292 1 CU GROWS Land ill								
City <del>,</del> State Allentown, NJ						Disposal Date	City, State	1	!!!	D 4			
Completed By   Title						2/28/17   Signature	M	Worr	isville, Date	PA			_
					ager	Signature			1	2/23	/17		
Mahlon E. Stevens Project Manage							1						_

2017 04:02PM 3/2017 B:13AM	NJ Asbes	tos Contro	01 60	9,633	3.0664	F	E C	BEIV AR - 3 201	TCIE		25,	100
		;	NOTIF	ICATIO	ON OF AS	ew Jersey EESTOS ABATE C 8:80 and 5:18	I ASBES	STOS CONT LICENS NG	10L	- 10	D	AY
Date of Notification (1	2/23/17			Nan	te of Buildi	olasado en como de com	(2)		ESO	')	1 %	)17
Agencies Natified	Type No	tification		Sira	el Address		and the same of the same	dical Center	1 1.19	-1	1	
EPA DEP DOL	Initial   Amen	ided idment#		City,	State, Zip	ode	III Central	Ave. L	VER	140		17
DOH DCA	Emen	pency (includi	ng	-			cwark, NJ	1/10/4	7511	/11	1 (1	C. V
3 DCA	☐ Cano	noiselle		I NAME OF THE PARTY OF THE PART	e of Conta	Con Carvalho		Telap				
lame of Facility When	Altalate		-/	FACILITY INFORMATION				James				
	St. Mic	hacls Med	dical	Cente	er		Type of Facilit	5 (1) (1)		Tr.		
Sirest Address		11 Central		4000			Supananie	f & (Other than K.	-12) rolal bul	<mark>ಷ ಉ</mark> ಥಿಕ	۵,	
ity (5)	N	ewark, NJ	0710	12			Square Feet	2 of Floors	9	kig.		
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ama of Monitoring Fir	m Hirad by B	luilding Owns	, 1	ASCIV		Name of Abatem	ent Contractor (	9)		-	_	_
treet Address	nmental 7	Tactics				Stev Street Address	ens Environ	mental Servi	ccs, I	32.		
ova America a company	64 Bro	ad Street				Stast Montaga	PO	Box 322				
lly, State, Zip Code	Matawan,	NJ 0774	7			City, State, Zip C		n, NJ 08501				
rolect Manager for Mi	Geiger	1		ephons	No. 0-2217	Telephone No.		License Ne				
teri Data (10)	Colect	Schodulad	The state of the s		THE RESERVE AND THE PERSON NAMED IN	Name of D\$HA	- HEAT CONT HEA					
2/24/17 coupancy Status Dur	ing Abateme	ni (Check on)	2/27/	17		Bireet Address	MECS					
Facility Closed/Vect Abelianent Perform	ted During E	ntire Pariod o	/ Abati	meni				lox 341				
Other - Describe:	Sam tu 4	pm	dy Mot	n.e		City, State, Zip C		u, NJ 08515	5			
cops of Vvorx (Check 1 ≥3 sf or ≥3 W 1 ≥1 60 sf or ≥280 W	all that apply	<b>⊠</b> R	enova emoliti			Mini-Eng	o Procedure	gativa Pressure				
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Location Asbestes-Containing	Meterial (ACI	M) Ma	d Sole Intenar	y by	Asbeat	Description of the Containing Mate	erial (ACM)	Amount	-	TYE		
TO SE AS IN Facil (13)			8ta177 (12)		(l.e.,	thornel systems in surfacing, VAT, other miscellaneo	racialión, or	(Specify SF or LF)	Renaval	Repair	Excapsulate	Endasure
Danama	Basement X					manual Primer 7	111-41	80.10			香	di
Dason	OIL .	×		-	ini	mal Pipe Ins	TIBLION	20 lf	×		_	
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ame of Registered Wa	sie Hauter		I	WDEP V	Wasia I	Cubic Yards	Name of Ruck	lifbned Landfill				
Stevens Environ	mental Se	rvices, Inc	100	dayter 10		of Wasin 1 CU Disposal Dale	City, State/	OROWS La	ndfill	-		A STORE
	Allento	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.				2/28/17	A A	Morrisville	.PA			
mpleted By Mahlon E. St	evens	Title	rojec	t Mar	ager	Signature	17	Date	2/23	/17		
44						ul licensure exemi	ntertie objekte a			ndi ralinahan		

#### MN#24051457192 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 02/21/17 Joyce Cohen Agencies Notified Type Notification Street Address ASBESTOS CONTROL & EPA LICENSING Initial City, State, Zip Code × DEP Amended × DOL Dumont, NJ Amendment #\_ Emergency (including Name of Contact Telephone Number DOH justification) × DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Joyce Cohen School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × etc.) City (5) Square Feet # of Floors Bldg. Age Dumont County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Bergen County Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pro Abatement Street Address Street Address 1009 87th Street Suite A4 City, State, Zip Code City, State, Zip Code North Bergen, NJ 07047 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-293-6305 01223 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/24/17 03/10/17 HILMAMM CONSULTING LLC Occupancy Status During Abatement (Check Only One) Street Address 1600 ROUTE EAST SUITE 107 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: **UNION NJ 07083** Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes N/A No 40 LF Basement TSI x NJDEP Waste Name of Registered Waste Hauler Cubic Yards Name of Registered Landfill Hauler ID No. of Waste **NEWARK CARTING** WASTE MANAGEMENT GROWS N. 04509 City, State Disposal Date City, State HILLSIDE, NJ MORRISVILLE PA Completed by Date Signature 02/21/17 Bryan Parra Project Manager

Print Form

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

CHEC	K	
#	20	137

Date of Notification (1) 2/17/2017	Name of Building Owner/Operator (2) March Associates Construction, Inc. (owner's representative)													
Agencies Notified	Type Notification			Street Ad	ddress	urnpike, St	y	1774			01:0	- 2	664	P
EPA DEP DOL	Amended Amendment				te, Zip Code , NJ 0747						GUI PART	V	20	. 10
☑ DOH DCA	justification)  Cancellation		14.5		Contact ssein Ism	ail			Teleph	one Nu	mber	S CC	ONTE	ROL
			-	FACIL	ITY INFOR	MATION			_	- Louise	Connected (See			
Name of Facility Where A Commercial Building		g Place (3)						of Facility (4 School (K-12	2)		etaraco)			
Street Address 240 Main Street							×	Subchapter Other (i.e. pretc.)	8 (Other thrivate & co	nan K-	12) cial buile	dings,	home	s,
City (5) Hackensack	213/13-10						Squa 8,00	re Feet 0	# of Flo	ors	1000	ldg. A O	ge	
County (6) Bergen				County C	Code (7) ISE ONLY)	,		ent Use (Prio nmercial /		lemolis	shed)			
Name of Monitoring Firm TBD	Hired by Building	Owner (8)		ASCM	No.		ame of Abatement Contractor (9) Sky Contracting, LLC							
Street Address					-		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code						City, State, Zip Code Wayne, New Jersey 074			/ 07470					
Project Manager for Mon		Telephor (973) 5	ne No. 660-4900		hone N 3) 928-		10000	cense 0874	No.					
Start Date (10) 3/1/2017		Com 7	pletion [	Date (11)	8.07033333		HA Monitor acting, LL	С				110000000		
Occupancy Status During	g Abatement (Chec	k Only One)		Street A				SS			-			
▼ Facility Closed/Vaca	ated During Entire I	Period of Ab	atem	ent				ey Road, S	Suite K					
Abatement Performe Other – Describe:		nal Facility H	ours	City, State, Zip Code Wayne, New Jersey					07470					
Scope of Work (Check Al	II That Apply)						_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova: moliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Frocedure							
		T				L	ino	n-Exempled	( ) and ive	JII-FIIe	ble F10		ement	$\neg$
Location	of	B10000	ocati rmall	8777		Descriptio	n of					Ту	ре	
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED		enar dial S (12)	ice/ staff?	(l.e. th	ermal systen surfacing, V	Materia ns insula AT, or		Amou (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
Poof		Yes	No	N/A		See attac	hod		*		35			
Roof		X			See allac	neu				25				
										67-74				
Name of Registered Was	to Hauler		l NI	IDED W	acte l	Cubic Yards		Name of E	Ranistared	Landf	ill.			
Service Transport Gr				of Waste	Waste Minerya Enterprises II C									
City, State New Castle, Delaware					Disposal Date TBD				burg, Ol	hio				
Completed by Title					Signature						Date	24=		
Predrag Sarcev	President				2/17/2017									



Sample #	Analysis	Sample Location	Material	Quantitties
01	TEM	Parapet Wall North around perimeter	Roof shingle	540 sq. ft.
02	TEM	Roof parapet wall North	Flashing material	540 sq. ft.
03	TEM	Inbetween roof	Flashing parapet wall	240 sq. ft.
09	TEM	Roof	Black roofing 3rd layer cener	1,800 sq. ft.
10	TEM	Parapet wall in betwenn	Flashing	540 sq. ft.
10		Parapet wall south West	Shingle	540 sq. ft.
,11	TEM		Black roofing material 2n	1,800 sq. ft.
14	TEM	2 <sup>nd</sup> Roof	layer	

10#2405145718) NO				Legal Andrews Virginia	DEC	EIN	Print For			
Date of Notification (1)	Name of Building Owr James Fraser	ner/Operator	(2)	A PARTY OF THE PAR	[] L. MAK - 3 2017					
Agencies Notified Type Notification	Street Address				ASBESTOS CONTROL &					
EPA	City, State, Zip Code Short Hills , NJ					Marketta (India)				
Emergency (including justification)  Cancellation	Name of Contact				Telephone Num	ber				
	FACILITY INFORM	NATION								
Name of Facility Where Abatement is Taking Place (3)  James Fraser  Street Address			Subo	ool (K-12)	Other than K-12 te & commercia	) I bu <mark>l</mark> dings,	homes,			
City (5) Short Hills			Square Fe		# of Floors	Bldg. A	ge			
County (6) Essex County	County Code (7) (STATE USE ONLY)				being demolish	ed)				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.		of Abateme Abateme		ctor (9)					
Street Address			t Address 9 87th St	reet Suite	e A4					
City, State, Zip Code		200	State, Zip C th Berger		147					
Project Manager for Monitoring Firm	Telephone No.	2000 - 100 A	hone No. -293-630	5	License No 01223	0.				
Start Date (10) Scheduled 03/03/17 03/17/17	Completion Date (11)		of OSHA N MAMM C		TING LLC					
Occupancy Status During Abatement (Check Only One  Facility Closed/Vacated During Entire Period of Ab		Street Address 1600 ROUTE EAS			SUITE 107					
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Fother – Describe:	Hours	100 SEC. 100	State, Zip CION NJ 0							

≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renovat Demoliti		Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	0.000	Location			92 Hecce - 40	2.2				ement /pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall ed Solel iintenar todial S (12)	y by nce/		Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaneo	Amount (Specify SF or LF)	Nemova	Repair	Encapsulat	Enclosure	
	Yes	No	N/A				10 A			Ф	
Basement					TSI		150 LF	Х			-
	-							+-			
Name of Registered Waste Hauler NEWARK CARTING	1	H	JDEP W lauler ID 4509		Cubic Yards of Waste		e of Registered Landfil STE MANAGEME		RO\	1 SV	١.

Project Manager

Disposal Date

Signature

Date

02/20/17

City, State MORRISVILLE PA

City, State HILLSIDE, NJ

Completed by

Bryan Parra

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Date of Notification (1) 02/13/17				f Building Mongill		Operator	(2)		T .	LAA	ří -	3 2	017	inc*
Agencies Notified Type Notification			Stroot A	Address		The His letter				ASDES	TOO /	201	TDO	
X EPA X Initial Amended		ş	J.,,		=					ASBES:	10EH			La
DOL Amendment				ands , N.	J									
□ Emergency (i justification)     □ Cancellation	nciuding		Name o	f Contact					Tel	ephone Nu	ımber			
Name of English Whore Abstement is Taking	Diago (*	2/	FAC	ILITY INF	ORMATI	ON	T	f F : Ii b - /	4)					
Name of Facility Where Abatement is Taking Albert Mongillo	Place (	5)					Тур	e of Facility ( School (K-1	15					
Street Address							×	School (K-1 Subchapter Other (i.e. p	8 (Oth			dings,	home	98,
City (5) Highlands							Squ	are Feet	# 0	f Floors	E	Bldg. A	ge	
County (6) Monmouth County				Code (7) USE ONLY	)		Curr	rent Use (Prid	or if bei	ng demolis	shed)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	И No.				ement Con	tractor	(9)				
Street Address						Street 1009		ess h Street Si	uite A	4				
City, State, Zip Code						10000		Zip Code rgen, NJ 0	7047					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none N			License I	No.			
	Schedule		pletion	Date (11)		Name	of OS	SHA Monitor M CONSU	LTIN	G LLC				
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addre	ess			-			
Facility Closed/Vacated During Entire Po							Chian Charles	UTE EAST	SUI	TE 107				
Other – Describe:	ii radiity	riouis			_			Zip Code NJ 07083						
Scope of Work (Check All That Apply)						_								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				×	M GI	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				e	
2	Is	Locati	on						(/ 0.1.1			Abate	ement	
Location of		Normal d Sole		Ashaa		scription		-L (ACM)	^		-	1 9	ре	2.5
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	10000000	intenar todial S (12)		Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify Replayed) SF or LF)  Amount Specify Replayed SF or LF)							Encapsulate	Enclosure		
	Yes	No	N/A										ate	Ĥ.
Exterior (1st floor )						Other			20	00 SF	x			
											<del> </del>			
			-								-			
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of F	Registe	red Landfi	1			
NEWARK CARTING			auler ID 1509	No.	of Was			WASTE	MAN	IAGEME		ROV	VS N	l.
City, State HILLSIDE, NJ					Dispos	sal Date		City, State		E PA				
Completed by Bryan Parra	Title Proje	ect Ma	nager		S	ignature	14	IN DOIL	ra	1,725	ate 2/13/1	7		-

Print Form

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

CHECK# 2238

Date of Notification (1) 2/22/2017				Building Can Colli		perator (	(2)			E	C	E			
Agencies Notified Type Notification		.5	Street Add	dress											
EPA Initial Amended Amendment				e, Zip Coo nir, NJ 0			B			H	AH-	- 3	- 20	8 8	
Emergency (  DOH  DCA  Emergency (  justification)  Cancellation	ncluding	373	lame of 0	Contact an Colli	er				Telephone	Numb	er	SC	ONT	RO	
DCA Cancellation				ITY INFO		ON						time to the same			
Name of Facility Where Abatement is Taking Single Family Residence	Place (3)							f Facility (4)	§ .						
Street Address							□ S	chool (K-12) ubchapter 8 ther (i.e. priv	(Other than	K-12) nercial	buildi	ngs, l	nomes		
				2			et et	c.)							
City (5) Montclair							Square 1,700		# of Floors		SIC	dg. Aq )	le		
County (6) Essex			County C STATE U	ode (7) SE ONLY)				t Use (Prior Iential	if being den	nolishe	d)				
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCM	No.				ement Contr							
TBD Street Address						Street	Address	3							
			, · · · · · · · · · · · · · · · · · · ·				Valley tate, Zip	Road, S	uite K						
City, State, Zip Code								w Jersey	07470						
Project Manager for Monitoring Firm			Telephon (973) 5	e No. 60-490	)	100	one No 928-		Licer 008	nse No 74					
Start Date (10) 3/7/2017	Scheduled		pletion D	Date (11)				A Monitor cting, LL(	)						
Occupancy Status During Abatement (Chec	k Only One	)				7.7.2	Addres		Road, Suite K						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Ab nal Facility F	atem Hours	ent			City, S	tate, Zi <sub>l</sub>								
						vvay	110, 140	,			-			-	
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	10000	enova emoliti				>	Min Glo	i-Enclosure vebag Proce	nt with Nega				•		
							→ Nor	i-Exempted	(*) and Non	-FIIADI			ement		
	2200	_ocati ormal	27		D	agarintian	o of					Ту	ре		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair Custo	Sole ntenar odial S (12)	nce/	Asbes (i.e	tos Cor therma surfa	Description of Containing Material (ACM) ermal systems insulation, surfacing, VAT, or ther miscellaneous)  Amount (Specify SF or LF)						Repair	Encapsulate	Enclosure	
Basement	X	110	1,00		Pipe	e Insula	ation		120 LI	=	x				
Dasement	^														
												22			
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubi	c Yards		Name of F	Registered L	andfill.					
Service Transport Group, Inc.		0.00	lauler ID 0990	No.	of W				Enterpris	ses, L	LC				
City, State New Castle, Delaware					Disp TBD	osal Date	>	City, State Waynes	burg, Oh	o					
Completed by Predrag Sarcev	Title Vice F	Presi	ident			Signatur	re e		~~	Da 2/2	te 22/ <u>2</u> (	017			

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

GAC Project # 594-2017 Date of Notification (1) Name of Building Owner/Operator (2) BERGENFIELD DEPARTMENT OF PUBLIC WORKS February 21, 2017 Street Address Agencies Notified Notification Type 198 NORTH WASHINGTON AVENUE MAR - 3 2017 □Initial Notification ☐ EPA ☐ Amended Certification #1 City, State, Zip Code DCA BERGENFIELD, NJ 07621 Consultant address change X DOL Name of Contact DL & DEP- No Longer REQUIRED MR. PHIL NEVILLE justification) X DOH □ Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) BERGENFIELD DEPARTMENT OF PUBLIC WORKS School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 198 NORTH WASHINGTON AVENUE Sq. Feet: N/A # of Floors: 3 Bldg. Age: 50+ years County (6) County Code (7) (State Use Only) BERGENFIELD BERGEN Current Use (prior if being demolished): MUNICIPAL OFFICES Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ENVIROVISION, INC. 00079 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 20-21 WARGARAW ROAD 511 MAIN STREET City, State, Zip Code City State, ZipCode BUTLER, NJ 07405 FAIRLAWN, NJ Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 973-636-9145 FRED LARSON 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/21/2017 02/22/2017 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☑ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe X Facility UnOccupied During Entire Period of Abatement NOT SUB 8 - SHIFT HOURS 4:00 PM - 2:30 AM (24 hours FAIRLAWN, NJ as needed) Source of Work (Check all that apply) ☐ Full Containment with Necative Pressure X Renovation Mini-Enclosure  $\square \ge 160 \text{ sf or } \ge 260$ □ Demolition ☑ Non-Exempted (\*) and Non-Friable Procedure WRAP & CUT Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abate nent Type (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA Mechanical Equipment X PIPE FITTING INSULATION 25 LF Room & Adjacent Hallway Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 5 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill Newark Carting, Inc. NJ DEP # 4509 Newark, NJ 04509 Disposal Date City, State 100 New Ford Mill Rd. Notes: None Morrisville, Pa 19067 February 22, 2017 215-736-1700 Date Completed by (Print or Type) Signature SENIOR PROJECT Raymond C. Pedalino RAYMOND C. PEDALINO February 21, 2017 MANAGER

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From:GREENWOOD ABATEMENT

19734920133

State of New Jersey - Notification of Asbestos Abatement

02/21/2017 11:05

Check # 299/
MAR - 3 2017

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GAC Project # 594-2017								DOL	110	701		]
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City, State, Zip Code					City Nate, ZipCode			Company of the control	or beautiful and		PERSONAL PROPERTY	
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Project Manager for Monitoring	FETT	973-836			Teles hone Number		1	Ligard e Mi	an ber			
FRED LARBOR		210-030	\$14D		973-492-0477			00840			- 1	
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Completed by (Print or Type)		il o			Signa tura		1	Data	And Comment of the Party	and the second	- CONTRACTOR OF THE PARTY OF TH	
RAYMOND C PEDAL	INO IS	RENIOR DI	POLIEC	P	60 .00	400	. 1	E 6	berines	24 26	[7]	

MANAGER

## Cl2H 4574

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

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		VA-7	1000	3	2017		

Date of Nofification (1)		131	25 111 2			E had low:		Ų,	L U 1	f.
2-12-1117		Nam	e of Building Owner/o	Operator (	2) Acto 110					
Agencies Notified Type Notification	n	Stree	of Address	BE	AF LIL	ASBE	STO	SCC	MTE	3018
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DEP DEP Amended	W. C. L. C.	City,	State, Zip Code	2 1)	) //	170 /	1661			
		- [	hlladelphia	. 14	7 1916	12				
DOH justification	1)	Name	e of Contact	1		Telephone N	Jun ber			_
□ DCA □ Cancellatio	n	F	Serl Hee bae							
Name of Facility Where Abatement is Taking	Place (3)	FA	CILITY INFORMA	TION	Type of Facility	(4)				
					□ School (K					
Street Address 7 17 M		7/3			□ Subchapte	r 8 (Other than K-1	2)			
City (5)	to His	h was			Other (i.e.	private & commerc	ial buil	ldings,	homes	, etc.)
Newark	)		)		Square Feet	# of Floors	-	Bldg	. Age	
County (6)		Count	y Code (7)		Comment Uses (D.	- : : : : : : : : : : : : : : : : : : :				
ESSEX Counter			E USE ONLY)		Current Use (Pri	or if being demolisi	hed)			
Name of Monitoring Firm Hired by Building C	wner (8)	ASO	CM No.	Name o	of Abatement Cor	tractor (9)		.) .	-	
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Street Address				Street A	Address	( )	X VIII	1,117	-/( (	
City, State, Zip Code					2 BURLIY	MICH R	THE	_		
one, state, sip cour				1 2	ate, Zip Code	417 5		11	_	
Project Manager for Monitoring Firm		Teleph	one No.	Telepho	MANCO		50			
		l ciopii	one res.		1-346-C	116 License	No.	(2)		
Start Date (10)	Scheduled, Con	npletion I	Date (11)		f OSHA Monitor	,,,,	-			
3/3/17	5/3	111								
Occupancy Status During Abatement (Check Or		1		Street A	ddress					
☐ Facility Closed/Vacated During Entire Per ☐ Abatement Performed Outside of Normal I	iod of Abatemer	ĭ		0:- 0-						
☐ Other – Describe:	denny fiours			City, Sta	te, Zip Code					
Scope of Work (Check All That Apply)										
□ ≥3 sf or ≥3 lf	Renova	ation		K	Full Containme	nt with Negative Pr	acc tro			
.□ ≥160 sf or ≥260 lf	Demol	ition	10		Mini-Enclosure		CSS III C			
		- 17 - 15			Glovebag Proce Non-Exempted	dure (*) and Non-Friable	e Proce	dure		
	Is Loca						T	Aba	ement	
Lecation of Asbestos-Containing Material (ACM)	Vorma Used Sole		Desc	cription of			-	T	уре	-
TO BE ABATED	Maintena Custodial		Asbestos Contai (i.e. thermal system	ınıng Mate ms insulati	erial (ACM)	Amount (Specify	R	1	En	
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Butside leading Dock	. —	/	- Space	or	)	1750	1/			
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Name of Registered Waste Hauler	4 22	JDEP Wa auler ID 1			Name of Re	gistered Landfill	1			-
ANI JOE LLC		20847			11!M	I Pa				
ity, State			Disposal		City, State,	U! IH	0		-	
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#### State of New Jersey

C12#879	NOT	TIFIC (Pur	ATION C	of New Jo F ASBEST NJAC 8:60	TOS A	BATEN	MENT )	г		EC			$\mathbb{V}$	E	
Date of Notification (1) 02-20-17	and the second		lame of B Metal C	Building Ow utting	ner/O	perator	(2)			MAR	1 = 5	100	Û		
Agencies Notified Type Notification			treet Add	iress merce Ro	d.					ASBEST	08 C	ON	ITR	OL 8	2
EPA Initial Amended	.45			, Zip Code Brove, NJ		n9				Li	CENS	UN	<u>G</u> _		
DOL Amendment Emergency	(including	- 1	lame of C		010				Tele	phone Nur	mber	-			$\exists$
DOH justification)  Cancellation		4	Steve L												
			FACILI	TY INFOR	MATI	ON	Tun	e of Facility (4	1			-			$\dashv$
Name of Facility Where Abatement is Takin Commercial Property	ig Place (3)						□	School (K-12	?)		2)				
Street Address								Subchapter Other (i.e. p	3 (Othe ivate &	commerc	2) ial build	ding	s, h	omes	3
89 Commerce Rd.								etc.) uare Feet		Floors			Age		$\dashv$
City (5) Cedar Grove															
County (6) Essex			County Co	ode (7) SE ONLY)			Cu	rrent Use (Prid	r if beir	ng demolis	hed)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				batement Con ontracting L		(9)					
N/A Street Address					***************************************	Street	Add	Iress							
						522		St. , Zip Code							-
City, State, Zip Code						Unio	n C	ity NJ 0708	7						
Project Manager for Monitoring Firm			Telephon	e No.			216	-9603		License I 01206	NO.				
Start Date (10) 03-03-17	Scheduled 03-05-17		pletion D	ate (11)				OSHA Monitor ontracting L	LC						
Occupancy Status During Abatement (Che						Street 522									
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	Period of Ab mal Facility F	atem dours	nent		_	10.000		e, Zip Code City NJ 0708	37						
Scope of Work (Check All That Apply)															
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	le l	ocat	ion											ment	
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Ground Floor		X		Hallsite Faller						$\dagger$					
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Name of Registered Waste Hauler Delfa Contracting LLC		1.00	NJDEP W Hauler ID 3524	No.	Cubi of W	c Yards aste 5				tered Land esource		ver	y F	acili	ty
City, State Union City, NJ						osal Da )7-17	te	City, Sta Tullyto		PΑ					
Completed by Jaime Delgado	Title Signature Date 02-20								Date 02-20	)-17	7				

C12#880	МО	TIFIC/ (Pun	ATION C	F ASBEST	OS A	BATEN 12:120	MENT	Т	Appears and semi-defect selections	D)r			$\mathbb{V}$		
Date of Notification (1) 02-20-17				Building Ow Palacios		perator	(2)				MAR	- 3	2017	L. STORY SHOWE	4
Agencies Notified  Type Notification  EPA Initial Amended		18. 198	Ity, State	t, Zip vouc	_				To the second se	Ā	SBESTO LIC	S CO ENSIN		OL 8	
DEP Amended Amendment # Emergency (in justification) Cancellation	cluding	N	ame of C	ontact Palacios						Tele	phone Num	nter			
			FACILI	ITY INFOR	MATIC	NC	Tyr	ne of F	acility (4	)					
Name of Facility Where Abatement is Taking Private Home	Place (3)		275-16-1				H	Sch	ool (K-12	?) B (Othe	r than K-12	!)			
Street Address							SG	Othe etc.) uare F	)		commercia		ngs, h		5,
City (5) Little Ferry											ng demolish				
County (6) Bergen				SE ONLY)											
Name of Monitoring Firm Hired by Building On N/A	wner (8)		ASCM	No.		Delfa	a Co	ontra	nent Con cting L		(5)	-0-			
Street Address						Street 522	7th	St.							
City, State, Zip Code						Unio	n C		J 0708	7					
Project Manager for Monitoring Firm			Telephon	e No.			216	6-960			License N 01206	IC.			
Otali Dato (10)	Scheduled 03-03-1		pletion D	Date (11)		Delf	a C	ontra	Monitor cting L	LC					
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Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Al al Facility l	Hours	ent		_			e, Zip ( City N	Code IJ 0708	37					
Scope of Work (Check All That Apply)						-	_				. 1995		0/4		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Department of the last of the	enova emolit					r	Mini-E	Enclosur	e cedure	n Negative				
	le	Locati	on					Non-l	Exemple	d (*) ar	nd Non-Fria		Abata	ement pe	
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Roof															
												-			
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City, State Union City, NJ						osal Da )7-17	ite		City, Sta Tullyto						
Completed by Jaime Delgado	Title Proj. Manager.						ure	f	L			Date 02-20-	17		

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

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Date of Notification (1) 02/15/2017	0031	. 1 235		Building Owner oscoso Grou		(2)		Li MA	A -	3 0	2017	A 100 The A
Agencies Notified Type Notification	0001		treet Ac					ASBES	TOS	CON	ITRO	)1 2
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▼ EPA     □ DEP     □ Amended     □ Amendment		C	ity, Stat	e, Zip Code				Mary Committee of the	Mary Property and Persons		and a second	
DOL Amendment		_   1	North E	Bergen NJ 0	7047							
Emergency ( justification)	including	11 200		Contact			Te	lephone Nun	nber	70		
DCA Cancellation		F	Ruben	Moscoso								
			FACIL	ITY INFORMA	TION	Type of Facility	. / 4		-			
Name of Facility Where Abatement is Takin	g Place (3)											
						School (K		er than K-12	2)			
Street Address						Other (i.e	er o (Ou . private	& commercia	-) al build	ings,	homes	s,
2512 New York Avenue						etc.)						
City (5)						Square Feet		f Floors		dg. A		
Union City NJ 07087						100x100	2			0 yrs		
County (6)				ode (7) ISE ONLY)		Current Use (P		ing demolish	ned)			
Hudson		(3				remodeling		(0)		75200		
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.		of Abatement C						
						olutions Con	tracting	JINC				
Street Address					0.00.00.00.00	Address						
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City, State, Zip Code					F-12-32-5416	tate, Zip Code	10740	7				
						vood Park N.	J 0740					
Project Manager for Monitoring Firm		T	elephor	ne No.		ione No.		License N 01301	0.			
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03/03/17	03/06/17					olutions Con	tracting	JING				
Occupancy Status During Abatement (Chec	k Only One)											
Facility Closed/Vacated During Entire	Period of Ab	ateme	ent			hurch St						
Abatement Performed Outside of Norr  Other – Describe: family home empty	nal Facility H	lours				tate, Zip Code	1.0740	7				
Other - Describe. Idmity notice empty					Elm	wood Park N	J 0/40	1				
Scope of Work (Check All That Apply)					_	-						
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≥160 sf or ≥260 lf	☐ De	molitic	n			Mini-Enclos Glovebag P		1				
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Location of	No	rmally			Description	of				1 )	pe	011-01-01
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TO BE ABATED	Custo		7.70		nal system rfacing, VA	s insulation,		Specify F or LF)	Remova	Repair	cap	nclo
In Facility (13)		(12)				iscellaneous)				pair	Encapsulate	Enclosure
, , , ,	Yes	No	N/A						-		ate	Ø
	165	140	11/71				-	700 -5	+-			
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	-	_					-		+			
		1	0000	tests I o	hio Vorda	None	of Pegio	tered Landfil	1			
Name of Registered Waste Hauler		120116	IDEP Wauler ID	75.5.5.5	bic Yards Naste							
Atlantic Carting				TD		Gran	d Cent	rai	46			
City, State				Dis	posal Date							
Pen Argyl				TD	B /	Peny	Argyl P	A18072				
Completed by	Title				Signatur	e //	. 1		ate			
LUIS ARCILA	PRES	IDEN	1T		Luc	~ This	12	0	2/15/	17		

Print Form

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

		NOTI				C 8:60 and 5:16			2 0	017	A resident of the second	
Date of Notification (1)			1	Name o	of Building	Owner/Operator (2	2)	HE MAR -	<del>-5 -</del> C	U1/-		
	28 / 17			Poin	nt Pleasa	nt Packing		ASBESTOS	SU	10 TRO	18	
Agencies Notified	Type Notification			Street /	Address			LICE		G		
	⊠ Initial			301	Channe	Drive	*		-			
☑ DOLWD	Amended Amendment #			City, St	tate, Zip C	ode						
☑ DOH ☐ DCA	☐ Emergency (in			Poir	nt Pleasa	int, NJ 08742						
(NJAC 5:23-8)	justification)	oluding		Name of	of Contac			Telephone Numb	er			
				E CONTRACTOR OF THE CONTRACTOR	II ITV IN	FORMATION						
Name of Facility Where A	Shotomont in Tokin	a Diago	(3)	FAC	ILIT III	FORMATION	Type of Facility	(4)	- 27			-
The second secon	Abatement is Takin	y Flace	(3)				School (K-12					
Residence							Subchapter 8	(Other than K-12)				
Street Addre							Other (i.e., p homes, etc.)	rvate and commer	cial bui	ldings	5,	
City (5) Point Pleasant						,	Square Feet 1600	# of Floors		lg. Ag <b>5</b>	е	
				Coun	ty Code (7	)(STATE USE ONLY)		ior if being demolis	hed)			
County (6)				Coun	ty Code (i	MOTATE GOE ONET	Residence		,			
Ocean	Ulica I had Dalladina	0	0)	ASCM I	No	Name of Abatem			-			
Name of Monitoring Firm	Hirea by Building	Owner (	0)	ASCIVIT	NO.		ntracting, Inc.					
N/A						Street Address	illiacting, inc.			-		
Street Address						1889 Route 9	Unit 61					
						A SECULIAR S	AMERICAN SERVICE SERVI			-	W. 7.7.7.	_
City, State, Zip Code						City, State, Zip C Toms River,	New Jersey 08	755				
Project Manager for Mon	itorina Firm		Tele	phone I	No.	Telephone No.		License No.	- 8			
	3					732-349-9932	2	00624				
Start Date (10)	Sche	duled C	omple	tion Dat	te (11)	Name of OSHA	Monitor					
03/10/		03_ /	_13	3_ / _	17	E.M.S.L. Ana	alytical					
Occupancy Status Durin	g Abatement (Chec	ck only c	ne)			Street Address						
□ Facility Closed/Vacat						1056 Stelton						
Abatement Performed						City, State, Zip C	ode					
Time of Abatement:	AIVIP	/IVI/	PIVI-		AIVI	Piscataway,	New Jersey 08	8854		1111111		
Scope of Work (Check a	ll that apply)	==-1)				☐ Full Cor	ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf		Re				☐ Mini-En	closure					
≥160 sf or ≥260 lf		□ De	moliti	on			ag Procedure	on-Friable Procedu	ITE:			
		T le	Loca	tion		Z 11011 ZX	omptod ( ) and m			ateme	ent Tv	vpe
Location	of	(4).73	Norma			Description	of		-	1		
Asbestos-Containing				ely by		estos Containing M	aterial (ACM)	Amount	em	Repair	nca	ncl
TO BE AB			intena todial	Staff?	(i.e	e., thermal systems surfacing, VA		(Specify SF or LF)	Removal	=	psu	Enclosure
IN Faci	ity	000	(12)			other miscellan		Or Or Ery	1		Encapsulate	6
(10)		Yes	No	N/A								
exterior			$\boxtimes$		asbest	os siding		1600 sf				
3-7-												
Name of Registered Wa	ste Hauler		1	NJDEP '	Waste	Cubic Yards of	Name of Reg	istered Landfill				
Guardian Contract			H	Hauler I		Waste 3	T.R.R.F.					
City, State				2022	3	Disposal Date	City, State		-0-			
Toms River, New	lersev					03/14/17		, Pennsylvania				
Completed By (Print or		tle				-Signature	1		a:e /	1		

ASB-41 JAN 13

Nicholas Fernicola

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

Project Manager



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

		,		IL TO NOA	0.00 011		0)			11 4	AR	0	0047	
Date of Notification (1) 2/27/2017				of Buildin dence	g Owner/	Operator	r (2)		1	ba 11	/1.17	-3	2017	
Agencies Notified Type Notification	n		Street	Addrace					1	ASBE	STOS	CO	VTRO	)  ,
EPA DEP DOL Initial Amended Amendmer				iaic, 219 C						-	LICE			
■ Emergency justification DCA Cancellatio	)	g	Name	of Contac Jones	2.2000				Te	lephone N	Number			
			FAC	ILITY N	FORMAT	ION						65		
Name of Facility Where Abatement is Taki Residence	ng Place (	(3)					Ту	oe of Facility (	0.500					
Street Address							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			ildings	s, hom	ies,
City (5) Union							Sq 16	uare Feet	# c	of Floors		Bldg. 83	Age	
County (6) Union				Code (7) USE ONL			Cu	rrent Use (Prid	or if be	ing demo	ished)			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8	)	ASCI	M No.				batement Con ank Service		r (9)	-			
Street Address PO Box 354						Street 1256		ress erty Ave				- 110		
City, State, Zip Code South Orange, N.J 07079								Zip Code N.J. 07205						
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-3	one No 49-2666	3	Teleph 844-4		No. -7465		License 01316	No.			
Start Date (10) 3/13/2017	3/17/2	017	mpletion	Date (11)				SHA Monitor Lighthouse	Solu	utions				
Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire	Period of	f Abatement PO Box 354												
Abatement Performed Outside of Norr Other – Describe:	nal Facility	y Hour	s					Zip Code range, N.J.	0707	79				
Scope of Work (Check All That Apply)						7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	pinners.	Renova Demoli				×	N G	ull Containme lini-Enclosure Blovebag Proc lon-Exempted	edure				ro.	
	100	Locat						LX011pted	( ) ( ) (	d Non-i iii	JDIC I II	Abat	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Norma ed Sole intena todial ( (12)	ely by nce/	Asbes (i.e	stos Conta thermal surfac	scription aining M systems sing, VAT niscellane	ateri insu T, or	ılation,	(8	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A		S								te	(D
Basement		Х				pipe				40lf	х			
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic `	Yards		Name of R	eniste	red Landi	311			
Newark Carting		H	lauler ID 4509		of Was			Waste M				11		
City, State East Orange					Dispos 3/22/2			City, State Penn Ar		PA				
Completed by Ron Brink	Title Presi	dent			Si	gnature /	_	2			ate 2/27/20	017		
ASB-41 (R-06-08)				6		* Do not	use	this form for a	sbest	os licensu	re exer	npted	activi	ies.

MO 2107567380503

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NIAC 8:50 and 12:120)

			(Pursu	ant to NJAC	8:60 and 12:1	EMENT 20)		1111	5				
Date of Notification (1)			Nan		Owner/Operato			MA	-	3 2	2017		
Agencies Notified Type Notifica	tion		Stre	et Address/	na	LTO	AS	REST	00	201	TRO		
EPA Initial					worth	non a	Venue	L	CEN	ISIN	i noi G		
DEP Amende			City,	State, Z p C	ode	. /	1						
Emerger	cy (includ	ding		1510	oklyn	NEU	York	112	10	8			
DOH justificati		2000 <del>-</del> 0	Nam	e of Contact	_ /		- <del> </del>						
			F	ACILITY INFO	QWOX/	<	_						
Name of Facility Where Abatement is Ta	king Plac	e (3)		HOILITT INFO	JRIVIATION	Type of Facili	ity (4)	-					
Street Address						School (							
801 LINDEN	1.	1	۰			Subchar	ter 8 (Other than k	<-12)					
City (5)	1700	PWC	16			etc.)	e. private & comme	ercial b	uilding	gs, ho	mes,		
City (5) Linden,	- 1 0	7 .7		co.		Square Feet	# of Floors		Bldg	. Age			
County (6)	~ = 4	- V	Coun	V Codo (7)					3	70			
GNION, NO	ء س	Ten.	County Code (7) (STATE USE ONLY)  ASCM No.  Current Use (Prior if being demolished)  Current Use (Prior if being demolished)  Current Use (Prior if being demolished)  Current Use (Prior if being demolished)										
Name of Monitoring Firm Hired by Buildir	g Owner	(8)	AS	CM No.	Name	of Abatement C		m					
DIO IERRA	Sul	stu	200			Unipro	ontractor (9)						
Street Address	3 00				Street	Address	7 4000	1					
City, State, Zip Code	vvy					173 Ka	ARKUS ,	Lu	the	UES			
Union, A	10111	TOS	000		City, S	tate, Zip Code							
					u	100dbri.	dge Neu	1 Je	- W	ey.	, 67		
Rick Eustagui	٥		472	V94_7	767 Teleph	one No.	License	No.	,				
Ric (Eustagui) Start Date (19)	Sched	Telephone No.  732-473-524  License No.  732-473-524  Uled Completion Date (11)  Name of OSHA Monitor											
2 1 3 1/2 1	-	1 600	14/17										
Occupancy Status During Abatement (Che					Street A	Address							
Facility Closed/Vacated During Entire	Period o	f Abate	ment		17	3 KARK	Kus Ausa	we					
Abatement Performed Outside of Noi Other – Describe:	mal Facil	ty Hou	S		Oilly, Oli	ate. ZID Linne			725				
Scope of Work (Check All That Apply)					- wc	odhrid	se NA 0	170	93	5			
	UV	5			-		0						
≥160 sf or ≥260 lf		Renova				Full Containn Mini-Enclosus	nent with Negative	Pressi	re				
						Glovebag Pro	cedure						
	1	2   222				Non-Exempte	ed (*) and Non-Fria	ble Pro	cedur	е			
Location of		s Locat Norma								emen pe	1		
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole aintena		Asbestos	Description of Containing Ma	f terial (ACM)	Amount		1 ,	he	$\overline{}$		
In Facility	Cus	stodial s	Staff?	(i.e. the	ermal systems i	nsulation	(Specify	R	-	Enc	m		
(13)		(12)		0	surfacing, VAT, ther miscellane	or ous)	SF or LF)	Remova	Repair	Encapsulate	Enclosure		
	Yes	No	N/A								sure		
MENS Room			V	ITA T									
				014	MASTIC		20451	e v					
	-												
ame of Registered Waste Hauler		N.	JDEP W	note: T-									
ATC		H	auler ID	No. of	ubic Yards f Waste		Registered Landfill		1				
City, State			A-3	37/	2	MI	Nerva,	8	110				
State  YAPHANK Necompleted by  DAVID Tolchin	e Yo	RK		D	isposal Date	City, State							
DAMID Talal.	Title	0 -	0-1		Signature \	1//	On Da	te /			_		
DITUID / DICAIN	F/	esu	KONS		1	a Ha	Yell "	2/2	7/	17			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner / Operator (2) Date of Notification (1) 2/22/17 Cole Group Realty Type Notification Street Address Agencies Notified ASBESTOS CONTROL & 72 Essex Street Emergency Notification EPA LICENSING City, State & Zip Code X Initial Notification DEP Lodi, NJ 07644 DOL Amended Notification X Telephone Number Name of Contact Cancellation DOH X David Stern DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Residences Subchapter 8 (Other than K-12) Street Address X Other (i.e., private & commercial buildings, homes, etc. Blda. Age # of Floors Square Feet 60 20.000 County Code (7) County (6) City (5) Current Use (Prior if being demolished) Bergen Woodridge Residence Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Global Abatement Services, LLC Eikon Planning and Design Street Address Street Address 443 Schoolhouse Road 221 High Street City, State & Zip Code City, State & Zip Code Monroe Township, NJ 08831 Hackettstown, NJ 07840 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00714 732-605-9062 908-813-2323 John Scelba Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) Global Abatement Services, LLC 3/15/17 3/8/17 Street Address Occupancy Status During Abatement (Check only one) 443 Schoolhouse Road Facility Closed/Vacated During Entire Period of Abatement City, State & Zip Code Abatement Performed Outside of Normal Facility Hours -Monroe Township, NJ 08831 Describe: Area Isolated During Abatement Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure X Renovation Demolition Mini-Enclosure Large Project X Glovebag Procedure Quantity is ≥ 3 SF or ≥ 3 LF ACM Other: Quantity is ≥ 160 SF or ≥ 260 LF ACM Abatement Type Amount Is Location Description of Location of (Specify: Removal, (Specify Asbestos-Containing Normally Used Asbestos-Containing Repair, Encapsulation Square Feet Material (ACM) Solely by Material (ACM) or Enclosure) (i.e., thermal systems or Maintenance or TO BE ABATED Linear Feet) insulation, surfacing, VAT Custodial Staff? in Facility or other miscellaneous) (12)(13)600 LF Removal TSI Pipe N/A Basement Name of Reg stered Landfill Cu. Yds. of Waste Name of Registered Waste Hauler NJDEP Waste Hauler ID # TRRF 10 18693 Freehold Carting City. State Disposal Date City, State Tullytown, Pa 3/15/17 Trenton, NJ Date Signature Completed By (Print or Type) Title 2/22/17 Dominick Tringali

Dominick Tringali

Pres.

#### State of New Jersey

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

NO CK		NO						60 and 5:16				U	U I	=-
Date of Notification (1)					Name	of Building	Own	er/Operator (	2)		AH -	9 0	017	
2/	27 / _	17						Estate Cor		- Jones	XILL	0 6	J11	1
Agencies Notified	Type Notifica	tion			Street	Address				ASBE	erne	3001	FDOI	
⊠ EPA	☐ Initial				One	McDona	ald's	Plaza		ACDE	LICEN	JON SIM	HUL	_ &
⊠ DOLWD		nt #1			City, S	tate, Zip C	ode				live a	-		
□ DCA	Amendme		ina		Oak	Brook,	IL 60	523						
(NJAC 5:23-8)	justificatio		9		Name	of Contact	t			Telephone N	ımher			
35	☐ Cancellati	on			Bill	Weisger	ber							
					FAC	CILITY IN	FOR	MATION						
Name of Facility Where	Abatement is Ta	aking Pla	ice (	3)					Type of Facility	y ( <mark>4</mark> )				
Former McDonald'	s							*	School (K-		12)			
Street Address										r 8 (Other than Ka private and come		uilding	ļS,	
1108 New Jersey S	tate Highway	y 34							homes, etc	5.)			3	
City (5)									Square Feet	# of Floors	Е	lldg. A	ge	
Arberdeen							-		3,000	1		50		
County (6)					Coun	ty Code (7	(STAT	TE USE ONLY)		Prior if being dem	olished)			
Monmouth									vacant res					
Name of Monitoring Firm	A 170	ing Own	er (8	)	ASCM	No.			ent Contractor (					
EHS Environmenta	il Inc.							. Contract of the state of the	vironmental	Co. Inc.				
Street Address								et Address	8					
411 Southgate Cou	irt, Suite E							23 Haws Av	300					
City, State, Zip Code Mickleton, NJ 080	56						7	, State, Zip Co						
Project Manager for Mor			-	Tolor	phone	No	-	orristown, I	A 19401	License No.				
Jack Carney	illoring i iiii			3.4.300	6-224			10-239-9920		00398				
Start Date (10)	S	cheduled	1 Cor					ne of OSHA N						-
2 / 21 /	5 mm v					17		HS Environ						
Occupancy Status Durin							Stre	et Address						
☐ Facility Closed/Vacat					nent				te Court, Suit	re E				
☐ Abatement Performed	d Outside of No	rmal Fac	ility	Hours	s - Des			, State, Zip Co						
Time of Abatement: _	AM	PM/		PM-		AM		ickleton, N.						
Scope of Work (Check a	Il that apply)													
☐ >3 sf or >3 lf		П	Don	ovatio	on			☐ Full Con ☐ Mini-End		egative Pressure				
≥ ≥ 160 sf or ≥ 260 lf				ovatio					g Procedure					
								Non-Exe	empted (*) and N	Nor-Friable Proce				
1			100	ocati ormal	100000000000000000000000000000000000000			<b>D</b>	,		Α		ent Ty	уре
Location Asbestos-Containing		1 8	Jsed	Sole	ly by	Asbe	stos (	Description of Containing Ma		Amount	X eq	Repair	Enc	Enc
TO BE AB	ATED			ntena	nce/ Staff?	(i.e		rmal systems		(Specify	Kemova	air	aps	Enclosure
IN Facil	iity			(12)	Jun.			urfacing, VAT ner miscellane		SF or LF)	=		Encapsulate	Te
1		Y	es	No	N/A				,				0	
roof .						roof pa	rape	t mastic		260SF				
			1								Г	ıln	П	П
			1	_										
			1	Ц	$ \Box$									
														Ш
Name of Registered Wa	ste Hauler			24 10 70	JDEP I		Cub	ic Yards of		gistered Landfill				
Newark Carting				17	4509	J INO.	5		Grows L	andfill				
City, State							100000000000000000000000000000000000000	oosal Date	City, State					
Newark, NJ							3,	/31/17	Morrisvil	lle, PA				
Completed By (Print or 1	Гуре)	Title						Signature	1//	· · · · · · · · · · · · · · · · · · ·	Date	1,~	1	
James M. Kelly		Vice	Pre	side	ent			Ma			-	127/	17	

		ENI	OTIE	State of New Jersey	ARATEMENT									
1)0 CF		N	(Pu	rsuant to NJAC 8:60-7 and	1 12:120-7)				11 1000	1 1	3 (	D [1]	-	W
ate of Notification (1)				Name of Building Ov SETON HALL UNIVE		2)						2_5		-
				Street Address			-		11					
2 / 21 /17 Agencies Notified Type Notification	1			400 SOUTH ORANG	E AVENUE						M	AR -	3	20
EPA Initial Notif	ication			City, State, Zip Code			-1000		J. 10	1				
DEP X Amended	Notifica	ation #	3	SOUTH ORANGE, N	EW JERSEY 070	)79			on white	L	DEC	STOS	10101	LIY!
X DOL Cancellation	nc			Name of Contact		Telephone Num	per	_	1	_AD		LICE		
X DOH On Hold X DCA EMERGEN	VCY N	OTIFIC	ATIC		NICK	Troibbilette train			5	-		-10-6-1	10.	1, 1,-4
X DCA LINENCE				FACILITY INFORMAT	ION									
lame of Facility Where Abatement is Tak	ing Pla	ace (3)	()		Type of Facility									
					School (K	-12) er 8 (Other than K	-12\							
SETON HALL UNIVERSITY					X Subchapte Other (ie.	private & commol	. bldg	s., ho	mes, e	etc.)				
Street Address					Square Feet	# of Floors			Bld	g. Age	9			
100 SOUTH ORANGE AVENUE - UNIVER	SITY C	ENTE	R		60,000	3	<u></u>		4	40+			-	
City (5) County (6				County Code (7)	Current Use (Pr	rior if being demo	ished	)						
SOUTH ORANGE ESSEX		(0)		(STATE USE ONLY) ASCM No.		ement Contracto	(9)						1	
Name of Monitoring Firm Hired by Buildin	ig Owi	ner (8)		ASCN No.	PAR ENVIRON	MENTAL CORP	DRAT	ION						
Street Address					Street Address						70			
1253 NORTH CHURCH STREET					313 SPOOK RO		-				- 1/2-22	-	-	
City, State, Zip Code	157.41.15	-005		57	City, State, Zip	Code W YORK 10901								
MOORESTOWN, N				Number	Telephone Nun		nse N	umbe	r				1	
Project Manager for Monitoling Film  JEFF SEAMAN	- 1	856-88			845-369-7500	1101							1	
Expected State Date (10)				ion Date (11)	Name of OSHA				0.75	011				
12 / 23 /16		11 /		30/ 17 Day Year	QUALITY ENV	IRONMENTAL S	OL.UT	IONS	& IE	CH.				
Month Day - Year Occupancy Status During Abatement (Chec	Moi			Day Year	Street Address								1	
X Facility Closed/Vacated During B	Entire F	Period	of Ab	atement	1376 ROUTE 9	9								
Abatement Performed Outside of	f Norm	al Fac	ility F	lours - Describe:	City, State, Zip	Code	-				- 1		1	
X Other - Describe: MONDAY	- SATL	JRDY	/AM-	3:30 PM	City, State, Zip	WAPPINGERS	FAL	LS, N	Y 125	90				
Scope of Work (Check all that apply)					ainment with Neg	gative Pressure							1	
Demolition X	Reno	vation		X Mini-Encl	o , g Procedure									
>3SF OR LF × >160 SF OR 260 LF				1. N. S.	ble Procedure									
X >160 SF OR 260 LF Location of	Is	Location	on	Description of A	A CONTROL OF THE CONT				Abate	ment -	Туре			
Asbestos-containing	4,000	nally u	55°077	Containing Mater	- 45	Amount	REMOVA	REPAIR	ENCAPSUL	ENCLOSURE				
Material (ACM)		olely b	T	(ie. Thermal sy insulation, surface		(Specify SF or LF)	Ò	AF.	AP	5				
TO BE ABATED in Facility (13)	1.0000000000000000000000000000000000000	t/Cust taff (12	F8725 1888	or other miscell	500		A	1~	SUL	SUF				
arr domey (10)	Yes		N/A				-	+	m	m				
KITCHEN			X	PIPE FITTINGS		15 LF	X	-	-	+-				
BACK HALL			X	PIPE FITTINGS		35 LF	X	-	-	-			_	
BACK HALL			X	SPRAY ON INSULATION	1	500 SF	X	-	-	-			7	
DISHWASHING AREA & ASSOCIATED							X	_	+	+			-	
HALL			X	PIPE FITTINGS		85 LF	X		-	-			-	
RECEIVING AREA			X	PIPE FITTINGS		15 LF	X		_				4	
	1		X	SPRAY ON INSULATION	1	1,530 SF	X							
RECEIVING AREA	1		X	PIPE FITTINGS		25 LF	X							
BOARD DINING			X	PIPE FITTINGS		15 LF	X							
SEVERY BAY 1	+		X	SPRAY ON INSULATION	V	760 SF	Х				- 0,5			
SEVERY BAY 1	+	1	X	PIPE FITTINGS		15 LF	X				- Ar-			
HALLWAY BETWEEN SEVERY BAYS	+	-				15 LF	X	1		1				
SEVERY BAY 2	+	-	X	PIPE FITTINGS		40 SF	X	1	1		- 20			
KITCHEN Wests Hauler	NID	EP W	X	FIRE WALL Cubic Yards of Waste	Name of Reg	stered Landfill	-							
Name of Registered Waste Hauler NEWARK CARTING INC.	0.000	ler ID		200		TRAL SANITARY	LAN	DFILL						
369 RAYMON BLVD.		913			0: 16: 2		-	_					$\dashv$	
City, State	1000000			Disposal Date	City State	TOWNSHIP, PA			1		1			
NEWARK, NEW JERSEY 07105	10	W. Danie		12/23-11/30/2017 Signature	A CONTRACTOR	Da	te -	11	7.	7 /	10			
Completed by (Print or Type) Titl		OR OF	OPF	RATIONS OF THE	XX		9	4.	de	0/	1/			

			N	OTIFICATI	ON	te of New Je	OS AI	BATEMENT								_			-
						NJAC 8:60-7		2:120-7) er/Operator	(2)				1			1	11	W E	
Date of Notification (1)						N HALL UN			(~)				11.5	/ [	-	-	U		7
1 / 10 /17						Address						-	1 678	3.7	to the second	-			
Agencies Notified Type Notif				_		OUTH ORAI		AVENUE					UL		MAR	-	3 20	117	
DEP X Ame	l Notifica nded No cellation		on #2			State, Zip Co H ORANGE		V JERSEY 07	7079									- 1 1	
X DOH X On H				N	ame	of Contact			Telephone No	ımhai		- 1		ASE	EST		COMI	ROL	8
X DCA EME	RGENC	Y NOT	TIFICA	V NOITA	ICTO	RIA PIVOV	ARNIC	CK	Treiephone 14	minoci						E)	ISHVO		_
Name of English Where Abote	T 11	-		FA	CILI	TY INFORM	OITA	N											
Name of Facility Where Abatement is	s Taking	Plac	e (3)				Ту	pe of Facilit											
SETON HALL UNIVERSITY							X	School (K Subchapt	er 8 (Other than	K-12	2)								
Street Address								Other (ie. Square Feet	private & comm	ncl. bl	dgs., l								
400 SOUTH ORANGE AVENUE - UNI	VERSIT	Y CEN	ITER				,	60,000	# of Floors			Е	3ldg. A 40+	-					
	ty (6)					Code (7)	CL	rrent Use (Pr	rior if being dem	olish	ed)				-	$\dashv$			
Name of Monitoring Firm Hired by Bu		Diviner	- /21	(STA	TEI	USE ONLY)		NIVERSITY											
TTI ENVIRONMENTAL INC.	anumg (	DWITEI	(0)			ASCM No.			ment Contract										
Street Address								reet Address	MENTAL OOK	Oiv	TION					$\dashv$			
1253 NORTH CHURCH STREET City, State, Zip Code			_					3 SPOOK RO											
MOORESTOW	N, NEW	/ JERS	SEY 0	8057				y, State, Zip	Code W YORK 10901										
Project Manager for Monitoring Firm				e Number				lephone Num		ense	Numb	er			-	-			
JEFF SEAMAN	- 1-		-889-				845	5-369-7500	110	1									
Expected State Date (10)  12 / 23 /16	Sc		omp!	letion Date 30/	e (11	) 17		me of OSHA					102000			7			
Month Day Year	1	/onth		Day		Year	QU	JALITY ENVI	RONMENTAL S	SOLU	TIONS	8 T	ECH.						
Occupancy Status During Abatement (C X Facility Closed/Vacated Duri	heck or	ly one	)	VI			10000	eet Address								1			
Abatement Performed Outsid	de of No	rmal F	acility	Hours - D	escri	ibe:	137	76 ROUTE 9											
X Other - Describe: MOND	AY-SA	TURD	Y 7AN	1-3:30 PM			City	y, State, Zip (	Code							-			
Scope of Work (Check all that apply)					V	75.00			WAPPINGER	S FAI	LS, N	Y 12	590						
Demolition >	Ren	novatio	on		X	Mini-Enc	ainme lo .	ent with Nega	tive Pressure							1			
>3SF OR LF					X	Gloveba	g Pro	cedure											
X >160 SF OR 260 LF Location of	-	- 1				Non-Frial	_			_						_			
Asbestos-containing		s Loca rmally			Cont	scription of A aining Mater	sbesto ial (At	os- CM)	Amount	T T	T 20		ment	Type					
Material (ACM)		solely			(ie	e. Thermal sy	/stem:	s	(Specify	EM	REPAIR	NC/	NC						
TO BE ABATED in Facility (13)	0.000	int/Cus Staff (				ation, surfact			SF or LF)	REMOVAL	Ä	ENCAPSU	ENCLOSU						
50000000000000000000000000000000000000			N/A		0, 0	Julio Miscoli	aricou	13)		F		ULE	URE						
KITCHEN			X	PIPE FIT	TINC	3S			15 LF	x			1			-			
BACK HALL			X	PIPE FIT	TINO	SS			35 LF	X					-	-			
BACK HALL			X	SPRAY (	N INC	NSULATION			500 SF	X						-			
DISHWASHING AREA & ASSOCIATED										X	-					1			
HALL			Х	PIPE FIT	TING	SS			85 LF	X						1			
RECEIVING AREA			Х	PIPE FIT	TING	SS			15 LF	X									
RECEIVING AREA			Х	SPRAY C	N IN	SULATION			1,530 SF	X						1			
BOARD DINING			Х	PIPE FIT	TING	SS			25 LF	X									
SEVERY BAY 1			Х	PIPE FIT	TING	S			15 LF	X						1			
SEVERY BAY 1			Х	SPRAY C	N IN	SULATION			760 SF	Х						1			
HALLWAY BETWEEN SEVERY BAYS			Х	PIPE FIT	TING	S			15 LF	Х						1			
SEVERY BAY 2			Х	PIPE FIT	TING	S			15 LF	Х									
KITCHEN			X	FIRE WA					40 SF	х									
Name of Registered Waste Hauler NEWARK CARTING INC.	_	EP Wa		Cubic Yar	ds of 20			e of Register											
369 RAYMON BLVD.	l laul	913			201	o .	GRA	IND CENTRA	AL SANITARY L	AND.	FILL								
City, State				Disposal [			Cţy.	State/											
NEWARK, NEW JERSEY 07105  Completed by (Print or Type) Tit	tle			12/23-11/3	-	nature	IB-M	NFIELD TOV			t	- 1	2	-					
		R OF	OPER	RATIONS	July		1	50	Date		1-	-/1	)-	1	/				

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) SETON HALL UNIVERSITY 12 /16 Street Address Agencies Notified Type Notification 400 SOUTH OF ANGE AVENUE MAH EPA Initial Notification City, State, Zip Code DEP Amended Notification #1 SOUTH ORANGE, NEW JERSEY 07079 DOL Cancellation BESTOS CO DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** VICTORIA PIVOVARNICK FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) SETON HALL UNIVERSITY Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER 60,000 3 40+ City (5) County (6) County Code (7) Current Use (Prior if being demolished) SOUTH ORANGE ESSEX (STATE USE ONLY) UNIVERSITY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI ENVIRONMENTAL INC. PAR ENVIRONMENTAL CORPORATION 3 Street Address Street Address 1253 NORTH CHURCH STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MOORESTOWN, NEW JERSEY 08057 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JEFF SEAMAN 856-889-5182 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 12/ 23 /16 17 QUALITY ENVIRONMENTAL SOLUTIONS & TECH. Day Year Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY- SATURDY 7AM-3:30 PM City, State, Zip Code WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENCLOSU REMOVA ENCAPSULE REPAIR Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A RE KITCHEN PIPE FITTINGS 15 LF X **BACK HALL** PIPE FITTINGS 35 LF **BACK HALL** SPRAY ON INSULATION 500 SF DISHWASHING AREA & ASSOCIATED X HALL X PIPE FITTINGS 85 LF RECEIVING AREA PIPE FITTINGS 15 LF X RECEIVING AREA Χ SPRAY ON INSULATION 1,530 SF **BOARD DINING** PIPE FITTINGS 25 LF X SEVERY BAY 1 PIPE FITTINGS X 15 LF SEVERY BAY 1 SPRAY ON INSULATION 760 SF X HALLWAY BETWEEN SEVERY BAYS X PIPE FITTINGS 15 LF X SEVERY BAY 2 PIPE FITTINGS 15 LF KITCHEN X FIRE WALL 40 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING INC. Hauler ID No. 200 GRAND CENTRAL SANITARY LANDFILL 369 RAYMON BLVD. 913 City, State Disposal Date City, State NEWARK, NEW JERSEY 07105 12/23-11/30/2017 PLAMFIELD TOWNSHIP, PA Completed by (Print or Type) Signature Date **BENJAMIN SANCHEZ** DIRECTOR OF OPERATIONS

State of New Jersey

VTROL &

			NO	State of New Jer DTIFICATION OF ASBESTO (Pursuant to NJAC 8:60-7	OS ABATEMENT					per terminal					
Date of Notification (1)				Name of Building SETON HALL UNIV	Owner/Operator	(2)				p species	E	G		<i>M</i>	
12 / 9 /16				Street Address						1	2				
Agencies Notified Type Notifi	ication			400 SOUTH ORAN	IGE AVENUE						i u	AR	- 3	2047	
	Notificat			City, State, Zip Cod			-	1.00		11.3	IM.	AT	- 3	2017	
	nded Noti ellation	ficati	on	SOUTH ORANGE,	NEW JERSEY 0	7079									
X DOH On H				Name of Contact		Telephone N					ASDE	STO	SCC	MTR	ĵΪ
X DCA EME	RGENCY	NO.	TIFICA		RNICK	3,	23					LIC	ENSI		
				FACILITY INFORMA	ATION	-									
Name of Facility Where Abatement is	s Taking	Plac	e (3)		Type of Facili										
SETON HALL UNIVERSITY					School (H X Subchap	ter 8 (Other tha	n K-12	2)							
Street Address					Square Feet	private & com		dgs., l							
400 SOUTH ORANGE AVENUE - UNIT	VERSITY	CEN	ITER		60,000	3				3ldg. A 40+	g∈	- 1			
	ty (6)			County Code (7)	Current Use (P	rior if being der	nolish	ed)							
Name of Manitoring Firm Hirad by Br		10023	(0)	(STATE USE ONLY)	UNIVERSITY			C 22 PA							
Name of Monitoring Firm Hired by Bu TTI ENVIRONMENTAL INC.	ulaing O	wner	(8)	ASCM No.	Name of Abate	ement Contrac	tor (9	)							
Street Address				3	PAR ENVIRON Street Address		KPOR/	ATION			4				
1253 NORTH CHURCH STREET					313 SPOOK R										
City, State, Zip Code	INI AUTUA	IF D		0057	City, State, Zip	Code	81								
MOORESTOW Project Manager for Monitoring Firm	N, NEVV	_		8057 e Number	SUFFERN, NE										
JEFF SEAMAN			-889-		Telephone Nun 845-369-7500	A CONTRACTOR OF THE PERSON OF	cense	Numb	er						
Expected State Date (10)	Sch	1070000		etion Date (11)	Name of OSHA	Monitor 11	01					_			
12 / 23 /16 Month Day Year	М	1 onth	1 /	30/ 17 Day Year	QUALITY ENVI		SOLU	TION	S & T	ECH.					
Occupancy Status During Abatement (C X Facility Closed/Vacated During	heck only	y one	)	batament	Street Address			010000							
Abatement Performed Outside	de of Norr	mal F	acility	Hours - Describe:	1376 ROUTE 9										
	AY - FRI				City, State, Zip	Code						$\dashv$			
Scope of Work (Check all that apply)					1	WAPPINGER	RS FAI	LLS, N	NY 12	590					
Demolition	Ren	ovatio	nn	X Full Conta	ainment with Nega	ative Pressure									
>3SF OR LF		0100			Procedure										
X >160 SF OR 260 LF					le Procedure										
Location of Asbestos-containing		Loca		Description of As					Abate	ement	Гуре				
Material (ACM)		mally solely	used hv	Containing Materi (ie. The mal sy		Amount	10	REPAIR	E	E					
TO BE ABATED			stodia			(Specify SF or LF)	REMOVA	Alk	ENCAPSU	ENCLOS					
in Facility (13)	-	taff (		or other miscella			12	120	US						
KITCHEN	Yes	No	N/A				+-	+	Ē	RE					
	_	-	X	PIPE FITTINGS		15 LF	X	-	_						
BACK HALL			X	PIPE FITTINGS		35 LF	X	-							
BACK HALL	-	-	X	SPRAY ON INSULATION		500 SF	X								
DISHWASHING AREA & ASSOCIATED	-	_	-				X				(1)				
HALL			Х	PIPE FITTINGS		85 LF	X								
RECEIVING AREA	-		Χ	PIPE FITTINGS		15 LF	X								
RECEIVING AREA			Х	SPRAY ON INSULATION		1,530 SF	X			1					
BOARD DINING			Х	PIPE FITTINGS		25 LF	X								
SEVERY BAY 1			Х	PIPE FITTINGS		15 LF	X								
SEVERY BAY 1			X	SPRAY ON INSULATION		760 SF	X				-				
SEVERY BAY 2			Х	PIPE FITTINGS		15 LF	X								
HALLWAY BETWEEN SEVERY BAYS			Х	PIPE FITTINGS		15 LF	X				-	$\neg$			
Name of Registered Waste Hauler	NJDE				Name of Registe	red Landfill					_				
NEWARK CARTING INC. 369 RAYMON BLVD.	Haule	er ID I 913	No.	200	GRAND CENTR	AL SANITARY	LAND	FILL		W =					
City, State		313		Disposal Date	City, State										
NEWARK, NEW JERSEY 07105				12/23-11/30/2017	PLATNFIELD IG	WNSHIP, PA				1	1				
	tle RECTOF	ROF	OPER	Signature ZATIONS	400	Date	9	1	)	19	116	,			

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	NOT	TIFICA	TION ant to	OF NJA	f New Jersey ASBESTOS ABA C 8:60-7 and 12:	120-7)	2)				G		= 1	17	=-
		Fuisac			Building Owner HALL UNIVERSIT		/		Line	4			$\dashv$		
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late of Notification (1)			Stre	et A	ddress UTH ORANGE A\	VENUE				k-ne-					1
2 / Natification			1	-			7070		1						2: 0
Agencies Notification	4/		SC	UTH	ate, Zip Code I ORANGE, NEW	JERSEY U	1019		-	^	OBE			NTRO	)L &
EPA X Amended Notificati	011 #~						Telepho	one Number	Ť.			LIC	EN E	140	
Cancellation		-101		CTC	of Contact RIA PIVOVARNIC	CK	_								
X DOH X DOH DCA On Hold EMERGENCY NO	ITIFIC	CATION	FA	CILI	TIO	ype of Fac	ility (4)						1		
	ce (3	)	17		<u></u>	School	(K-12)	K 40)					1		
Name of Facility Where Abatement is Taking Pla					>	Subch	apter 8 (Otl	her than K-12) & commcl. bldg	gs., horr	nes,	etc.)				
						Other Square Fe	(ie. private	f Floors		Bld	ig. Ag 40+	е			
SETON HALL UNIVERSITY							3 11	3	d)	_	-				
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY (	CENT	ER			nty Code (7)	Current Us	e (Prior if b	eing demolishe	۵,					4	
			(5	TAT	F USE ONLY)	UNIVERSI	TY	Contractor (9)							
C:h: (5)		1	(0		ASCM No.	PAR ENV	IRONMEN	TAL CORPORA	TION	_					
SOUTH ORANGE ESSEX  Name of Monitoring Firm Hired by Building Over the Control of Monitoring Firm Hired by Building Firm H	Aller	(0)			3	1= . Ada	drass							4	
TTI ENVIRONMENTAL					- 127	313 SPO	OK ROCK								
Street Address 1253 NORTH CHURCH STREET			_			SHEFER	N. NEW YO	DRK 10901 License	Numb	er		- //			
City, State, Zip Code MOORESTOWN, NEW	JER:	SEY 08	057			Telephor	ne Number	1101	S INDIVID	-				$\dashv$	
MOORES TOTAL				nber		845-369-	-7500					1		1	
Project Manager for Monitoring Firm	85	6-889-	letion	n Dat	te (11)	Name of	OSHA MO	nitor NMENTAL SOI	LUTION	IS &	TECH	1.		-	
- Lad State Date (10)	nea.	11 /	30	8	Vear	. 1									
3 / Say Year	Mont	-1	_	Day		Street A	ddress OUTE 9								
Month  Occupancy Status During Abatement (Check of X  Facility Closed/Vacated During Ent	ire Pe	ne) eriod of	Abat	eme	nt							- Ara-			
Occupancy Status During Abatematic Status During Entire X Facility Closed/Vacated During Entire X Abatement Performed Outside of N Abatement Performed MON-FRI IS	Jorma	I Facili	ty Ho	urs -	Describe:		tate, Zip Co		FALLS	, NY	1259	0			
	SATU	RDY //	\M-3.	30 1		ontainment	with Negati	ve Pressure							
					Maini-F	rcio.									
Scope of Work (Check all that apply)  Demolition	Reno	vation			Claye	ebag Proce	dure edure			_	Ahate	ment Ty	ype		
>3SF OR LF					- intion (	o Asbestos	-	Amount	R		E	E			
X >160 SF OR 260 LF	Is	Locatio	on		Containing M	latellal (no.	10.00 U	(Specify	REMO'	REPAIR	ENCAP	ENCLOSURE			
Location of Asbestos-containing	nor	mally u solely b	y		(ie. Therm insulation, su	SVSLEIIIS		SF or LF)	VAL	R	SULE	SUF	ĺ		
Material (ACM)	Mai	nt/Cust	odial	1	or other mi	scellaneous	5)			1	m	m			
TO BE ABATED in Facility (13)	3	Staff (1 No	2) N/A	1				15 LF	X	1	+	+	-		
N. C.	Yes	110	X		E FITTINGS			35 LF	X	+	+				
KITCHEN	+	+	X	PI	PE FITTINGS			500 SF	X	+	+	+			
BACK HALL	+	1	X	SF	RAY ON INSULA	TION			X	+	+	-			
	+			1				85 LF	X	+	+	-			
DISHWASHING AREA & ASSOCIATED	+		X		IPE FITTINGS	_	S	15 LF	X	+	+	+			
HALL	1		X	P	IPE FITTINGS	ATION	546	1,530 SF	×	+	+	-			
RECEIVING AREA	1		X		PRAY ON INSUL	ATION		25 LF	X		-	-	-		
RECEIVING AREA	1		X		PIPE FITTINGS	-		15 LF	X		-		-		
BOARD DINING	1		X	1	PIPE FITTINGS	UATION		760 SF	X		-	1	-		
SEVERY BAY 1	1		×		SPRAY ON INSU	LATION		15 LF	-	(	-	1			
SEVERY BAY 1	1		>	(	PIPE FITTINGS			15 LF	_	X	-	1			$\perp$
HALLWAY BETWEEN SEVERY BAYS			;	X	PIPE FITTINGS	-		40 SF	cit	X	_				-
SEVERY BAY 2				X	FIRE WALL Cubic Yards of V	Naste	Name of R	egistered Land	TARY L	AND	FILL				
Name of Registered Waste Hauler		NJDE	P Wa	ste Vo	200	y-10.4	GRANDC	20			_		. 8		
MEMARK CARTING INC.		Haule	913		I Date		City, State	/ DISTILLIE	PA.					7	$\dashv$
369 RAYMON BLVD.					Disposal Date 12/23-11/30/20	17	PLAINFIE	D TOWNSHIE	Date		21	1	1/1	/	
City, State	agent 4.1				Sign	nature /	18	DX		0	+	,	1		
a ploted by (Phillion 1)	DIF	RECTO	R OF	OP	ERATIONS										
BENJAMIN SANCHEZ	_														

#### State of New Jersey NOTIFICATION ASSESTOS ABATEMENT

		(Pur	suar	t to NJ	AC 8:6	OS ABATEME 0 and 12:120)			MAR -	9 20	17	1	
						Owner/Operator (		land busi	101111	41			+
ate of Notification (1)			Naι	ndrew	Gudzel	lak						+	1
2/27/17	10 - F			eet Add				1	ASBESTOS (	TMOC	ROL	_ &	
gencies Notified Type Not	ification		30	eel Add	1000	6.		<u></u>	LICEN	Dilita	_		†
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Emer	gency (includication)	aing	Na	ame of	Contac	ct			elephone Numbe	1:			
DOH justif	ellation		An	drew (	Gudzela	ak				=	_	_	۲
1			_	FACILIT	YINFO	RMATION					_		4
AL 1	t in Taking P	lace (3)					Type of Fa	cility (4)					
lame of Facility Where Abatement Residence	, is raking i	1400 (0)					School	ntar 8 /	Other than K-12)	ñ			
							Other (i	e. priv	ate 8 commercial	building	js,		
Street Address							nomes	etc.	# of Floors	Bldg	. Ag	e	_
Sh. (-)							Square Fe 1900 SF	et	7	40 y			
City (s) Collingswood, NJ 08108					_			- / Prior	if being demolis	-			_
County (6)				County USE ON	Code(7)	) (STATE	Residence		ii boilig doilione	WW. 250			_
Camden						Name of Abater				-			
Name of Monitoring Firm Hired by	Building Ow	ner	AS	CM No.		AEi2, LLC	Henr Cont. as			ob.			_
8)			_			Street Address							
Street Address						361 E. Flemi							_
					==	City, State, Z	ip Code						
City, State, Zip Code						Hammonton,	NJ 08037					_	_
	- Firm	- 17	alent	none No	==	Telephone No.		-	License No. 00689				
Project Manager for Monitorin	ig Firm	1	elehi	IOIIC INO		609-481-21	22		00089				_
	LCohodu	led Com	nletic	n Date	(11)	Name of OSHA	Monitor						
Start Date (10)	3/15/1		pica		`	AEi2, LLC							=
3/10/17 Occupancy Status During Abate			ne)			Street Addres							
Facility Closed/Vacated During	na Entire Pe	riod of A	bate	ment		361 E. Flen	ning Pike			===			_
Abatement Performed Outside	e of Normal	Facility h	Hours			City, State, Zip Hammonto	Code n NI 0803	7					
Other - Describe: Separate	ed Area								active Pressure		_		_
Scope of Work (Check all that a								WITH INE	gative Pressure				
Ocope of trans	pply)					IXI Mini-							
	pply)	Ren	ovatio	n			Enclosure	ira					_
>3 sf or >3 lf	pply)	Rene	ovatio olition	on 1		T Glove	han Procedi	ire ) and No	on-Friable Proced	iure			
>3 sf or >3 lf >160 sf or >260 lf	pply)					T Glove	han Procedi	ire ) and No	on-Friable Proced	dure A	bater		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	pply)	Is Lo Nor	catio mally	n		Glove Non-	ebag Procedo Exempted (*	ire ) and No	on-Friable Proced	dure A	bater Typ	e	_
X ≥160 st or ≥250 IT		Is Lo Nor Used S	catio mally Solely	n / by	Ashes	Glove Non-	ebag Procedo Exempted (* n of Material (ACM	) and No	Amount	R			Γ
Location of Asbestos-Containing Material		Is Lo Nor Used S Maint Cus	catio mally Solely enan- stodia	n / by ce/	Asbes (i.e	Description stos Containing N	ebag Procedo Exempted (* n of Material (ACM ns insulation,	) and No	Amount (Specify	Rem		e n	Γ
Location of Asbestos-Containing Material TO BE ABATED IN Facility		Is Lo Nor Used S Maint Cus St	catio mally Solely enan- stodia aff?	n / by ce/	Asbes (i.e	Description stos Containing No., thermal system	ebag Procedo Exempted (* n of Material (ACM ns insulation, AT, or	) and No	Amount	R e m	Typ	E 1 0 8 D 11 1	
Location of Asbestos-Containing Material TO BE ABATED		Is Lo Nor Used S Maint Cus St	catio mally Solely enan- stodia	n / by ce/	Asbes (i.e	Description stos Containing N	ebag Procedo Exempted (* n of Material (ACM ns insulation, AT, or	) and No	Amount (Specify	Remo	Typ	E E O E D II	
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Location of Asbestos-Containing Material  TO BE ABATED IN Facility  (13)		Is Lo Nor Used S Maint Cus St	catio mally Solely enan- stodia aff? 12)	n / by ce/	(i.e	Description stos Containing N , thermal system surfacing, V other miscella	ebag Procedu Exempted (* n of Material (ACM ns insulation, AT, or neous)	) and No	Amount (Specify SF or LF)	R e m o v a	Typ	e noapsulat	
Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)  Basement	(ACM)	Is Lo Nor Used S Maint Cus St	catio mally Solely enannastodia aaff? 12)	n / by ce/	HVAC	Description stos Containing N , thermal system surfacing, V other miscella	ebag Procedu Exempted (* n of Material (ACM ns insulation, AT, or neous)	) and No	Amount (Specify SF or LF)	R e m o v a	Typ	e noapsulat	
Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)  Basement  Name of Registered Waste Ha	(ACM)	Is Lo Nor Used S Maint Cus St	catio mally y Solely enant stodia aff? 12)	n / by ce/	HVAC	Description stos Containing N , thermal system surfacing, V other miscella	ebag Procedu Exempted (* n of Material (ACM ns insulation, AT, or neous)	and No	Amount (Specify SF or LF)	R e m o v a	Typ	e noapsulat	
Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)  Basement  Name of Registered Waste Ha AEi2, LLC	(ACM)	Is Lo Nor Used S Maint Cus St	catio mally y Solely enant stodia aff? 12)	n / by ce/	HVAC	Description stos Containing Non-stos Containing Non-store auriacing, Voother miscella C Ducts  C Ducts  C Ducts	ebag Procedu Exempted (* n of Material (ACM) as insulation, AT, or neous)  Name TBI	and No	Amount (Specify SF or LF)	R e m o v a	Typ	e noapsulat	
Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)  Basement  Name of Registered Waste Ha AEi2, LLC City, State	(ACM)	Is Lo Nor Used S Maint Cus St	catio mally y Solely enant stodia aff? 12)	n / by ce/	HVAC	Description stos Containing N , thermal system surfacing, V other miscella	ebag Procedu Exempted (* n of Material (ACM) as insulation, AT, or neous)  Name TBI	and No	Amount (Specify SF or LF)	R e m o v a a 1	Typ	e noapsulat	
Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)  Basement  Name of Registered Waste Ha AEi2, LLC	(ACM)	Is Lo Nor Used S Maint Cus Si (	catio mally y Solely enant stodia aff? 12)	n / by ce/	HVAC	Description stos Containing Non- thermal system surfacing, Voother miscella  C Ducts  C Ducts  C Ducts  C Ducts	ebag Procedu Exempted (* n of Material (ACM) as insulation, AT, or neous)  Name TBI Te City, TBI	and No	Amount (Specify SF or LF)	R e m o v a 1	Typ	e noapsulat	

# New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369 Trenton, NJ 08625-0369 Talephone: 609-826-4950 Fax: 609-826-4975

Trenton, NJ Telephone: 609-826-495	08625-0369 0 Fax: 609-826-	4975	
ATION OF NON-FRIABL	E ASBESTOS V	VORK ACTIVITIES	5 U V 5
NOTIFICATION OF NOTIFICATION OF	ginning of work. Pleas	se type or print legibly.	0 0000
Must be submitted 10 days prior to the be	9,,,,,,,	- HLL MAH-	3 2017
J. NOTIFICATIO	ON INFORMATION		00012201 8
2 / 28 / 2017		1100	CONTROL & NSING
pate of Notification.	ergency (must include	justificati <del>on)</del>	
Initial Amended Renovation			
Type of Work.	G INFORMATION		
II. BUILDING		2000	
Name of Building Owner/Operator:		gess NJ 7in	07062
	ainfield	State.	
Street Address: Jan Burgess	Teleph	none No.:	
	Y INFORMATION		
	D	rgess Residence	
Name of Facility Where Work Activity is to Take Place:	D -idence		
Describe Facility Use:	lainfield	State: NJ Zip	07062
Street Address: City: F			
Union	County Code (comple	etion Date: 3 / 1	3 / 2017
Scheduled Start Date: 3 / 9 / 2017	Scheduled Comple	BUOIT Date.	
Occupancy Status During Activity (check only one):			
Occupancy Status During Activity (Status During Entire Activity			
<ul> <li>☐ Activity Performed Outside Normal Facility Hours—Descr</li> </ul>	ibe:		
Activity Performed Outside Normal Facility Float			
Other—Describe:		22 22	%
Scope of Work (check all that apply):  Square Footage:	745 SF	Percentage Asbestos:	0/
		Percentage Asbestos:	
☐ Mastic Square Footage.	WEODMATIC	NN .	
IV. CONTRA	ACTOR INFORMATIO	Telephone No.: 85	6-755-0099
Shade Environmental,	LLC	Telephone No.:	7in: 08052
Company Name: Strade Errores City: Street Address: 623 Cutler Avenue City:	Maple Shade	State: NJ 2	_ip
Street Address: 623 Guilet Avenue.	00842		9-298-4070
New Jersey Asbestos License Number (if applicable):  Monitoring Firm (if applicable):  Mgmt. & Enviro. Con	sulting Services	Telephone No.: 60	0 200 1010
Monitoring Firm (if applicable): Mgmt. & 2000			
V	. SIGNATURE		
	Title:	Vice President of	Operations
Completed By Christina Lynch			00 2047
Completed By (type or print legibly): Christina Lynch		Date: February	28, 2017