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### Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) K 8440(0 PAL JOB# 17-1119 Name of Building Owner/Operator (2) Date of Notification (1) Seritage SRC Finance LLC 03/06/2017 ASBESTOS CONTROL & Street Address Type Notification LICENSING Agencies Notified 489 Fifth Avenue 18th Floor Initial City, State, Zip Code **EPA** Amended New York, NY 10017 DEP Amendment # Telephone Number DOL × Emergency (including Name of Contact justification) DOH Colin Stirrat Cancellation × DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Sears Store Unit#1434 Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address etc.) Bldg. Age 50 Route 46 # of Floors Square Feet 50+ 2 80.000 City (5) Current Use (Prior if being demolished) Wayne County Code (7) Commercial County (6) (STATE USE ONLY) Passaic Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) PAL Environmental Services 00120 Omega Environmental Services Street Address 11-02 Queens Plaza South Street Address 280 Huyler Street City, State, Zip Code Long Island City, NY 11101 City, State, Zip Code South Hackensack, NJ 07606 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 28675 718-349-0900 201-489-8700 Veronica Kero Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Martin McRea 12/16/2017 03/16/2017 Street Address Occupancy Status During Abatement (Check Only One) 714 Kennedy Blvd. Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Bayonne, NJ 07002 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation Mini-Enclosure ≥3 sf or ≥3 lf Demolition Glovebag Procedure ≥160 sf or ≥260 lf Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Description of Normally Asbestos Containing Material (ACM) Amount Encapsulate Used Solely by Location of Enclosure (Specify Removal Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, Maintenance/ SF or LF) TO BE ABATED Custodial Staff? surfacing, VAT, or In Facility other miscellaneous) (12)(13)N/A No Yes X 58,000 SF Floor Tile, Fittings & Fireproofing X 1st Floor 47,600 SF X Floor Tile, Fittings & Fireproofing X 2nd Floor X

Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Minerva Enterprises Hauler ID No. 50 Yards 24310 ATC City, State Disposal Date Waynesburg, OH 44688 City, State 03/22/2017 Shirley, NY 11967 Date Signature 03/06/2017 Title Completed by Compliance Admin Ann A. Ali

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EPA Initial Amended		City, Sta	ate, Zip Co	de		~			LICEN	SING		-	-4
DOL Amendment #_	1 11		IN NJ 08										
DOH DCA Emergency (inc justification)  Cancellation	cluaing	Name o	f Contact S					Teleph	hone Nun	ber			
		FAC	ILITY INFO	RMATI	ON	_							
Name of Facility Where Abatement is Taking F RESIDENTIAL	Place (3)						f Facility (4)						
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BERLIN			0 1 7			1616		2	domelich	8	7		
County (6) CAMDEN			Code (7) USE ONLY)			RES	t Use (Prior IDENTIAL	-		ea)			
Name of Monitoring Firm Hired by Building Ow ACER ASSOCIATES	rner (8)	ASCI	M No.		Name ASS	of Abate URED	ENVIRO	actor (9 NMEN	) NTAL SE	RVI	CES	INC.	
Street Address 1012 INDUSTRIAL DRIVE						Address	S RUN						
City, State, Zip Code WEST BERLIN NJ 08091						State, Zip	Code	8062					
Project Manager for Monitoring Firm		Telepho	one No.			none No -304-46			icense N	0.			
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03/06/2017	03/07/201	7	# P20		EMS	1000 100							
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Facility Closed/Vacated During Entire Pel Abatement Performed Outside of Normal Other – Describe: RESIDENTIAL(BASE	riod of Abat Facility Ho	ement urs	E VA O A NE			State, Zip							
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In Facility (13)	(1				cing, VA			SFO	or LF)	Remova	Repair	Encapsulate	Enclosure
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BASEMENT/CRAWL SPACE		X		PIPE I	NSUL	ATION		25	LF	Х			
										7			
				(dra-10-11)									
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERV	/ICES	NJDEP N Hauler II 003489	O No.	of Wa	Yards iste		Name of R			Ę.			
City, State MULLICA HILL NJ					sal Date 7/2017		City, State WAYNE		IG, OH				
Completed by	Title			1;	Signatu	e )	nh.	<u>\</u>		ate	1001	,	
RON SWANSON	GENEF	RAL MAN	NAGER			name	in his	MOST	7 0	3/03/	2017		

03/03/2017 12:19PM 185622	48799			ASSU	RED SE	RVICES			P	AGE	83	104
	NO	TIFICATIO	Blate of N OF AS It to NJA	BESTO	ARATE	MENT	CHÉ	ECK#-		Ш	V	5
Date of Novilloation (1) 03/03/2017		Name JAM	of Buildin	Owner. LETT	Operator	(2)		IVIA	-	-	017	-
Agencies Notified  Type Notification  EPA Initial Amended Amendment  Emergency	t#	City, S BER	Address tate, Zip ( LIN NJ	98009				ASBEST	1 - 0	4	TIRC	DL 8
DOH justification Cancellation	}	JAM	of Contac ES							* 7	r. we.	
Name of Facility Where Abstement is Taki	ng Place (3)	FAC	CILITY IN	ORMAT	HON	Type of I	Facility (4)					
RESIDENTIAL Street Address						☐ Sch	icol (K-12) ichapter 8 (C ar (i.e. privat	e à comme	12) ciai bul	lldings	i, họn	ngs,
City (8) BERLIN						Square F 1616		of Floors		8/dg 87	Age	
County (8) CAMDEN		(STATE	Code (7) USE ONL	n	_	Current L RESID	Jae (Prior if b	eing demai	shed)			
Name of Monitoring Firm Hired by Building ACER ASSOCIATES	Owner (8)	ASC	M NG.		Name ASS	of Abatem URED E	ent Contract NVIRON	OF (9) MENTAL 8	BERV	ICES	INC	).
Street Address 1012 INDUSTRIAL DRIVE					670	Address CLEMS						
City, State, Zip Code WEST BERLIN NJ 08091					City, Si MUL	LICA H	ode LL NJ 080	62				
Project Manager for Monitoring Firm MATT DEPALMA		Telepho	one No.		Teleph-	one No. 304-487	8	License 01145	No.			
Start Date (10) 03/06/2017	Scheduled ( 03/07/20	Completion 17	Date (11)		Name of EMS	AHBO &	fonilor		-			
Occupancy Status During Abatement (Chec Facility Closed/Vecated During Entire I Abatement Parformed Outside of Norm Other - Describe: RESIDENTIAL (BA)	Daded of Ohn	lement bura AWLSPACI	E VAÇAN	<u>)</u>	200 F	Address RT. 130 ats, Zip C		077				_
Scops of Work (Check All That Apply)  23 of Dt 23 ft 2160 of or 2260 ft		ovation tollton				Full Co Mini-En Glovab	ntainment wi closurs ag Procedun empted (*) s	ith Negative				
Location of	Non	cation maily		Des	scription e			14614-118	1	Abst	sman pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi (1	olely by nancal el Staff? 2)	Azbet (i.e.	tos Con: thermal surfa:	ain no Me	aterial (AC insulation , or	.	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT/CRAWL SPACE	Yes N	lo N/A		PIPE II	VSULA"	TION		25 LF	×		ਰੋ	
									1.		-	
		-							-			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SER	VICES	NJDEP W Hayler ID 0034895		Cubic of Was 8		100	me of Regist		1	L		
City, States MULLICA HILL NJ			-	Dispos 03/07	al Data 72017	CK W	y, State AYNESBU	JRG, OH				Art.
Completed by RON SWANSON	Title GENER	AL MAN	AGER	S	gnatulo ej	Just C	Duans	. Б	tte 3/03/2	2017		

<sup>\*</sup> Do not use this form for asbastos ilconsure exempted activities.

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K 3713	NOTIF	ursua	ON OF nt to N	f New Jerse ASBESTOS JAC 8:60 ar	ABATEM nd 12:120)			E G E	9 20	L 17	Control of the last	
te of Notification (1)		Name	of Buil Rhod	ding Owner	Operator (	(2)						4
3/02/2017 encies Notified Type Notification		Stree	t Addre	ess				ASBESTOS LICEN	CONT	ROL	&	
EPA Initial Amended	21	City,	State, 2	Zip Code dener NJ	08826			Cambridge Visited Street Street Street				I
DOL Amendment #_ Emergency (incl justification) Cancellation	uding	Nam	e of Co	ntact				Telephone Numb	er			
DCA 2	- (0)	F	ACILIT	Y INFORMA	TION	Тур	ne of Facility (4)					
ame of Facility Where Abatement is Taking P House	lace (3)					×	School (K-12)	(Other than K-12) rate & commercial	building	js, hor	nes,	
treet Address						_	etc.) uare Feet	# of Floors		. Age		
ity (5) Glen Gardener		Cou	inty Co	de (7)		Cu	ırrent Use (Prior	if being demolishe	ed)			-
County (6) Hunterdon Name of Monitoring Firm Hired by Building Ov	vner (8)	(STA	SCM N	E ONLY)	Name	e of A	Abatement Contr	actor (9)				
Bio Terra					Stree	et Ado	estoration LL0					
Street Address 1130 W. Chesnut Rd 07083					City,	State	okside Rd e, Zip Code					
City, State, Zip Code Union, NJ					Rai	ndol	ph, NJ 07869 e No.	License N	0.			_
Project Manager for Monitoring Firm			lephone		973	3-93	3-2550 OSHA Monitor	01133				
Ota-t Data (10)	Scheduled 03/13/20		etion D	ate (11)	IRI	S		•				
Occupancy Status During Abatement (Check	Only One)		7020				ddress Rt 22			Fig.		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Ab al Facility F	atemer lours	nt		City	, Stan	te, Zip Code , NJ 07083					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	× Re	enovatio emolitio	on n			×	Mini-Enclosure	ent with Negative e cedure d (*) and Non-Fria	ble Prod	cedure		
	Is	ocatio	n							Abate Tyl	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	ormally Solely ntenan- odial St (12)	/ / by ce/	(i.e. th	Descrip s Containing sermal system surfacing other misc	ng Ma tems , VAT	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
9 20	Yes	No	N/A		Vermi	cula	ite	500 sf	x			
Attic		X										-
												-
The state of the s		l N	JDEP V	Naste	Cubic Ya		The state of the state of	f Registered Land	Ifill			1
Name of Registered Waste Hauler Nick Restoration LLC		H	lauler II 3782	O No.	of Waste TBD Disposal		G.R.C					
City, State Randolph, NJ					TBD		Tullyt	own, PA	Date			
Completed by Elvira Mrda	Title Pres	sident			Sigi	l	e lira lira	da	03/02	/201	7	

	ľ		CATION	to NJAC	ESTOS	ABATE			ME	G) (		<b>b</b> ₩	5/5	
Date of Notification (1)				f Building	Owner/C	Operator	(2)				90			$\forall h$
3/3/17				ranzer				¥ 100	II II M	AR	<b>-</b> g	20	17	
Agencies Notified Type Notification			Street A	ddress				1	lead late.					
EPA X Initial		H	City Sta	ate, Zip Co	de				ASBES	OTS	200	TINC	ROI	8.
DEP         ☐ Amended           X DOL         _ Amendmen	t #			y Park, I		112		NC-			ENS		IOL	a
Emergency				f Contact					T					
X DOH justification  □ DCA □ Cancellation			Eric											
			22/2/2019	LITY INFO	DRMATI	ON			_				XVST6675	
Name of Facility Where Abatement is Takin	ng Place (3	3)					Туре	of Facility (	4)					
house								School (K-1						
Street Address							×	Subchapter Other (i.e. p etc.)	8 (Other than private & comm	K-12 nercia	) Il build	dings,	home	es,
City (5)							Squar	e Feet	# of Floors	Š.	660	ldg. A	ge	
Asbury Park						50.5 in June 1990	2300	)	2		6	2		
County (6)				Code (7)			Currer	nt Use (Pri	or if being dem	olish	ed)			
Monmouth			1	USE ONLY)										
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	ЛNo.					ntractor (9) Il Services,	LLC				
Street Address				-		100000000000000000000000000000000000000	Addres		9 W FEEDWA					
									Sate Drive		Y			
City, State, Zip Code				100000000000000000000000000000000000000		175000	tate, Zi							
								, NJ 074						
Project Manager for Monitoring Firm			Telepho	ne No.		200000000000000000000000000000000000000	none No 764-2		Licens 703	se No	).			
Start Date (10) 3/16/17	Schedule 4/30/17		pletion	Date (11)		Name	of OSH	A Monitor						
Occupancy Status During Abatement (Che	ck Only On	ie)				Street	Addres	S						
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:					_	City, S	tate, Zi	p Code						
Scope of Work (Check All That Apply)	2-11-11-11-11											-	-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	Renova Pemoliti				×	Min Glo	i-Enclosure vebag Prod					e	
	lo.	Location	on						17			0.000	ement	
Location of	1	Normall	У		De	scription	of					Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma Cust	d Solel intenar todial S (12)	nce/ staff?		tos Cont thermal surfa	taining M systems cing, VA niscellar	Material s insula T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			10 Sa								
first floor			X		duct	insula	tion		15 SF		Х			
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of	Registered Lar	ndfill				
Freehold Cartage		H	auler ID 5939		of Wa				n Berks Lar				4	
City, State Freehold, NJ					100000000000000000000000000000000000000	sal Date		City, Stat			-			
Completed by	Title					Signature		2		Dat	e			
A. Scott Higgins	Presi	dent				,	A				3/17			

Date of Notification (1)					0 0.00 and 12.120)		( Wec	L	16	01.	7
2/22/17			Name Joan	of Buildi nn Diaz	ng Owner/Operator (2	)	TI LI M	AR	9	201 1	(
Agencies Notified Type Notifie	cation			Address							
	dment #		City, S	State, Zip	A Section 1		ASBES	STOS			OL 8
DOH justifice     DCA Cance     Cance		ng	Name	of Conta			Telephone I	Vumbe	ŗ		-
Name of Facility Where Abatement is	Takina Diasa	(2)	FA	CILITY IN	IFORMATION					_	
House Street Address	Taking Flace	(3)			T	School (K School (K Schochapt Other (i.e. etc.)	(7) All	-12) rcial bu	ilding	s, hor	nes,
City (5) Linden County (6)			Count	0-1-77	1 1,	quare Feet 900	# of Floors 2		Bldg. 70	Age	
Union			(STATE	Code (7		irrent Use (P	rior if bang demo	ished)			ent toxe
Name of Monitoring Firm Hired by Buil	ding Owner (	8)	ASC	M No.	Nam of A	bateme.	ontractor (9) al Services, LI	С.	*	-500-	
Street Address					Stree Add	iress	Gate Drive			-	
City, State, Zip Code	1	(	A	The same of the sa	City, State	, Zip Code od, NJ 07		9		-	
Project Manager for Moniton g Firm	•	Li .	elepho	one No.	Telephone 973-764	No.	Eicense 703	No.			
Start Date (10) 3/4/17	Schedu 4/1/1	ad Co	nc slame	Date (11		SHA Monitor	63		-		
Occupancy Status During Abatement (0	Check Wily C	ne)		•	Street Add	ress /					
Facility Closed/Vacated During En Abatement Performed Outside of I  Other - Describe: Dasement & gar	Vormal Fact	Abate y Hou	ment		City, State	A STATE OF THE STA					
Scope of Work (Check All That Apply)				4							
23 sf or ≥3 if ≥160 sf or ≥260 if	The second secon	Renov Demol			$\boxtimes$ $^{\circ}$	∕lini-Enclosur Slovebag Pro					
(1)	l:	Loca	tion		1	TOT-LACTIFIE	u ( ) and Non-Pha	Die Pro		emen	t
Location of Asbestos-Containing Material (ACM	1.15	Norma ed Sole			Description of			-	Ty	/pe	
TO BE ABATED In Facility (13)	/ Ma	intena todial (12)	staff?	Asbe: (i.e	stos Containing Mater thermal systems insu surfacing, VAT, or other miscellaneous	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
basement	Yes	No	N/A	<u></u>						fe .	
garage			X		pipe insulation		50 LF	Х			
garage			X		pipe insulation		15 LF	X			
Name of Registered Waste Hauler			LIDED W								
reehold Cartage		H	IJDEP W lauler ID 5939		Cubic Yards of Waste TBD		Registered Landfil n Berks Landfi				Halles F. C.
City, State reehold NJ					Disposal Date TBD	City, State					
completed by Scott Higgins	Title Presi	dent			Signature		Da	ate /22/17	,		

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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in the second	MAR	-	9	201	7	

Name of Notification (1)   Special Completion (2)   Special Completio	CK #4191	NOTIFIC		tate of Ne ON OF ASB t to NJAC	w Jersey ESTOS ABATE 8:60 and 12:17	MENT		MAR	- 9	2017	7		The second secon
gencies Notified  Type Notification  BP  Anamodroent it  CRY, State, 257 Code  CRY Control (CAPT IN ALT COURT HOUSE A) IT OSD (CAPT IN ALT COURT)  Name of Facility Where Abatement is Taking Flore (3)  Recompleted by Street Address  FACILITY INFORMATION  Name of Control (CAPT IN ALT COURT HOUSE A) IT OSD (CAPT IN ALT COURT)  Name of Control (CAPT IN ALT COURT HOUSE A) IT OSD (CAPT IN ALT COURT)  FACILITY INFORMATION  Type of Facility (4)  Screet Address  FACILITY INFORMATION  Type of Facility (4)  Screet Address  FACILITY INFORMATION  Type of Facility (4)  Screet Address  Street Addre	ate of Notification (1)		Nan	ne of Buildin	g Owner/Operato	or (2)	JOR	ASBESTO	S CO	NTB	01.8		
Chy, State, 23 Code		tification	Stre	et Address			0.77			4			
County Code   County Code (?) (STATE   Code (?) (ST	gendes round	unoco			0-10			1000	11.1	_	057	10	
County Code   County Code (?) (STATE   Code (?) (ST	I Ame	nded	City	, State, Zip	IADE IM	AY (	DURT	HOUSE	N	1)	036	7	
Packet Manager for Moreloring Firm   Telephone No.   Street Address   St	DOL Ame	raency (including	- Na				Te	lephone Num	ber				
FACILITY INFORMATION  FACILITY INFORMATION  Type of Facility (4)  Street Address  City (5)  AUALOA  County (6)  AUALOA  County (7)  Aure of Monitoring Firm Hired by Building Owner I Use Owner I Use (Prior it being demokshed)  VAC (AIAL)  Name of Monitoring Firm Hired by Building Owner I Use Owner I Use (Prior it being demokshed)  Street Address  City, State, Zip Code  City, State	DOH justi	fication)	Nai	me or corne						_		+	
Name of Facility Where Abatement is Taking Place (3) Sireet Address  Sireet Address  Sireet Address  Sireet Address  City (5)  AUALUA  County (8)  Name of Monitoring Firm Here by Building Owner  Name of Abatement Contractor  Name of Abatement Contractor  Name of Abatement Performed Outside of Normal Facility Hours  Name of Ostha Monitor  Name of Ost	] DCA		<u></u>	ACILITY N	FORMATION		100 (A)			_		$\dashv$	
Street Address  City (5)  AUALON  County (6)  AUALON  County (6)  Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Countain of Monitoring Firm Hired Building Owner ASCM No. Name of Abatement Countain of Monitoring Firm Mired Building Owner ASCM No. Name of Abatement Countain of Monitoring Firm Mired Building Owner ASCM No. Name of Abatement Countain of Monitoring Firm Telephone No. Street Address  City, State, Zip Code  Will PLC HADE W. Subject Address  City, State, Zip Code  Will PLC HADE W. Subject Address  City, State, Zip Code  Will PLC HADE W. Subject Address  City, State, Zip Code  Will PLC HADE W. Subject Address  City, State, Zip Code  Will PLC HADE W. Subject Address  City, State, Zip Code  Will PLC HADE W. Subject Address  City, State, Zip Code  Will PLC HADE W. Subject Address  City, State, Zip Code  Will PLC HADE W. Subject Address  City, State, Zip Code  Will PLC HADE W. Subject Address  City, State, Zip Code  Non-Example Of Non-Friable Procedure  Non-Example Of Non-Example Of Non-Example Of Non-Example Of Non-Example Of Non-Example Of Non-E		Taking Place (3)			· · · · · · · · · · · · · · · · · · ·								
Street Address  City (5)  AUALON  County (6)  AUALON  Name of Moniforing Firm Hired by Building Owner  ASCM No.  Name of Abatement Countrator (3)  AUALON  Name of Abatement Countrator (3)  AUALON  Name of Abatement Countrator (3)  AUALON  Street Address  Street Address  City, State, Zip Code  MAPL SHAPL  City, State, Zip Code  City, State  Non-Exempted () and Non-Friable Procedure  Non-Exempte	Name of Facility Where Abatemer	+ IAIC F						ther than K-1	12)	lings			
County (6)  AVALON  County (6)  AVE MAY  County (6)  Name of Monitoring Firm Hired by Building Owner  ASCM No.  Name of Abbetment Chack Owner  Name of Monitoring Firm Hired by Building Owner  Name of Monitoring Firm Hired by Building Owner  Name of Monitoring Firm Telephone No.  Street Address  City, State, Zip Code  UKAPL  City, State, Zip Code  Name of OSHA Monitor  Street Address  City, State, Zip Code  Name of OSHA Monitor  Street Address  City, State, Zip Code  Normally  Full Containment with Negative Pressure  Glovebag Procedure  Non-Exempted (1) and Non-Friable Proc		CACC				1 X O	ther (i.e., priva	te & commen	cial dullo	miys,			
County (S)  County (R)  County	Street Address					Squa	re Feet	of Floors					
County (B) APE MAY  Super Monitoring Firm Hired by Building Owner  (8)  Name of Monitoring Firm Hired by Building Owner  (8)  Street Address  City, State, Zip Code  City, State, Zip Code  Froject Manager for Monitoring Firm  Telephone No. Street Address	(6)					15	nn	1		20	7	=	
Name of Monitoring Firm Hired by Building Owner   ASCM No.   Name of Abatement Contractor (9)	AUALO	N		Salmbi Code	(7) (STATE	Curre	ent Use (Prior	f being demo	olished)				
Name of Monitoring Firm Hirded by Building Owner   ASCM No.   Name of Monitoring Firm Hirded by Building Owner   ASCM No.   Name of Address   Street Address	County (6)	Α.	1	JSE ONLY)		- ]	-	HILL				=	
Street Address   Stre	/ INUF IN H	14 O mor	TAS	CM No.	Name of Aba	atement Co	ontractor (9)	116					
Street Address    City, State, Zip Code	Name of Monitoring Firm Hired by	Building Owner					100 1	MC					
City, State, Zip Code    City, State, Zip Code	(8)		1=				SPR	ME V	4LE			_	
City, State, Zip Code    Project Manager for Monitoring Firm	Street Address	-3.30					) . )			<u> </u>	-7		
Project Manager for Monitoring Firm  Telephone No. Start Date (10) 2-2-7  Occupancy Status During Abatement (Check only one) Abatement Performed Outside of Normal Facility Hours Other - Describe:  Scope of Work (Check all that apply) 3 st or 23 lf 2-160 sf or 230 lf  Location of Asbestos-Containing Material (ACM) (Specify In Facility (13)  Name of Osha Monitor  Street Address  City, State, Zip Code  City, State, Zip Code  Full Containment with Negative Pressure Glovebag Procedure Non-Exempted (1) and Non-Friable Procedure Staff? (12)  Yes No N/A  TCAUSIFE  2-250 SF X  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Non-Exempted (2) And Non-Friable Procedure Non-Exempted (3) And Non-Friable Procedure Non-Exempted (4) And Non-Friable Procedure Non-Exempted (4) And Non-Friable Procedure Non-Exempted (5) And Non-Friable Procedure Non-Exempted (6) And Non-Friable Procedure Non-Exempted (1) And Non-Fria	Ti Cado				City, State,	MPI I	SHAD			80	176	=	
Project Manager for Monitoring Firm    Stat, Date (10)	City, State, Zip Code					lo.		License No		ł			
Start Date (10)    Scheduled Completion Date (11)   Street Address   City, State, Zip Code     City, State     City, State, Zip Code     City, State	Besidet Manager for Monitoring	-irm	Teleph	none No.	8172-	779.	-0472		7440	1_		-	
Start Date (10)  2 - 15 - 7  Scheduled Completion Date (17)  2 - 15 - 7  Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours    Other - Describe:	Project Wanager		1-1:-	n Data (11)	_	SHA Monito	or	( A					
Street Address	Start Date (10)	Scheduled Cor	npietic 7	n Date (11)			M	<u> </u>					
Occupancy Status During Abatement (Check of Min)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Scope of Work (Check all that apply)  Part Containment with Negative Pressure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Scope of Work (Check all that apply)  See Solely by Maintenance/ Custodial Staff?  (12)  Yes No N/A  TRANSITE  Description of Asbestos Containing Material (ACM) (Specify (Specify (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Registered Waste Hauler  NIDEP Wiste  Name of Registered Waste Hauler  NIDEP Wiste  City, State  Signature  Disposal Date:  City, State  Signature  Completed By  Name of Registered Waste Waste Maluer  NIDEP Wiste  Signature  Signature  Disposal Date:  Disposal Date		2-6	ne)		Street Add	ress							
Facility Closed/Vacated During Enter-Order   Abatement Performed Outside of Normal Facility Hours   City, State, Zip Code	- Abot	ement (Check only o	batem	ent		2 1							
Scope of Work (Check all that apply)    Scope of Work (Check all that apply)   ≥3 st or ≥3 lf   Renovation   Renovation   Renovation   Reproduction   Renovation   Renovation					City, State,	Zip Code		4					1
Scope of Work (Check all that apply)    Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sop of Work (Check all that appl	Abatement Performed Outsi				.								1
Scope of Work (circles)    Second   Sec	Other - Describe:	apply)			□F	ull Contain	ment with Neg	ative Pressu	re				1
Same of Registered Waste Hauler   Name of Registered Waste   Name of Registered Landfill   Name of Regi	Scope of Work (Check all that	□Rer	ovatio	on.		ini-Enclost	ure .		88				
Location of Normally Used Solety by Maintenance/ Custodial Staff? (12)  Yes No N/A  Name of Registered Waste Hauler  Location of Asbestos-Containing Material (ACM)  Normally Used Solety by Maintenance/ Custodial Staff? (12)  Yes No N/A  Normally Used Solety by Maintenance/ Custodial Staff? (12)  Yes No N/A  Transcellaneous)  Name of Registered Landfill  Name of Registered Waste Hauler  Location of Asbestos Containing Material (ACM)  (Specify SF or LF)  Registered Waste (Specify SF or LF)  Name of Registered Landfill  Name of Registered Landfill  Or Waste  City, State  WAPLE SHAPE  Signature	23 sf or ≥3 lf	Der	nolition	1	12	on-Exemp	ted (*) and No	n-Friable Pro	cedure	Ab	atemer	nt	
Normally Used Solety by Maintenance/ Custodial Staff? (12)  Yes No N/A  Name of Registered Waste Hauler  NIDEP Wiste Haules ID No.  City, State  WAPLE SHAPE  IN Facility City State  Signature  Normally Description of Asbestos Containing Material (ACM) Asbestos	≥160 st or ≥200 tr		ocatio	0							Туре		
Used Solety V Security Maintenance (Specify Security Security (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos-Containing Material (ACM)  Maintenance Custodial Staff? (12)  Yes No N/A  Yes No N/A   X TIZIAMSITE ZZSOSFX  Name of Registered Waste Hauler  VITUCO IAC  City, State  Completed By  Waste Asbestos Containing Material (ACM)  Maintenance Custodial Staff? (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  NAME OF CUSTODIA STATE  Asbestos Containing Material (ACM)  (Specify SF or LF)  SF or LF)  SF or LF)  Signature  Cubic Yards of Waste  Cubic Yards of Waste  City, State  City, State  City, State  Completed By  Com		No	mally		Descri	otion of		Amount				n	п
Name of Registered Waste Hauler  Name of Registered Waste Hauler  VITUCO INC  City, State  WAPLE SHADE  NIDEP Wisste Haules ID No Disposal Date  City, State  WAPLE SHADE  Signature	Location of	1.1-1-	Solen	ce/ A	· · · · · Contain	ng Materia	al (ACM)	(Specify	'	Rer	R	100	مارار
Name of Registered Waste Hauler  Name of Registered Waste Hauler  VITUCO INC  City, State  WAPLE SHADE  NIDEP Wisste Haules ID No Disposal Date  City, State  WAPLE SHADE  Signature	Ashastos-Containing Materia	(ACIVI) CL	stodia	ıl	CHICAGO	VAI. UI	1	SF or LF	)	nova	pair	1	CHI
Name of Registered Waste Hauler  VLTMCO IAC  City, State  WAPLE SHADE  Completed By  C	IN Facility				other misc	ellaneous	)			₽		ite	D
Name of Registered Waste Hauler  NIDEP Wisste  Hauler Disposal Date  City, State  WAPLE SHADE  Title  Completed By  VI THEM  Signature  Title  Signature	(13)	-		N/A						7	-	1	_
Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Landfill  (, M, (, M, V, M, M, V, M, M, V, M, V, M, M, V, M, M, V, M,		TES	110		TOUL	SITE		2250	SF	1	+	+	-
Name of Registered Waste Hauler    NIDEP Waste   Cubic Yards   Name of Registered Landfill	SIDIALG		1	X ==	ICANS					-	+	+	_
Name of Registered Waste Hauler    NIDEP Wisse   Country   Completed By   Complet	117/10			-==							-	+	_
Name of Registered Waste Hauler    Name of Registered Waste Hauler   Name of Waste   Completed By   Name of Registered Waste   Completed By   Name of Registered Waste   Completed By   Superior   Signature   Completed By   Superior   Superior   Completed By   Superior   Superior   Completed By   C													_
Name of Registered Waste Hauler    Name of Registered Waste Hauler   Name of Waste   Conference   Conference   Conference   City, State   City, State   City, State   Completed By   Compl					T Cubic V	ards T	Name of Re	gistered Land	Hill	1	1.6		
City, State  WAPLE SHADE N. T  Completed By	Name of Registered Waste H	auler			-f IAInct		C.	M. C.	M.	U.	H		=
City, State  WAPLE SHAPE  Completed By  Completed By  Supplement of the state of th		NIC	_	17909	Diamora	Date-	City, State			_			
Completed By Supplemental Suppl					Uspusa	55.5	W	000B	IME				=
Completed By VI THE SUP.	City, State	ADE N				nature	~ /		Date 2	-5	-17		_
I ALLAND TIME		Title	0		19	Will	UM-		_2_				-
1 NW 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MICHAOL KU	mur   50	<u> </u>			_	1 - d activities						

:K1760				FICAT	ION ASE	New Jersey BESTOS ABATE C 8:60 and 12:12		DEC		30 [		METALOTI UNIVERSAL CONTRACTOR
Date of Notification (1) 3/5/17						ding Owner/Operato	or (2)	U LI MAR	<del>- y</del>	-20	1/-	T
Agencies Notified	Type Notifica	tion			et Addres	ikolaus Siemba		ASDESTO	0.00	\ (T)	201	Ť
☐ EPA	Initial			300	et Audres	5.5		ASBESTO LIC	ENS	NG NG	HOL	. či
DEP DOL	Amended Amendme			700	, State, Zip				-			- Charles
	Emergenc	y (includi	ng	-		ngs, NJ 08021						
DOH DCA	justificato Cancellatio			100 TO 10	ne of Co ine Ervi			Telephone Nu	mber			
				F/	ACILITY II	NFORMATION		===		=		
Name of Facility Where A	Abatement is Ta	aking Pla	ce (3)				Type of Faci		-			
Street Address	*****							er 8 (Other than K-	12)			
							Other (i.e homes, e	, private 8 commen	cial bui	Iding	5,	
City (s)							Square Feet	# of Floors	TE	Bldg.	Age	5
Laurel Springs, NJ 0	8021						2200 SF	2		10 yr	S	_
County (6) Camden				US	unty Code E ONLY)	e(7) (STATE	Residence	(Prior if being demo	lished)		X. (	
Name of Monitoring Firm (8)	Hired by Buildi	ng Owne	r	ASCN	1 No.	Name of Abater AEi2, LLC	ment Contractor	(9)				
Street Address						Street Address						
						361 E. Flemin						
City, State, Zip Code						City, State, Zi Hammonton,						
Project Manager for M	onitoring Firm		Te	lephone	No.	Telephone No.		License No.				
			_			609-481-212		00689				
Start Date (10) 3/25/17		heduled ( 1/17	Compl	etion Da	ate (11)	Name of OSHA AEi2, LLC	Monitor					
Occupancy Status During	Abatement (C	heck only	y one)			Street Address				-		
Facility Closed/Vacate Abatement Performed Other - Describe: Se	Outside of Norr	mal Facili			t	361 E. Flemi City, State, Zip C Hammonton	Code					
Scope of Work (Check all								W # 5				_
	tilat apply)	<b>S</b>				☐ Mini-En		Negative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti	on		Gloveba	ag Procedure	Non-Friable Proced	lura			
			Locati			INOIT-LX	ompled / Jailu	Tiable Flocet		Abate Typ		
Location o		Use	d Sole	ly by		Description of	f		-	1 91	E	_
Asbestos-Containing Ma TO BE ABATE			ntenar ustodi			stos Containing Mat , thermal systems i		Amount (Specify	Re	R	n c	E n
IN Facility (13)			Staff? (12)			surfacing, VAT, other miscellaned	or	SF or LF)	m	e p a	a p u	0
(10)			1	T	1	outer miscenaries	743)		v a	i	u 1	u
	×	Yes	No	N/A					1	_	a t	e
Basement				X	Vinyl	Tile		900 LF	X		c	
		-						-	+-			
									+			
Name of Registered Wast	e Hauler	-1	- 0	JDEP V		Cubic Yards	Name of Reg	gistered Landfill				-
AEi2, LLC			1000	lauler II 1376	J NO.	of Waste	TBD					
City, State				1310		Disposal Date	City, State	0.50				
Hammonton, NJ						TBD //	TBD					
Completed By Wm. Minnick		itle Progran	. 14.			Signature /	el	Date 3/5/17				
VV III. IVIIIIIICK		riogran	1 1/12	1.		Ullim	ninna	1 13/3/1/				

ASB-41

Conn

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

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		NOTI	ICAT	ION OF	ASBESTOS A IAC 8:60 and	ABATEM 112:120)	ENT					-		-
0:93654	1808-7	(1							MAR	- 0	2017		IU,	
te of Notification (1) 3/02/2017			Nam Lis	ne of Buil a Rabir	ding Owner/C Nowitz	perator			MAN	J	LUII			-
encies Notified	Type Notification		Stre	et Addre	SS			1	ASBESTO	s co	NTR	OL &	<u> </u>	and the same of the same
EPA DEP	X Initial Amended		City	, State, Z	ip Code				LIC	ENSI	NG_			1
DOL	Amendment # Emergency (inclu	uding	200000000	ntclair, me of Cor	NJ 07043			1	Telephone N	lumber				
DOH	justification)  Cancellation		Lis	a Rabi	novitz									-
DCA				FACILITY	INFORMAT	ION	Type of F	acility (4)						
ame of Facility Where ouse	Abatement is Taking Pl	ace (3)					C Sch	nol (K-12)	Other than K	(-12)				
reet Address							X Othe	er (i.e. priva	ate & comme	ercial b	uilding	s, ho	nes,	
							etc.) Square F		# of Floors		Bldg.			
ity (5)							N/A		N/A	Polos d	N/A			
Montclair ounty (6)			Co	ounty Coo	le (7) : ONLY)		Current U House	Jse (Prior i	f being demo	olisnea	)			
ssex	m Hired by Building Ow	ner (8)	+	ASCM N		Name	e of Abatem S Abatem	nent Contra	actor (9)					
N/A Street Address						Stree	t Address Rosengre		ie					
						City,	State, Zip	Code						
City, State, Zip Code							owa, NJ	07512	Licens	se No.				_
Project Manager for M	onitoring Firm		T	elephone	No.	973	phone No. 3-345-868		0131					
Start Date (10)	5	Scheduled	Comp	oletion Da	ate (11)	Nam D&	ne of OSHA S Abater	Monitor nent, Inc						
03/13/2017 Occupancy Status Du	ring Abatement (Check					Stre 11	et Address Rosengr	en Aven	ue					
0	acated During Entire Pe	eriod of Al	ateme	ent		City	, State, Zip towa, NJ	Code						
Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260	k All That Apply)	× Re	enovat emoliti	tion on			× Mini	-Enclosure	ent with Nega e edure I (*) and Non					
0 == 45							LI NUII	-LACITIPIO	. ( )		1	Abate Ty	ment	
Asbestos-Contair TO BE In F	ation of ning Material (ACM) ABATED facility (13)	Use Mai	Locati lormal d Sole intena odial ( (12)	ly ly by nce/ Staff?	(i.e. the	rmal syst	tion of ng Material ems insula , VAT, or ellaneous)	(ACM) tion,	Amoun (Specif SF or L	fy	Removal	Repair	Encapsulate	1000
		Yes	No	N/A										
							ng Insula	ation	40 LI	F	X			
V				+	Pine a	ind Fitti						1		1
Bas	sement		X		Pipe a	ind Fitti							-	+
Bas	sement		X						f Deviatored	l andfil				
				NJDEP V	Vaste (	Cubic Ya	rds	Name o	f Registered					1
Name of Registered	Waste Hauler			NJDEP V Hauler IE 20996	Vaste C	Cubic Ya of Waste TBD	rds	Name o	Managen					1
Name of Registered	Waste Hauler			Hauler ID	Vaste (C) Nc. (C)	Cubic Yar of Waste FBD Disposal	rds	Name of Waste	Managen	nent c				

			9	State of N	ow lore	OV.			1	E	C	E	4	W	5
CK 9474813396	Ç		FICATIO	N OF AS	BESTOS	ABATE		Г		5	<u>(b)</u>		U	<u>u                                     </u>	
Date of Notification (1) 02/28/2016				of Building Tremall		Operator	(2)			A STATE OF THE STA	MAR	-	9 2	017	I
Agencies Notified Type Notification	1		Street	Address						ASBE	STC	18.0	ON	TRO	1 &
X EPA X Initial Amended Amendmer			City St	tate, Zip C	`oda					ASDL	LIC	EN	SIN	<u>G</u>	
X DOL Amendmen				rn, NJ 0											
■ Emergency justification     □ DCA Cancellation	)			of Contact				1	Te	lenhan	- Niim	her			
				ILITY INF		ION									_
Name of Facility Where Abatement is Taki House	ng Place (	3)					Тур	of Facility (	4)						
Street Address								School (K-1 Subchapter	8 (Oth						
Cib. /E)							×	Other (i.e. p etc.)				l buil	dings	, hom	es,
City (5) Milburn							Squ N/A	are Feet	# c	f Floors A	5		Bldg. /	Age	
County (6) Essex				Code (7) USE ONL	y)		Curr	ent Use (Prid JSE	or if be	ing dem	nolishe	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCI	M No.				atement Con tement, In		(9)		3-2-			
Street Address						Street	Addre		-			_			
City, State, Zip Code	, State, Zip Code						tate, 2	Zip Code							_
Project Manager for Monitoring Firm			Telepho	ne No		Teleph		J 07512		Linen	se No				
			relepito	no mo.		973-3				0131					
Start Date (10) 03/13/2017	Schedule 03/14/2			Date (11)				HA Monitor ement, In	C.						
Occupancy Status During Abatement (Che	ck Only On	ie)				Street /			0000-4						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: occupied	Period of A	Abater Hour	ment s			City, St	tate, Z	gren Aven ip Code	ue						
Scope of Work (Check All That Apply)		- 5-				Totov	wa, N	IJ 07512							
≥3 sf or ≥3 If	× R	enova	ation				L	II Containes		N1	-				
≥160 sf or ≥260 lf	province:	emoli				×	Mii Gle	Il Containme ni-Enclosure ovebag Proc	edure						
	le	Locat	ion				l No	n-Exempted	(*) and	d Non-F	riable		337	e ement	
Location of	N	lorma d Sole	lly		Des	scription	of							ре	
Asbestos-Containing Material (ACM)  TO BE ABATED	Mai	ntena	nce/			aining Ma systems			115.00	mount		נג		En	_
In Facility (13)	Cust	(12)	Staff?	,	surfac	cing, VAT niscellane	Γ, or			or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									<u>a</u>		late	re
Basement		X			Duct	Insulat	ion		1	0 SF	- 2	ζ			
Name of Registered Waste Hauler  D&S Abatement, Inc.		Н	IJDEP W lauler ID	400000000000000000000000000000000000000	Cubic of Was			Name of R				2.0			
City, State		20	0996		TBD	-15		Waste N		emen	IL OT F	A			
Totowa, NJ					Dispos TBD	al Date		City, State Morrisvil		Ą					
Completed by Ned Joksimovic	Title				Si	ignature		NO. 1			Date				
ACA DOVOILLIONIO	I Project	SIVI J	nager		15			1/1/		- 1	02/2	8/2	017		- 1

CK 94895202L	NO T	OTIFIC (Pu	CATION	e of New OF ASBE NJAC 8	STOS A	BATEN 12:120	MENT	England		E C			<u> </u>		
Date of Notification (1) 03/02/2017			Name of E Philip C	Building O Corriher	wner/O	perator	(2)	in an annual state of the state		MAR	- (	3 2	2017	and the Park of the	L
Agencies Notified Type Notification		1	Street Ad	dress					L	DE07/	20.0	101	erro/	71 0	
× EPA × Initial				7: 0					AS	BESTO	JSC	SIIV	G	JL O	
X EPA X Initial Amended Amendment	#			e, Zip Cod en, NJ 0				L		101	Janet 9				
Emergency (		_	Name of (						Tele	ephone N	umbe	r			
DOH justification)  DCA Justification		- 1	Philip C												
_ BOA _ E GANGGIAIS.			FACIL	ITY INFO	RMATIC	ON									
Name of Facility Where Abatement is Taking	g Place (3)						Туре	of Facility (4	1)						
House								School (K-1) Subchapter	2) 8 (Othe	er than K-	-12)				
Street Address							×	Other (i.e. p				uildi	ngs, l	nome	s,
City (E)								etc.) re Feet	# of	Floors		Blo	lg. Ag	je	
City (5) Hoboken							N/A		N/A	A		N/			
County (6)			County C					nt Use (Pric	r if bei	ng demol	ished	)			
Hudson			(STATE U	SE ONLY)	-		Hou	57.074				0.2			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.				tement Con ement, In		(9)					
Street Address						_	Addres	ss gren Aver	nue						
City, State, Zip Code								ip Code IJ 07512							
Project Manager for Monitoring Firm			Telephon	e No.			none N 345-8			License 01311					
Start Date (10) 03/14/2017	Schedule 03/15/2		npletion D	Date (11)				HA Monitor ement, In	C.						
Occupancy Status During Abatement (Chec	k Only On	e)					Addre		2110						
Facility Closed/Vacated During Entire	Period of A	baten	nent					gren Aver	lue						
Abatement Performed Outside of Norr Other – Describe: Occupied	nal Facility	Hours	5		_			ip Code NJ 07512							
Scope of Work (Check All That Apply)						-									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova					Mir K Gle	II Containmoni-Enclosure ovebag Propon-Exempter	e cedure						
	1						INC	ni-Exemple	u ( ) ai	IG INOTI-1 I	Table		Abate		
		Locat Iorma			ρ.	a ariatio	n of						Ту	ре	
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ely by		tos Conf		Materia	I (ACM)		Amount		_		Ē	ш
TO BE ABATED		intena odial		(i.e.	thermal	system cing, V		ation,		Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
In Facility (13)		(12)				niscella				* · · · · · · · · · · · · · · · · · · ·		oval	air	sula	sure
	Yes	No	N/A									1000		e	
Basement	X		Pipe	e and I	Fitting	Insul	ation	1	00 LF		Х				
Name of Registered Waste Hauler		10.00	NJDEP W		73,57,675,603	Yards				ered Lan					
D&S Abatement, Inc.			Hauler ID 10996	NO.	of Wa					agemen	t of I	PA			
City, State					Dispo	sal Dat	e	City, Sta Tullyto		Α					
Totowa, NJ	Title				A SOURCE OF	Signatu	rell (	/ I dilyto		1	Date				
Completed by Oliver Hegedis										-	1000		2017		

Print Form

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(K# 3118			FICATIO	State of New Jers IN OF ASBESTO: It to NJAC 8:69 at	BABATE				GE		V		
Date of Notification (1)			Name	of Building Owner					MAR -	9 2	017	-11	
Agencles Notified Type Notification	7		10	<del>ζ</del> ρο Λ	acv	11		her)				-	1
X EPA MI Initial	i.		1					ASBI	ESTOS	CON	TROI	2	
☑ DEP ☐ Amended			City, S	late Zp Code			- 1		LICEN				
DOL Amendmen		q	0	10 15 mg	102	. NO	200 Ja	'asen					
DOH justification	2)		1	of Contact				l Tel	Behone M	umber			
La Cantenau	72.8			CANO SILITY INFORMAT	MON								
Name of Facility Where Abatement is Tak	1	Acres 1				Тура	e of Facility	(4)					
Narvicis Tesic	76U(	-8_					School (K		12 227				
							Subchapte Other (i.e.				ldings	, hon	18S.
City (5)		-				Microsoft	etc.) ne Feet	-	Floors		Bidg.		
mid Bridge						15	00	1 57 01	1	-	70	1-	
County (6)				Code (7) USE (NLY)		Curr	ent Use (P	-	ng demolis	shed)			
Name of Monitoring Firm Hired by Building	Owner !	21			7 85	110	0519		1				
reams or mornorage ram rasse by pursage	Owner	22	ASU	M No.			atement Co ation Co		(9)				
Street Address	******		1		1	Addre		2120					
-					95 N	ontro	se Rd						
City, State, Zip Code					ŧ		ip Code		W-1				
Project Manager for Monitoring Firm		-	Telepho	me Mo	Teleph		k, New .	ersey	License N	in			
		(i)	0.0.03000	75 that I was 1	1	294 1		į	00029	St.F.			
Start Date (10)	Schedu	lep Co	mpletion	Date (11)	Name	of OS	HA Monito	r				-	NAME OF THE OWNER, WHEN
31617	13/9		<u> </u>	-	- Andrews			-					
Occupancy Status During Abatement (Che					Street	Addre	SS						
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of nal Facilit	Abate y Hou	ment s		City. S	tate. Z	ip Code						
Q_Other - Describe:	77	^											= 1
Scope of Work (Check All That Apply)	1					-				-			
≥3 sf or ≥3 if ≥160 sf or ≥260 if	(SPACESTIC)	Renovi Demoti			e constant		l Centainn il-Enclosus		Negative F	ressu	re		
	L2 *	J 11 14731	elos:		E	. Glo	vebag Pro	cedure		NO 1927	12		
				P I	1/2	NO NO	n-Exempte	id (*) and 	Non-Friel	ole Pro		e emen	c
Location of	4	s Loca Norma	10.74(3.7-)	1 To	oorinki sa	of.		1 to		20 year of the		/pe	1
Asbestos-Containing Material (ACM)		ed Sole		As bestos Con	scription taining M	faterial	(ACM)	7	nount	No.	4	m	
TO BE ABATED In Facility	1	todial (12)		(i.e. thermal surfa	systems cing, VA		ation,	(Sp	ecify or LF)	Removal	Repair	lcap	inclo
(13)	-	(12-)	ī	othern	niscellani	eous)				oval	)air	Encapsulate	Enclosure
	Yes	No	N/A				1			National A		6	
Caundry some hell			IX	fluc +	ili			150	10	X			
			1			~			P				
			and spirit	k .						union de constitue		Mary Color	The state of the s
	and the second		A Control of the Cont							-	and	Division in the latest and the lates	
Name of Registered Waste Hauler		3	UDEP W lauler ID	2					ed Landfill			n1110 - 1110	A - 100 C
Ace Insulation Co., Inc.		5	2086	t vesten, 400	/			Landfill					Art of the department of
City, State Colts Neck, New Jersey				1 -1.	al Date	7	City, Stat	- m 13	,	To the st			Charles
Completed by	Title			12/9	*\	I	Easton	1 11		in I			
Bree McGuire	-	etary	Treasu	irer [	gnature 12	11	ľ		Da	31-	11	7	() to comment
					(1)	N	<del> </del>			1	11)	_T_	- Income
ASB-41 (R-06-08)					* Do not	t use tj	is form for	asbestos	s licensure	exem	pted	activi	ies.

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Allan Weinstein 3/6/2017 Agencies Notified Type Notification [ ]EPA [X] Initial Notification City, State, Zip Code [ ]DEP [ ]Amended Bayonne, NJ, 07002 ASBESTOS CONTROL & [X]DOL Notification **LICENSING** Name of Contact Telephone Number [X] DOH [ ]EMERGENCY Allan Weinstein [ ]DCA [ ]Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Allan Weinstein [ ]School (K-12) [ ]Subchapter 8 (Other than K-12) Street Address [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 3750 2 87 (STATE USE ONLY) Bayonne Essex Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Telephone Number Project Manager for Monitoring Firm Telephone Number License Number N/A (973) 744-8800 00371 Scheduled Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) 15 03 17 03 2017 2017 N/A Year Month Day Year Month Day Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) [ ]Full Containment with Negative Pressure  $[X] \ge 3$  sf or >3 lf [X] Renovation [X]Mini-Enclosure [ ]>160 sf or >260 lf [ ]Demolition [X]Glove-bag Procedure [ ]Non-Friable Procedure Ts Abatement Type Location Location of Description of Normally NCL Asbestos-Containing Asbestos-Containing Amount Used E PA Material (ACM) Solely Material (ACM) (Specify By Maintenance/ TO BE ABATED SF or OSU (i.e., thermal systems O V Custodial Staff (12) S In Facility insulation, surfacing, VAT, LF) A L (13) or other miscellaneous) Yes No N/A R E Basement X Pipe Insulation 140 LF X Cubic Yards Name of Registered Waste Hauler Name of Registered Landfill NJDEP Waste Hauler ID No. of Waste 1.5 AZTECH MANAGEMENT, INC. Minerva Enterprise INC 17040 City, State Disposal Date City, State Montclair, NJ 07042 03/18/2017 Waynesburg Ohio 44688 Completed By (Print or Type) Title Signature Date Constantine Vivian President 3/6/2017

CK# 3117	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:60 and 12:120)											
Date of Notification (1)		1	Name o	f Building	Owner/0	Operator	(2)	IL LI MAR	- 9	201	7	L
3/5/17		ŀ	The	Fe:	-be-	600	UP					
Agencies Notified Type Notification  Z EPA X Initial	•	Section & Section Section 1	Street A	1 1	1000	+/	Airy Ru	/ ASBESTO	OS CC	NTF NG	ROL &	&
DEP Amended Amendment	ŧ	į.		de, Zip Ci		. 100		10-2-1				
Emergency (	Comment of the Park of the Par	-	Name o	f Contact	101	dge	NICO	Jerse1				
X DOH justification) DCA Cancellation		- Albania	1	ر د (ک	/			*				
Same Same				LITY INF	ORMATI	ION		_				
Name of Facility Where Abatement is Taking	Place (3	3)					Type of Facility	(4)				
	NOR	1+1	b				School (K-					
Street Address	1	(	)			100		er 8 (Other than K- private & commen		dinas	hom	ns
XO K4 900						-	etc.)					
CIDY 1							Square Feet	# of Floors	- X	ildg. /	1100	
5 too hope			Carrett	Cada (7)			2000	rior if being demoli	1 .	00	1	
County (6)		alle year		Code (7) USE (NL)	)		Current Use (P	nor it being demon	sneu)			
Name of Monitoring Firm Hired by Building C	henor (9)	1	ASC	A Na		1 Name	of Abatement C	untractor (9)	700	X-		
trains of momoring this time of butting c	restor so;		7100.	2110.			Insulation Co		()	U		
Street Address			_t			1	Address					
						95 M	ontrose Rd					
City, State, Zip Code				Access of the last		1	ate, Zip Code					
							Neck, New J	lersey				
Project Manager for Monitoring Firm		See Ch	Telephor	ne No.			one No.	License I	No.			
Circl Data (60)	Cainadl.	1	nalotian	Date (11)		1	294 1757 of OSHA Monito	00029				
Start Date (10)	7-1	1	17	Date (11)		i wane	GI COTA NOTEO	£				
Occupancy Status During Abatement (Check	Only Or	t)	17			Street	Address					
Facility Closed/Vacated During Entire P			ani									
Abatement Performed Outside of Norma	al Facility					City, St	ate, Zip Code					
Other - Describe:	<del>- m</del>											
Scope of Work (Check All That Apply)						gradient.	*					
☑ ≥3 sf or ≥3 #		lenova				i de cons		nent with Negative	Pressu	re		
≥160 sf or ≥260 if	house U	lemolit	on			max.n datase	Mini-Enclosur Glovebag Pro					
	1					-B	Non-Exempte	ed (*) and Non-Fria	ble Pro			
President		Local						***	44700441		emen ype	1
Location of		Vermai d Sole				scription			1	1	1	i
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	Intena Iodial S	nce/				aterial (ACM) insulation,	Amount (Specify	Re	1 70	Enc	5
In Facility (13)	Cusi	(12)	otanr			cing, VAT niscelland		SF or LF)	Removal	Repair	Encapsulate	Enclosure
1,50)	1	D1	1 2000		00.00	in position	3343)	Pod ja saana in	<u>a</u>	=	liate	No.
	Yes	Mo	NA						<u>.</u>	1	1	
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Stair landings and			approximate and a second					participation of the second of	1	-		
are FL (1) set									der agenticated	man of the con-	out the same	
									and the same		No. of Contract of	
Name of Registered Waste Hauler	-t		JOEP W		Cubic		/ Name o	Registered Landii	H			
Ace Insulation Co., Inc.			auler ID 2086	No.	of Was	ste )	Chrins	Landfill				-
City, State					Dispos	al Date	City, Sta	te		-		
Colts Neck, New Jersey					3/17	417	Epstor					10.1
Completed by	Title				S	ignature	5 1	/   D	ate	i		
Bree McGuire	Secre	etary	Treasu	rer		- 6	1.9+	gen y no feet and	311	211	7	
						(L			1-0		,	

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

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Ch3137		NO			TION	OF AS	ew Jersey BESTOS ABA C 8:60 and 5:1		DECE		V	E	n
Date of Notification (1)					Name	of Buildin	g Owner/Operator	(2)	II LI MAR -	9	2017		L
03 /	03 /	17			Dov	er Cons	truction		31	3	7	71	
Agencies Notified	Type Notifica	tion		+	Street	Address			ASBESTOS	COL	VTRI	01.8	
J. 1150	⊠ Initial	10011					y Avenue		LICE	VSIN	IG		_
1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T	Amended			-		tate, Zip (							
☑DOH	Amendme	ent #				- 0							
	☐ Emergend		ng			negat, N						- III	
(NJAC 5:23-8)	justificatio					of Contac t Kelly	t		Telephone Number	SP.			å
		0			FAC	CILITY IN	FORMATION		_				
Name of Facility Where Ab	atement is T	aking Pla	ce (3)	)	10000			Type of Facili	tv (4)				-
Building			(-,	<i>(</i> :				School (K-					1
Street Address			1					☐ Subchapte	er 8 (Other than K-12)				
588 Shiloh Pike									, private and commerc	ial bu	ilding	IS,	
City (5)								homes, et	# of Floors	DI	dg. A		
								Square Feet 1500 sf	# 01 F1001S	1.535	ag. Ag 6 <b>5</b>	ge.	
Hopewell Township											00	444.3-	
County (6)					Coun	ty Code (	()(STATE USE ONLY)	The same services of	Prior if being demolish	ed)			
Cumberland							7	Building					
Name of Monitoring Firm H	ired by Build	ling Owne	er (8)	A	SCM	No.	Name of Abatem		5 50				
N/A							Guardian Co	ontracting, Inc	C.				
Street Address							Street Address						
	1889 Route 9, Unit 61												
City, State, Zip Code							City, State, Zip C	ode	*				
							Toms River,	New Jersey	08755				
Project Manager for Monito	ring Firm		Т	elep	hone l	No.	Telephone No.	:	License No.				
							732-349-993	2	00624				
Start Date (10)	Is	cheduled	Com	pleti	on Dat	te (11)	Name of OSHA	Monitor		. 75			-
03 / 14 /	22.000	03	1		/		E.M.S.L. Ana						
11							Street Address	,					
Occupancy Status During A			-										
<ul><li>☐ Facility Closed/Vacated</li><li>☐ Abatement Performed C</li></ul>						cribe	1056 Stelton						
Time of Abatement:		PM/		PM-		AM	City, State, Zip C						
				1137.C <del>+</del>		S270	Piscataway,	New Jersey	08854				
Scope of Work (Check all the scope of work (	nat apply)		Renov Demo				☐ Mini-En ☐ Gloveba	closure ag Procedure	Negative Pressure	÷			
			Is Lo							Ab	atem	ent T	уре
Location of			Nor sed S	mall			Description		0.50	R	R	m	ш
Asbestos-Containing Ma TO BE ABATI			seu s √ainte				stos Containing M e., thermal systems		Amount (Specify	Removal	Repair	าса	nclo
IN Facility	LU	Cı	ustod		taff?	(1.0	surfacing, VA		SF or LF)	oval	=	Encapsulate	Enclosure
(13)		-	(	12)			other miscellan	eous)	0.000 (0.000,000)			ate	(D
	s 1	Vo	N/A										
exterior	3		asbest	os roofing		1300 sf							
exterior						windov	v glazing (10 wi	ndows)	265 sf				
exterior			D	₫		windov	v & door caulk		500 If				
Name of Registered Waste	Hauler		1	NJ	IDEP V	Waste	Cubic Yards of	Name of Re	gistered Landfill	-	-		
Guardian Contracting	g, Inc.				auler IE		Waste	T.R.R.F.					
City, State				1	20223	)	4 Disposal Date	City, State					
Toms River, New Jers	sey						03/17/17		n, Pennsylvania				
Completed By (Print or Typ	e)	Title		55,707			Signature	/	Dat	e	1		
Nicholas Fernicola		Proje	ct M	ana	ger				1/3	13	11	7	

### State of New Jersey

UN 515	14	NOTI				C 8:60 and 5:16	11 <					
Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	MAR	9 201	1		9
03 /	06 /	17		Aba	tare Buil	lders			3	3	77	9
Agencies Notified  EPA	Type Notificat	ion			Address Mantolok	ing Road		ASBESTOS C LICEN	CONT SING	ROL	&	
⊠ DOLWD	☐ Amended			100	tate, Zip C			-				
⊠ DOH	Amendme				k, NJ 08							
DCA			ļ.		of Contact			Telephone Numb	per			
(NJAC 5:23-8)	☐ Cancellation			Mike		73	1					
				EAC	II ITV IN	FORMATION						
Name of Facility Where	Ahatement is Ta	king Place	(3)	IAC	ALLET IN	ONMATION	Type of Facility (	4)				
Residence	, Abatement is Te	iking i idoo	(0)				School (K-12)					
Street Address			11 77		1		Subchapter 8	(Other than K-12)	)			
Street Address							Other (i.e., pr homes, etc.)	vate and commer	cial bui	ldings	δ,	
City (5)							Square Feet	# of Floors	Blo	lg. Ag	e	-
Fair Haven							2000	2		30		
				Coun	ty Code (7	STATE USE ONLY)		or if being demolis				
County (6) Monmouth				Coun	ty Code (/	JOINTE OUL ONE I)	Residence	or it borng dornous				
Name of Monitoring Fir	m Hired by Buildi	na Owner	(8)	ASCM I	No	Name of Ahateme	ent Contractor (9)	-			-	
Guardian Contrac		ing Owner	(0)	AGGIVIT	140.		ntracting, Inc.					
Street Address	ing, inc.		-	1		Street Address	macang, me.					-
1889 Rte. 9, Unit	21					1889 Route 9	Unit 61					
City, State, Zip Code	J1					City, State, Zip C						
Toms River, New	Jersey 08755						New Jersey 08	755				
Project Manager for Mo			Tel	ephone I	No	Telephone No.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	License No.				_
Nicholas Fernico				32-349		732-349-9932	2	00624				
Start Date (10)		cheduled C				Name of OSHA N	- Commence					_
03/07	/17	03/	_0	9 /		E.M.S.L. Ana						
Occupancy Status Dur						Street Address						
☐ Facility Closed/Vac					7	1056 Stelton						
☐ Abatement Perform Time of Abatement						City, State, Zip C						
		1 1411		`		Piscataway,	New Jersey 08	354				
Scope of Work (Check	all that apply)	-	enova			Mini-End □ Gloveba	g Procedure					
						☐ Non-Exe	empted (*) and No	n-Friable Procedu		-		
		7.55	S Loca Norm			D	- 6		200000	ateme		
Location Asbestos-Containing		Llo		lely by	Asbe	Description of estos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE A	BATED	Ma		ance/ I Staff?		e, thermal systems	insulation,	(Specify	Nov	air	aps	losu
IN Fa		Cus	12) 12)			surfacing, VAT other miscellane		SF or LF)	<u>n</u>		ulat	ıге
(13	)	Yes	No			Other miscenario					е	
basement/crawlspa	ace				duct w	rap		34 sf				
			П						П		П	П
			+=									F
			Ш						$\perp$	ш	Ш	_
Name of Registered W Guardian Contract				NJDEP \	D No.	Cubic Yards of Waste	Name of Regis	tered Landfill				
City, State				20223	)	Disposal Date	City, State					-
Toms River, New	Jersey					03/10/17	The state of the s	Pennsylvania				
Completed By (Print or	155 H	Title				Signature		/ D	ate	, 1		2
Nicholae Fornica	la	Projec	t Ma	nager			/ 1/ _		41	101	1	1

ASB-41 JAN 13

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

06 / 17

Type Notification

Amendment #\_

justification)

☐ Cancellation

☐ Initial

☐ Amended

Date of Notification (1)

Agencies Notified

(NJAC 5:23-8)

**⊠** DOH

☐ DCA

□ DOLWD

03

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

TION	OF ASE	ew Jersey BESTOS ABAT C 8:60 and 5:16	1	ECEI				
Name	of Building	Owner/Operator (	2)	<u> </u>	201	7—	L	4
	tare Bui	Marin M. Principal Co. 1	-/	1	. 1	2	0	1
				ASBESTOS CO	) /	201	20	1
	Address			LICENS		101	a	
92 N	<i>l</i> lantolok	ing Road	-	Marie Commission of the Commis				
	tate, Zip C							
Bric	k, NJ 08	723						
Name (	of Contac e	t		Talanhana Niimhe	er			
FAC	II ITY IN	FORMATION						
1710	ZIEIT 1 114	T OTTIMIZATION	Type of Facility	(4)				
			School (K-12	) 3 (Other than K-12) rivate and commerc	ial bu	ilding	s,	
			Square Feet	# of Floors	Blo	lg. Ag	je	
			2000	2	8	30		
Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ed)			
			Residence					
ASCM I	No.	Name of Abateme	ent Contractor (9)					
		Guardian Co	ntracting, Inc.					
2		Street Address 1889 Route 9	). Unit 61					
		City, State, Zip C	STATE OF THE STATE					
			New Jersey 08	7 <mark>5</mark> 5				
ohone N	No.	Telephone No.	,,	License No.				
2-349-		732-349-9932	2	00624				
ion Dat		Name of OSHA N						
/	17	E.M.S.L. Ana						
			iy dour					
oont		Street Address						
nent s - Desc	cribe	1056 Stelton						
	AM	City, State, Zip C		O.E.A				
		Piscataway,	New Jersey 08	004				
on n		☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure on-Friable Procedure	е			
on			-		Ab	ateme	ent T	уре
ly ly by nce/ Staff?		Description of estos Containing Ma e. thermal systems surfacing, VAT	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
N/A	1	other miscellane	eous)				te	
	asbest	os pipe insulation	on/elbows	176 If				
П	asbest	os ceiling mater	ial	324 sf				
					_			
	aspest	os roofing		496 sf				

Name of Facility Where Abatement is T	aking Place	(3)				Type of Facility (	4)				
Residence						School (K-12)					
Street Address							(Other than K-12) ivate and commercial	ial bui	ldina	S.	
						homes, etc.)					
City (5)					V.	Square Feet	# of Floors	Blo	ig. Ag	е	
Fair Haven						2000	2	8	30		
County (6)			Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
Monmouth						Residence					
Name of Monitoring Firm Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Guardian Contracting, Inc.					Guardian Co	ntracting, Inc.					
Street Address			- 1 - 1 - 1		Street Address						
1889 Rte. 9, Unit 61					1889 Route 9	, Unit 61					
City, State, Zip Code					City, State, Zip Co	ode					
Toms River, New Jersey 08755					Toms River,	New Jersey 08	7 <mark>5</mark> 5				
Project Manager for Monitoring Firm		Tele	ephone l	No.	Telephone No.		License No.				
Nicholas Fernicola		7:	32-349	-9932	732-349-9932	!	00624				
Start Date (10)	cheduled (	Comple	tion Da	te (11)	Name of OSHA M	Ionitor					
_03_ / _07_ / _17_	03				E.M.S.L. Ana	lytical					
Occupancy Status During Abatement (0	Check only	one)			Street Address						
□ Facility Closed/Vacated During Entire	e Period of	Abate	ment		1056 Stelton						
☐ Abatement Performed Outside of No					City, State, Zip Co	ode					
Time of Abatement:AM	PM/	PM		AM	Piscataway,	New Jersey 08	854				
Scope of Work (Check all that apply)											
≥3 sf or ≥3 lf	Пв	enovat	ion		☐ Full Con	tainment with Neg	ative Pressure				
⊠ ≥160 sf or ≥260 lf		emoliti				g Procedure					
					⊠ Non-Exe	mpted (*) and No	n-Friable Procedure	9	11.0	70.00	
		s Loca Norma			TE 1700			Ab	ateme	ent Ty	уре
Location of Asbestos-Containing Material (ACM	Lla	ed Sol		Ashe	Description of stos Containing Ma		Amount	Re	Repair	En	En
TO BE ABATED	M	aintena	ance/		thermal systems		(Specify	Remova	pair	Encapsulate	Enclosure
IN Facility	Cus	stodial (12)			surfacing, VAT		SF or LF)	al		sula	ure
(13)	Yes	1	N/A	1	other miscellane	eous)				te	
basement		×		ashesto	os pipe insulation	n/elhows	176 If		П		П
1 <sup>st</sup> floor			15		os ceiling mater		324 sf				
The state of the s		-				iai	496 sf	100000			
exterior			+=-	aspesto	os roofing		450 51				
					T				Ш	Ш	Ш
Name of Registered Waste Hauler		11 15722	NJDEP \ Hauler II		Cubic Yards of Waste	Name of Regis	tered Landfill				
Guardian Contracting, Inc.			20223		6	T.R.R.F.					
City, State					Disposal Date	City, State					
Toms River, New Jersey					03/10/17	Tullytown,	Pennsylvania	1			
Completed By (Print or Type)	Title				Signature		/ Dat	e	1		
Nicholas Fernicola	Projec	t Man	ager				1 3	3/6	11	7	
ASB-41				7.0 <b>2</b> 000-00000000000				1	1		
JAN 13	* Do no	t use t	his form	tor asbes	tos licensure exem	pted activities.					

	S	tate of Ne	w Jer	sey - Notific	ation of Asbestos A	batenien	t E	GEIVEN
Ch 1260					8:60-7 and 12:120-7)		W/	The management of the control of the
Date of Notification (1)					Name of Building Owner/O		I WIF	11 3 2017
March 3, 2017		Notification:	Turns		Bloomfield College Street Address			
Agencies Notified		Notification Initial No		n	467 Franklin Street		ASBES	TOS CONTROL &
⊠ EPA				fication #1	City, State, Zip Code			LICENSING
⊠ DCA					Bloomfield, NJ 0'	7003		
x DOL		☐ Emerge justific		icidaling	Name of Contact	7003	Telepho	one Number
□ DEP		□ Cancel			Jack Mc Grane	,	relepiic	one ivalliber
X DOH		L Caricei	ieu	FACILITY INF				( <del>)</del>
Name of Facility Where Abate	ment is Tal	ring Place (3)		FACILITY INF	Type of Facility (4)			
Bloomfield College-					School (K-12)			
					Subchapter 8 (other t	han K-12)		
Street Address					Other (i.e. private & con		ngs, hom	es, etc.)
171 Liberty Street					Sq. Feet: 2,000 # 0			Production of the Control of the Con
<u>City (5)</u>	County (6)	Σ	-	Code (7)				MORAL PER STATE MANAGEMENTS
Bloomfield	Essex		(State L	Jse Only)	Current Use (prior if being	demolished)		
Name of Monitoring Firm Hire	d by Bldg. C	Owner (8)	ASCM	No.	Name of Contractor (9)			
Envirovision, inc.					GREENWOOD ABAT	EMENT CO	ONSUL	TANTS, INC.
Street Address					Street Address			
20-21 Wagaraw Road	I, Bldg#	35E						
					511 MAIN STREET			
City, State, Zip Code					City State, ZipCode Butler, NJ 07405			
Fairlawn, NJ 07410  Project Manager for Monitorin	a Firm	Telephone N	umher		Telephone Number		License	Number
Fred Larson	g r mm	973-636-9			Telephone Humber		Liconoc	Transor
					973-492-0477		00840	9
Scheduled Start Date (10)		Scheduled C		n Date (11)	Name of OSHA Monitor			
March 7, 2017		March 12	, 2017		EMSL Inc.			
Occupancy Status During A	batement (	L	ne)		Street Address			
Facility Closed/Vaca				atement				
Abatement Performed					1056 Stelton Road	<u> </u>		
Describe	_				City, State, Zip Code			
Other - Describe: No	on-Occu	pied			Piscataway, NJ 088	54		
Source of Work (Check all that	it apply)					Full Conta	inment v	with Negative Pressure
≥ 3 sf or ≥ 3 ls	f				on	Mini-En		With Negative 1 1000ard
				Demolition		X Tent /G		Procedure
					)			nd Non-Friable Procedure
1				Description of Aub	estos Containing Material	Amoun		Abatement Type
Location of Asbestos-Contain Material (ACM) in Facility (13)		cation Normall by Maint./Cu			al systems insulation, surfaci	100 10000 1000	v SF	NAME OF TAXABLE PARTY.
	Staff	? (12)		VAT, or other misc		or LF)	1	Remove Repair Encap Enclose
	YES		NA			400		
Rooms # 108 & 109		X		VAT	<b>-</b> :	160 s		X
D: 01				Fume Hoods-	ransite	200 s		
Pipe Chase Name of Reg. Waste Hauler	X	NJDEP Was	ia Haular	TSI	Cubia Vauda of Mosto:	1 11		f Registered Landfill
See Hauler Below # 1 &	2	See Below	A CONTRACTOR OF THE PARTY OF TH	<u>1D #</u>	Cubic Yards of Waste: 20			wfill Landfill
Hauler #1) Greenwood	0.67			Butler N.I o		Disposal Dat		City, State
NJ DEP # 12		oonouna	.10, 1110	. Datier, No U			==:	Route 2, Box 68
Hauler #2) Newark Cart		Newark, N.I.	04509	N.I DEP # 19551		March 12	, 2017	Bridgeport, WVA 304-842-2784
Completed by (Print or Type)		Fitle	31007,		Signature		Date	1 001 012 2101
Marin Graure		SENIOR PI	ROJEC	T		0.4	No. of the last of	n 3, 2017
	ı	MANAGER			Marin Graun	re		

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Date of Notification (1) 02/13/17				of Building t Mongi	g Owner/O llo	perator (2)			MAR	- ô	2017	1	Щ
Agencies Notified	Type Notification		Stroot	Address				L	SBESTOS	S CO	NTR	OL 8	
× EPA × DEP × DOL	Initial Amended Amendment			tate, Zip ( ands , l				-	LICE	NSIN	VG.		
DOH DCA	Emergency (i justification) Cancellation	ncluding		of Contac				Tele	phone Numb	er			
Name of Facility Where Albert Mongillo	Abatement is Taking	Place (3)	FAC	CILITY IN	IFORMATI	ON T	ype of Facility (  School (K-1 Subchapter	2) 8 (Othe	er than K-12)				
Street Address						Į.		orivate &	commercial		g. Age		4
City (5) Highlands													
County (6) Monmouth County			County (STATE	y Code (7 E USE ON	7) ILY)		Current Use (Pri			·u)			
Name of Monitoring Firm		Owner (8)	ASC	CM No.			Abatement Co patement	ntractor	(9)				
Street Address						200000000000000000000000000000000000000	87th Street S	Suite A	4				
City, State, Zip Code						City, Sta North	te, Zip Code Bergen, NJ	07047					
Project Manager for Mo	nitoring Firm		Telep	hone No.		Telepho 201-2	ne No. 93-6305		License No 01223	),			
Start Date (10) 02/23/17		Scheduled 03/09/17	Completic	on Date (	11)	Name of HILM	FOSHA Monitor AMM CONS	ULTIN	G LLC				
Occupancy Status Duri						Street A 1600	ddress ROUTE EAS	ST SUI	ITE 107				
X Facility Closed/Va Abatement Perfor Other – Describe:	ncated During Entire med Outside of Nort	nal Facility H	ours		=		ate, Zip Code N NJ 07083						
Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		× Rer	novation nolition			×	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure	1			е	
			ocation									ment pe	_
Locati Asbestos-Containi TO BE A In Fa (1	ng Material (ACM) ABATED	Used Maint Custoo	rmally Solely by tenance/ dial Staff? (12)		sbestos Co (i.e. therm sur	Description ontaining Mal systems facing, VA miscellan	aterial (ACM) insulation, T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No N	/A		Other		-	200 SF	x			
Exterior (	1st floor )		+			Othor							
								-			-		
Name of Registered V			Haule	P Waste	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	oic Yards Naste			stered Landfil		BRO'	WS I	٧.
NEWARK CARTII			0450	9	Dis	posal Date	City, S	State	LLE PA		-		
HILLSIDE, NJ Completed by Bryan Parra		Title Project	ct Mana			Signatur		SINYO	D	ate 12/13/	17		

Bryan Parra

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) 2017 Date of Notification (1) Name of Building Owner/Operator (2) Agencies Notified Type Notification STOS CONTROL Street Addres; LICENSING 400 FPA Ø Initial DEP Amended City, State, Zip Code DOL Amendment # Emergency (including Ó DOH Name of Contact justification) DCA Cancellation -Tank FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age 6500 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address-1212 DUR City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 01070 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: 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 Is Location Abatement Normally Туре Lecation of Description of Used Solely by Asbestos-Containing Material (ACM) TO BE ABATED Aspestos Containing Material (ACM) Amount Maintenance/

In Facility (13)	Cus	stodial S (12)	staff?	(1.0. 1.10	VAT, or other miscellaneous		SF or LF)	Removal	Repair	neapsulate	inclosure
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Name of Registered Waste Hauler  ANI NE LL C		Ha	DEP Was suler ID N		Cubic Yards of Waste	Name of	Registered Landfill				
City, State  De Marco	Ĭ			8	Disposal Date	City, State	- 1	Pa			
Completed by Joseph T. T. T.	Title V.	RIERO	tent.		Signature	AL.		Date 2/	1/1	7	

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-1 Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ 9 2017 March 3, 2017 Agencies Notified Notification Type Street Address □Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUSNIROL & **DEPA** Amended Notification #4 □ DCA Add Phase Schedule, Location, City, State, Zip Code X DOL PISCATAWAY, NJ 08854 Quantity, New Completion Date ☑ DEP- No Longer REQUIRED Name of Contact '--- Number ☐ Emergency (including X DOH MICHAEL SMITH, ENV. justification) **HEALTH & SAFETY** □ Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LIPMAN HALL, BLDG# 6025 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **COOK CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC (State Use Only) **NEW BRUNSWICK** MIDDLESEX Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. 0098 ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) 02/03/17 03/27/17 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 XOther - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Phase I Rm 309 - 2/3 - 2/6, Phase II Rms 318 & 321 Suite - 2/24 --2/28, Phase III Rms 327 & 328 3/3-3/5, Phase IV - TBD ) Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure X Renovation ☐ Mini-Enclosure  $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$  $\boxtimes$  > 160 sf or > 260 lf ■ Demolition ☐ Glove bag Procedure / Wrap & Cut Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (Specify SF (ACM) (i.e. the mal systems insulation, surfacing, Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) NO YES NA Rooms 309,328,331 X X VAT 1200 SF Rooms 318 & 321 Suites X X VAT 1300 SF Rooms 327 X 200 SF X VAT Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 30 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 03/27/2017 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT March 3, 2017 Raymond C. Pedalino MANAGER

State of New Jersey - Notification of Asbestos Abatement,

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-17 Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ 2017 February 23, 2017 Agencies Notified Notification Type Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. □Initial Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUSPOL & DEPA X Amended Notification #3 DCA City, State, Zip Code Add Phase, Work Areas & X DOL PISCATAWAY, NJ 08854 Quantities ☑ DEP- No Longer REQUIRED Telephone Number Name of Contact □ Emergency (including X DOH MICHAEL SMITH, ENV. justification) **HEALTH & SAFETY** □ Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LIPMAN HALL, BLDG# 6025 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) COOK CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC NEW BRUNSWICK **MIDDLESEX** (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm License Number Telephone Number Telephone Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/03/17 03/06/17 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 Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Phase I Room 309 - 2/3 - 2/6 Phase II Rooms 318 & 321 Suite -2/24 - 2/28, Phase III Rooms 328& 331 - TBD) Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ > 3 sf or > 3 lf X Renovation ☐ Mini-Enclosure X > 160 sf or > 260 lf Demolition ☐ Glove bag Procedure / Wrap & Cut Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Solely by Maint./Custodial (Specify SF Material (ACM) in Facility (13) (ACM) (i.e. the mal systems insulation, surfacing, Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA Rooms 309,328,331 X VAT 1200 SF X Rooms 318 & 321 Suites X VAT 1300 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 30 CY G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 03/06/2017 10067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) Signature Date SENIOR PROJECT February 23, 2017 RAYMOND C. PEDALINO Raymond C. Pedalino MANAGER

State of New Jersey - Notification of Asbestos Abatemen

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-17 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ February 3, 2017 Notification Type Street Address Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPTONTROL & □Initial Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS DEPA Amended Notification #2 DCA City, State, Zip Code Phased Work & New X DOL PISCATAWAY, NJ 08854 Completion Dates Telephone Number DEP- No Longer REQUIRED Name of Contact ■ Emergency (including MICHAEL SMITH, ENV. DOH justification) **HEALTH & SAFETY** □ Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) LIPMAN HALL, BLDG# 6025 Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Street Address **COOK CAMPUS** # of Floors: 4 Bldg. Age: 80+ years Sq. Feet: N/A County (6) County Code (7) City (5) Current Use (prior if being demolished): ACADEMIC (State Use Only) NEW BRUNSWICK MIDDLESEX Name of Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) 0098 ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 609-386-8800 **BRIAN KEARNY** 00840 973-492-0477 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 03/06/17 02/03/17 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: FAM (24 HOURS & WEEKENDS AS NEEDED)

Phase I Room 309 - 2/3 - 2/					FAIRLAVVN, NJ							
Scope of Work (Check all that app	ily)					☐ Ful	II Contai	nment	with Neg	ative Pr	essure	
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						X No	on-Exem	pted (*	) and No	n-Friabl	e Procedu	ıre
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See Hauler Below #1 & 2  Hauler #1) Greenwood Abatemen		NJ 07405		Disp	posal Da	11975311260		City, Sta				
NJDEP # 12561					grant a	14/1	A STATE OF THE PARTY.	September 1			ricville Da	

Signature

Raymond C. Pedalino

Rd. Morrisville, Pa

215-736-1700

February 3, 2017

19067

03/06/2017

Date

MANAGER

SENIOR PROJECT

Hauler #2) Newark Carting, Inc., Newark, NJ 04509

NJ DEP # 4509

Completed by (Print or Type)

RAYMOND C. PEDALINO

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-17 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ January 27, 2017 Street Address Agencies Notified Notification Type ENVIRONMENTAL HEALTH & SAFETY DEPTO □Initial Notification **DEPA** 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS M Amended Notification #1 D DCA New Start & Completion Dates City, State, Zip Code X DOL PISCATAWAY, NJ 08854 ■ Emergency (including DEP- No Longer REQUIRED Telephone Number Name of Contact justification) MICHAEL SMITH, ENV. **□**Cancelled **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) LIPMAN HALL, BLDG# 6025 ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **COOK CAMPUS** # of Floors: 4 Bldg. Age: 80+ years Sq. Feet: N/A County Code (7) County (6) City (5) Current Use (prior if being demolished): ACADEMIC (State Use Only) **NEW BRUNSWICK** MIDDLESEX Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 0098 ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 609-386-8800 BRIAN KEARNY 00840 973-492-0477 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) 02/03/17 02/06/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ■ Renovation ■ Mini-Enclosure  $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ ☐ Glove bag Procedure / Wrap & Cut X ≥ 160 sf or ≥ 260 lf Demolition Non-Exempted (\*) and Non-Friable Procedure Description of Asbestos Containing Material Amount Abatement Type Location of Asbestos-Containing Is Location Normally Used (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) Staff? (12) VAT, or other miscell.) NO YES NA 1200 SF X Rooms 309,328,331 X VAT NJDEP Waste Hauler ID # Name of Registered Landfill Name of Reg. Waste Hauler 15 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date

Signature

Raymond C. Pedalino

100 New Ford Mill

Rd. Morrisville, Pa

215-736-1700

19067

January 27,2017

02/06/2017

Date

MANAGER

SENIOR PROJECT

NJDEP # 12561

NJ DEP # 4509

Completed by (Print or Type)

RAYMOND C. PEDALINO

Hauler #2) Newark Carting, Inc., Newark, NJ 04509

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GAC Project # 060-17	and the Property		(1 413	dant to IV.J.A.C	. 0.00-/ and 12.120-/)			1-	9 15	3 U	D F	-11
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LAI DON					MICHAEL SMITH,							
					HEALTH & SAFET	<u>Y</u>		L				
				FACILITY IN								
Name of Facility Where Abatemen		g Place (3)			Type of Facility (4)							
LIPMAN HALL, BLDG# 6	025				☐ School (K-12)							
					Subchapter 8 (other that							
Street Address					Other (i.e. private & co	ommercia	al build	ings, ho	mes, etc.	)		
COOK CAMPUS					Sq. Feet: N/A	# of Flo	ors: 4	Bld	g. Age:	80+ y	ears	
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Name of Monitoring Firm Hired by	Blda. Owi	ner (8)	ASCM	No.	Name of Contractor (9)							
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3 TERRI LANE												
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BURLINGTON, NJ 080	116				BUTLER, NJ 07405							
Project Manager for Monitoring Fire		elephone N	lumher		Telephone Number			Licens	se Numbe	r		
BRIAN KEARNY		609-386-			1					-		
	-	CONTRACTOR OF THE PARTY OF THE	~		973-492-0477			0084	0			
Scheduled Start Date (10)	S	Scheduled C	ompletio	n Date (11)	Name of OSHA Monitor							
01/27/17	1	/30/17		<b>1</b>	1 1							
		AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, TH	A dr		ENVIROVISION, IN	C.						
Occupancy Status During Abater					Street Address							
☑ Facility Closed/Vacated Durin	g Entire I	Period of A	bateme	nt			157					
☐Abatement Performed Outside	of Norm	nal Facility I	Hours -		20-21 WARGARAW	ROAD	1					
Describe					City, State, Zip Code							
Other − Describe:					72							
Schedule: 5PM - 5AM (24 HC	OURS &	WEEKE	NDS AS	S NEEDED)	FAIRLAWN, NJ							
,					PAIRLAWN, NO							
Scope of Work (Check all that appl	y)					-01/25 -01/25						
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	Staff? (			VAT, or other mis	cell.)	0	or LF)		Remove	Repair	Encap	Enclose
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Hauler #1) Greenwood Abatemen	Consulta	ants, Inc	Butler, 1	NJ 07405		Dispos	al Date	2		ity, Stat		
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Date of Notification (1) March 3, 2017				Name o Lawre	f Building ence Ble	Owner/ nden/	Operator The Bl	(2) end	len Group	ñ	MAG	,	0 /	0047	-		
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				FAC	ILITY INFO	ORMAT	TION										
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Street Address							Street 5 Ma		ress uerite Lane	)							
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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) December 15, 2016 PA of NY & NJ MAR - 9 2017 Agency Notified Type Notification Street Address 2 Gateway Center, 11th Floor M Initial ASBESTOS CONTROL & Not required per State Reg. 10-2004 □ Amended
 □ City, State, Zip Code LICENSING **⊠** DOL Amendment # 01 Newark, NJ 07102 ☐ Emergency (including Name of Contact ☐ DOH justification) Telephone Number ☐ DCA ☐ Cancellation Uday Mehta **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) George Washington Bridge ☐ School (K-12) Street Address ☐ Subchapter 8 (Other than K-1 2) ☑ Other (i.e. private & commercial buildings, 220 Bruce Reynolds Blvd. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Fort Lee, NJ 07024 566,440 N/A 85 County (6) County Code (7) (STATE USE Current Use (Prlor if being demolished) ONLY) Bergen Office Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) PA of NY & NJ N/A B&N&K Restoration Co., Inc. Street Address Street Address 241 Erie Street, Room 236 223 Randolph Avenue City, State, Zip Code City, State, Zip Code Jersey City, NJ 07310 Clifton, NJ 07011 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Uday Mehta 201-595-4881 973-478-4681 00120 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor December 27, 2016 December 26, 2017 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 3 Cooper Street ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code ☐ Other - Describe: Westmont, NJ 08108-2347 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure  $\square \ge 3 \text{ sf or } \ge 3 \text{ If}$ ☑ Renovation ☐ Mini-Enclosure ≥ 160 sf or ≥ 260 If ☐ Demolition ☐ Glovebag Procedure ☑ Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Used Solely by Description of Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ Amount Encapsulate TO BE ABATED Enclosure (i.e., thermal systems insulation, Custodial Remova (Specify Repair IN Facility Staff? surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Near Bridge 77 N abutment between **Duct Bank containing Transite Conduit** 255 In ft PIPS & N, just off N bound exit ACM contaminated debris 1 cu yd Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill ID No. Waste Two Brothers Contracting, Inc. 12695 95 Grand Central Sanitary Landfill City, State Disposal Date City, State Totowa, NJ 07512-1120 12/28/2016 -Penn Argyl, PA 01/31/2017

Signature

Date

3/3/2017

Project Manager

Title

Completed by

G. Roger Woodman

Contrint Form

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Date of Notification (1) 3/3/2017					of Building oh Bohan		Operator	(2)	The Williams	A	MAF	]	9.	201.		U					
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ASB-41 (R-06-08)

\*Do not use this form for asbestos licensure exempted activities. 856 - 298 - 2555

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Burlington, NJ 08010							BRISTOL, PA 19007									
Project Manager for Monito	oring Firm				ephone		Telephone No.	License No.								
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Asbestos-Containing M. TO BE ABAT		M)			ance/		estos Containing Ma e., thermal systems		Amount	Removal	Repair	Encapsulate	Enclosure			
IN Facility			Cust		Staff?	(1.0	surfacing, VAT		(Specify SF or LF)	ova	=	nsqu	Inso			
(13)		-	Van	(12)	1	-	other miscellane	ous)	= 5.3%			late	e			
- CD D		100	Yes	No	N/A											
ECR Room		[				transite	eceiling		100 SF							
		[									П		П			
		1		П						1	=	_	一			
													Ш			
lame of Registered Waste	Haules			Ц			Tas in the second									
BRISTOL ENVIRONM		NC			IJDEP V lauler IE		Cubic Yards of Waste	Name of Regist								
	LIVIAL, II	140.	_ =		1870		3	GROWS La	ndfill							
City, State							Disposal Date	City, State								
BRISTOL, PA 19007							3/3/2017	Morrisville,	PA 19067							
completed By (Print or Type	€)	Title					Signature	2 .	Da	te						
Gino Pizzigoni	Ši:	100	imat				100	11		3-1						

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