

### PAID

Date of Notification (1)					Nome	of Duildin	~ 0		2)	1174							
	06 /	18						vner/Operator ( ate Companie		The state of the s	MAR	1	3	2018	3		
Agencies Notified	Type Notific	ation			Stree	t Address	_					_					
⊠ EPA	☐ Initial				2 B	road Str	eet.	Suite 400		L			-"	- 8	المحدود والم		
□ DOLWD   □   □   □   □   □   □   □   □   □						State, Zip (		Medical Artes, are the		- Ani	12: 1	-			1. 16.		
Ø DOH	Amendm	-	_		1	omfield,				1. 1 . P A. M.					- e -		
DCA (NJAC 5:23-8)	☐ Emergen justificati		cluding	1		of Contac		07000		Telephone	Numbo	_					
(NJAC 5.23-6)	☐ Cancella	1000000			100000	rren Spr	E.,			973-429			205				
								RMATION				O/L.					
Name of Facility Where A	batement is	Takino	Place	(3)	17	CILIT I II	41 0	KWATION	Type of Facility	(4)							
Commercial		· ciring	, , ,,,,,,,	(0)					School (K-12	. ,							
Street Address					10/25				Subchapter 8		K-12)						
169 Minnisink Road	- Unit 3								Other (i.e., po homes, etc.)		mmercia	al bu	ilding	js,			
City (5)									Square Feet	# of Floor	s	Blo	dg. A	ge			
Totowa												1					
County (6)					Cour	nty Code (7	)(STA	ATE USE ONLY)	Current Use (Pri	ior if being de	emolishe	ed)					
Passaic																	
Name of Monitoring Firm I	Hired by Build	ding C	wner (	8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)								
Bio Terra Solutions							1	ALL PRO MA	MANAGEMENT LLC								
Street Address		100000					Str	eet Address									
P.O. Box 1224						27 Outwater Lane											
City, State, Zip Code							Cit	y, State, Zip Co	ode								
Union, NJ							07026										
Project Manager for Monit	oring Firm			Tel	ephone No. Telephone No.					License No.							
Rick Eustaquio				9	73-494	-3762	9	73-928-4888		1188							
Start Date (10)	5	Sched	uled C	omple	etion Da	te (11)	Na	me of OSHA M	1onitor								
02 /01 /	18	_ 0	5_/	_0	1_/	18	A	ALL PRO MA	ANAGEMENT LLC								
Occupancy Status During	Abatement (	Check	only o	ne)			Str	eet Address				_					
□ Facility Closed/Vacated	d During Entir	re Per	iod of	Abate	ment												
☐ Abatement Performed							City	y, State, Zip Co	de								
Time of Abatement:	AM	PN	Λ/	_PM		AM	1000	Sarfield, NJ (									
Scope of Work (Check all	that apply)							X Wrap an	d Cut	. 5							
≥3 sf or ≥3 lf			☐ Re	novat	ion			☐ Full Cont	ntainment with Negative Pressure closure								
≥160 sf or ≥260 lf			⊠ De	moliti	on		☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure										
			le	Loca	tion	1		⊠ Non-Exer	npted (*) and No	n-Friable Pro	cedure						
Location of	nf		100	lorma				Description of			-	Aba	_	ent T	ype		
Asbestos-Containing M	laterial (ACM	)			ely by	Asbe	stos	Containing Mat		Arnoun	ıt	Rer	Repair	Enc	Enc		
TO BE ABAT IN Facility					ance/ Staff?	(i.e		ermal systems in		(Specif		Removal	air	aps	Enclosure		
(13)	<i>(</i> :			(12)				surfacing, VAT, her miscellaned		SF or LI	-)	<u>a</u>		Encapsulate	ıre		
			Yes	No	N/A		:00		,					te			
Basement/ Crawl Space	ce					Pipe Ins	sula	tion- Wrap a	nd Cut	1,200 L	.F	$\boxtimes$					
2 <sup>nd</sup> Floor	end Floor						sula	tion- Wrap a	nd Cut	75 LF		$\boxtimes$					
Basement/ Crawl Space						Pipe Fit	ting	Insulation		60 LF							
2nd Floor							ting	Insulation		12 LF							
Name of Registered Waste Hauler  ATC/Century Waste, LLC/All Pro Management, LLC  NJDEP Waster Hauler ID N												3000					
ATC/Century Waste, LLC/All	SW-24310/32797/989 As N							ste s Needed	Minerva Enterprises/G.R.O.W.S North Landfill/Fairless Landfill/ IESI Bethlehem Landfill								
City, State Dis							posal Date	City, State									
Shirley, NY/Elizabeth, NJ/ Garfield, NJ							BD										
Completed By (Print or Type) Title								Signature	Waynesburg,OH/Morrisville,PA/Bethlehem,PA  Date								
Allen Monchik	5 C C C C C C C C C C C C C C C C C C C								man - 6 1	1.1							
100.11			,,,,,,,,		-50,			Necen	Monchik 3/6/18								

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET



			-			+ +			_
			1	69 Minnisink Road- Unit 3- Amendmen	t 1	Abateme	nt Type		æ
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No:	Solely by aintenance/Cust odial Staff (12)		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a l	R e p a i r	E n c a p s u I	E n c l o s u r e
	Yes	No							
Basement			Х	Tank Insulation	75 SF	Х			
							-+		
				*					
									_
							-		
	-	-							
				1				- 1	

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature:	Date:

## PLEASE TAKE

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	E	1 1	0	- 6

Date of Notification (1)			Name	of Buildin	g Owner/Operator (	(2)	1 10		60	and and the second second	nature.		
	18				Estate Compani		Tradesport	1) E		155	Ĵ		
Agencies Notified Type Notific	ation		Stree	t Address			1/1	3(1-					
			2 B	road Str	eet, Suite 400				Min	4.			
☑ DOLWD ☐ Amended				State, Zip			- 1 1   hez	111	MAR	1	3 56		
DOH Amendm ☐ DCA ☐ Emergen		<del></del>	0.000		NJ 07003			ł					
DCA Emergen (NJAC 5:23-8)   Emergen	cy (includ on)	ing		of Contac	PRODUCTION OF PROPERTY OF THE		Telephone N	Jumber	4 1				
☐ Cancellat	10.00		Wa	rren Spr	ake		908-670-						
4			FA	CILITY IN	FORMATION			-11-11-11-11-11-11-11-11-11-11-11-11-11					
Name of Facility Where Abatement is 7	aking Pla	ace (3)				Type of Facility (	4)						
Commercial						School (K-12)							
Street Address						☐ Subchapter 8 ☐ Other (i.e., pr			ildin				
169 Minnisink Road- Unit 3						homes, etc.)	ivate and con	intercial i	Junun	ys,	1		
City (5)						Square Feet	# of Floors	E	3ldg. A	ge			
Totowa													
County (6)			Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Price	or if being den	nolished)					
Passaic					univers de			on other state of					
Name of Monitoring Firm Hired by Build	ding Owne	er (8)	ASCM	No.	Name of Abateme		V-411==						
Bio Terra Solutions					ALL PRO MA	_C							
Street Address			-		Street Address								
P.O. Box 1224					27 Outwater	r Lane							
City, State, Zip Code		-0.71			City, State, Zip Co	ode							
Union, NJ					Garfield, NJ	07026							
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.		License No						
Rick Eustaquio		1 5	73-494	-3762	973-928-4888		1188						
Start Date (10)	Scheduled	Compl	etion Da	te (11)	Name of OSHA M								
03 /02 /18			25 /	18	.C								
Occupancy Status During Abatement (0				Street Address									
☐ Facility Closed/Vacated During Entir					27 Outwater I	Lane							
Abatement Performed Outside of No Time of Abatement:AM	rmal Fac	ility Hot	ırs - Des	cribe	City, State, Zip Co	ode							
			·	AIVI	Garfield, NJ								
Scope of Work (Check all that apply)					Burap	and cut	-						
≥3 sf or ≥3 lf	П	Renova	tion		☐ Full Cont  Mini-Enc	ainment with Nega	ative Pressure	•					
≥160 sf or ≥260 lf		Demolit				Procedure							
					Non-Exe	mpted (*) and Nor	-Friable Proc	edure					
Location of		Is Loca Norm			Bullion .			A	batem	ent T	уре		
Asbestos-Containing Material (ACM		sed So	lely by	Asbe	Description o stos Containing Ma		Amount	Re	Re	En	En		
TO BE ABATED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mainten ustodia	ance/ I Staff?		., thermal systems i	insulation,	(Specify	Removal	Repair	cap	Enclosure		
IN Facility (13)		(12	Section 19 (1)		surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure		
	Ye	s No	N/A		outer micoonarie	ous,				te			
Basement/ Crawl Space			$\boxtimes$	Pipe In:	sulation Wrap	7 Cut	1,200 LF						
2 <sup>nd</sup> Floor			$\boxtimes$	1000	sulation		75 LF						
Basement/ Crawl Space			$\boxtimes$		tting Insulation		60 LF						
2nd Floor				Pipe Fi	tting Insulation		12 LF						
Name of Registered Waste Hauler		1	NJDEP Waste			Name of Registered Landfill							
ATC / Century Waste, LLC/ All Pro Manage	ment LLC		Hauler II		Waste								
City, State			OW-24310	/32797/ 989	As Needed Disposal Date	Minerva Enterprises/G.R. City, State	O.W.S. North L andfill	r airless Landi	II/IESI Be	thlehem	Landfill		
Shirley, NY / Elizabeth, NJ/ Gar	field. N.I				TBD			201 17000					
Completed By (Print or Type)	Title					Waynesburg,	OH / Morrisv		Bethle	hem,	, PA		
Allen Monchik		of Mac	22405		Signature	7 / //		Date					
Anon mononia	Proje	ct wa	lanager Allen Monchik 01/17/18										

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET

MAR 1 3 2018

				169 Minnisink Road- Unit 3		Abateme	nt Type	Fig. C.	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	Solely by Naintenance/Cust odial Staff (12)		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Remova!	R e p a i	E n c a p s u l	E n c l o s u r e
Do on the state of	Yes	No	N/A						
Basement			X	Tank Insulation	75 SF	Х			
Roof			X	Built-Up Roofing	2,000 SF	Х			
						$\overline{}$			

Completed by: (Print or type)	Les	5		
	Title:	Project Manager	Signature:	Date:
Allen Monchik	ı		100 701 1.1	04/47/40
			Allen Monchik	01/17/18



Date of Notification (1)				Ta .				,	1 pa	1/2			\\ <i>i</i> j	Ln.	14.	
(T) (T)	09-2018						Owner / Operator ty Hospital	(2)	Andreas -	沙广		a particular	- ~		-	and and
	oe Notifica	ation			t Add		ty i iospitai		- 117	11		100	010		11	No.
⊠ EPA							Campus		1000	A COLOR	MAR	12 (	018	and the same	NO I	man section
DEP E	Initial					& Zip (				1						-
□ DOL □	Amer	0.50.70.70				NJ 08	002						- 17	1.8		ŧ
□ DOH □		gency ellation				ontact			[		icatara e e e Le	Telep			CLOTHER TOTAL	
	_ Canc	ellation		IVIICH	aei ivic	Closke	ey .		1900		etutosono etele	6	09-4	72-06	40	
				F	ACIL	ITY INF	FORMATION									
Name of Facility Where Jefferson Health-Admin	Abatemer	nt is Taking Pla Demo Enablino	ace (3)	)			Type of Facili									
Street Address	OOTTIGOT E	Jemo Enabing			_		School (I		Other than	n k'_1'	2)					
2201 Chapel Hill Campu	IS						Other (i.e					as hon	185	etc )		
							Square Feet		# of Floo		ar banam	Bldg. A		010.)		_
City (5)		County (6)	C	ounty	Code	(7)	250,000	)		2			·	2		
Cherry Hill, NJ		Camden					Current Use ( Hospital	Prior if	being de	molis	hed)	L		N.		
Name of Monitoring Firm	Hired by	Building Owne	er (8)		AS	CM No		tement	Contract	or (9)						_
Criterion Laboratories							Resource Management Group, LLC									
	et Address 0 Progress Drive, Suite J , State & Zip Code						Street Addres		0							
	ile o		4				2115 Hamilton	- 99								
Bensalem, PA, 19020		g					City, State & 7 Trenton, NJ 0		ie							
	oject Manager for Monitoring Firm r. Mike Panepresso						Telephone Nu									
			244-1			609-914-4279	01100									
Scheduled Start Date (10 3-23-2018		Scheduled Con	5-11-	2018	e (11)		Name of OSH J&S Environm			ies, Ir	IC					
Occupancy Status During							Street Addres	_								
☐ Facility Closed/V ☐ Abatement Perfo					emen	t	2333 Route 2									
		onducted 6:00pn			veekda	avs	City, State & 2	Zip Cod	le							
Describe: Proje	ect to be co	onducted 12:00 r	noon to	8:00p	m-wee	kends	Union, NJ 070	)83								
☐ Facility Occupied	d During A	batement														
Scope of Work (Check a	ll that app	ly)						1	200 M SEC W		AN	ay 2000				
≥3 sf or ≥3 lf				Dos					Full Cont			Negative	Pre	ssure	3	
≥160 sf ≥260 lf			$\boxtimes$		novatio nolitio		<ul><li>☐ Mini-Enclosure</li><li>☐ Glove Bag Procedures</li></ul>									
				501	nondo				Non-Exe				e Pr	ocedu	ire	
Locati			(1000000	Locat			Description	of			Amount			ment		9
Asbestos-C Material				mally I			Asbestos-Cont				Specify		T		п	
TO BE A				olely I ntenan			Material (AC (i.e., thermal sy			S	F or LF)	2		z = = = = = = = = = = = = = = = = = = =	[	Fn
in Fac	cility			odial			insulation, surfac		T			Nallova	1 3	Repair	3   3	SOL
(13	3)			(12)	Total control		or other miscella	aneous	)			2		Renair		Enclosure
ast man and a ma			Yes	No	N/A									ā	5	
1 <sup>st</sup> Floor Hallway Reading		: 0	井				er Ceiling			30 SF						]
1 <sup>st</sup> Floor Hallway @ Nucle Basement Plant Operation		ine Z	⊢	H			er Ceiling	. 1 - 12		30 SF		X		11		4
Basement –Outside Elev			$\vdash$	H			Fittings & Pipe Ins	ulation		20 LF	ch/15 LF			11-		4
1 <sup>st</sup> Floor Infection Control			H	H		-	roofing			50 SF				++	1	井
1 <sup>st</sup> Floor-Ram next to Infe		trol	Ħ	H	X	-	roofing			100 S				뉘늗	1	뉘
Name of Registered Was				NJ		Vaste	Cubic Yards of	Name					1			-
D		-		100000	uler II		Waste									
Resource Management C	oroup, LL	,		003	35218	8	TBD		Landfill							
City, State Trenton, NJ					Disposal Date TBD	City, S Morris	State ville, PA									
Completed By (Print or Ty	ype)					Signature)		Date					-			
Mr. Brian J. Haney				Pre	esiden	t	AM	0,	NO	\			-201	8		



CR#3331

2 .					1,40	inte of build	ling Owner/Operator	(2)					
	8	/	18		- 1	Verizon			CANDONESS				and the second
Agencies Notified	Type No	tification	on		Str	eet Addres	e	- : :			2	7.7	3
☐ EPA	☐ Initial				100000		ontgomery Place	Lower	1 1 1		- LZ 194 - C. Strand St	1.6 	7
⊠ DOLWD	☐ Amer					y, State, Zip		, Lower Levi					
□ DHSS		ndment		_	11	하면 내용하면 하다 하나 하다.	, PA 15212		40.00	MAR 1	3 21	018	
☐ DCA (NJAC 5:23-8)	⊠ Emer	gency cation)	(includ	ling		me of Conta						465578 12 may 1 may 1	- 1
(**************************************	Cance	10.5			4	nthony P				elephone N			
					_				A.C.	412-633-	4021.	HOL.	Œ
Name of Facility Where A	Abatement	is Tak	ing Pla	re (3)		ACILITY	INFORMATION	TT (= :		The American		140.00	******
Verizon Van Hisevi	lle CO			.00 (0)				Type of Faci					
Street Address								School (K	-12) er 8 (C	ther than K	-12)		
140 W. Veterans Hy	vv							Other (i.e.	., priva	te and com	mercial	buildi	ngs,
City (5)	.,							homes, e	tc.)				
Jackson Twp								Square Feet	Ŧ	of Floors		Bldg.	Age
County (6)					10								
Ocean					0	unty Code (	(7)(STATE USE ONLY)	Current Use	(Prior in	being dem	olished	)	
Name of Monitoring Firm	Hired by D	uildise	0	r (0)	TAGG	4.1			400000000000000000000000000000000000000				
USA Environmental				(۵)	ASCI	M No.	Name of Abateme						
Street Address	wanager	ment					BRISTOL EN	VIRONMENT	AL, II	VC.			
8436 Enterprise Ave							Street Address						
City, State, Zip Code	•						1123 BEAVE	R STREET					
	450						City, State, Zip Co						
Philadelphia, PA 191							BRISTOL, PA	19007					
roject Manager for Monito Mark Jenkins	oring Firm				lephone		Telephone No.		L	icense No.			
						5-5810	215-788-6040			00509			
Start Date (10)	18					ate (11) 18	Name of OSHA M BRISTOL ENV		A1 IN	<u> </u>			
					_		DIVIDIOL LIN	A LI CHAIRICIA I	AL, IN	C.			
Occupancy Status During A	Abatement	(Chec	k only	one)			Stroot Address		(100)				
Occupancy Status During A	During En	itire Pe	riod o	Abate	ement		Street Address						
Facility Closed/Vacated  Abatement Performed C	During En	itire Pe Norma	riod o	Abate	ırs - De	scribe	1123 BEAVER	STREET					
Facility Closed/Vacated	During En	itire Pe Norma	riod o	Abate	ırs - De	scribe	1123 BEAVER City, State, Zip Co	R STREET					
Facility Closed/Vacated Abatement Performed C Time of Abatement:	During En Outside of NAM	itire Pe Norma	riod o	Abate	ırs - De	scribe	1123 BEAVER	R STREET					
Facility Closed/Vacated Abatement Performed C Time of Abatement:  cope of Work (Check all the	During En Outside of NAM	itire Pe Norma	riod o	Abate	ırs - De	scribe	1123 BEAVER City, State, Zip Co BRISTOL, PA	R STREET de 19007					
Facility Closed/Vacated Abatement Performed C Time of Abatement:  cope of Work (Check all the cope of Work)  3 > 3 sf or > 3 lf	During En Outside of NAM	itire Pe Norma	eriod of Facility M/5:0	Abate ty Hou DPM-1	rs - De :30AM	scribe	1123 BEAVER City, State, Zip Co BRISTOL, PA   Full Conta	R STREET  de 19007  sinment with Ne					
Facility Closed/Vacated Abatement Performed C Time of Abatement:  cope of Work (Check all the cope of Yark (Check	During En Outside of NAM	itire Pe Norma	eriod of Facility M/5:0	Abate ty Hou DPM-1	rs - De :30AM	scribe	1123 BEAVER City, State, Zip Co- BRISTOL, PA     Full Conta   Mini-Enclo	de 19007 sinment with Necesure Procedure	egative	Pressure			
Facility Closed/Vacated Abatement Performed C Time of Abatement:  cope of Work (Check all the cope of Work)  3 > 3 sf or > 3 lf	During En Outside of NAM	itire Pe Norma	eriod o I Facili M/ <u>5:0</u>	Abate ty Hou DPM-1	irs - De :30AM ion on	scribe	1123 BEAVER City, State, Zip Co- BRISTOL, PA     Full Conta   Mini-Enclo	R STREET  de 19007  sinment with Ne	egative	Pressure			
Facility Closed/Vacated Abatement Performed C Time of Abatement:  cope of Work (Check all the cope of Section 1) 23 sf or 23 lf 2160 sf or 2260 lf  Location of	During En  Dutside of I  AM-  hat apply)	ntire Pe Norma P	Priod of Facilia M/5:0	Abate ty Hou DPM-1 enovate emoliti s Loca Norma	irs - De 1:30AM tion on		1123 BEAVER City, State, Zip Co BRISTOL, PA  Stull Conta Mini-Enclo Glovebag Non-Exem  Description of	R STREET  de 19007  sinment with Ne psure Procedure ppted (*) and N	egative	Pressure	At	patem	_
Facility Closed/Vacated Abatement Performed Common of Abatement:  cope of Work (Check all the cope of Work (Check all the cope of Work of Check all the cope of Work of Check all the cope of Work (Check all the cope of Work of Check all the cope	During En Dutside of I AM- hat apply)	ntire Pe Norma P	Priod of Facility M/5:0	Abate ty Hou DPM-1 enovate emoliti s Loca Norma ed Sole	irs - De 1:30 AM tion on tion ally ely by	Asbes	1123 BEAVER City, State, Zip Co BRISTOL, PA  Stull Conta Glovebag Non-Exem  Description of stos Containing Mate	R STREET  de 19007  sinment with Ne osure Procedure npted (*) and N	egative	Pressure	At	_	_
Asbestos-Containing Ma  Abatement Performed Control of Abatement:  Cope of Work (Check all the cope of Work (Chec	During En Dutside of I AM- hat apply)	ntire Pe Norma P	Priod of I Facilia M/5:0	Abate ty Hou DPM-1  enovate moliti  Loca Norma ed Solu intena todial	irs - De 1:30 AM tion on tion ally ely by	Asbes	1123 BEAVER City, State, Zip Co- BRISTOL, PA  Stull Conta Mini-Enclo Glovebag Non-Exem  Description of stos Containing Mate, thermal systems in	R STREET  de 19007  sinment with Ne posure Procedure npted (*) and Ne erial (ACM) sulation,	egative	Pressure ble Proced Amount (Specify	At	Datem	_
Facility Closed/Vacated Abatement Performed Common of Abatement:  cope of Work (Check all the last of	During En Dutside of I AM- hat apply)	ntire Pe Norma P	Is Use	Abate ty Hou DPM-1 enovate emoliti s Loca Norma ed Solu intena todial (12)	ion on tion ally ely by staff?	Asbes	1123 BEAVER City, State, Zip Co BRISTOL, PA  Stull Conta Glovebag Non-Exem  Description of stos Containing Mate	de 19007  sinment with Nepsure Procedure opted (*) and Nepsure opted (ACM) sulation, or	egative	Pressure ble Proced		_	_
Facility Closed/Vacated Abatement Performed Common of Abatement:  cope of Work (Check all the least of least o	During En Dutside of I AM- hat apply)	ntire Pe Norma P	Priod of I Facilia M/5:0	Abate ty Hou DPM-1  enovate moliti  Loca Norma ed Solu intena todial	ion on tion ally ely by ance/ Staff?	Asbes (i.e.	City, State, Zip Cor BRISTOL, PA  Spull Conta Mini-Enclor Glovebag Non-Exem  Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	de 19007  sinment with Nepsure Procedure opted (*) and Nepsure opted (ACM) sulation, or	egative	Pressure ble Proced Amount (Specify	At	_	en Encapsulate
Asbestos-Containing Ma  TO BE ABATE  I Sacility Closed/Vacated of Abatement Performed of Abatement:  Cope of Work (Check all the Assessment Performed of Asbestos-Containing Ma  TO BE ABATE IN Facility  (13)	During En Dutside of I AM- hat apply)	ntire Pe Norma P	Is Use	Abate ty Hou DPM-1 enovate emoliti s Loca Norma ed Solu intena todial (12)	ion on tion ally ely by staff?	Asbes (i.e.	1123 BEAVER City, State, Zip Cor BRISTOL, PA  Stull Conta Glovebag Non-Exer  Description of stos Containing Mate, thermal systems in surfacing, VAT, of	de 19007  sinment with Nepsure Procedure opted (*) and Nepsure opted (ACM) sulation, or	egative on-Fria	Pressure ble Proced Amount (Specify	At	_	_
Asbestos-Containing Ma  TO BE ABATE  I Sacility Closed/Vacated of Abatement Performed of Abatement:  Cope of Work (Check all the Assessment Performed of Asbestos-Containing Ma  TO BE ABATE IN Facility  (13)	During En Dutside of I AM- hat apply)	ntire Pe Norma P	Priod of I Facilia M/5:0	Abate ty Hou DPM-1 enovate emoliti s Loca Norma ed Solu intena todial (12)	ion on tion ally ely by ance/ Staff?	Asbes (i.e.	City, State, Zip Cor BRISTOL, PA  Spull Conta Mini-Enclor Glovebag Non-Exem  Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	de 19007  sinment with Nepsure Procedure opted (*) and Nepsure opted (ACM) sulation, or	egative on-Fria	Pressure ble Proced Amount (Specify SF or LF)	At	_	_
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Abatement Performed Continue of Abatement:    Abatement Performed Continue of Abatement:   Cope of Work (Check all the cope of Asbestos-Containing Management (Check all the cope of Asbestos-Containing	During En Dutside of I AM- hat apply)  aterial (ACI ED	ntire Pe Norma P	Priod of I Facilia M/5:0	Abate ty Hou DPM-1 enovate eno	ins - De I:30 AM	Asbes (i.e.	1123 BEAVER City, State, Zip Cor BRISTOL, PA    Full Conta   Mini-Enclor   Glovebag   Non-Exerr    Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous earned mastic	R STREET  de 19007  sinment with Nepsure Procedure Inpled (*) and Nepsulation, or us)  Name of Regis	egative on-Fria	Pressure ble Proced Amount (Specify SF or LF)  16 SF	At	_	_
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Abatement Performed Corime of Abatement:    Abatement Performed Corime of Abatement:   Cope of Work (Check all the cope of National Marketter)   Asbestos-Containing Marketter   Location of Asbestos-Containing Marketter   IN Facility (13)   FI HSB Room    FI HSB Room   Check all the cope of National Marketter   National Marketter	During En Dutside of IAM hat apply)  aterial (ACI ED	ntire Pe Norma P	Priod of I Facilia M/5:0	Abate ty Hou DPM-1 enovate eno	ins - De l:30 AM	Asbes (i.e.	Cubic Yards of Waste	R STREET  de 19007  sinment with Nepsure Procedure Inpled (*) and Nepsulation, or us)  Name of Regis	egative on-Fria	Pressure ble Proced Amount (Specify SF or LF)  16 SF	At	_	_
Facility Closed/Vacated Abatement Performed C Time of Abatement:  cope of Work (Check all the cope of Asbestos-Containing Matter and Seat (Check all the cope of Asbestos-Containing Matter all the cope of Asbestos-Cont	During En Dutside of N AM	ntire Pe Norma P	Priod of I Facilia M/5:0	Abate ty Hou DPM-1 enovate eno	ins - De l:30 AM	Asbes (i.e.	Cubic Yards of Waste	R STREET  de 19007  sinment with Nepsure Procedure Inpted (*) and Nepsulation, or Justin Sulation, or Just	egative on-Fria	Pressure  ble Proced  Amount (Specify F or LF)  16 SF	Removal	_	_
Facility Closed/Vacated Abatement Performed C Time of Abatement:  cope of Work (Check all the cope of Work (Check all the cope of Work of Check all the cope of Work of Check all the cope of Work (Check all the cope of Work of Check all the cope of Work (Check all the cope of Work of Check all the cope	During En Dutside of N AM	ntire Pe Norma P	Priod of I Facilia M/5:0	Abate ty Hou DPM-1 enovate eno	ins - De l:30 AM	Asbes (i.e.	Cubic Yards of Waste	R STREET  de 19007  sinment with Nepsure Procedure Inpted (*) and Nepsulation, or Inputed (*)  Name of Regis  MINERVA  City, State	egative on-Fria	Pressure ble Proced Amount (Specify 3F or LF) 16 SF	Removal	Repair	Encapsulate

	)	(F	Pursuan	t to NJAC	8:60 ar	nd 12:12	0)	in management	EG	E	A D	7 5	<b>C</b>		
Date of Notification (1)			Name o	of Building	Owner/	Operato	r (2)		<u> </u>	- 2	3 -No me +-,		=		
	heck #3139		75000000000	as Regio	onal M	edical	Center	lini							
Agencies Notified Type	e Notification			Address Villiam S	Stroot				MAR	13	3 20	18	111		
EPA DEP	Initial Amended			ate, Zip C					ķ X				g fergu		
☑ DOL	Amendment #			beth, NJ		)			ACCE	-,,- 35 (*)		201 )	a.		
☑ DOH	Emergency (includin justification)	g	Name o	of Contact				-Je	lephone.Ni	mber.		. Calm (	Χ		
DCA	Cancellation		Willia	m Stran	ahan								emila 5-12		
Name of Facility Where Abate	ment is Taking Place	(3)	FAC	ILITY INF	ORMAT	ION	Type of Facility	. /4\							
Trinitas Regional Med C			Room	1			_	201 25							
Street Address							School (K. Subchapte	-12) er 8 (Ot	er than K-1	2)					
225 Williamson Street									& commerc		ldings	, hom	es,		
City (5) Elizabeth							Square Feet 50,000	# d	f Floors	11.0	Bldg. 7	Age			
County (6) UNION	(§			Code (7) USE ONLY	·		Current Use (P Hospital	rior if be	ing demolis						
Name of Monitoring Firm Hired	by Building Owner (8	3)	ASC	M No.		Name		ent Contractor (9)							
N/A	1 8 9	- 2%						rvices Corporation							
Street Address						100000000000000000000000000000000000000	Address 69th Street	et							
City, State, Zip Code	ty, State, Zip Code						state, Zip Code								
B	4						enberg, NJ 07	093							
Project Manager for Monitoring	Project Manager for Monitoring Firm						none No. 295-1700		License N 01074	10.					
Start Date (10)			npletion	Date (11)			ame of OSHA Monitor								
03/05/18	03/12						e as above								
Occupancy Status During Abat	6.50	100													
Facility Closed/Vacated Di Abatement Performed Out Other – Describe: 5 PM to	tside of Normal Facilit	Facility Hours  City, State, Zip Code										741			
Scope of Work (Check All That	Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	percent	Renova Demolit				×									
6	15	s Locati	on				- Non Exempte	14 ( ) 41	a Hon-i nat	1	10000	ement	t		
Location of		Normal ed Sole	ly			scription				_	Т	/pe			
Asbestos-Containing Materi TO BE ABATED	ai (ACIVI) Ma	aintena	nce/	Asbes (i.e.	tos Cont	aining M	laterial (ACM) insulation,	1,00	mount Specify	72		En	ш		
In Facility (13)	Cus	todial S (12)	Staff?	(	surfac	cing, VA	T, or		or LF)	Remova	Repair	caps	Enclosure		
(10)	Yes	No	N/A		othern	niscellan	eous)			val	ļ ¥	Encapsulate	ure		
CT Scanner Are	X	IN/A		Pipe	insula	tion	2	00 LF	x						
					. 100	modia			70 LI	1					
Name of Desistant Wests He	L.														
Name of Registered Waste Hau Tri-State Transfer Associa		Н	JDEP W auler ID 9551		of Was			270	red Landfill rprises Ir						
City, State Bronx, NY		1.			Dispos	al Date	City, Star		OH	x05					
Completed by	Title	TBD Signature			10/11:	sourg	OH Da	to							
Gina Betances	e Mar	Manager Signature Piul				Phuas	_			2018					



JAN 13

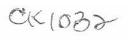
## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			Name	e of Buildir	ng Owner/Operator	(2)	IIII to Co	122	117		1.74
//	18		Dis	santis Co	ontracting, LLC		the common training	80		> =	7
Agencies Notified Type Notifi	ication		Stree	t Address				-	_		111
			31	3 Halyard	d Road		UU MAR	13	201	8	1
☑ DOLWD ☐ Amend	70070			State, Zip					_		i mone
☑ DOH Amenda					h, NJ 08751		L		- 10	- 111 <del>- 4</del> 1	_
	ency (includin	ıg		e of Contac			ACIDA SI				
(NJAC 5:23-8) justifica				ank Disar			Telephone Num				1 - 2
Cancen	ation						732-749-600	19			
Name of Facility Where Abatement is	Taking Plac	0 (3)	FA	CILITY	NFORMATION	I =					
Residence	Taking Plac	e (3)				Type of Facility					
Street Address				P		Other (i.e., )	8 (Other than K-12 private and comme	) rcial b	uilding	js,	
City (5)		-				homes, etc.	3/A				
Lavallette (Chadwick	2000	1)				Square Feet	# cf Floors		dg. A	ge	
County (6)	- Deac	11				1000 sf	1	- 01	65		
			Cou	nty Code (	7)(STATE USE ONLY)		rior if being demolis	shed)			
Ocean						Residence					
Name of Monitoring Firm Hired by Bu	ilding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	)				
N/A		1			Guardian Co	ntracting, Inc.					
Street Address					Street Address		-				
					1889 Route 9	, Unit 61					
City, State, Zip Code					City, State, Zip Co	ode					_
					Toms River,	New Jersey 08	8755				
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.	-			
599					732-349-9932		00624				
Start Date (10)	Scheduled C	Comple	etion Da	ate (11)	Name of OSHA M						
_03_ / _20_ / _18_	03				E.M.S.L. Ana	0.0000					
Occupancy Status During Abatement		- 1									
☐ Facility Closed/Vacated During Ent			mont		Street Address						
☐ Abatement Performed Outside of N				cribe	1056 Stelton						
Time of Abatement:AM	PM/	PM	- -	AM	City, State, Zip Co						
				t) 	Piscataway, I	New Jersey 08	3854			- 1	
Scope of Work (Check all that apply)					□ Eull Cont	ainment with Ne	antino Dennouse				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		enovat			☐ Mini-Enc ☐ Glovebag	losure Procedure	on-Friable Procedu	re			
		Loca						1	atem	ent Ty	vpe
Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)	M) Use	intena	ely by ance/ Staff?		Description o stos Containing Ma ., thermal systems i surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
oxtorior								-	_	_	
exterior				asbesto	os siding		1050 sf				
									П	П	П
			П					10		]	
Name of Registered Waste Hauler		Ц,		Manha	Oubie Venter f	TN				Ш	П
		1680	JDEP \ lauler II		Cubic Yards of Waste	Name of Regis	stered Landfill				
Guardian Contracting, Inc.			20223		3	T.R.R.F.					
City, State	1.0				Disposal Date	City, State			0.7		
Toms River, New Jersey					03/22/18	Tullytown	, Pennsylvania				
Completed By (Print or Type)	Title				Signature		Da	te /	1		
Nicholas Fernicola	Project	Man	ager				0.000	3/9	11	8	
ASB-41								11	11	9	

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

Print Form

Date of Notification (1) 3/09/2018			Name	of Buildin	ng Owner	/Operato	or (2) ent Authorit		The same of the sa	MAR	- †	3 2	018	The state of the s			
Agencies Notified  Type Notification  EPA  DEP  Initial  Amended	7.000		Street 80 H	Address amilton	Avenue		ant Authorit	У	ACC				To Car Ba	æ.			
X DOL Amendmen	ent # cy (includin	g	Trent	State, Zip of ton, NJ of Contact	08611				Telepho				A-41 % - 52	**-1			
DCA Cancellati	on		Al Co	ollins CILITY IN	EODMAT	TION			609 2								
Name of Facility Where Abatement is Tal Mercer County Courthouse (Old Street Address	king Place Courthou	(3) use)	TAC	SILIT IN	PORIVIA	ION	Subch:	I (K-12) apter 8	(Other tha	an K-1	2)						
209 South Broad Street  City (5)  Trenton							Square Fee ~ 40,000		# of Floo			Bldg. 80+		nes,			
County (6) Mercer	111			Code (7)			Current Use	(Prior i	f being de	emolis	- 1						
Name of Monitoring Firm Hired by Building Pennoni Associates Inc.	Owner (8	)	ASCI 0010	M No.		Name	of Abatement per Environ	t Contra	cto (9)		nc						
Street Address 515 Grove Street Suite 1B	Grove Street Suite 1B State, Zip Code						Address idge Road										
City, State, Zip Code Haddon Heights, NJ 08035	y, State, Zip Code addon Heights, NJ 08035						tate, Zip Code enixville, PA										
Project Manager for Monitoring Firm Thomas Adams	oject Manager for Monitoring Firm nomas Adams						Telephone No. 856 656-2912 610 933-4332					License No. 00836					
Start Date (10) 3/20/2018	Schedul 3/21/2	ed Co	ompletion Date (11) Name of OSHA Monito														
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Construction Perso	Period of	Ahater	ment s			Street 42 Ri	Address dge Road ate, Zip Code nixville, PA	1									
Scope of Work (Check All That Apply)   ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	-	Demolition Mini-Ei					Mini-Enclos Glovebag F										
Location of	1	Locat	ly		Doo	cription				771001		Abate	emeni rpe				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai Cust	d Sole intena odial S (12)	nce/	Asbestos Conta			aterial (ACM) insulation, , or		Amount (Specify SF or LF	1	Remova	Repair	Encapsulate	Enclosure			
Ground Floor Switch Gear Room	Yes	No	N/A X		loor Tile	o ond N	Applie		0// 05		17.5		te	Ф			
Exterior Buried			X		ransite			-	35 SF ~ 140 LI		X						
Name of Registered Waste Hauler		NIDER Weste			Cubic Y	/arde	Name	of Desi	ata	- 16							
Horizon Disposal	NJDEP Waste Cub Hauler ID No. of V 10416 ~ 8																
City, State Trenton, NJ	Disposal Date City, State 3/2018 Morrisville, PA				 PA	7											
Completed by Patrick Larney	Title Projec	t Ma	nager			nature -	The state of the s	~~~		3/0	9/20	18		$\dashv$			





Date of Notification (1)		Name of Building Owner / Operator (2)										243.34						
	March 9, 20			Ban	k of Ame	rica				9 5		3 1		-				
Agencies Notified	Type Notific	ation		Stree	et Addres	S		e gen no.2022. A die		W.C. 1	2 00	10	- Company	The sale of the sa				
□EPA □DEP				1090	Route 2	02 Sout	th			MAR 1	3 20	18	- Landerson					
⊠DOL		al		City,	State & Z	Zip Code	9			w d		* 1=57		- [				
⊠рон		ended	u	Bran	chburg,	NJ 088	876	1	A	GBESTOR Lines		. ( i bu	ČŁ.	ĺ				
DCA		endment #	<del>-</del>	Nam	e of Cont	act				C SACROPHIC STATE OF THE PARTY	11.45	nan M		eranue i				
					Nappi	uot*					Telepho 16-972			er er				
				F	ACILITY	INFO	RMATION											
Name of Facility When Bank of America	e Abatement	is Taking	Place (3)				Type of Fac											
Street Address								apter 8 (Other tha	n K-12)									
1090 Route 202 South	1								100	rcial buildin	as hoi	ma a	etc.)					
							Other (i.e., private & commercial buildings, home, etc.  Square Feet # of Floors   Bldg. Age											
City (5)							3,50	00	1		9.7.9	60						
branchburg							Current Use Bank	(Prior if being de	molishe	cl)								
County (6) Somerset		L	County Coo															
Name of Monitoring Fir New York Environment		Building O	wner (8)		ASCM	1 No.	Name of Aba	atement Contract	or (9)									
Street Address							Synatech, Inc. Street Address											
88 Harbor Road City, State & Zip Code							829 Radio Road											
Port Washington, NY	11050						City, State & Zip Code Little Egg Harbor, NJ 08087											
Project Manager for Mo Michael Baudo		Ĭ.	1000	elephone 16-805-27			Telephone Number License Number 609-296-6916 00817											
Scheduled Start Date (*		Schedule	ed Complet		1.00.000		Name of OS		0001	1	_							
March 23, 20 Occupancy Status Duri		- t (Ob 1:		il 23, 201	8		Synatech, Ir Street Addre											
Facility Closed	Nacated Du	ring Entire	e Period of		ent													
Abatement Per		side of No	rmal Hour	S			City, State &	65										
Other – Descri		patement					Little Egg H	arbor, NJ 08087										
Scope of Work (Check														$\dashv$				
							$\boxtimes$	Full Containmer	nt with N	egative Pres	sure							
≥3 sf or ≥ 50 lf	20			Renovati				Mini-Enclosure						i				
≥160 sf or ≥260 I	Ť		Ш	Demolitio	on			Glovebag Proce										
Locati	on of		Ita Lasati	M	ally Used			Non-Exempted	(*) and N	Ion-Friable P								
Asbestos-Containing	ng Material (A	ACM)	Solely b	y Mainter	nance or		Descript Asbestos-C		Amo	unt (Specify	Ab	atem	ent T	ype				
TO BE A			Custo	dial Staff	? (12)	l	Material	(ACM)		SF or LF)								
(13						l i	(i.e., therma nsulation, sur						Ш	_				
							or other misc				Ren	Re	ıca	ncl				
											Remova	Repair	Encapsulate	Enclosure				
				No	N/A					244	<u>=</u>		ate	Гe				
Feller Area					Х	١	Wall and Ceil	30 SF	X									
											- 1							
Name of Registered Waste Hauler NJDEP Was					Cubic \	Yards of	Waste	Name of Regist	ered La	ridfill				$\dashv$				
Synatech, Inc.				429	5			Fairless Hills										
City, State Disposal					al Date		City, State		-									
ittle Egg Harbor, NJ 08087 April 24, 201					4 2012		Morrisville, PA											
Completed By Title Signature						1		Date					_					
iane Aloia		[ Janatana					Kloc 3			0040				1				
		LYGCUIL	e Auminis	otrator	1,000	And Clora March 9, 2018								- 1				

X0104



#### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

	\$ 1.8.M.	34000	(P	ursuant	to NJAC 8:60 and	1 12:2	0/N.J.A.C. 7:26-2.12	)								
Date of N 3/09/2018	otification (1):			uilding (	Owner/Operator (2)			, colongous smaller		. gr, sanga	N. AFADRON	Destruction of the second				
Agencies Notified	Type Notification ☐ Initial ☐ Amended	Stree 190 City	et Addr Muhan , State,	ess: nmad Al Zip Coc	i Avenue Room 209				7 E		W.					
DEP DOH	Amendment#: ☐ Emergency (including justification)	Nam	ne of Co	07108 ontact: nin Olag	adeyo		Telephon 973-733-	ic a suringer	AR 1	3 2	018					
☑ DCA	☐ Cancellation							ASGU:		Ó	mol	. ÚŁ				
					FACILITY INI			The second second second	12 15	i .+ V .	87707-E	ramos s ras.				
	Facility North 10th	h Street Sc	hool				pe of Facility (4):									
284 1st Av	enue						chool (K-12) subchapter 8 (Other than K	(-12)								
City/ (5) Newark	3.55%	ounty (6): ssex		Cour 07107	ty Code (7):		Other (i.e., private & comnuare Feet:	nercial buildings, h # of Floo		etc.)						
						Bldg. Age Current Use: School										
Name of N WHITMA	Monitoring Firm I	Hired by B	uilding	Owner:	ASCM No.: 00110	Name of Abatement Contractor (9):										
100000000000000000000000000000000000000					00110	Apex Development, Inc.										
Street Add	nt Hill Road						eet Address:									
City Ctate	7:- 0-1						8 Broadway									
	e, Zip Code:						y, State, Zip Code:									
	, NJ 08512 anager for Monito	oring Firm:			Telephone No.:	_	wark, NJ 07104 ephone No.:	License No.:								
	Project Manager for Monitoring Firm: Kevin Lovely				732-390-5858		3) 350-0101	01215								
Start Date 3/26/18	(10):	Schedu 3/30/13		mpletion	Date (11):	Na	me of OSHA Monitor: tro Analytical Laborato	ories								
	Status During Abat			one)			eet Address:									
	Closed/vacated Durin nt Performed Outsid				nt	255	West 36th Street, Sui	te 203		1						
Describe:	it i crioinica Outsic	ie or Norma	racing	y riouis		Ne	y, State, Zip Code: w York, New York, 10	0018								
☐ Other Describe:																
880	ork (Check all that	apply):					□ Full C	Containment with	essure							
$\square \ge 3$ sf or $\square \ge 160$ sf	$s \ge 3$ If or $\ge 260$ If			☑ Rend ☐ Dem			☐ Mini- ☑ Glove	Enclosure bag Procedure xempted (*) and l								
			Locat		De	ecrint	ion of				temer ype	nt				
Asbestos-0	ocation of Containing Materi (ACM)	ial Use Ma	Norma ed Sole aintena	ly by -	Asbestos Cont (i.e., therma	taining al syst	g Material (ACM) ems insulation, VAT, or	Amount	Re		1 5555	En				
	BE ABATED N Facility (13)		Staff (12)	?			llaneous)	(Specify SF or LF)	Removal	Repair	Encapsulat	Enclosure				
3 <sup>RD</sup>	FLOO	Yes R	No	N/A					1	-						
	STAIRWELL X NEAR ROOM 301				PIPE INSULATE			12 L.F	*			*				
							1									
JIMMY B	egistered Waste I YRNE TRUCKIN	Hauler: NG	5	19551		No.:	Cubic Yards of Waste: 30	Name of Regi MINERVA E INC.				SSOC,				
City, State: Disposal Date: Bronx, NY 10474					2:		City, State: Waynesburg, OH 44	1688								
Bronx, NY 10474  Completed By: Title:						ature:	Date:									
Chinyelu (		Vice I	President	15		3/09/201	8									

PAID

D						50	( Med	130 L. /!	171	1	)		
Date of Notification (1) 3/9/18				of Building Owr am Kumar	ner/Operat	tor (2)		13 72.6	1				
Agencies Notified Type Notification				Address			-11	1 110	13	201	8	الما	1
X EPA X Initial			o ii o o t	, iddi 000				MAH [	1 ~				F.
DEP Amended			City, S	tate, Zip Code					- 15		11.	Leb Ca	
DOL Amendmen	t#			on NJ			Ì	F.C. i.				۰۹۰ سال	. 4
DOH justification	1			of Contact			1	Telenhin	Sec. 16.	r			
DCA Cancellatio	1		Roby	n Blood				1					
Name of Facility Where Abatement is Takin	ng Place (3	3)	FAC	CILITY INFORM	ATION	Turn		-					
Home	·9 · · · · · · · · · · · · · · · · · ·	-,				Туре	of Facility (						
Street Address							School (K-1 Subchapter	(2) 8 (Other tha	n K-12)				
			176 O				Other (i.e. p	orivate & com	mercia	bui	dings	, hom	nes,
City (5)						Squa	etc.) are Feet	# of Floo	rs	I	Bldg.	Age	
Edison						220		2			35	3-	
County (6) Middlesex			County	Code (7) USE ONLY)				or if being de	molishe	d)	10		
Name of Monitoring Firm Hired by Building	0 (0)					hon							
Name of Monitoring Firm Filed by Building	Owner (8)		ASC	M No.			atement Con						
Street Address						et Addre		l Services	LLC				
							83, 4 E G	are Drive					
City, State, Zip Code							ip Code	a.c Diive					
				,			d, NJ 074	13					
Project Manager for Monitoring Firm			Telepho	one No.	Telep	hone N	o.	Lice	nse No.	}			
Start Date (10)	0.1.1.1					-764-2	THE STATE OF THE S	703	10.				
3/14/18	3/23/18		npletion	Date (11)	Name	e of OSI	HA Monitor						
Occupancy Status During Abatement (Chec					Stree	t Addre							
			nent.		Ollee	i Addie:	55						
Abatement Performed Outside of Norm	al Facility	Hours	ieiii S		City,	State, Z	ip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Processor .	enova				× Ful	I Containme	nt with Nega	tive Pre	ssu	re		
2.00 0.01 2200 11		emolit	ion			Mir Glo	ni-Enclosure ovebag Proce	ecure					
						No	n-Exempted	(*) and Non-	Friable	Pro	cedur	е	
		Locati orma!l										ement	
Location of Asbestos-Containing Material (ACM)		Sole		Ashastas C	Description	n of		0.000	-	-	1 y	ре	
TO BE ABATED In Facility		ntenar odial S		Asbestos Co (i.e. therm	nal system	wateriai is insula	tion,	Amount (Specify	130	D	_	Enc	щ
(13)		(12)	· tuni,		facing, VA r miscella			SF or LF	)	Remova	Repair	apsi	Enclosure
	Yes	No	N/A			110003)				val	Ŧ	Encapsulate	ure
bedroom				- a	111 0				-				
closet	-		X		r tile & n	The second second		150 SF	2	:			
living room	+		Х	1100	r tile & n			40 SF	-				
	-		X		mastic			240 SF	>				
dining room  Name of Registered Waste Hauler		1	X		mastic			150 SF					
			JDEP W auler ID		ic Yards /aste			egistered La					
Fonys Cleanup & Hauling		1	787	TBI			Chrin Br	others Sar	nitary	Lar	dfill		
City, State Bridgewater, NJ	8				osal Date		City, State						
Completed by	Tu			TBI	<u> </u>		Easton,	PA					
A. Scott Higgins	Title   Presid	lent			Signature	1	1		Date				
33	1 16210	CIIL				J. J.	-		3/9/	18			

PAT											Print Forn
(KH 5056		NOT	(Pursua	State of New Jer ION OF ASBESTO ant to NJAC 8:69	S ABAT and 12:1	20)	)EGE		11/7		The state of the s
Date of Notification (1)  Agencies Notified Type Notification			IR	OGC M.	r/Operate	or (2) Fund	HOLMAR 1	3 2	2018	The state of the s	圳
EPA Initial	n			Address	rid	ge Al	2 Ky ista	, Đ.		- A.	
DEP Amended Amendme Emergence	nt#_ v (includi	na	City,	State, Zip Code	sk.	New	Jersey 1	) 7	 	1	1
DOH justification Cancellation	n)	9		of Contact			Telenhone N	lumba	r -	-	ONell in observe a
Name of Facility Where Abatement is Tak	ing Place	(3)		CILITY INFORMA	TION	1 Type of Facili	h. (4)	- 1			
	tome		Pro	pe-ty		Type of Facili	K-12)				
10 River Rd				Ü		Other (i.e	ter 8 (Other than K- e. priva e & comme	·12) rcial bu	ilding	s, hon	nes,
GLA BOOK						Square Feet	# of Floors	tradipala sep	Bldg.		
County (6)				y Code (7) E USE ONLY)		Current Use (I	Prior if being demoli	shed)	)(	27	Ayra king a
Name of Monitoring Firm Hired by Building	Owner (	8)		CM No.	Name	(A C.Co)	au Sl Contractor (9)				
Street Address			our recard		IA	Address	Mation	16	I	7(	
City, State, Zip Code					19	JMM-	brose 17 d		<b>Z</b> i		
					City, S	state, Zip Code	10(4 N)	TA	17	7:	
Project Manager for Monitoring Firm		Marting	Teleph	one No.	Telept	none No.	- License	No.	T)	<u>OC</u>	×
Start Date (10)	Schedu	led Co	mpletion	Date (11)	Name	of OSHA Monito	or I (V)	Vol			
Occupancy Status Guring Abatement (Che	ck Only C	73 (Me)	118		Street	Address					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of mal Facility	Abater ty Heur	ment s			tate, Zip Code		1			To contract the state of the st
Scope of Work (Check All That Apply)					<u></u>				- 11500		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			Z. Lander	Glovebag Pri					Principal Association of the Control
Location of	1	s Locati Normal	lly	De	scription	•		JIG F 10	Abate	ement /pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial s (12)	nce/	Asbestos Con (i.e. fhermal surfa	taining M	aterial (ACM) insulation, Γ, or	Amount Specify SIF or LF)	Removal	Ropair	Encapsulate	Enclosure
C) C	Yes	No	N/A					8		ate	91
+007 +007	and the same of th		12.	Cap block	10		150 1	X			-
utili w (1) set	No.		7	Changet		hia	150 M	X			and the second
0 11 7 6				1100131	36.		1000	1			-
Name of Registered Waste Hauler  NOLLOW (Carrying)			JDEP Wauler ID	No. of Was	ite	_   (h	Registered Landfill	1		I	A Victoria de la companio del la companio de la com
Newark MJ	,			13	al Date	8 City-Sta	5-107, PA				And of the last of
Broum Grice	Title	· o 1	o~/"	Transpret	gnature	1	Da	le ( )	18	>-	
		-			100	4		110	11 0		-



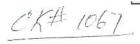
#### New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369 Trenton, NJ 08625-0369 Telephone: 609-826-4950 Fax: 609-826-4975

NOTIFICATION O  Must be submitted 1				ilm	FE	EIV	
	I. NOTIFIC	ATION INFORMA	ATION	V	Han	1 2 2010	
Date of Notification:	/ 2018 ellation	Emergency (mus	t include justificatio			1 3 2018	id.
	II. BUILD	DING INFORMAT	ION				
Name of Building Owner/Operator:		Gi	Ibert Seltzer				
Street Address:  Name of Contact: Steve Coffey (Paul		West Orange ation)	State:	NJ	Zip;	07052	-
	III. FACI	LITY INFORMAT	ION	T. J.			
Name of Facility Where Work Activity is to	Take Place:		Seltzer Resid	dence			
Describe Facility Use:		Reside					
	City:	West Orange	State:	NJ	Zip:	07052	
County Name: Essex		~	(State Use Only):				20
Scheduled Start Date: 03 / 19	/ 2018	Scheduled (	Completion Date:	03	/ 23	/ 2018	
Occupancy Status During Activity (check Facility Closed/Vacated During Entire Activity Performed Outside Normal Facil Other—Describe:	ctivity ity Hours—Desc						
Scope of Work (check all that apply):							
☐ Floor Tile Square	Footage:	683 SF	Percentag	e Asbes	tos:	%	
	Footage:	683 SF	Percentag	e Asbes	tos:	%	
	IV. CONTRA	ACTOR INFORM	ATION.	1. S			
Company Name: Shade Er	nvironmental,	LLC	Talophone N	lo.:	856-758	5-0099	
Street Address: 623 Cutler Avenue	City:	Maple Shade		NJ		08052	
New Jersey Asbestos License Number (if a Monitoring Firm (if applicable): Mgmt. &				lo.:	609-298	3-4070	•
	V.	SIGNATURE					
Completed By (type or print legibly): Christ	ina Lynch	Titl	e:Vice Pre	00-00	of Opera ch 8, 201	200	es 83



Date of Notification (1)				Name	e of Buildin	g Ov	vner/Operator (	(2)		11 -7	f; 2	1,1					
	/	8		Ste	eve John	son	***************************************		EGS	38	Œ	4					
	tification			Street Address  City, State, Zip Code													
⊠ EPA								The state of the s	MAP 12	201	Q		]]]				
□ Ame	nded ndment #			City,	State, Zip (	Code		1.2	MAIL O	LUI	0	- Independent	4				
	gency (i			Ma	rlboro, N	J 07	746	İ					4.00				
	ication)	nciuain	g	Name	of Contac	t		i	/Telephone Num	ber	6	->	- 1				
Cano	0.0			Ste	ve Johns	son											
			2	FA	CILITY IN	IFO	RMATION										
Name of Facility Where Abatemen	is Takir	ig Place	(3)					Type of Facility									
Residence								School (K-12									
Street Address									8 (Other than K-12) rivate and commer		uildin	IS.					
								homes, etc.)									
City (5)								# o Floors	BI	dg. A	ge						
Lavallette								1000 sf	1		65						
County (6)				Cour	nty Code (7	)(STA	ATE USE ONLY)	ior if being demolis	hed)								
Ocean								Residence									
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Name of Abatement Contractor (9)											
N/A						Guardian Contracting, Inc.											
Street Address						Str	eet Address						7				
						1	889 Route 9	, Unit 61									
City, State, Zip Code						Cit	y, State, Zip Co										
						T	oms River, I	er, New Jersey 08755									
Project Manager for Monitoring Fire	n	- A-V-3	Tele	phone	No.	Tel	ephone No.		License No.								
						732-349-9932 00624											
Start Date (10)	Sche	duled C	omple	tion Da	te (11)	Na	me of OSHA M			_							
03 /20 /18		03 /	_ 22	2_/_	18	E	.M.S.L. Anal	lytical									
Occupancy Status During Abateme	nt (Chec	k only	one)			Stre	eet Address										
□ Facility Closed Vacated During						1	056 Stelton										
Abatement Performed Outside	f Norma	I Facilit	y Hou	rs - Des	cribe	City	y, State, Zip Co	ode									
Time of Abatement:AM-		M/	РМ		AM	P	iscataway, N	New Jersey 08	854								
Scope of Work (Check all that apply	/)						D Full Cont	alamaatith Na-	-time Discourse								
≥3 sf or ≥3 lf			novat				☐ Mini-Encl	ainment with Neg losure	jative Fressure								
≥160 sf or ≥260 lf		☑ De	molitic	on			☐ Glovebag	Procedure									
		1 1			T		⊠ Non-Exer	mpted (*) and No	n-Friat le Procedur	1			_				
Location of			Locat				Danasiation			Ab	atem	ent T	уре				
Asbestos-Containing Material (A	CM)	Use	d Sole	ely by	Asbe	stos	Description of Containing Mat		Amount	Rei	Repair	En	E				
TO BE ABATED	30		intena	nce/ Staff?		., the	rmal systems i	nsulation,	(Specify	Remova	pair	cap	Enclosure				
IN Facility (13)		Ous	(12)	Otan:			surfacing, VAT, her miscellaned		SF or LF)	<u>a</u>		Encapsulate	ure				
, , ,		Yes	No	N/A	1	011	nor misochane	Jus/				te					
exterior			$\boxtimes$		asbesto	s si	ding		1000 sf								
										lп	П	П	П				
Name of Registered Waste Hauler			IN	JDEP V	Vaste	Cub	oic Yards of	Name of Regis	tered Landfill	_	_	_					
Guardian Contracting, Inc.			H	auler II		Wa		T.R.R.F.					14				
City, State				20223		Dist	posal Date	City, State									
Toms River, New Jersey							3/22/18		Pennsylvania								
Completed By (Print or Type)	Title	3	-				Signature	1	Da	101	÷						
Nicholas Fernicola	100000	roject	Man	ager		-	Signature	/ 1		3/9	1	5					
		. 0,000	man	-901			10			17	11	2					





Date of Notification (1)			Name of	Building O	wner/Op	erator (2	2)	2770-1871							
03/09/2018			Ao Wu	1				1 percent	/ [3	P	E	11	7 19		
Agencies Notified Type Notification	on		Street A	ddress					1	(y)	2.7			711	T design
EPA Initial												- 50			
DEP Amended				te, Zip Cod				distance of the same of the sa		MAR	13	20	18	1	///
X DOL Amendme	ent # cy (including	- L		ield, NJ 0	7090			14	lai ]		10 KW	1.0		Inexas	nes"
DOH justification	n)			Contact				1	Tel	ephone	Num	ber	- 111 942		
DCA Cancellati	on		Ao Wu	24									, i {	Ł	
Name of Facility Where Abatement is Tai	ring Place (3)		FACI	LITY INFO	RMATIO		Type o	f Facility (	4)	La Hermanya eta 1211		- 12	ulfrie erflere e	nai na kara	
Private Home	ding i lace (5)								00 <b>5</b> 01						
Street Address								chool (K-1 ubchapter		er than	K-12)				
						l h	× o	ther (i.e. p					lings,	home	s,
City (5)							et Square	c.)	1#0	f Floors		TB	ldg. A	70	-
Westfield						,	oquare	1 661	1 " 0	1110013			iug. A	30	
County (6)			County (	Code (7)			Current	t Use (Pric	or if be	ina dem	olishe	ed)			
Union				JSE ONLY)		_   `				g do		~_/			
Name of Monitoring Firm Hired by Buildir	g Owner (8)		ASCN	l No.	1	Name of	f Abate	ment Cor	tractor	(9)					
						Remo	val S	afety LL	C						
Street Address			-			Street A	ddress								
						8 Cros	sby A	ve							
City, State, Zip Code						City, Sta									
								NJ 0750	2				20		
Project Manager for Monitoring Firm			Telephor	ne No.		Telepho				Licens					
						973-4				0133	32				
Start Date (10)	Scheduled		pletion [	Date (11)	1 0			Monitor	0						
03/22/2018	03/23/2							afety LL	.0						
Occupancy Status During Abatement (Ch					1 8	Street A									
Facility Closed/Vacated During Entire Abatement Performed Outside of No	e Period of Al	batem	ent			City, Sta							-		
X Other – Describe: 8:00am-4:30pm	ormai r dollity i	riours			_		200	VJ 0750	2						
Scope of Work (Check All That Apply)												7267			
≥3 sf or ≥3 lf	Пв	enova	tion				Eull (	Containme	ont with	a Nogati	ivo De	00011			
≥ 160 sf or ≥260 lf	promised.	emoliti				×		Enclosure		riveyau	iveri	essui	e		
						×		ebag Prod			-iobl	Dro	and us		
							INOI1-	Exempted	J ( ) al	id Non-r	TIADIO		Abate		
	0.000	ocation or mall	6334										Ту		
Location of Asbestos-Containing Material (ACM)	Used	Sole	y by	Asbesto	Desc s Contai	ription o		ACM)	_	Amount				_	
TO BE ABATED	Mair	ntenar			hermal sy	ystems i	nsulati			Specify		Re	æ	inca	Enc
In Facility (13)		(12)		19	surfacir other mis	ng, VAT, scellane			S	F or LF)		Remova	Repair	Encapsulate	Enclosure
(3)	Yes	No	N/A				/					<u>a</u>	7	late	ıre
	168	INO	IN/A												
External			Х		Exterio	or Sidi	ng		2.2	200 SF		Х			
Main Floor			Х		Kitch	en Tile	es		1	60 SF		х		Х	
Main Floor			Х		Clos	et Tile:	S		2	27 SF		х		Х	
Name of Registered Waste Hauler		- 3 4 3 3 3	JDEP W	\$2006 CWC+00	Cubic Ya			Name of	Regist	ered Lar	ndfill				
Atlantic Carting LLC			auler ID 90713	No.	of Waste	Э		GROW	/S No	rth					
City, State			00/13		Disposal	I Date		City, Stat	е —						
Wayne, NJ					TBD	410		Morris\		PA					
Completed by	Title					nature)	1	. / ,		100	Dat	е			
Lasko Veskov	Presid	dent				100	100	bala	in		03	/09/	2018		

NOTIFICATION OF ASBESTOS ABATEMENT Check#3005 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 03 10 18 Shannon Hajduk MAR 1 3 2018 Agencies Notified Type Notification Street Address ✓ Initial ☐ EPA □ DOLWD Amended City, State, Zip Code Amendment #\_ X DHSS ☐ DCA Belvidere, NJ 07823 Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Shannon Hajduk **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Belvidere, NJ 07823 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if heing demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03 / 19 / 18 03 / 20 / Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_ PM/ PM\_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Remova Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, 'Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X Basement Pipe insulation 145 L.F П П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date Tente Wenad N.Jevtic Owner 03/10/18 ASB-41

State of New Jersey



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	MAR	13	2010

Print Form

Date of Notification (1) 03/08/2018	Name of Building Owner/Operator (2) Alfred Berutti															
Agencies Notified Type Notification	1		Street A	Address				4		Parti	1.	-	-		-R	
EPA	(including	-	Monto Name o	ate, Zip C clair, NJ of Contact	07042	70 20 30			Та	l^ <u>n</u> hone	Numb	er		Ç din		
DCA Cancellatio	n			Berutti					ľ							
Name of Facility Where Abatement is Taki	ng Place (3)		FAC	ILITY INF	ORMAT	ION	Type	of Facility (4	()							
House	.g . 1400 (0)							2504								
Street Address			1				I S	School (K-12 Subchapter Other (i.e. pr etc.)	8 (Ot	ner than & comm	K-12) nercial l	ouile	dings	, hom	es,	
City (5) Montclair							Squar N/A	e Feet	# o	of Floors A			ldg. A	∖ge		
County (6) Essex			County (STATE	Code (7) USE ONLY	)	_	Current Use (Prior if being demolished) House									
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	И No.				ement Cont ement, Inc	ent Contractor (9) ent, Inc.							
Street Address							et Address Rosengren Avenue									
City, State, Zip Code						City, State, Zip Code Totowa, NJ 07512										
Project Manager for Monitoring Firm			Telepho	ne No.		Telephone No. License No. 973-345-8685 01311										
Start Date (10) 03/12/2018	Scheduled 03/16/20		npletion I	Date (11)			of OSH Abate	A Monitor ment								
Occupancy Status During Abatement (Che	ck Only One)					Street	Addres	S								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: occupied	Period of Aba nal Facility H	aten ours	nent			City, St	tate, Zip		ue							
Scope of Work (Check All That Apply)						TOTOV	otowa, NJ 07512									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	announced .	nova nolit				×	Mini Glov	Containmer -Enclosure rebag Proce -Exempted	edure					9		
	Is Lo	cati	on	1-2/2-200				Exempled	Tidble i	-		ement				
Location of	17	mal	ly		Des	Description of					-	_	Ту	ре		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custod (	enar ial S 12)	nce/ Staff?		thermal surface	aining M systems cing, VAT niscelland	insulat Γ, or		( 3	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure	
Description	1 10 THE A	No	N/A											w		
Basement	-	X			Pipe	Insulat	ion		15	50 LF	)	2				
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic	Yards		Name of R	egiste	red Lan	dfill					
D&S Abatement, Inc.				No.	of Was			Waste M	1050			Ą				
City, State Totowa, NJ				Disposal Date TBD				City, State Morrisvill	e, P	Ą						
Completed by Ned Joksimovic	Manager Signat				Signature Date 03/08/2018											

	I FARRO		NOTII	FICATIO	State of N N OF AS at to NJA	BESTOS	ABATE	MENT 0)	Г			C		December 1	W	FILL S
Date of Notification (1) 3/9/18				2000000	of Buildin			1110000000			The second secon	MAR	1	2 0	016	
Agencies Notified	Type Notification	1		Street	Address					14 64	<u> </u>	MAI	_	3 2	018	90300
<b>⊠</b> EPA	✓ Initial															To the last
DEP DOL	Amended Amendmen	+ #		100000000000000000000000000000000000000	tate, Zip (				1		AGB	41.73	75. (		147	Sh
	Emergency		_		Bottom	1 1 - 1 - 1 - 1 - 1 - 1 - 1	008				ar wes	Li				·u
DOH DCA	justification Cancellation	)		Name of Mike	of Contac	t				Te	lephon	e Nu	mber		1107	
Ц вол	L Caricellation	11			ILITY IN								_			
Name of Facility Where	Abatement is Takir	ng Place (	3)	FAU	ILIT IN	ORMAI	ION	Type	of Facility	(4)						
Mike Pagnotta Priv									School (K	2.00000						
Street Address			ä						Subchapte Other (i.e. etc.)	er 8 (Oth	er than & com	n K-12 merci	2) al bui	ldings	, hom	ies,
City (5)	A443							Squa	are Feet	#0	f F oor	S		Bldg.	Age	
Ship Bottom NJ 08	008							100	+ 00	2.	5		1	35+		
County (6)					Code (7)		Current Use (Prior if being demolished)									
Ocean						r)	House									
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.				Abatement Contractor (9)							
Street Address						Street										
City State 7in Cada							PO Box 329									
City, State, Zip Code							City, State, Zip Code									
Project Manager for Mon	itorina Eirm			Talaah .			West Berlin NJ 08091 Telephone No. L cense									
1 Tojour Manager for Mort	itoring Firm			Telepho	ne No.			one N 753-9				se N	0.			
Start Date (10)		Schedule	ed Cor	nnletion	Date (11)		Name		07	21						
3/19/18		3/23/1		pionon		Sam		TA IVIOTILOI								
Occupancy Status During	Abatement (Chec	k Only On	ie)				Street		SS							
X Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire I ed Outside of Norn	Period of A nal Facility	Abatem Hours	ement					ip Code							
Scope of Work (Check Al	That Apply)													0.5-204		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,	_	enova emolit				X	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						e		
		Is	Locati	on				7. 3. 5. 5. 5.							ment	
Location			lormali			Des	scription	of						Ту	ре	
Asbestos-Containing I TO BE ABA In Facilit (13)	TED	Mai	d Sole ntenar odial S (12)	ice/		thermal surface	aining M systems cing, VAT niscelland	insula , or		Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											te	· Co
Exterior Si	ding			х		Exte	rior Sid	ing		330	00 SF		х			
		х														
							APR BURS									
		1														
Name of Registered Wast	e Hauler		I N.	JDEP W	aste	Cubic '	Yards		Name of	Register	ed I a	oden				
United Containers			Ha	auler ID		of Was			G.R.O.		cu Ldi	iulill				
City, State		1	22	2459		5										
Elm NJ					Disposal I				City, Stat		400	<b>-</b>				
Completed by	1 F/	3/23			**************************************											
Anthony T Perna	dent				Signature Date											
				3/9/18					110							