JK2434			(Pu	rsuant		BESTOS ABAT C 8:60 and 5:16		NEGE		\mathbb{V}		
Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	1		-	1	
5/	10 /	16		NJ E	-	rakan je na rakan na napan kan na		MAY 1	6 2	2016		
Agencies Notified	Type Notification	on		Street	Address						1	
⊠ EPA				PO I	BOX 235				001	rr or	71 0	
⊠ DOLWD	Amended			City, St	tate, Zip C	ode		ASBESTOS LICEN	101	(T.	L C.	
□ DOH	Amendmen Emergency			Trer	nton NJ (8685-0235	L	LIVE	A ''-11			
□ DCA (NJAC 5:23-8)	justification		y	Name	of Contact			Telephone Number	er			
(1.67.10 0.20 0)	Cancellatio			Wal	ter Ferna	ndez						
1.				FAC	ILITY IN	FORMATION	-	-				
Name of Facility Where	Abatement is Ta	king Place	e (3)				Type of Facility	(4)				
Residence / Private			100				☐ School (K-1					
Street Address							Subchapter	8 (Other than K-12) private and commerce	ial bu	ilding	~	
							homes, etc.		iai bu	nang:	٥,	
City (5)				A KIIPYSII			Square Feet	# of Floors	Blo	dg. Ag	е	\neg
Woodbridge							1611	1	9	90		
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolish	ed)			
Essex							Bank					
Name of Monitoring Firm	n Hired by Buildin	ng Owner	(8)	ASCM I	No.	Name of Abateme	ent Contractor (9)				
Bioterra Solutions			10 00			Tricon Enter	prises, Inc.					
Street Address			-			Street Address						
PO Box 1224						322 Beers St	reet					
City, State, Zip Code						City, State, Zip Co	ode					
Union, NJ 07083						Keyport, NJ (07735					
Project Manager for Mon	nitoring Firm		Tele	ephone I	No.	Telephone No.		License No.				
Rick Eustaquio			9	73-494	-3762	732-739-1200)	1095				
Start Date (10)	Sc	heduled (Comple	tion Dat	te (11)	Name of OSHA N	Monitor					
5/11/	16	6	/ _24	1_/_	16	N/A						
Occupancy Status Durin	g Abatement (Cl	neck only	one)			Street Address						
□ Facility Closed/Vacat												
Abatement Performed						City, State, Zip Ci	ode					
Time of Abatement: _	AIVI	_PIVI/	PIVI		AIVI							
Scope of Work (Check a	II that apply											
	iii triat appiy)					M Full Con	toinment with No	agative Proceure				
	ш шасарруу	□R	enovat	ion		☐ Full Con ☐ Mini-End		egative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	ш тат арру)		enovat emoliti				closure g Procedure		2			
	ш тасарру)	⊠ D	emoliti	on	ı		closure g Procedure	egative Pressure	1	atem	ant Tu	vne.
⊠ ≥160 sf or ≥260 lf		⊠ D		tion		✓ Mini-End✓ Gloveba✓ Non-Exe	closure g Procedure empted (*) and N		Ab	ateme		
≥160 sf or ≥260 lf Location Asbestos-Containing	n of Material (ACM)	⊠ D Us	s Loca Norma ed Sol	tion ally ely by			closure g Procedure empted (*) and N of aterial (ACM)	on-Friable Procedure	Ab			
≥160 sf or ≥260 lf Location Asbestos-Containing TO BE AB	n of Material (ACM) ATED	Us M	s Loca Norma	tion ally ely by ance/		Mini-End Gloveba Non-Exe Description of the stos Containing Ma	closure g Procedure empted (*) and N of aterial (ACM) insulation,	on-Friable Procedure Amount (Specify	Ab	ateme Repair		
≥160 sf or ≥260 lf Location Asbestos-Containing	n of Material (ACM) <u>ATED</u> lity	Us M	s Loca Norma sed Sol aintena	tion ally ely by ance/ Staff?			closure g Procedure empted (*) and N of aterial (ACM) insulation,	on-Friable Procedure	1			e Enclosure
≥160 sf or ≥260 lf Location Asbestos-Containing TO BE AB IN Facil	n of Material (ACM) <u>ATED</u> lity	Us M	s Loca Norma sed Sol aintena stodial (12)	tion ally ely by ance/ Staff?		Mini-End Gloveba Non-Exe Description of the stos Containing Machanian Surfacing, VAT	closure g Procedure empted (*) and N of aterial (ACM) insulation,	on-Friable Procedure Amount (Specify	Ab		ent Ty Encapsulate	
≥160 sf or ≥260 lf Location Asbestos-Containing TO BE AB IN Facil	n of Material (ACM) <u>ATED</u> lity	Us M	s Loca Norma sed Sol aintena stodial (12)	tion ally ely by ance/ Staff?	(i.e	Mini-End Gloveba Non-Exe Description of the stos Containing Machanian Surfacing, VAT	closure g Procedure empted (*) and N of aterial (ACM) insulation, c, or eous)	on-Friable Procedure Amount (Specify	Ab Removal			
Location Asbestos-Containing TO BE AB, IN Facil (13)	n of Material (ACM) ATED lity t Bedroom	Us M Cu	s Loca Norma led Sol aintena stodial (12)	tion ally ely by ance/ Staff?	Green I	Description of stos Containing Mass., thermal systems surfacing, VAT other miscellane	of caterial (ACM) insulation, or eous)	Amount (Specify SF or LF)	A Removal		Encapsulate [
Location Asbestos-Containing TO BE AB IN Facil (13) 1st Floor Small Right	n of Material (ACM) ATED lity t Bedroom	Us M Cu	s Loca Norma sed Sol aintena stodial (12)	tion ally ely by ance/Staff?	Green I	Description of stos Containing Mac, thermal systems surfacing, VAT other miscellane	of caterial (ACM) insulation, or eous)	Amount (Specify SF or LF)	Ab Removal		Encapsulate [
Location Asbestos-Containing TO BE AB. IN Facil (13) 1st Floor Small Right 1st Floor Back Left L	n of Material (ACM) ATED lity t Bedroom	Us M Cu	s Loca Norma led Sol aintena stodial (12)	tion allly ely by ance/ Staff? N/A	Green I Grey Pi Black F	Description of stos Containing Management of the miscellane of the Sealant at Police of the Seal	elosure g Procedure g Procedure empted (*) and N of aterial (ACM) insulation, , or eous) am Streaks enetration er Pipe Ins	Amount (Specify SF or LF) 126 SF 2 SF 5 SF 12 LF	Ab Removal		Encapsulate [
Location Asbestos-Containing TO BE AB. IN Facil (13) 1st Floor Small Right 1st Floor Back Left L Roof Chminey & Ver	n of Material (ACM) ATED lity t Bedroom aundry	Us M Cu Yes	s Loca Norma ded Sol aintena stodial (12)	tion ally ely by ance/Staff?	Green I Grey Pi Black F White C	Description of Store Containing Management of Store Containing Corrugated Paper Country Containing Corrugated Paper Country Containing Corrugated Paper Country Country Containing Corrugated Paper Country	elosure g Procedure empted (*) and N of aterial (ACM) insulation, , or eous) am Streaks enetration er Pipe Ins Name of Reg	Amount (Specify SF or LF) 126 SF 2 SF 5 SF 12 LF	Ab Removal		Encapsulate [
Location Asbestos-Containing TO BE AB. IN Facii (13) 1st Floor Small Right 1st Floor Back Left L Roof Chminey & Ver Rear Crawlspace	n of Material (ACM) ATED lity t Bedroom aundry nts	Us M Cu Yes	s Loca Norma ded Sol aintena stodial (12)	tion ally ely by ance/Staff?	Green I Grey Pi Black F White C	Description of Stos Containing Manager of Stos C	elosure g Procedure empted (*) and N of aterial (ACM) insulation, , or eous) am Streaks enetration er Pipe Ins Name of Reg	Amount (Specify SF or LF) 126 SF 2 SF 5 SF 12 LF	Ab Removal		Encapsulate [
Location Asbestos-Containing TO BE AB, IN Facil (13) 1st Floor Small Right 1st Floor Back Left L Roof Chminey & Ver Rear Crawlspace Name of Registered Wa	n of Material (ACM) ATED lity t Bedroom aundry nts	Us M Cu Yes	s Loca Norma ded Sol aintena stodial (12)	tion allly ely by ance/ Staff? N/A	Green I Grey Pi Black F White C	Description of Store Store Containing Management of Store Containing Corrugated Paper Country Corrugated Paper Country Corrugated Paper Country Corrugated Paper Country Co	closure g Procedure g Procedure empted (*) and N of atterial (ACM) insulation, , or eous) am Streaks enetration er Pipe Ins Name of Reg Cumberla	Amount (Specify SF or LF) 126 SF 2 SF 5 SF 12 LF sistered Landfill and County Landfill	Ab Removal		Encapsulate [
Location Asbestos-Containing TO BE AB. IN Facil (13) 1st Floor Small Right 1st Floor Back Left L Roof Chminey & Ver Rear Crawlspace Name of Registered Wa Freehold Cartage,	n of Material (ACM) ATED lity t Bedroom aundry nts	Us M Cu Yes	s Loca Norma ded Sol aintena stodial (12)	tion allly ely by ance/ Staff? N/A	Green I Grey Pi Black F White C	Description of Stos Containing Manager of Stos C	of aterial (ACM) insulation, or eous) am Streaks enetration Pripe Ins Name of Reg Cumberla	Amount (Specify SF or LF) 126 SF 2 SF 5 SF 12 LF sistered Landfill and County Landfill	Ab Removal		Encapsulate [
Location Asbestos-Containing TO BE AB. IN Facil (13) 1st Floor Small Right 1st Floor Back Left L Roof Chminey & Ver Rear Crawlspace Name of Registered Wa Freehold Cartage, City, State	n of Material (ACM) ATED lity t Bedroom aundry nts ste Hauler Inc.	Us M Cu Yes	s Loca Norma ded Sol aintena stodial (12)	tion allly ely by ance/ Staff? N/A	Green I Grey Pi Black F White C	Description of Store Containing Management of Store Containing Corrugated Paper Country Coun	closure g Procedure g Procedure empted (*) and N of atterial (ACM) insulation, , or eous) am Streaks enetration er Pipe Ins Name of Reg Cumberla	Amount (Specify SF or LF) 126 SF 2 SF 5 SF 12 LF sistered Landfill and County Landfill	A Removal		Encapsulate	

Continuation Sheet

MAY 1 6 2016

Name of Facility Where Abatement is Taking Place (3) ETT STOS CONTROL & 584 Bamford Abatement Type Is Location Normally Used Description of Location of Repair Enclosure Encapsulate Removal Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A \boxtimes Transite Siding (under vinyl) 454 SF \boxtimes Rear Wall & Front Porch

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

K 2434		NO					ESTOS ABAT 8:60 and 5:16			EGE				
Date of Notification (1)			-	T	Name o	f Building	Owner/Operator (2	2)	m					
	10 /	16			NJ D					MAY	1 6 20	116		ᆀ
Agencies Notified	Type Notification	on			Street A	ddress								Į.
⊠ EPA					PO B	OX 235				ACRECTOS	CONT	ROL	2	
□ DOLWD	☐ Amended				City, Sta	ate, Zip Co	ode			LICE	ENSING		7.500	
□ DOH					Trent	ton NJ 0	8685-0235							
DCA			ing	+	Name o	f Contact			T	elephone Nu	mher		40	
(NJAC 5.23-0)					Walte	er Fernai	ndez							
							ORMATION							
Name of Facility Where	Abatement is Ta	king Pla	ace (3)				Type of Fac	cility (4)					
								☐ School (
	o Dwelling									Other than K-		و ماله (:	_	
Street Address								homes,		ate and comm				
City (5)	, , , , , , , , , , , , , , , , , , ,						*	Square Fee	et	# of Floors 2.5		dg. Ag 8 7	je	
Woodbridge									/D :) (
County (6)					Count	y Code (7)	(STATE USE ONLY)		e (Prior	if being demo	olisnea)			
Essex								Bank						
Name of Monitoring Firm	n Hired by Buildin	ng Owr	ner (8)	ASCM N	lo.	Name of Abateme	ent Contracto	or (9)					
Bioterra Solutions							Tricon Enter	prises, Inc						
Street Address							Street Address							
PO Box 1224							322 Beers St	reet						
							City, State, Zip C	ode						
							Keyport, NJ	07735						
	te of Notification (1) 5					lo.	Telephone No.			License No.	1			
	O Box 1224 r, State, Zip Code Inion, NJ 07083 ject Manager for Monitoring Firm Lick Eustaquio				73-494-	000000000000000000000000000000000000000	732-739-1200)		1095				
	Sc	chedule	ed Co	mple	tion Date	e (11)	Name of OSHA N	Monitor						
				70)	_ / _		N/A							
Occupancy Status Durin	ng Abatement (C	heck o	nly or	ne)			Street Address							
					ment									
☐ Abatement Performe	ed Outside of No	rmal Fa	acility	Hou	rs - Desc	cribe	City, State, Zip C	ode						
Time of Abatement:	AM	_PM/_		_PM-		AM	33 miles (# 70 miles (* 50 mil							
Scope of Work (Check a	all that apply)							50 150 GOV 570	S 1650					
A		_	-	2	2555		□ Full Cor □ Mini-End		th Nega	tive Pressure				
≥3 sf or ≥3 lf ≥160 sf or >260 lf		-	Rer Der					g Procedure	e					
₩ ≥ 100 SI OI ≥200 II			g D0,		0.1		⊠ Non-Exe	empted (*) a	nd Non	-Friable Proce	edure			
			ls	Loca	tion	7					At	atem	ent T	ype
Locatio	n of			lorma			Description			72 73	R	R	ш	匝
)			ely by ance/		stos Containing M., thermal systems)	Amount (Specify	Removal	Repair	lcar	CO
			100000		Staff?	(1.6	surfacing, VAT	Γ, or		SF or LF)	val	-	Encapsulate	Enclosure
				(12)			other miscellan						ate	0
			Yes	No	N/A					40415				
Throughout - Duct I	Risers						aper Duct Insul			164 LF				
0.5 Floor Througho	ut	[lastic Under Ce	eramic Tile		365 SF				屵
	ents]					Roof Flashing			24 SF				무
Exterior - Windows		[⊠ ⊠		Cubic Yards of		Regist	480 LF ered Landfill				
The same of the sa				1.00	NJDEP \ Hauler II		Waste	1000000		d County La	andfill			
Freehold Cartage,	, inc.				S226		10	elisevelisises		a Journey Lo				
City, State							Disposal Date	City, Sta						
Freehold, NJ							6/24/2016	Newb	ourgh,	PA				
Completed By (Print or	Type)	Title					Signature	7 1	,		Date	1	/	
Thomas Camarda		Pro	oject	Mar	nager		+10	ZO	_	_	5/	10/1	16	

ASB-41 JAN 13

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

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 10 / 16 NJ DEP Agencies Notified Type Notification Street Address **⊠** EPA PO BOX 235 ☑ DOLWD ☐ Amended ASBESTOS CONTROL & City, State, Zip Code Amendment #_ □ DOH LICENSIM Trenton NJ 08685-0235 ☑ DCA ☐ Emergency (including Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Walter Fernandez **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☐ School (K-12) Residence / Private Dwelling Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) # of Floors City (5) Square Feet Bldg. Age 1611 90 Woodbridge 1 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Bank Essex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Bioterra Solutions Tricon Enterprises, Inc. Street Address Street Address PO Box 1224 322 Beers Street City, State, Zip Code City, State, Zip Code Union, NJ 07083 Keyport, NJ 07735 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rick Eustaquio 973-494-3762 732-739-1200 1095 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 5 / 11 / 16 6 / 24 / 16 N/A Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/____PM-___AM Scope of Work (Check all that apply) \boxtimes \geq 3 sf or \geq 3 lf \boxtimes \geq 160 sf or \geq 260 lf Mini-Enclosure Renovation □ Demolition ☐ Glovebag Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Removal Used Solely by Amount Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)(13)other miscellaneous) Yes No N/A X Wet Demolition X \times X П П X X X \boxtimes П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management - Tullytown Olexion Rubbish Hauling 14042 200 Disposal Date City, State City, State Middlesex, NJ 6/24/2016 Tullytown, PA Completed By (Print or Type) Signature Thomas Camarda Project Manager

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 10 / 16 NJ DEP 5 MAY 1 6 2016 Agencies Notified Type Notification Street Address **⊠** EPA M Initial PO BOX 235 ☐ Amended □ DOLWD City, State, Zip Code Amendment #_ ☐ DOH Trenton NJ 08685-0235 ☐ Emergency (including ☑ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) ☐ Cancellation Walter Fernandez FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Residence / Private Dwelling Subchapter 8 (Other than K-12) Street Address ○ Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) 1074 1.5 80 Woodbridge County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Bank Essex ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Tricon Enterprises, Inc. Bioterra Solutions Street Address Street Address 322 Beers Street PO Box 1224 City, State, Zip Code City, State, Zip Code Keyport, NJ 07735 Union, NJ 07083 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 1095 732-739-1200 973-494-3762 Rick Eustaquio Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) __5__ / __11__ / __16__ 6 / 24 / 16 N/A Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM

Scope of Work (Check all that apply)	□ Re ⊠ De	novati molitic				Procedure	native Pressure	e			
	2.00	Locat						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	Norma ed Sole intena todial (12)	ely by ince/		Description o estos Containing Ma e., thermal systems surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
V 2-70	Yes	No	N/A								
1st & 2nd Floor Walls			\boxtimes	Grey F	Rough Coat Plast	er	2,765 SF	\boxtimes			
Basement Chimney Flue			\boxtimes	Grey F	lue Cement		4 SF				
Basement Windows (incl stored)				Windo	w Glazing		84 LF				
1st Floor Right Rear Bedroom			\boxtimes	1x1 W	ood Pattern Floor	r Tile	112 SF				
Name of Registered Waste Hauler Freehold Cartage, Inc.	d Waste Hauler NJI			Waste D No.	Cubic Yards of Waste 15	Name of Regis	stered Landfill nd County Land	fill			
City, State Freehold, NJ					Disposal Date 6/24/2016	City, State Newburgh	, PA				

Completed By (Print or Type)
Thomas Camarda

Project Manager

Continuation Sheet Name of Facility Where Abatement is Taking Place (3) ASDESTOS CONTROL & Claire Ave LICEN SAbatement Type Is Location Normally Used Solely by Description of Location of Removal Repair Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No 400 LF Exterior Windows & Doors \boxtimes Caulk at clapboard siding seams \boxtimes Black Roof Flashing 10 SF \boxtimes Roof Chimney & Vents 30 SF Silver-Painted Green Roof Shingle X 1st Floor Livingroom Bump out Roof Transite Ceiling Panels 10 SF \boxtimes Basement 6 LF Fitting/Joint Insulation Remannts X Basement Pipe Remnants

CK 2434				(Pur	suant	to NJA	C 8:60 and 5:16)	FRE	; _[]	7//	E	1
Date of Notification (1)				T	Name o	of Building	Owner/Operator (2	2)		U	L-I	-	\Box
5 /	10 / _	16	_		NJE	EP			134			1	
Agencies Notified	Type Notificat	ion			Street /	Address			LI MAY	6	2016		
⊠ EPA					PO E	3OX 235			i				
□ DOLWD	☐ Amended			-	City, St	ate, Zip C	ode		ASBESTOS	00	ITD	21 8	
□ DOH	Amendmer						8685-0235	1	LICE			JL C	χ.
□ DCA (NJAC 5:23-8)	☐ Emergency justification		uding	H	Name	of Contact			Telephone Number				
(113/10 3.23-0)	☐ Cancellation				Walt	er Ferna	ndez						
					FAC	ILITY IN	FORMATION						
Name of Facility Where	Abatement is Ta	aking F	Place	(3)		The second second		Type of Facility	(4)				
Residence / Private	e Dwelling							School (K-1					
Street Address								Subchapter	8 (Other than K-12) private and commerc	ial bui	lding	5,	
								homes, etc.	A).	I DI-	I - A -		
City (5)								Square Feet 1755	# of Floors		lg. Ag 50	е	
Woodbridge					Count	h. Codo (7)	VETATE LISE ONLY)	I I I I I I I I I I I I I I I I I I I	rior if being demolish		,0		
County (6) Essex					Coun	ty Code (7)	(STATE USE ONLY)	Bank	nor it being demoisi	ieu)			
Name of Monitoring Firm	Lirod by Buildi	ina Ov	woor /S	2)	ASCM N	No	Name of Abateme)				
Bioterra Solutions	-77	ing Ov	wiei (c	' '	- OCIVI I	10.	Tricon Enter		/				
Street Address							Street Address						
PO Box 1224							322 Beers St	reet					
City, State, Zip Code							City, State, Zip Co	ode					
Union, NJ 07083							Keyport, NJ (7735					
Project Manager for Mor	nitoring Firm			Tele	phone N	Vo.	Telephone No.	100000000000000000000000000000000000000	License No.				
Rick Eustaquio				97	3-494-	3762	732-739-1200		1095				
Start Date (10)				3/3	tion Dat		Name of OSHA M	Ionitor					
5/11/	16	6	/	24	_ / _	16	N/A						1116
Occupancy Status Durin							Street Address						
☐ Facility Closed/Vacat						vi							
Abatement Performe Time of Abatement:							City, State, Zip Co	ode					
		2											
Scope of Work (Check a	all that apply)						☐ Full Con	tainment with Ne	egative Pressure				
≥3 sf or ≥3 If		Į.		novati			Mini-End						
≥160 sf or ≥260 lf		1	□ Der	molitic	on			g Procedure empted (*) and N	on-Friable Procedur	е			
			ls	Locat	ion					-	atem	ent T	уре
Location				lorma d Sole			Description of			70	R	ш	ш
Asbestos-Containing TO BE AB)		intena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Faci			Cust		Staff?	(1.0	surfacing, VAT	, or	SF or LF)	val	7	sul	sure
(13)		-		(12)	1	-	other miscellane	eous)				ate	
	507250 7.00		Yes	No	N/A				0515				
Basement Mechanic	cal Closet		Ш	Ш			Rib Insulation		25 LF				
1 st /2 nd Floor Stairwe	II					Black A	Adhesive at Woo	d Paneling	240 SF		Ш	Ш	Ш
Roof - Chimney & V	ents					Black F	Roof Flashing	7	10 SF				
Exterior - Doors						Exterio	r Door Caulk		42 LF				
Name of Registered Wa	iste Hauler			933	JDEP \		Cubic Yards of		istered Landfill				
Freehold Cartage,	Inc.				S226		Waste 40	Cumberla	and County Land	fill			
City, State							Disposal Date	City, State	10000-10040				
Freehold, NJ							6/24/2016	Newburg	h, PA				
Completed By (Print or	Type)	Title					Signature	7/1	Da	te/	/.		
Thomas Camarda		Pr	oject	Man	ager		+ 1 4	- Cal		110	116		
100 11				_						/			

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

JAN 13

			•		Inil .	0	201	6	1111
Name of Facility Where Abatement is Taking 76 Crampton	Place (3)			LI LI MAY				1
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Norr S Mai Cust	Locationally Uolely bottom odial S (12)	sed y ice/ taff?	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	ASBESTOS LICE Amount (Specify SF or LF)	Removal	Repair	Encapsulate	e Enclosure
	Yes	No	N/A		050 1 5	N/A			
Exterior - Windows	Ш	Ц		White Caulk at Siding - Casing Joint	270 LF				
Exterior - Basement Windows		Ш		Basement Window Caulk	40 LF		Ц	Ц	
Exterior - Below Grade CMU Fndtn.				Black Tar Vapor Barrier on Foundation				Ш	Ш
Exterior - Siding				Transite Siding	2,240 SF -		Ш	Ш	Ш
						Ш	Ш	Ш	Ш
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JAN 13

CK 2434			(Pu	rsuan	t to NJA	C 8:60 and 5:16	5)	IN E G E	· [W		F
Date of Notification (1) 5 /	10 / 1	6			of Building	Owner/Operator (2)			204	0	
Agencies Notified	Type Notificatio	n		Street	Address			MAY-	16	50,	b	1
⊠ EPA	□ Initial			РО	BOX 235							
⊠ DOLWD	Amended			City, S	tate, Zip C	ode		ASSESTO	SOC	TM	10L	&
□ DOH □ DCA	Amendment Emergency		9	Trei	nton NJ (08685-0235		Lin	ENS	ING		
(NJAC 5:23-8)	justification)			Name	of Contact	:		Telephone Number	∋r			
	☐ Cancellation			Wal	ter Ferna	andez		1				
				FAC	CILITY IN	FORMATION						
		ing Place	(3)				Type of Facility					
	Dwelling						Subchapter	2) 8 (Other than K-12)				
Street Address							Other (i.e., p	rivate and commerc	ial bu	ilding	s,	
City (F)							homes, etc.)		DI	1. 6		
City (5)							Square Feet 1131	# of Floors	7.5	dg. A	ge	
County (6)				Cour	ty Codo /7)(STATE USE ONLY)	1.17(1)	ior if being demolish		04		
Essex	sex of Monitoring Firm Hired by Building Own oterra Solutions t Address Box 1224 State, Zip Code			Court	ity Code (7)(STATE USE CIVLT)	Bank	ior ir being demoisi	eu)			
Name of Monitoring Firm	boodbridge ty (6) sex of Monitoring Firm Hired by Building Over Solutions t Address Box 1224 State, Zip Code ion, NJ 07083 ct Manager for Monitoring Firm ck Eustaquio Date (10) Schedu 5 / 11 / 16 6 pancy Status During Abatement (Check of Solutions) patient Closed/Vacated During Entire Period Statement Performed Outside of Normal Firm Contact Performed Outside Out				No.	Name of Abateme			-			
Bioterra Solutions	idence / Private Dwelling Address odbridge (6) ex of Monitoring Firm Hired by Building Overa Solutions Address Box 1224 tate, Zip Code on, NJ 07083 t Manager for Monitoring Firm x Eustaquio Date (10)					Tricon Enter	prises, Inc.					
Street Address	odbridge (6) ex of Monitoring Firm Hired by Building Ownerra Solutions Address Box 1224 tate, Zip Code on, NJ 07083 Manager for Monitoring Firm a Eustaquio ate (10) b					Street Address						
PO Box 1224						322 Beers St	reet					
City, State, Zip Code						City, State, Zip Co	ode					
Union, NJ 07083						Keyport, NJ (07735					
	itoring Firm		1	phone		Telephone No.		License No.				
Rick Eustaquio			100000	73-494		732-739-1200		1095				
Start Date (10)			- 50		7/1, 235	Name of OSHA N	lonitor					
				_ ′ -	10							
				ment		Street Address						
					cribe	City, State, Zip Co	ode					
						Oity, State, Zip Ot	oue					
Scope of Work (Check al	Il that apply)											
≥3 sf or ≥3 If	*	☐ Re	novati	on			tainment with Neg	gative Pressure				
≥160 sf or ≥260 lf		☑ De					g Procedure					
		1					mpted (*) and No	on-Friable Procedure	1			
Location	of	1000	Locat Norma			Description of	of		-	atem		
Asbestos-Containing	Material (ACM)		d Sole			stos Containing Ma	iterial (ACM)	Amount	Ren	Repair	Enc	Enc
		500.000	intena todial	Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	air	apsı	Enclosure
(13)	ity		(12)			other miscellane		01 01 21)	-		Encapsulate	-G
		Yes	No	N/A								
1st Floor Bathroom					Black G	Sue Dots at Mirro	or	12 SF				
1st Floor Kitchen					9"x9" G	rey Floor Tile w	rith Spots	156 SF				
Througout - Duct Ris	sers				Paper D	Ouct Insulation		90 LF				
Roof - Chimney & Ve	ents				Black R	Roof Flashing		8 SF				
Name of Registered Was	ste Hauler		1000	JDEP \		Cubic Yards of	Name of Regis	stered Landfill				
Freehold Cartage, I	Inc.		H	S2265		Waste 10	Cumberla	nd County Landf	ill			
City, State			-			Disposal Date	City, State					
Freehold, NJ						6/24/2016	Newburgh	, PA				
Completed By (Print or T	ype) T		1000			Signature	7/	Dat	e /	/.	1	
Thomas Camarda	ridge Ionitoring Firm Hired by Building Ora Solutions ress 1224 Zip Code NJ 07083 nager for Monitoring Firm Istaquio (10) Schedu / 11 / 16 6 / Status During Abatement (Check Closed/Vacated During Entire Peri Ion Performed Outside of Normal Ion Ion Herformed Outside of Normal Ion Ion Schedu / Status During Abatement (Check Closed/Vacated During Entire Peri Ion Performed Outside of Normal Ion Ion Physical Ion Ion Schedu / Status During Abatement (Check Closed/Vacated During Entire Peri Ion Performed Outside of Normal Ion Ion Physical Ion Ion Schedu / Status During Abatement (Check Closed/Vacated During Entire Peri Ion Performed Outside of Normal Ion Ion Physical Ion Ion Physical Ion Ion Be ABATED IN Facility (13) Bathroom Kitchen Int - Duct Risers Inimney & Vents Ion					< .	a lu	_ 5	110	5//7	6	
ASB-41									1	1		

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

State of New Jersey

CK2434		ľ	NOTIF					10S ABA1 60 and 5:16		IDE	G E			
Date of Notification (1)					Name o	of Building	Own	ner/Operator (2	2)	Inil				11
5/	10 /	16	_		NJ D	1000 m					IAY 1	6 20)16	
Agencies Notified	Type Notific	ation			Street A	Address								
					PO E	3OX 235				ASSE	STOS (CON	RO	L &
□ DOLWD □					City, St	ate, Zip Co	ode				LICEN	SHIC	à	
DOH	The state of the s		lu alia a		Tren	ton NJ 0	868	5-0235						
DCA (NUAC 5:23.8)			luaing	t	Name o	of Contact				Telephone Nu	umber			
(NJAC 3.23-0)	1 2	100			Walt	er Ferna	nde	z						
					FAC	ILITY IN	FOR	RMATION						
Name of Facility Where A	Abatement is	Taking	Place	(3)	1710				Type of Facility ((4)				
The state of the s									School (K-12		40)			
Street Address									☐ Subchapter 8☑ Other (i.e., pr			ıildina	S.	
									homes, etc.)					
City (5)									Square Feet	# of Floors	В	dg. Ag	ge	
Woodbridge	(5) Voodbridge Inty (6) SSEX The of Monitoring Firm Hired by Building Officerra Solutions The Address O Box 1224 The State, Zip Code The Monitoring Firm The Address The Addre													
County (6)	sidence / Private Dwelling Address Solutions Address Solutions Address Address Address Address Address Box 1224 State, Zip Code ion, NJ 07083 Ct Manager for Monitoring Firm Ck Eustaquio Date (10) Date (10) Date (10) Schedu pancy Status During Abatement (Check acility Closed/Vacated During Entire Peri					y Code (7)	(STA	TE USE ONLY)	Current Use (Pri	or if being dem	olished)			
Essex	Amendment #_ Emergency (indigustification) Cancellation Cancellat								Bank					
Name of Monitoring Firm	e of Notification (1) 5					No.			ent Contractor (9)					
Bioterra Solutions	Monitoring Firm Hired by Building Own ra Solutions dress ox 1224 e, Zip Code f, NJ 07083 anager for Monitoring Firm sustaquio e (10) e (11) f 16 f 6 cy Status During Abatement (Check or y Closed/Vacated During Entire Period ment Performed Outside of Normal Fa							ricon Enter	orises, Inc.					
Street Address	Cancellation e of Facility Where Abatement is Taking F sidence / Private Dwelling t Address 5) codbridge ty (6) sex e of Monitoring Firm Hired by Building Overra Solutions et Address Box 1224 State, Zip Code iion, NJ 07083 ect Manager for Monitoring Firm ck Eustaquio Date (10) Date (10) Schedu 5 / 11 / 16 6 iippancy Status During Abatement (Check of acility Closed/Vacated During Entire Periodetement Performed Outside of Normal Firm of Abatement:PM. iie of Work (Check all that apply) 3 sf or ≥3 If						-	eet Address						
PO Box 1224								22 Beers St						
City, State, Zip Code								y, State, Zip Co						
Union, NJ 07083								(eyport, NJ (07735					
Project Manager for Mor	nitoring Firm			115-120-5-5-5	phone i	10000000	11012	ephone No.		License No.				
Rick Eustaquio					73-494-			32-739-1200		1095				
Start Date (10)					tion Dat		38.75	me of OSHA N I/A	Monitor					
			7.77			10		PARAGE.						
					on o n t		Stre	eet Address						
						cribe	Cit	y, State, Zip C	odo					
							City	y, State, Zip Ci	ode					
Scope of Work (Check a	all that apply)							N 5.11 C	taianaant uith No	activo Proceuro				
☑ >3 of or >3 If			П Re	novati	ion				tainment with Neg closure	gative Pressure	;			
≥3 \$1 61 ≥3 11 ≥160 \$f or ≥260 If			☑ De					⊠ Gloveba	g Procedure	E				
								☑ Non-Exe	empted (*) and No	n-Friable Proce		Contract Contract		
	2			Locat Norma				Description				batem		1 2000
		(M			ely by	Asbe	stos	Description of Containing Ma		Amount	Remova	Repair	inc	Enclosure
		,		intena			., the	ermal systems	insulation,	(Specify	Nov	air	aps	lost
			Cusi	(12)	Staff?			surfacing, VAT ther miscellane	(*) SX	SF or LF)			Encapsulate	Ire
(13)			Yes	No	N/A	1	O.	urer misocharic	,000				Ф	
Entry Landing						9x9 & 1	x1 7	Tile (multi-la	yers)	24 SF				
Entry Landing						Black 8	k Ye	llow Mastic	(multi-layers)	24 SF				
-						Grey Pa	apei	r Duct Insula	ation	160 LF				
Roof - Chimney &: V	Vents					Black F	Roof	f Flashing		12 SF				
Name of Registered Waste Hauler					NJDEP 1			bic Yards of		stered Landfill				
Freehold Cartage,	Inc.				Hauler II		1000	aste 40	Cumberla	nd County La	andfill		9	
City, State					OLLO			sposal Date	City, State					
Freehold, NJ							6	6/24/2016	Newburgh	ı, PA				
Completed By (Print or	Type)	Title	9					Signature	70.		Date	//	/	

Thomas Camarda

Project Manager

MAY 1 6 2016

Name of Facility Where Abatement is Taking Place (3) Is Location Abatement Type Normally Used Description of Location of Repair Enclosure Removal Encapsulate Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)(13)other miscellaneous) Yes No N/A 384 LF X X White Window Glazing Exterior @ Original Construction X White Window Glazing 84 LF Exterior @ Former Garage Entrance Black Tar Vapor Barrier Below Grade 600 SF \boxtimes Original Construction Foundation

CK2434		NO					ESTOS ABAT 8:60 and 5:16		SEGE		V	E,	1
Date of Notification (1)				1		2511	Owner/Operator (2	2)	U. T.				
5 / _	10 / 1 Type Notificatio	16 n			NJ D Street A	ddress			WAY 1	6	2019)	1
⊠ EPA	☑ Initial				PO B	3OX 235						-1	-2
☑ DOLWD	☐ Amended			(City, Sta	ate, Zip Co	ode		ASSESTO	3 00	NI.	10-	
□ DOH	Amendment	769 3			Tren	ton NJ 0	8685-0235		ASBESTO	113	1912		
□ DCA (NJAC 5:23-8)	☐ Emergency justification)		ling	h	Name c	of Contact			Telephone Number				
(NJAC 3.23-0)	☐ Cancellation				Walt	er Ferna	ndez	Į.					
					FAC	ILITY INF	ORMATION						
Name of Facility Where	Abatement is Tak	ing Pla	ace (3	3)				Type of Facility (4)				
Residence / Private		J		(5)				School (K-12)	(0)				
Street Address								Subchapter 8	(Other than K-12) vate and commercia	al buil	dinas		
								homes, etc.)	valo and sommer		-		
City (5)								Square Feet	# of Floors	3	g. Ag	9	
Woodbridge								1,140	1	5	9		
County (6)					Count	y Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demolishe	ed)			
Essex								Bank					
Name of Monitoring Firm	n Hired by Buildin	ig Own	ner (8) /	SCM N	No.		ent Contractor (9)					
Bioterra Solutions							Tricon Enter	prises, Inc.					
Street Address							Street Address						
PO Box 1224							322 Beers St						
City, State, Zip Code							City, State, Zip C						
Union, NJ 07083							Keyport, NJ	07735	License No.				-
Project Manager for Mor	nitoring Firm				ohone N		Telephone No. 732-739-1200	,	1095				
Rick Eustaquio			10-		3-494-		Name of OSHA N		1033				_
Start Date (10)5 /11 /					ion Dat /_		N/A	VIOTITO					
Occupancy Status Durin	ng Abatement (Ch	neck or	nly or	ne)			Street Address ·						
□ Facility Closed/Vaca	ted During Entire	Period	d of A	bater	nent								
☐ Abatement Performe	ed Outside of Norr	mal Fa	acility	Hours	s - Des	cribe	City, State, Zip C	ode					
Time of Abatement:	Aivi	_F IVI/_				-tivi							
Scope of Work (Check a	all that apply)						⊠ Full Cor	ntainment with Neg	ative Pressure				
				ovati			Mini-En	closure					
≥160 sf or ≥260 lf		\boxtimes	Den	nolitio	n			ag Procedure empted (*) and No	n-Friable Procedure				
			ls!	Locat	ion		2 11011 2	omptee ()			ateme	ent T	уре
Locatio	n of		N	orma	lly		Description	of		Z	D.	Ш	m
Asbestos-Containing	g Material (ACM)			i Sole ntena	ely by		stos Containing M ., thermal systems		Amount (Specify	Removal	Repair	ncap	nclo
TO BE AE				odial 3	Staff?	(1.6	surfacing, VA		SF or LF)	val	7	Encapsulate	Enclosure
(13)		-		(12)	1	-	other miscellan	eous)				ate	
			Yes	No	N/A								
Throughout - Duct I		-	-				aper Duct Insul		60 LF 60 SF				
Stairwell Basement	to 1st	100		Ш			ck & Tan Tile (1						
2 nd Floor Right Bed	room Left Clos						n Mosaic Floor	Tile	12 SF 5 SF				
Roof - Chimney & V		_ L		Ц			Roof Flashing	Name of Dogi				ш	ш
Name of Registered Wa			1,000	IJDEP ' lauler II		Cubic Yards of Waste	Name of Regi	stered Landill nd County Landf	ill				
Freehold Cartage						5	40		na County Land				_
City, State Freehold, NJ						Disposal Date 6/24/2016	City, State Newburgh	, OA					
	r Type) Title						Signature	701	Dat	e /	1		
Completed By (Print or Thomas Camarda	5337 53	111117 7007000	niect	Man	ager		Olginaci e	~ UL		1/10	14)	
momas Camarda	1	110	Joct	ITICIII	agei		1			1	10		

			suant	to NJAC 8:60 and 5:16) ntinuation Sheet) E C E			M
Name of Facility Where Abatement is Taking	Place (3)		A LIVER AND A LIVE	111111111111111111111111111111111111111	2010	- 1	
663 Lewis				10.00	[] MAY 1 6			21
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Norr S Mai Cust	Locationally Uolely bottom odial S	sed y ice/ taff?	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	ASPESTOS C Amount ENS (Specify SF or LF)	Abater Removal		Type Enclosure
Exterior - Below Grade Foundation	Yes	No	N/A	Black Tar Vapor Barrier on Foundation	580 SF			
Basement - Chimney Flue	\vdash	$\ddot{-}$		Tan Flue Cement	4 SF			
Bsmnt - Under Tile and Raised Floor				Yellow Masic at Slate Floor Tiles	525 SF			一
Exterior under Aluminum Siding	H	$\overline{\Box}$		Transite Siding	1,750 SF			
Exterior under Arummum Status				Transfer Brains	-,			
		H	H					
	\vdash							
	H		П		>>			
	 -	П						
	$+\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline}}}}}}$	П						
	$\frac{1}{\Box}$	П	П					
	$+ \overline{\Box}$							
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The state of the s								1111

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

Date of Notification (1)		N	lame of	Building	Owner/Operator (2	2)	limil	. 1 6 20	16
5/10/16			NJ DE	P			MA	Y 1.6 20°	<i>i</i>
Agencies Notified Type Notification		5	Street Ad	ddress	G G				FROL &
			PO B	OX 235			ASPES	TC3 U.S.	3
☑ DOLWD ☐ Amended		(City, Sta	te, Zip Co	ode				
□ DOH Amendment #_ □ DCA □ Emergency (inc	luding		Trent	on NJ 0	8685-0235				
□ DCA	adding	1	lame of	Contact			Telephone Numbe	r	
☐ Cancellation			Walte	r Ferna	ndez	Δ8			
7			FACI	LITY INF	ORMATION	- C= /4	`		
Name of Facility Where Abatement is Taking	Place (3	3)				Type of Facility (4)		
Residence / Private Dwelling						☐ School (K-12) ☐ Subchapter 8	(Other than K-12)		
Street Address						Other (i.e., priv homes, etc.)	vate and commerci	al buildings,	
City (5)						Square Feet	# of Floors	Bldg. Age	
Woodbridge						822	1	59	
County (6)			County	/ Code (7)	(STATE USE ONLY)	Current Use (Prio	r if being demolish	ed)	
Essex						Bank			
Name of Monitoring Firm Hired by Building C	wner (8) A	SCM N	0.	Name of Abateme				
Bioterra Solutions					Tricon Enter	prises, Inc.			
Street Address					Street Address	5 3			
PO Box 1224					322 Beers St				
City, State, Zip Code					City, State, Zip C				
Union, NJ 07083					Keyport, NJ	07735	I Linnana No		
Project Manager for Monitoring Firm			ohone N		Telephone No.		License No.		
Rick Eustaquio			3-494-		732-739-1200		1095		
Ctart Date (10)	duled Co				Name of OSHA N	VIOTILLOI			
	6 /	375-	_ ′ –	10	. Tal TO-PART				
Occupancy Status During Abatement (Chec	k only or	ne)			Street Address				
☐ Abatement Performed Outside of Norma	riod of A	Hour	neni s - Desc	ribe	City, State, Zip C	'ode			
Time of Abatement:AMP	M/	PM-		MA	City, State, Zip C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Scope of Work (Check all that apply)					✓ Full Cor	ntainment with Neg	ative Pressure		
	Rer				Mini-En	closure			
≥160 sf or ≥260 lf	□ Der	nolitic	n		⊠ Gloveba ⊠ Non-Ex	ag Procedure empted (*) and No	n-Friable Procedur	·e	
	le	Locat	ion					Abatemen	t Type
Location of	N	lorma	lly		Description	of		R R	m m
Asbestos-Containing Material (ACM)	200000000000000000000000000000000000000	d Sole ntena	ely by	Asbe	estos Containing M	laterial (ACM)	Amount (Specify	Repair	Enclosure
TO BE ABATED IN Facility	200,000,000		Staff?	(1.6	e., thermal systems surfacing, VA		SF or LF)	val	Enclosure
(13)		(12)	T		other miscellan	eous)			ate
	Yes	No	N/A	O D	aper Duct Insul	lation	60 LF		$\neg \vdash \sqcap$
Throughout - Duct Risers		<u> </u>					176 SF		
1st Floor - Kitchen & Hall	ᆜ	Ц			Sheet Flooring		310 SF		
Basement					oor Tile (multipl		310 SF		
Basement					Mastic @ 9x9 flo				
Name of Registered Waste Hauler		199	NJDEP \ Hauler II		Cubic Yards of Waste	Name of Regis	nd County Land	Ifill	
Freehold Cartage, Inc.		'	S226		20		na ocunty Lane		
City, State					Disposal Date	City, State	. DA		
Freehold, NJ					6/24/2016	Newburgh		ata /	/
Completed By (Print or Type)	tle	9.90.25			Signature	7/1	, D	ate // /	111
Thomas Camarda	Project	Mar	nager		7			-/10/	10

ASB-41 JAN 13

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

DECEIVED

MAY 1 6 2016

Name of Facility Where Abatement is Taking Place (3) Lew15 ASBESTOS CO LIGENSI Abatement Type Is Location Normally Used Location of Description of Repair Enclosure Remova Encapsulate Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (Specify SF or LF) (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? IN Facility surfacing, VAT, or (12)other miscellaneous) (13)Yes No N/A Roof - Chimney & Vents X Black Roof Flashing 10 SF \boxtimes 2,270 SF X Transite Siding Exterior - Siding Garage - Roof Chimney Black Roof Flashing 6 SF X

State of New Jersey

K 2434		NO					ESTOS ABAT 8:60 and 5:16		DEG	E			
Date of Notification (1)	10 /	16		1	Name o		Owner/Operator (2	2)	MAY	1 (5 20)16	1
Agencies Notified EPA DOLWD DOH DOH CNJAC 5:23-8)	Type Notific ☐ Initial ☐ Amende Amendm ☐ Emerger justificat	d nent # ncy (includ ion)	 ling	(PO E City, Sta Tren Name o	of Contact	8685-0235		ASEESTO LI	EN			L &
	☐ Cancella	ation				er Ferna							
Name of Facility Where A	hotomont is	Taking Dir	200 /3	57	FAC	ILITY INF	ORMATION	Type of Facility (4)				_
Residence / Private Street Address		Taking Fie	306 (,,				☐ School (K-12) ☐ Subchapter 8		ial bui	ldings	5,	
City (5)								Square Feet	# of Floors	Bld	g. Ag	е	
Woodbridge								1,274	2.5	6	7		
County (6)					Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Essex								Bank					
Name of Monitoring Firm	Hired by Bui	ilding Own	er (8)	A	SCM N	No.	Name of Abateme	ent Contractor (9)					
Bioterra Solutions							Tricon Enter	orises, Inc.					
Street Address							Street Address						
PO Box 1224							322 Beers St	No. 1872					
City, State, Zip Code							City, State, Zip Co						
Union, NJ 07083				- 1	1 h	T-	Keyport, NJ (0//35	License No.				
Project Manager for Mon	itoring Firm				hone N 3-494-		Telephone No. 732-739-1200	r.	1095				
Rick Eustaquio		Schedule	d Co	1500			Name of OSHA M		1095				
Start Date (10)5 /11 /		6	_ / .	24	_ / _	7/25	N/A	IOTILO					
Occupancy Status During Facility Closed/Vacate					nent		Street Address						
Abatement Performed Time of Abatement:	Outside of I	Normal Fa	cility	Hours	- Desc	cribe AM	City, State, Zip Co	ode					
Scope of Work (Check al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	I that apply)			ovatio				g Procedure	gative Pressure	re			
				ocati						Ab	ateme	ent T	ype
Location Asbestos-Containing TO BE ABA IN Facil (13)	Material (AC ATED	(Used Mair	ormal Sole ntena odial S (12) No	ly by nce/		Description of stos Containing Ma , thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Throughout - Duct R	isers					Gray Pa	aper Duct Insula	ation	50 LF	\boxtimes			
1st Floor - Kitchen						Sheet F	looring & Tile A	All Layers	63 LF				
1st Floor - Kitchen						Floorin	g Black Felt Pa	oer	63 LF	\boxtimes			
Basement					\boxtimes	9x9 Tar	Floor Tile		165 SF				
Name of Registered Was Freehold Cartage,				100.0	JDEP \ auler II	O No.	Cubic Yards of Waste 20	Name of Regis	stered Landfill nd County Land	fill			
City, State Freehold, NJ					Jan 10		Disposal Date 6/24/2016	City, State Newburgh	ı, PA				
Completed By (Print or T	ype)	Title					Signature	11		ate_	/	1,	,

Name of Facility Where Abatement is Taking	Place (3		Woo	od bridge		20		L	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	S	mally U tolely b intenan odial S (12)	y ice/	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	res	NO INO	N/A	9x9 Brown Floor Tile	165 SF			П	\Box
0.5 Floor - Living Room and Stairwell				White Textured Wall Coating	640 SF			$\overline{\Box}$	
Exterior - Front Door	H	H		Door caulk at siding & storm door	21 LF				
Exterior Tront Boot									
	H		Н						\Box
			Н						
			Н						
	H		H						
			$\frac{1}{1}$						
	\vdash		H			\Box			
	\vdash								
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			$\overline{\Box}$						
	$\vdash \Box$		П						
	$\frac{1}{1}$	T	\overline{h}						
	$\vdash \Box$		\Box						
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	+								
						$\dagger \Box$			
					8				
	$\vdash \Box$		\Box						
	$+\Box$								

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

manual .	1	(0)		П	D II	100
	1	11	1	- 11	W	15
	1 hours	(U)	1	11	141	1

Date of Notification (1)			T	Name o	f Buildina	Owner/Operator (2	2)					m	
5 /	10 / 16			NJ D		(,	17.00	· ·	004	•		
			_					MAY	1 5	2011)	1	
Agencies Notified	Type Notification Initial			Street A	OX 235								
☑ DOLWD	☐ Amended		-		ate, Zip C	nde		- APESTOS	CO	NTR	OL o	2	
□ DOH	Amendment #					8685-0235		1101	731	13			
☑ DCA	Emergency (in	cluding	H	101100000	of Contact			Telephone Number	r				
(NJAC 5:23-8)	justification) Cancellation				er Ferna		,						
						FORMATION		66		-			
Name of Facility Where /	Abatament is Takin	n Place (3)	TAU	ILIT III	ORMATION	Type of Facility (4)					
Residence / Private		91 1000 (-,				School (K-12)	-12)					
Street Address	bwening .						Subchapter 8	(Other than K-12) ivate and commercial	al bui	Idinas	1 0		
Oli del Addi ess							homes, etc.)	ivate and commerci	ai bui	iuniga	,,		
City (5)							Square Feet	# of Floors Bldg. Age			е		
Woodbridge							1x174	1	1	01			
County (6)				Count	y Code (7	(STATE USE ONLY)	Y) Current Use (Prior if being demolished)						
Essex													
Name of Monitoring Firm	n Hired by Building	Owner (8) [ASCM N	No.	Name of Abateme	ent Contractor (9)						
Bioterra Solutions						Tricon Enter	prises, Inc.						
Street Address						Street Address							
PO Box 1224						322 Beers St	reet						
City, State, Zip Code						City, State, Zip C							
Union, NJ 07083						Keyport, NJ	07735						
Project Manager for Mor	nitoring Firm			phone N		Telephone No.							
Rick Eustaquio				73-494-	CE LE DI GILLERO	732-739-1200 1095							
Start Date (10)	ar and are	duled Co				Name of OSHA Monitor N/A							
5/11/		6_ /			10_	(1973-1990)							
Occupancy Status Durin						Street Address							
☐ Facility Closed/Vacat					cribe	City Chata Zia C	odo					_	
Time of Abatement:						City, State, Zip C	ode						
Scope of Work (Check a	all that apply)					⊠ Full Cor	tainment with Neg	native Pressure					
≥3 sf or ≥3 lf		Rer					closure	,					
≥160 sf or ≥260 lf		□ Der	nolitio	on			g Procedure	n-Friable Procedure	9				
		le	Loca	tion		Z Non Ex	siriptod () dila i to		_	atem	ent T	vpe	
Location	n of	N	orma	ally		Description	of			-			
Asbestos-Containing	g Material (ACM)	567.0475.07		ely by ance/		stos Containing M		Amount (Specify	Removal	Repair	nca	nclo	
TO BE AB		0.000		Staff?	(1.6	e., thermal systems surfacing, VAT		SF or LF)	oval	7	Encapsulate	Enclosure	
(13)			(12)	17.000		other miscellane	eous)				ate		
- 1 11 1		Yes	No	N/A	Corr D	aper Pipe Ins. 8	Dobrie	10 LF				П	
Crawlspace - Under						xerior Window		126 LF					
Original Buidling &	Front Porch					xerior Window		54 LF					
Rear Addition							Giazirig						
Roof - Chimney & V			Ц			Roof Flashing	Name of Regi	10 SF			П		
Name of Registered Waste Hauler					Naste D No.	Cubic Yards of Waste		nd County Land	fill				
Freehold Cartage,	, inc.			S226		15		ina Obuilty Lulia					
City, State						Disposal Date 6/24/2016	City, State Newburgh	ΡΔ					
Freehold, NJ							Newburgi	I, PA	to	1	,		
Completed By (Print or		tle	8.7			Signature	7 //	/ Da	8/	101	16		
Thomas Camarda		Project	war	iager		1	- 10		3/1	10/	10		

CK#7161

K#7161	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT														
	ŀ			OF ASBES to NJAC 8:				JE!	CE		E	M			
Date of Notification (1) 5/13/16			Name of PSEG	Building O	wner/O	perator	(2)	3	4	6 2016	A. Carelle Street, St.	U			
Agencies Notified Type Notification	70	100	Street Ad 4000 h	ddress HADLEY	ROAL)		L	AY I	5 2010				£4	
EPA X Initial Amended Amendment	#			te, Zip Cod H PLAINI		NIC	7080	ASBE	STOS	CONTR	OL &				
Emergency (justification)		·		Contact	TLLL					NSING Ephone Nun	nher				
DGA Cancellation				RNIA LITY INFO		ON I	16	RA		-					
Name of Facility Where Abatement is Taking	Place (3	3)						of Facility (1 13 						
Street Address)								8 (Othe	er than K-12 commercia		lings,	home	es,	
City (5)					17.		<u> </u>	etc.) re Feet		Floors		ldg. A			
County (6)			County (Code (7)			Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building (lumar (8)		ASCN	JSE ONLY)	_	Namo	Switch STATion ne of Abatement Contractor (9)								
ENVIRONMENTAL TACTICS	owner (o)		0045			UNI	QUE S	SYSTEM		AMERICA	4				
Street Address 64 BROAD STREET								eet Address 6 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747								ip Code IVER, N.	J 0888	2			-		
Project Manager for Monitoring Firm TOM GEIGER			Telephor	ne No. 90-2217			hone N 432-8			License N 01111	0.				
Start Date (10)	Schedul	ed Con	npletion I	Date (11)		Name	of OSH	HA Monitor		AMERICA	\	-			
Occupancy Status During Abatement (Chec	k Only Or	/20 ne)	6/16	0		Street	Addres	SS	230000000000000000000000000000000000000	NIVIENIO	1				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	al Facility	/ Hours						EHEAD A	AVE.						
Scope of Work (Check All That Apply)	ATORS (ONLY -	ONIT	DOORS	<u>`</u>	SOL	JTH R	IVER, N	J 0888	2					
≥3 sf or ≥3 lf	_	Renova				F	Full Containment with Negative Pressure								
≥160 sf or ≥260 lf		Demolit	ion			3	Glo	ni-Enclosur ovebag Pro	cedure	d Non-Friab	le Pro	redur			
0 883 505		Locati							. , ,	21101111100		Abate	ement pe		
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use	Normal ed Sole aintenar	ly by				Material	I (ACM)	9250	mount Specify				Ш	
In Facility (13)	Cus	todial S (12)	Staff?			cing, VA	AT, or			or LF)	Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A			St					<u>a</u>		ate	re	
outsi DE		X		TRA	NS.	TE	P.	PE	_d	TLF	X				
											-				
No. (D.)					Cubic										
Name of Registered Waste Hauler WASTE MANAGEMENT	Hauler ID No							Name of GROW		red Landfill RTH					
City, State ELIZABETH, NJ		1	120		APPR Dispos TBD	o⊁ sal Date	d_	City, Sta		E D4					
Completed by	eted by Title							MORR	IOVILL		te	, -	/		
CAROL RAIMO	OFF	ICE N	IGR		6	ignatur	al.	Kais	no		te 5//	13,	16	2	

ASB-41

9.1			Notifica	tion of Asbe		Abatement	_			D 17			1		
D&S Proj. #: 16-142				nt to NJAC 8				n E C	EU	\mathbb{V}		D)			
	_										1				
Date of Notification (1)	I I Nai	me of Buil	ding Owner	r/Operator (2)			- 11	MA'	1 1 6	2016		11			
10 5 / 10 4 / 11 6		im tricoli					1	3 Li MA	1 0	2010	į,	_			
Agencies Notified Type Notification		eet Addres					1	ASBEST	OS COL	VTRO	1 &				
EPA Initial Amended								L	CENSIN	.G					
DEP Amendment #:	City	, State, Z	ip Code												
☑ DOL ☐ Emergency	—	awthorn	e, nj 0750	06											
DOH (including	11 -	ne of Con						Telephon	e Number						
justification) DCA Cancellation		kim trico	li					L							
- Carloenation				ITY INFORMA	TION	•					,				
Name of facility where obstoment is	taking plac	0 (3)					Пт	pe of Facility (4)						
Name of facility where abatement is	taking plac	e (3)					'	Schoo	I (K - 12)						
kim tricoli								43 25	apter 8 (O			12)			
Street Address									Private/Co		cial				
							 s	-	# of Floor		Blo	lg. Ag	je		
City (5)	County	/ (6)			Coun	ty Code (7)									
hawthorne					(State	e use only)		Current Use (P	rior if bein	g dem	olishe	d)			
	PASS						<u> </u>	terator (O)							
Name of Monitoring Firm Hired by B	ldg. Owner	(8)		ASCM No.	Name of Abateme										
					_	D & S RESTO	RAT	ION, INC.			_				
Street Address					- 11	Street Address	A								
						20 California . City, State, Zip Coo	THE OWNER WHEN								
City, State, Zip Code						Paterson, NJ		2							
Project Manager for Monitoring Firm		I Dh	one Numbe	ar .		Telephone Numbe)	License	Numb	er				
Project Manager for Monitoring Pinn		1	one radino	21	- 11	973-345-802				1169					
2: 15: (10)	Cohod	Completic	n Date (11	\		Name of OSHA Me	onitor								
Start Date (10)	Scried.	Completic	on Date (11)	- 11	D & S Restora	ation,	Inc.							
05/1916	06/10/				4	Street Address									
Occupancy Status During Abatemen	85	- Tr				20 California		ue							
Facility closed/vacated during Abatement performed outside						City, State, Zip Coo	de								
Describe:					-11	Paterson, NJ	07503	3							
Other-Describe: NORMAL H					- П	1 atc13011, 113		Containment	w/negative	nrace	ure				
Scope of Work (check all that apply >3 sf or >3 lf						<u></u>	=	i-enclosure	Wilegative	, pi 633	uic				
🖂	Renovation					Ī		vebag procedu							
≥160 sf or ≥260 lf	Demolition						No	n-Exempted (*	and Non-	-friable	Proc	edure	1		
Location of	by mainter	normally nance/cus	used solely todial					Amount		е	е	n	E n		
asbestos-containing material (acm) to be	staff(12)			Description material (/		sbestos-containing		(Specify	SF or	o	p a	c	С		
abated in facility (13)	Yes	No	N/A	,				LF)		v e	i	p	L		
BASEMENT		$\overline{}$	1	pipe insulat	ion			56 l ft		×					
BASEMENT		X		BARE HEA	the later to the l	3 PIPES		25 l ft							
			ì												
Registered Waste Hauler		P Hauler		ubic Yards of V	Vaste	Name of Registe			ECOVE	ρV					
D & S RESTORATION, INC.	1350	J0	Disposal D	yd.		TULLYTOW City, State	IN, KI	ESOURCE R	ECO VE	X.I	-				
City, State PATERSON, NJ 07503			05/20/1			TULLYTOW	N. P.	A							
Completed by (Print or Type) Title Signature						102211011	.,		Date						
BOGDAN JOLDZIC	PRESIDI								05/04	/ 2010	5				
ASB-41	Do not use	this form	for asbest	os licensure ex	empte	d activities.					211		entire entire		

CK 005867 State of NJ Notification of Asbestos Abatement

D&S Proj. #: 16-141	_			int to NJAC		and 12:120)	DEGE		[5			
Date of Notification (1) 0 5 / 0 5 / 1 6		ne of Build	_	r/Operator (2)		A CONTRACTOR OF THE CONTRACTOR	MAY	1 6 201	6	브	1	
Agencies Notified Type Notification EPA Initial DEP Amended	Stre	et Addres	SS				ASBESTOS LICE	S CONTR INSING	ROL (&		
Amendment #:_	_ `	, State, Zi										
Emergency	1.1		A, NJ 070)44			Tolophon	e Number				
DOH (including justification) DCA Cancellation		ne of Cont ince car					Telephon	e Number				
-			FACIL	LITY INFORMA	ATION							
Name of facility where abatement is	taking place	e (3)	Compensation				Type of Facility	(4)				
vince carano							1 =	apter 8 (Ot			12)	
Street Address							Bldgs.	/Homes, et	c.		lg. Ag	ne .
City (5)	County	(6)				nty Code (7)						
VERONA	ACCAY				(Stat	e use only)	Current Use (P	rior if being	g dem	olishe	d)	
Name of Monitoring Firm Hired by Bl	dg. Owner		T	ASCM No.	П	Name of Abatemen	t Contractor (9)					
			1		- 11	D & S RESTOR	RATION, INC.					
Street Address					-1	Street Address						
						20 California A						
City, State, Zip Code					_	City, State, Zip Code						
						Paterson, NJ 0	7503					
Project Manager for Monitoring Firm		Pho	one Numbe	er		Telephone Number 973-345-8020)	License	Numb 1169	er		
						Name of OSHA Mo			1107	-		
Start Date (10)	Sched.	Completio	n Date (11)		D & S Restora						
05/19/16	06/10/	16				Street Address						
Occupancy Status During Abatement		5				20 California A	venue					
Facility closed/vacated during e Abatement performed outside of Describe:						City, State, Zip Code						
Other-Describe: NORMAL HO	URS				-11	Paterson, NJ 0						
_	Renovation Demolition					<u> </u>	Full Containment Mini-enclosure Glovebag procedu Non-Exempted (*	ıre	friable	proce	edure	
Location of	Is location by mainten								R	R	E n	E
asbestos-containing material (acm) to be	staff(12)	ance/cust	Journal	Descripti material	on of a	sbestos-containing	Amount (Specify	SF or	m o	р	С	n
abated in facility (13)	Yes	No	N/A	materiar	(ACIVI)		ĹF)		v	a i	a p	Ĺ
BASEMENT		X	1	duct INSU	LATIO	ON	80 sq ft		e	r		
DI IODANA												
					×							
Registered Waste Hauler	NJDEI 1350	P Hauler I		ubic Yards of	Waste	Name of Registere	ed Landfill I, RESOURCE R	ECOMED	v	10		
D & S RESTORATION, INC. City, State	1330		Disposal D	yd. Date	E - 1	City, State	, RESOURCE R	LCOVEN	. 1		-	
PATERSON, NJ 07503			05/20/1			TULLYTOW	N, PA					
Completed by (Print or Type)	Title PRESIDE	NT		Signature				Date 05/05	/2016	5		

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

ASR-41

CKOC	7506	Notific	State of NJ cation of Asbestos Abatement (April 1997) (Cation of Asb									
D&S Proj. #: 16-144		(Pursua	ant to NJAC	8:60	and 12:120)		DE		6 2		1	
Date of Notification (1)		f Building Owne	er/Operator (2)				THE N	TAN	_		1	1
Agencies Notified Type Notificati	on Street A							-07(15			71 &	
☐ EPA ☐ Initial	Street A	adress					ASB	ESTUS	VSIN	IG_		
☐ DEP ☐ Amended	Oit Ct	1- 7- O-1-										
DOL Amendment #:		ite, Zip Code										
☐ Emergency (including	Name of	NARDSVILI Contact	LE, NJ 07924				Telephone	Number	-		-	
justification)	I value of	Contact					relephone	Number				
Cancellation	john john	surdi								_		
		FACI	LITY INFORMA	ATION	l							
Name of facility where abatement is	s taking place (3)					T	Type of Facility (4					
john surdi							=	(K - 12)				
Street Address						4		pter 8 (O Private/Co			-12)	
51.55t / taa1555								Homes, e		ICIAI		
						JГ	Square Feet	# of Floor	s	BI	dg. A	ge
City (5)	County (6)				nty Code (7) te use only)	-					*\	
BERNARDSVILLE	Morris			(Ola	te use offiy)		Current Use (Pri	or it being	g aem	olisn	ea)	
Name of Monitoring Firm Hired by E	Bldg. Owner (8)	T	ASCM No.	\neg	Name of Abateme	nt Co	ntractor (9)					
					D & S RESTO	RAT	TON, INC.					
Street Address					Street Address							
					20 California	_						
City, State, Zip Code					City, State, Zip Cod	de						
Decises Management for Manifest Andrew Files		Is		_	Paterson, NJ Telephone Numbe		3		N 1			
Project Manager for Monitoring Firm		Phone Number	er		973-345-802			License 0	1169	er		
Start Date (10)	ICahad Cama	letion Date (11	·		Name of OSHA M							
and a state of the same	100000000000000000000000000000000000000	bletion Date (11)		D & S Restor	ation	, Inc.					
05/20/16	05/31/16				Street Address							
Occupancy Status During Abatemen Facility closed/vacated during	27	70			20 California		ue					
Abatement performed outside					City, State, Zip Co	de						
Describe: NORMAL H	OURS			-	Paterson, NJ	0750	3					
Scope of Work (check all that apply					Г		Containment w/	negative	press	ure		
N 0 1 0 11	Renovation				Ī	Mir	ni-enclosure	175				
≥160 sf or ≥260 lf	Demolition				2		ovebag procedure n-Exempted (*) a		مامامات		a dia	
Location of	Is location norma	ally used solely					in-Exempled () a	and Non-	R	R	E	T
asbestos-containing	by maintenance/ staff(12)	custodial	Descriptio	n of a	sbestos-containing		Amount		e m	e	n	E n
material (acm) to be abated in facility (13)		N//A	material (/	ACM)			(Specify SF LF)	- or	0	a	a	C
	Yes No	N/A					1959.X		v e	r	р	
BASEMENT			pipe insulat	ion			175 l ft		X			旦
		4							屵	ᆜ	부	井
				1000			1		ዙ	H	片	#
				-			-		片	븕	片	#
Registered Waste Hauler	NJDEP Hau	ler ID# Ci	ubic Yards of V	Vaste	Name of Register	ed La	ndfill				Ш	1
D & S RESTORATION, INC.	13506	2	yds.		TULLYTOW			COVER	Y			
City, State		Disposal Di 05/21/10			City, State						12	
PATERSON, NJ 07503 Completed by (Print or Type)		TULLYTOW	N, P	A	Doto							
BOGDAN JOLDZIC					Date 05/09/	16						
ASB-41 *	PRESIDENT Do not use this for	orm for asbesto	s licensure exe	empted	d activities.							

								1					111		
Date of Notification (1)				Name	of Building	g Owner/Operator			1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_	004	_			
	11/16	-					Rumianow	SK1	MAY 1	6	201	b	1 -		
Agencies Notified	Type Notifica	ation		Street	Address								Ì		
EPA DEP	Initial Amended	4			V-1- 7:- C	\	-	ASF	ESTOS	00	NII	TOL	8		
⊠ DOL	Amendm	ent#	_	City, S	state, Zip C		renton, NJ 0		LICE	NSI	NG	0.0000000			
⊠ DOH	☐ Emergen justificat		g	Name	-604		Tellion, NJ W		and Niverb				-		
DCA DCA	Cancellat			Name	of Contac	t Rumianowsł	ri	reiepno	one Numb	er			2		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						<u>u</u>								
				FAC	CILITY INF	ORMATION									
Name of Facility Where							Type of Facility								
	<u> </u>	Residenti	al				School (K-12) Subchapter 8 (Other than K-12)								
Street Address							Other (i.e., private & commercial buildings,								
							homes, etc	.)							
City (5)	3.7	. 1 . 111 .	NIT				Square Feet # of Floors Bldg. Age								
	Y	ardville,	NJ				N	-	1	1=	60	+/-	_		
County (6)	Ланаан			USF	nty Code (e (7) (STATE Current Use (Prior if being demolished) Residential									
	/lercer	d' O		ASCM		Name of Abote			dential				-		
Name of Monitoring Firm (8)	MECS	aing Owner		ASCIVI	INO.	Name of Abatement Contractor (9)									
	MECS					Stevens Environmental Services, Inc.									
Street Address	PO Box	2/1				Street Address DO Poy 322									
01-01-7-0-1-	ro box	. 341			PO Box 322 City, State, Zip Code										
City, State, Zip Code	rosswicks,	NT 0851	5		City, State, Zip C	Allentow	m NIO	8501							
Project Manager for Mon		143 0031	Tele	No	Telephone No. License No.										
	eisgarber	9-9688		59-9688	Licen)493	}							
Start Date (10)		Scheduled (Name of OSHA		_	- 0.	7172		_	_		
5/23/15	1		5/27/		ie (11)	Name of Oor IA		IECS							
Occupancy Status Durin	ag Abatement			10		Street Address	14.	inco					_		
Facility Closed/Vacat				ment		Otteet Address	PO I	Box 341							
Abatement Performe						City, State, Zip C		3011 5 13					_		
Other - Describe:						Oity, Otato, Lip C	Crosswic	ks. NJ (8515						
Scope of Work (Check a	all that apply)												_		
				****			ntainment with Ne	egative Pre	essure						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitio			Mini-En	closure ag Procedure								
			Orrional	***			empted (*) and N	on-Friable	Procedur	Э					
			Locati							Α	bater				
Location	of		lormally d Sole			Description o	f			_	Тур	ie i			
Asbestos-Containing I	Material (ACM)	Ma	ntenar	nce/		tos Containing Ma	terial (ACM)	Amo	7717770			Ш	-		
TO BE ABA			ustodi Staff?		(i.e.,	thermal systems surfacing, VAT		(Spe SF or		Remova	Re	Encapsulate	Enclosure		
(13)	y		(12)			other miscellane		0, 0,		nov	Repair	nsc	nso		
		Yes	No	N/A						<u>m</u>		ate	е		
		3170,300	1.0	1							_	_			
Attic		×				Vermiculi	te	60	st	×					
								4							
-															
Name of Registered Waste Hauler NJDEP Waste					Cubic Yards	Name of Reg	istered La	ndfill							
Stevens Environmental Services, Inc. Hauler ID No. 18292					of Waste 1 CU	/	GROV	VS Lan	dfill						
City, State				Disposal Date	City, State	7					_				
Allentown, NJ					5/27/16//	1-01	Morr	isville,	PA						
Completed By		Title				Signature /	1 / /		Date						
Mahlon E. Ste	evens	0300000000	rojec	t Mar	nager	///				5/11	/16				
						7	-								

ASB-41

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

											Pri	nt For
CK 2176			ICATION	ate of New Jerse I OF ASBESTOS to NJAC 8:60 an	ABATE			Ŀ. Ü			E	
Date of Notification (1) 5/11/16				f Building Owner/0 s Gann	Operator	(2)	ШЦ	MAY	1 6	20	16	14
Agencies Notified Type Notification	1		Street A	ddress				SBEG	15 C	ONT	ROL	&
EPA X Initial Amended Amendmen	nt #	_		ate, Zip Code Caldwell, NJ					HC	11.13		_
DOH justification Cancellation	1)			f Contact Matarazzo			Tel	ephone Nu	ımber			\exists
			FACILITY INFORMATION									
Name of Facility Where Abatement is Tak Residence	ng Place ((3)				Type of Facility	(4)					
Street Address					School (K-Subchapte Other (i.e. etc.)	er 8 (Oth	er than K-1 & commerc	l2) cial bui	ldings	, hom	es,	
City (5) Verona, NJ 07044						Square Feet 3000	# o 2	f Floors		Bldg. <i>F</i> 50+	Age	
County (6) exxex			County (STATE	Code (7) USE ONLY)		Current Use (Pr residence	rior if be	ing demolis	shed)			
Name of Monitoring Firm Hired by Building LEW Corp	Owner (8)	ASCN	∕l No.	Name of Abatement Contractor (9) Yannuzzi Environmental							
Street Address 1090 Bristol Rd						Address Kinnelon Rd S	Suite 1	02				
City, State, Zip Code Mountainside NJ						State, Zip Code elon NJ 07405	5					
Project Manager for Monitoring Firm Raheen Holland			Telepho 908-65	ne No. 54-8068	Telephone No. License No. 9082180880 01228							
Start Date (10) 5/23/16	Schedul 5/26/1		mpletion	Date (11)	100000	of OSHA Monitor						
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire						Address Kinnelon Rd S	Suite 10	02				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	mal Facilit	y Hours	S			State, Zip Code elon NJ 0740	5					
Scope of Work (Check All That Apply)					1 (1111)	0.011110 07 100						
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolii			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure				re	
		Locat				·				Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole aintena todial (12)	ely by nce/	Asbestos Con (i.e. thermal surfa		Material (ACM) s insulation, T, or	(5	mount Specify or LF)	Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A						100	ate	e e	
den, dining room, kitchen			X		oor fel			36 sf	x			
exterior	1		l y	wing	dow als	270	1 1	120 If	1	1		

Name of Registered Waste Hauler Yannuzzi Group NJDEP Waste Hauler ID No. 17467 Cubic Yards of Waste 20cy

Name of Registered Landfill

grows

Disposal Date

City, State Morrisville PA

Completed by
John Mucha

Title
SR Project Mang.

Signature

ure / /

Date 5/11/16

City, State

Kinnelon NJ

Executive Summary

On April 20, 2016, Raheen Holland of LEW Corporation performed a pre-demolition survey for asbestos containing materials at 70 Fairview Ave, Verona NJ. Based on the laboratory analysis, building components considered to be asbestos containing materials (ACM) are listed in Table 1 below. The locations listed included all those locations where the material is found along with the total approximate quantity for all those areas.

		Table	1: Asbestos Co 70 Fairview Ave				
HA#	Sample #	Material	Location(s)	Friable	Asbestos Content	Condition	Approximate Quantities
6	70-16 70-17	Window Glaze	Back Porch Back Room	No	14.5% Tremolite	Dam	#2
7	70-18 70-19	Window Glaze	House Exterior	No	1.8% Tremolite	Dam	#59
8	70-20 70-21	Floor Felt	Den Dining Room Hallway #2 & 3	No	1.4% Chrysotile	Dam	454 SF
9	70-22 70-23	Floor Felt	Hallway #4 Kitchen Storage Room Bathroom #3	NO	1.6% Chrysotile	Dam	282 SF

Roof material was not to be sampled because it was slate per client request.



@K 100003	50411	~~~								
31 K 10000				ASBESTOS ABATE 8:60-7 and 12:		IN E (GE	ı V	E	10
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[X] DOL	[]Amended Notification	rect	rh	Amboy	/ / /	1. 088	161			
[X] DOH	[]Cancellation	Name of	Contac			elephone Numb	per			
[X] DCA		1 La	CK	Shreu	16					
		FAC	ILITY	INFORMATION		3				
Name of Facility Who	ere Abatement is T	aking Place	(3)		Type of Fac:	ility (4)				
a Buckey	· East	+ Your	/	20	[]Scho	ool (K-12)				
Street Address	2 2931	1414			[]Subo	chapter 8 (Ot er (i.e., pri	ther tha Lvate &	n K-1	L2)	
380 Ma	urer Roc	1			Square Feet	l buildings,	homes,	etc.)		
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Name of Monitoring F Owner (8)	Firm Hired by Build	ding ASCM 1	No.	Name of Abate		1				
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Project Manager for	Monitoring Firm 1	erebuoue wn	mber	Telephone Num	ber	Lice	nse Numi	per	9	
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015/12/4/11			. 30	ll –.	_			,	1	
Month / Day / Y	ear Month /	7 / / / G Day / Yea	r I		er Eni	/1/0n	1 en-	19	1	807
Occupancy Status Dur: []Facility Closed,				Street Addres	7/1	th 1				
of Abatement				234		A	ve			
Hours - Describe	rmed Outside of No.	rmar Facili	сy	City, State,	72	,	_			
[X]Other - Describe DONE -	AIRCMAI LOS	- King he	urs	BCIC	KA	7 0	872	4		
Scope of Work (Check	all that apply)				Containment	= 2000000 - 0.0000 = 0.0000	Pressi	ira		
[]Demolition []>3 sf or >		Renovat	ion ·	[]Mini-	Enclosure					
[x] \(\) 160 sf of				Non-I	Friable Proce	dure				
		Is					Abateme			
Location		Location Normally		Description			R	E	E	
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TO BE ABA	TED	by Main- tenance/	in (i.e., thermal s sulation, surfa	ystems	SF or LF)	0 P	P S	0	
(13)	-	Custodial Staff(12)		or other misce	llaneous)		A I L R	U	UR	5050
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rechold Car	tage	15939	The state of the	/	Cum bei	-land	land.	1.1	1	
City, State	. Ju	10101		Disposal Date	City, State	,	4104	-//		
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Completed By (Print or	r Type) Title			Signature.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	√ '. '	Date	12	10	
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