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

Check # 25501

			(P	ursua	nt to NJA	C 8:60 and 5:16	)		DECEI						
Date of Notification (1)	22/17			Nam	e of Buildir	ng Owner/Operator	Toby	TIKE	-	***************************************					
Agencies Notified	Type Notification	1		Stree	et Address		1009		WA	Y 2:	201				
<b>⊠</b> EPA	Initial			Olice	ot Addiess			fied test	1071		LOI				
DEP	☐ Amended	160		City,	State, Zip	Code		45	DEO		01177				
<b>⊠</b> DOL	Amendment a		a			Wes	st Orange, NJ	07052 AS		TOS C					
DOH	justification)		3	Name	e of Contac			Telephone Nun							
□ DCA	☐ Cancellation				N	Melodie Toby		_							
				FA	CILITY IN	ORMATION									
Name of Facility Where							Type of Facility	(4)							
	Res	identi	al				School (K-12	2)	10)						
Street Address							Other (i.e., p	8 (Other than K-1 rivate & commerce	i2) cial buil	dinas.					
City (5)							homes, etc.	)	***************************************						
Oity (5)	West Oran	ge N	11.07	052			Square Feet 2400	# of Floors	B	ldg. Age					
County (6)	West Ofan	gc, Iv	3 07		nty Code (	7) (STATE		ior if being demol	ichod)	85+,					
N	Essex				ONLY)	., (01/11/2	Julient USE (PI	ior il bellig dellio	isiicu)						
Name of Monitoring Firm	Hired by Building	Owner	$\overline{}$	ASCM	No.	Name of Abatem	nent Contractor (9	)		-					
(8)	MECS		[			Stev	ens Environr	nental Servic	es, Ir	ic.					
Street Address						Street Address									
-	PO Box 34	1	PO Box 322												
City, State, Zip Code	scernioles MI	0051	5	City, State, Zip Code											
Project Manager for Mon	osswicks, NJ	0031		Allentown, NJ 08501  Telephone No.   License Ne-											
	isgarber				No. 8-4070	Telephone No. (609) 25	0 0600	License No.	00493	,					
Start Date (10)		duled C	-		ate (11)	Name of OSHA			0049.	)					
6/5/17	00.10		6/9/1		(11)	realine of Ool IA		ECS							
Occupancy Status Durin	g Abatement (Che			. /		Street Address					_				
☐ Facility Closed/Vacate	ed During Entire Pe	eriod of	Abate	ment			PO B	ox 341							
Abatement Performed		l Facilit	y Hou	rs		City, State, Zip C	ode								
Other - Describe:	3 am - 4 pm						Crosswick	s, NJ 08515							
Scope of Work (Check a	ll that apply)						delining to the No.								
≥3 sf or ≥3 lf		<b>⋉</b> Re	novat	ion		☐ Mini-End	itainment with Neg closure	jative Pressure							
≥160 sf or ≥260 lf		☐ De	molitic	n			ag Procedure empted (*) and No	Eriable Breed	150						
		ls L	ocatio	n			shipted ( ) and No	I-Friable Frocedi		bateme	nt				
Location of			Solel			5			'	Туре					
Asbestos-Containing N		Mair	itenan	ce/	Asbest	Description of os Containing Mate		Amount		Π,					
TO BE ABAT IN Facility		175.17	istodia Staff?	ıl		thermal systems in	nsulation,	(Specify	Re	Repair	Enclosure				
(13)			(12)			surfacing, VAT, other miscellaneo		SF or LF)	Remova	Repair	dos				
		Yes	No	N/A					'al	7 0	Te l				
D				.,,,,,	mi	15: *	1	00.10	-						
Baseme	III		×		Thermal Pipe Insulation 80 lf.										
Name of Desistered Mar	to I levies		1.	IDES:		0.1: 1/									
Name of Registered Was			_ L	JDEP \ auler ID		Cubic Yards of Waste	Name of Regis								
Stevens Environm	nental Services	s, Inc.	_ [ _	182		2 cu		Fairless Lan	dfill						
City <del>,</del> State	A 11 2	TT				Disposal Date	City, State								
Completed By	Allentown, N					6/9/17	10/	Morrisville,	PA						
Mahlon E. Ste			oject	Man	ager	Signature		Date	5/22	/17					

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

~				-	_	_	~	-
	hec	v	#	,	5	-	[]	-
	IICC	1	TT	4	J	9	u	-

				(Pu	rsuar	nt to NJA	C 8:	60 and 5:16)			I	m)	E	C	E	Π	W/
Date of Notification (1)				Т	Name	of Buildin	g Ov	ner/Operator	(2)		12	<b>U</b> )	<u> </u>	U	<u>L</u>	U	U
5/	22/17								To	oto	whitelite.	D)	Marie Are				_
Agencies Notified  EPA	Type Notific	ation			Stree	t Address					is channel			MAY	2 :	3 2	017
DEP	Amende			-	City, S	State, Zip 0	Code				1		- Comm	10710			
DOL	Amendm Emerger	ncy (includ	ding					Pen	nington.	NJ 0	8534	F	ASBE	:S1(	)S (	NO:	TRO
DOH DCA	justificat Cancella				Name	of Contac		nk Toto			Teleph	one I	Viimh	ar			
					FAG	CILITY INF	ORN	MATION			_						1
Name of Facility Where		Taking Pla Resider							Type of F		1050		-				$\neg$
Street Address	1	Kesidei	llläl						☐ School	apter 8	(Other	than	K-12)				
									Other home	(i.e., privis, etc.)	vate &	comn	nercia	l build			
City (5)	Hill	Isborou	σh	NI		- 11-11-10			Square F		# of F	loors 2	3	Blo	dg. A	511.	
County (6)	08	1500104	511,	113		nty Code (	7) (S	TATE	Current L		r if beir	ng de	molis	ned)	70	- /	=
	merset					ONLY)											_
Name of Monitoring Firm (8)	Hired by Build MECS	ding Own	er	1	SCM	No.	Na	me of Abatem Stev	ent Contra ens Env	100	ental	Ser	vice	s In	C		
Street Address	WIECS			_   _			Str	eet Address	CHS LIIV	HOIIII	Ciitai	501	VICC	5, 111	·.		$\dashv$
	PO Box	341								PO Bo	ox 32	2					_
City, State, Zip Code Cro	osswicks, l	NJ 08:	515	5 City, State, Zip Code Allentown, NJ 08501										i de pere			
Project Manager for Mor				Telephone No.   Telephone No.   License Ne-									-000	$\dashv$			
	isgarber		-   .	_		8-4070	_	(609) 25					00	)493			_
Start Date (10)		Scheduled		-		te (11)	Na	me of OSHA N	Monitor	ME	CS						
6/5/17 Occupancy Status Durin	g Abatement	(Check or		9/17			Str	eet Address		IVIE	CS						=
▼ Facility Closed/Vacate				5-90	nent		-,-			PO Bo	x 34	1					_
☐ Abatement Performed☐ Other - Describe:	d Outside of N	ormal Fac	cility I	Hours	3		City	, State, Zip C		wicks	NI	085	15				
Scope of Work (Check a	Ill that apply)								C1033	WICKS	, 113	003	13				ᅱ
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	* 1 * 5			ovatio olition				☐ Mini-End	g Procedu	re							
			ls I o	cation	,			Non-Exe	empted (*) a	and Non-	-Friable	Prod	cedure	7.00	bater	nent	$\dashv$
*	,		Nom	nally										7.	Тур		
Location of Asbestos-Containing N	Material (ACM)		lainte	olely nanc	e/		tos C	Description of ontaining Mate	erial (ACM)		Amo					ш	
TO BE ABAT IN Facility				odial		(i.e.,		nal systems ir rfacing, VAT,			(Spe			Ren	Re	ncap	Encl
(13)			(1	2)				er miscellaneo			0, 0,	- /		Removal	Repair	Encapsulate	Enclosure
		Ye	s	No	N/A											te	Ф
Exterio	or			×			Tr	aniste Sidi	ing		300	sf.	_	X			
Bedroo	m					VAT140 sf						×					
		_															
									7			721					
Name of Registered Waste Hauler  Stevens Environmental Services, Inc.  NJDEP Waste Hauler ID No. 18292  Gubic Yards of Waste 3 cu							Vaste	Name o	f Regist	ered La Fairle			fil1				
City, State	nemai ser	v 1003, 11	iic.	_	182	292	Dis	3 cu posal Date	City, Sta		anic	33 L	Janu	TIII		_	=
	Allentow	n, NJ						6/9/17	1	/	Morr	isvi	lle, l	PA			
Completed By		Title	_					Signature	1	/		Dat	e		/17		
Mahlon E. Ste	evens	10	Pro	ject	Man	nager	_	1/4				-		5/22	/1/		

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

Check # 25504

(Pursuant to NJAC 8:60 and 5:16)										E				
Date of Notification (1)	/22/17			Name	e of Buildir	ng Ov	wner/Operator	(2) Zappa		15 16	15	<u>U</u>	W_	ط
Agencies Notified	Type Notification	ation		Stree	t Address					MA'	1 2	3 2	017	
DEP DOL	Amended Amendm Emergen	ent #	_	City,	State, Zip (	Code	Mic	ddletown, NJ	07748	ASBEST	OS	CON	TRO	= OL {
M DOH □ DCA	justificat  Cancellat	ion)	9	Name	e of Contac		n Zappla			one Numb	1 " tom 1 V	ISIM	9	
				FA	CILITY IN	ORI	MATION							
Name of Facility Where		Taking Place Residenti						Type of Facility						
Street Address				l				Subchapter Other (i.e., )	8 (Other private & c			dings,		
City (5)								homes, etc	:.) # of F	loors	BI	dg. A	ae	_
	Middle	town, N.	J 077	48				2200	1000000000	2		80-		
County (6)	nmouth				nty Code (	7) (3	STATE	Current Use (P	rior if bein	g demolis	shed)			
Name of Monitoring Firm	Hired by Build	ding Owner		ASCM	No.	Na	me of Abatem	nent Contractor (	9)					
Andrew Control of the	MECS		_ .			_	Stev	ens Environ	mental	Service	es, In	ıc.		
Street Address	PO Box	341				Sti	Box 322	2						
City, State, Zip Code	osswicks, N	NJ 0851	5	City, State, Zip Code										
Project Manager for Mor	nitoring Firm		Tele	Telephone No.   License Ne-										
Bill We	eisgarber		(60	9) 29	8-4070	_	(609) 25	59-9688		0	0493	3		
Start Date (10) 6/1/17	S	Scheduled C	6/5/1		ite (11)	Na	me of OSHA		IECS					
Occupancy Status Durin	ng Abatement (					Str	eet Address							_
☐ Facility Closed/Vacat									30x 341					
☐ Abatement Performer  Control  Contro			y Hour	S		Cit	y, State, Zip C	ode Crosswick	ks, NJ (	08515				
Scope of Work (Check a	all that apply)						—							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovation emolition				☐ Mini-End Gloveba	ntainment with Ne closure ag Procedure empted (*) and No			re			
		N	_ocatio								_	baten		
Location Asbestos-Containing N			Solely tenanc		Asbes		Description of ontaining Mat		Amo	unt			_	
TO BE ABA	TED	1 1 1 1 1 1 1 1 1	ustodial	1		ther	mal systems i	nsulation,	(Spe	cify	Re	Z	Enca	Enc
IN Facility (13)	/	100	Staff? (12)				rfacing, VAT, er miscellaned		SF or	·LF)	Remova	Repair	Encapsulate	Enclosure
<i>3</i> 5		Yes	No	N/A		other miscellarieous)						П	late	лге
Crawl Sr	pace	_ ×			Th	Thermal Pipe Insulation 70 lf.								
							C. A		-					
-														
Name of Registered Waste Hauler   NJDEP Waste   Cubic Yards   Name of Registered Landfill   Hauler ID No.   Of Waste   Cubic Yards   Name of Registered Landfill   Hauler ID No.   Of Waste   Cubic Yards   Name of Registered Landfill   NJDEP Waste   NJDEP Waste														
Stevens Environm	mental Serv	rices, Inc	<u>-                                    </u>	182	292		2 cu posal Date	City, State	Fairle	ss Lanc	lfill			_
ony, onde	Allentow	n. N.I					6/5/17 //	/ City, Glate	Morri	isville,	РА			
Completed By	1 11101110 11	Title				-	Signature //		141011	Date .				_
Mahlon E. Ste	evens	Pr	oject	Man	ager		111	1/			5/22	2/17		

D&S Proj. #: 17-139-A

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)



													THE PARTY NAMED IN
Date of Notification					ner/Operator (2)	)		AS	BESTO	s co	MTF	(0) 8	
Agencies Notified	Type Notifica	ition	Street Addr		contractors				110	ENISI	SIC.	***	
∐ EPA	Initial	- 11						Ø 81 H					
☐ DEP	Amended Amendment #		City, State,	mfield av	renue								
DOL	Emergency												
□ DOH	(including	I f	Name of Co	l, nj 0700 ntact	0			Telepho	ne Numb	or .			
☐ DCA	justification	) [[			¥* 30			Telephic	ile Mailib	CI			
	☐ Cancellatio	n	lance ho	-	roject manage	_		- 15-					
				FAC	ILITY INFORM	ATIO	N						
Name of facility wh	nere abatement	is taking p	lace (3)					Type of Facility					
commercial bui	lding								ol (K - 12			< 40\	
Street Address									hapter 8 ( (Private/				
222 51 6-14	49546772.03 (1855.o							House	./Homes,		420	**	
333 bloomfield	avenue	LCa	mt. (C)					Square Feet	# of Floo	ors	E	ldg. A	ge
City (5)		Col	inty (6)				unty Code (7) ate use only)				L_		
caldwell		ES	SEX			(Sta	ato use only)	Current Use (F	rior if bei	ng den	nolish	ned)	
Name of Monitoring	g Firm Hired by				ASCM No.	1	Name of Abatement C	Contractor (9)					
				- 1			D & S RESTORA	TION INC					
Street Address						=	Street Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				U.S. STAN	
							20 California Ave	e.					
City, State, Zip Code	9						City, State, Zip Code			other contract			
							Paterson, NJ 075	03					
Project Manager for	Monitoring Firn	1	Ph	one Numb	er		Telephone Number		License			XII	
n <u></u>							973-345-8020			)1169			
Start Date (10)		Sche	d. Completic	on Date (1	1)		Name of OSHA Monito						
06/01/17		06/3	0/17				D & S Restoratio	n, Inc.			_		
Occupancy Status D	uring Abateme	nt (Check	only one)			-	20 California Ave	nue					
Facility closed	/vacated during	entire per	iod of abate	ment.			City, State, Zip Code	Hac					
Describe:	rformed outside		facility hour	S-									
Other-Describ	e: NORMAL F	IOURS				-	Paterson, NJ 075	03					
Scope of Work (che	eck all that apply	y)					F	ull Containment v	w/negative	e press	ure		
> 3  sf or $> 3 $ If	$\boxtimes$	Renovati	on				Simon Si	lini-enclosure					
≥160 sf or ≥26	60 If	Demolitio	n					lovebag procedu on-Exempted (*)		-friahle	nroc	adura	
Location of		Is location	n normally ι	sed solely		i e		The state of the s	and Hon	R	R	E	
asbestos-cont material (acm)		by maint staff(12)	enance/cust	odial			sbestos-containing	Amount	25	e m	e p	n	E n
abated in facil		Yes	No	N/A	material (A	(CM)		(Specify S	SF or	0	a	a	C
		103	INO	IN/A						v e	i r	p	-
BASEMENT sou			$\square X$		PIPE INSUI			180 l ft					
BASEMENT nor	th		LX		PIPE fitting	INSU	JLATION	30 elbows	Victory of Table	$\boxtimes$			
Registered Waste Ha	auler	LAUG	EP Hauler II	<u> </u>	ubic Yards of W	acta	Mama of David						Ш
D & S RESTORA			EP Hauler II 506	22333	yds.	asie	Name of Registered L TULLYTOWN, R		ECOVE	RY			
City, State				Disposal D		-	City, State	LOCOROL IX	JOUTEI				
PATERSON, NJ				06/02/1	7		TULLYTOWN, P	PA					
Completed by (Print		Title			Signature				Date				
BOGDAN JOLD	ZIC	PRESID	ENT						05/17/	2017			

D&S Proj. #: 17-139

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

	5 6	5	W	<u> </u>
15/				- !!!
1 7 2 1				30.1

							MAY 2	3 2	UII	1.	
Date of Notification (1)	Name	e of Building Ow	ner/Operator (2	)						1	-
<u>  0   5   / 1   0   / 1   7  </u>	jacl	c finn buiding	contractors			ASBI	ESTOS			11 &	-
Agencies Notified   Type Notifica		Address					LICE	15110	<u> </u>		
DEP Amended	333	bloomfield a	venue								
Amendment #		State, Zip Code		_							
DOL ☐ Emergency		dwell, nj 0700	)6								
DOH (including justification	Name	of Contact				Telephor	ne Numbe	er			
DCA Cancellatio	11	ce hoffman, p	roject manage	er		1					
	<u> </u>		CILITY INFORM		N						
Name of facility where abatement	is taking place (					Type of Facility	(4)				
		2.5					ol (K - 12)	)			
commercial building Street Address						Subch	napter 8 (0	Other t	than h	<-12)	
Street Address							(Private/C /Homes, e		ercial		
333 bloomfield avenue							# of Floo		В	ldg. A	\ge
City (5)	County (6	)			unty Code (7)						
caldwell	ESSEX			(St	ate use only)	Current Use (P	rior if beir	ng den	nolish	ed)	
Name of Monitoring Firm Hired by			ASCM No.	-	Name of Abatemen	t Contractor (9)					
					D & S RESTOR	RATION INC					
Street Address					Street Address				_		
					20 California A	ve.					
City, State, Zip Code					City, State, Zip Code	)			A CONTRACTOR OF THE PARTY OF TH		
					Paterson, NJ 0	7503					
Project Manager for Monitoring Firm	1	Phone Numb	per		Telephone Number		License				
					973-345-8020		0	1169			
Start Date (10)	Sched. Con	npletion Date (1	1)		Name of OSHA Mon						
06/01/17	06/30/17				D & S Restorat	ion, inc.					
Occupancy Status During Abatemer				-	20 California A	venue					
Facility closed/vacated during	entire period of	abatement.	92		City, State, Zip Code						
Abatement performed outside Describe:		y hours-			STORY AN STORY II						
Other-Describe: NORMAL H		-		-	Paterson, NJ 0	7503					
Scope of Work (check all that apply						Full Containment w	/negative	press	ure		
☐ > <u>3</u> sf or > <u>3</u> If	Renovation				×	Mini-enclosure					
≥160 sf or ≥260 lf	Demolition					Glovebag procedur Non-Exempted (*)		friable	proc	edure	
Location of		nally used solely	У			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		R	R	E	
asbestos-containing material (acm) to be	by maintenance staff(12)	e/custodiai			sbestos-containing	Amount		e m	e	n c	E n
abated in facility (13)	Yes N	lo N/A	material (A	ACM)		(Specify S LF)	F or	0	a	a	C
D. I. C. D. VIII.	, 55	IV/A						v e	r	р	
BASEMENT south BASEMENT north			PIPE INSU			180 l ft		X			
office vault right side			PIPE fitting			30 elbows		$\boxtimes$			빝
2nd floor			VAT & MA	STIC	,	312 sq ft			ᆜ	닏	卄
2110 11001			VAT			320 sq ft			ᆜ	屵	붜
Registered Waste Hauler	NJDEP Ha	uler ID# I C	ubic Yards of W	laste	Name of Registered	I andfill		Ш	Ш		
D & S RESTORATION, INC.	13506		yds			RESOURCE RE	COVER	Y			
City, State	Į.	Disposal D			City, State						
PATERSON, NJ 07503		06/02/1			TULLYTOWN	, PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Signature				Date 05/10/	2017			
			1				U3/1U/	ZUI/			

111	, ,	0	1	-
CK	T	8.1	9	9

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

			ζ.	arouum	10 110710	J. 00 U.I	u 12.120	.,		Control of Control	1				
Date of Notification (1)	2/17			Name o	f Building	Owner/0	Operator	(2)		1	L: A	AY	2 3	20	17
Agencies Notified	Type Notification Initial				HADLEY		D			1	ASBE	STO	S CO	ONTI ING	ROL
DEP DOL	Amended Amendment #		_		ate, Zip Co H PLAIN		D, NJ 0	7068				*******		AND DESCRIPTION ASSESSMENT	e de la constanta
DOH DCA	Emergency (in justification) Cancellation	nciuaing			F Contact	H	RE	77	45	Tolor	ahana Mun	nher			
Name of Facility 100		5			LITY INFO		ION					- B		-	
Name of Facility Where $PSEY$	Satement is Taking	Place (	3)						f Facility ( chool (K-1	No.					
Street Address 34/ Mo City (5) WEST	UNT Pla	EASA	NT	A	VE.			<b>2</b> 0			than K-12 commercia		dings,	home	es,
City (5) WEST	ORA	NG	$\epsilon$					Square	Feet 200	# of F	loors 2	B	ldg. A	96	ves
County (6)	SEX			County	Code (7) USE ONLY)			Current	C		g demolish			<i>(</i> )	1
Name of Monitoring Firm ENVIRONMENTAL	Hired by Building O	wner (8)	)	ASCN 0045					ment Cor				18 6		
Street Address 64 BROAD STREET	Г						(100)	Address NHITE	HEAD /	AVE.					
City, State, Zip Code MATAWAN, NJ 077	47					•		tate, Zip	Code /ER, No	J 08882	<u> </u>				
Project Manager for Moni TOM GEIGER								one No.			License No	D.			
Start Date (10) 5/22	ed Con	pletion	Date (11)				Monitor STEM	S OF A	MERICA						
Occupancy Status During				10/				Address	HEAD A	A)/E					$\neg$
Facility Closed/Vaca Abatement Performe Other – Describe: Z	ed Outside of Norma	al Facilit	Hours		only		City, St	tate, Zip							
Scope of Work (Check Al	/						000	1111111	/ LIX, 14c	00002	•				-
≥3 sf or ≥3 if ≥160 sf or ≥260 if	=		Renova Demolit				X	Mini- Glove	Enclosure ebag Prod	e cedure	Negative P			0	
		Is	Locati	on				14011	LXCIIIptet	a ( ) and	NOTE HED			ement	
Location		1	Normali	y		De	scription	of					Ту	ре	
Asbestos-Containing TO BE ABA In Facilii (13)	TED	Ma	ed Sole intenar todial S (12)	ice/		thermal surfa	taining M systems cing, VAI niscelland	insulation, or		(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
0.11	2 <del>- /</del> 2	Yes	No	N/A	1.									te	TD .
BASÉMEN			×	-			30005				LF	X			_
2 ND Flo			X				Soci				5 LF	X			
1 ST FIR. Lock	ER ROOM		×		ACM	E	Bou	25		19	1 LF	×			-
Name of Registered Wast	te Hauler		N	JDEP W	/aste		Yards		Name of	Registere	ed Landfill				-
WASTE MANAGEME	auler ID 125	No.		10		GROW	S NOR					-			
City, State ELIZABETH, NJ							sal Date		City, State MORRI		, PA				
Completed by CAROL RAIMO		Title OFFI	CE M	GR		S	Signature	al.	Lai	, mã	Dat	5/2	21	1,7	,

Print Form

CK # 8136

### State of New Jersey

CK # 8%	36	Î		CATION	ate of New I OF ASBE to NJAC 8	STOS	ABATE			Comment of the	),[	G		$\mathbb{V}$	E
Date of Notification (1)	7 -			Name of	f Building C	Owner/C	Operator	(2)		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ΙAΥ	2 3	201	7
Agencies Notified	Type Notification			Street A	ddress HADLEY	ROA	D			· ·	ASBE	STO	S C	ITAC	ROL
	Initial Amended Amendment #				ate, Zip Coo H PLAIN		D, NJ 0	7068			1	<del>- LIC</del>	1. 1. 1. 1.	NG	
× DOH DCA	Emergency (ir justification) Cancellation	cluding	h	,,	f Contact	,	0		-	Tele	phone Nur	nber		-	
	ouriodilation				LITY INFO		ON	TA	2	1					
Name of Facility Where A		Place (3	3)	1 701	ETT INT O	- Kuizeri		_	of Facility (4	5					
Street Address	OUNT P	1F	9.56	1177	+ A1	IF.			Subchapter (i.e. protect)	8 (Othe			dings,	home	es,
City (5)	TOK	OA	N) G	EE.	+ AV			Square	e Feet	# of	Floors	100	ldg. A		y.e.c
County (6)	SSEX	-,,	1	county (	Code (7) USE ONLY)			Currer	t Use (Prio			ned)		,	<i>y</i>
Name of Monitoring Firm I ENVIRONMENTAL	Hired by Building O	wner (8)		ASCN 0045				of Abate	ement Cont YSTEMS	ractor	(9)	Clark Historia	1 0		
Street Address 64 BROAD STREET			0040	M1		Street	Addres	S		AIVIENIOA	1				
City, State, Zip Code							City, S	tate, Zip							_
MATAWAN, NJ 0774									VER, NJ	0888	2				
Project Manager for Monit TOM GEIGER	toring Firm			Telepho 732-29	ne No. 90-2217			none No 432-83			License N 01111	0.			
Start Date (10) 5 / 2 2 /	17	6	5/2	- /	Date (11)		UNIC	QUE S	A Monitor YSTEMS	OF A	AMERICA	Ą			
Occupancy Status During Facility Closed/Vacat				ent				Addres: NHITE	s EHEAD A	VE.					
Abatement Performe Other – Describe:	d Outeida of Norma	I Eggilih	Laura		anl	19		tate, Zip	Code VER, NJ	0888	2				
Scope of Work (Check All	That Apply)	/ /								10,00					-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renovat Demoliti					Mini Glov	Containme -Enclosure /ebag Proce -Exempted	edure					
			Locatio							( ) 00			Abate	ment	
Location Asbestos-Containing N		111 10855	ormally d Solel	,	Achest		scription taining M		(ACM)	۸۰	nount		1,		
TO BE ABA In Facility (13)	TED	600/HGCC	intenan todial S (12)		(i.e. t	thermal surfa	systems cing, VA niscellan	s insulat T, or	ion,	(S	pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	(D
BASEM S	NT		$\times$		ACI	m .	ELB	01115		18	5° LF	×			
2 ND F	100R		X		w:	RE	So	ck	-	23	5 LF	×			
Name of Registered Waste WASTE MANAGEME			На	JDEP W Buler ID 125	No.	Cubic of Was	ste		Name of R		red Landfill RTH				
City, State ELIZABETH, NJ	120	;	Dispos	sal Date		City, State									
Completed by CAROL RAIMO	<u> </u>		ignature		n I	, VILL	E, PA	te /	/	/					
- I I I I I I I I I I I I I I I I I I I		OLLI	CE M	OI (			1/1/1	rost	Xa	m	@	11	1/	17	

Print Form

CK F# 8129

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

	NO		CATION	OF ASBEST to NJAC 8:6	TOS A		11000000000	0	ECE		$\mathbb{V}$	E,	M
Date of Notification (1)				Building Ow	ner/O	perator	(2)					9	
Agencies Notified Type Notification	n	5	PSEG Street Ac					the state of the s	MAY 2	3 /	2017		
EPA X Initial				IADLEY R		)			BESTOS	CON	TRI	1 8	
DEP Amended  DOL Amendme	nt#			te, Zip Code H PLAINF		, NJ 0	7068		LICE			<i></i>	
	y (including			Contact		_		Tel	enhone Num	her			
DCA Cancellati			KE	TH	Ź	PET	TAS						
Name of Facility Where Abatement is Tak	ing Place (3)		FACIL	LITY INFORI	MATIC	NC	Type of Facility	(4)					$\dashv$
PSÉYG	3						School (K						
Street Address 341 May NT	PIEA	5/3	tut	- AV	E.		Subchapt	er 8 (Oth	er than K-12 & commercia		ings,	home	s,
City (E)	RAN						Square Feet	# 0	f Floors	Bl	dg. A	ge	
County (6)	RHI		County C	Code (7)			7200 Current Use (P	rior if bei	ng demolish	ed)	MX.	76	VRS
ESSEX				JSE ONLY) _			•		g dome	,			
Name of Monitoring Firm Hired by Buildin ENVIRONMENTAL TACTICS	g Owner (8)		ASCM 0045				of Abatement C QUE SYSTEM			\			
Street Address 64 BROAD STREET							Address NHITEHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 07747							tate, Zip Code TH RIVER, N	1J 0888	32				
Project Manager for Monitoring Firm TOM GEIGER			Telephor 732-29	ne No. 90-2217		8 (5)	one No. 432-8350		License No 01111	0.			
Start Date (10) 5 / 22 / 17	Scheduled		pletion [	Date (11)			of OSHA Monito		AMERICA	١			
Occupancy Status During Abatement (Ch	eck Only One	)					Address NHITEHEAD	AVE					
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	rmal Facility H	Hours	. ,	B- 2 0		City, S	tate, Zip Code	00-77142170-2710-2010					
Scope of Work (Check All That Apply)	my ape	d fledle		oney	-	SOU	TH RIVER, I	NJ 0888	32				_
≥3 sf or ≥3 If	Ø ₽e	novat	tion			Г	Full Contain	ment with	Negative P	racciii	-Δ		
≥160 sf or ≥260 lf	Contract of the Contract of th	moliti				2	Mini-Enclose Glovebag Pr	ire ocedure	<i>-</i>				
	Isl	ocatio	on				1 Non-Exemp	Cu ( ) an	d Non-i nab	_	Abate	ment	
Location of	No	ormall Solel	у			scription				-	Ту	pe	-
Asbestos-Containing Material (ACM)  TO BE ABATED	Main	tenar	ice/				Material (ACM) s insulation,	1	mount Specify	Re	71	Enc	Ē
In Facility (13)	Custo	(12)	ιαπ?			cing, VA		SI	F or LF)	Remova	Repair	Encapsulate	Enclosure
(,	Yes	No	N/A				.0000)			a	7	late	ire
BASEMENT		$\times$		ACN	7	ELE	ows	1	s LF	×			
Name of Registered Waste Hauler WASTE MANAGEMENT		H	JDEP W auler ID 125	No.	Cubic of Was		100000000000000000000000000000000000000	of Regist NS NO	ered Landfill RTH				
City, State ELIZABETH, NJ					, W	sal Date			LE, PA				
Completed by CAROL RAIMO	pleted by Title							1	. Da	te /	1,	/, .	7

allen	82								[	namo.			Pri	nt Form
0964-				ICATIO	tate of New Jerse N OF ASBESTOS to NJAC 8:60 an	ABATE		т	Carry 1000 Address distance	D) E	C			
Date of Notification (1)					of Building Owner/0			RICT	1		AY	2 3	201	7
Agencies Notified  EPA	Type Notification			Street A	Address HURCH STREE	ΞT			"Addition " A	ASBE	STO	S C	TNC	ROL &
EPA DEP DOL	Amended Amendment				ate, Zip Code ISVILLE, NJ 08	3070			14,4	And the second		ENS		
DOH     DCA	Emergency (i justification) Cancellation	ncluding		Name o	f Contact				Tele	ephone Nur	mber	_		
				FAC	ILITY INFORMATI	ON								
Name of Facility Where A PENN BEACH ELE	Abatement is Taking MENTARY SCH	Place (	3)				Тур	e of Facility						
Street Address 96 KANSAS ROAD	1						School (K-1 Subchapter Other (i.e. p	8 (Othe	er than K-12 commerci	2) al buile	dings,	home	es,	
City (5) PENNSVILLE								etc.) uare Feet 0,000	# of	Floors	В	Bldg. A	ge	
County (6) SALEM					Code (7) USE ONLY)	_	Cur	rent Use (Pri	or if bei	ng demolish	ned)			
Name of Monitoring Firm PENNON ASSOCIA		wner (8)	)	ASCN 102	M No.			oatement Cor BJDS, INC		(9)				
Street Address 515 GROVE STRE	ET SUITE 1B					Street 1345		ess DUSTRIAL	BLVD	)				
City, State, Zip Code HADDON HEIGHTS	S, NJ 08035							Zip Code AMPTON F	PA 189	166				
Project Manager for Mon Alan Lloyd	itoring Firm			Telepho	ne No.	Teleph 215				License N 00783	0.			
Start Date (10)				mpletion 201	Date (11)			SHA Monitor ON LABS						
Occupancy Status During	g Abatement (Check	Only Or	ne)			Street	Addr	ess						
Facility Closed/Vaca	ated During Entire P	eriod of	Abater	nent		400 8	STR	EET ROAI	D					
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norma	al Facility	/ Hour	3		City, S	tate,	Zip Code	47970034					
						BEN	SAL	EM, PA 19	9020					
Scope of Work (Check A	II That Apply)										3-1			
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		- Description	Renova Demoli			×	M	ull Containme lini-Enclosure lovebag Prod	e cedure					
		30400	10 0 10 2000 00 00 00		**		ı IV	on-Exempted	() and	NOTI-FITAD		0.0000000	ment	-
Location	of		Locat Vorma		_							Ту		
Asbestos-Containing		Use	d Sole	ly by	Asbestos Cont	scription aining M		al (ACM)	Ar	nount			m	
TO BE ABA		1 10000000	intena todial \$		(i.e. thermal	systems	insu		(S	pecify	Re	Z.	nca	Enc
(13)	ty		(12)			ing, VA niscellan		)	SF	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A	.====					<u>a</u>	7	late	Ге	
ROOM 1	123		X		PIPE IN	N	6	SLF	Х					
ROOM 1	and to have		Χ		PIPE IN	NSULA	TIO	N	6	SLF	Х			
ROOM 1	125		X		PIPE IN	ISULA	TIO	N	6	SLF	X			

NJDEP Waste

Hauler ID No.

20990

Title

ASST. ADMIN

Cubic Yards

Disposal Date

Signature

of Waste

City, State

Completed by

ASB-41 (R-06-08)

Name of Registered Waste Hauler

58 PYLES LANE, NEW CASTLE DE 19720

SERVICE TRANSPORT

WAYNESBURG, OH 44688

,Date \_5-22-20

Name of Registered Landfill

MINERVA LANDFILL

City, State

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) E Date of Notification (1) Name of Building Owner/Operator (2) 5/22/17 Genesis Health Care, Inc. Agencies Notified Type Notification Street Address 2017 MAY 23 1700 Wynwood Drive EPA Initial City, State, Zip Code × DEP Amended ASBESTOS CONTROL × DOL Amendment # 1 Cinnaminson, NJ 08077 LICENSING Emergency (including Name of Contact Telephone Number × DOH iustification) DCA Cancellation Bill Jeune **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Cinnaminson Center School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 1700 Wynwood Drive etc.) City (5) Square Feet # of Floors Bldg. Age Cinnaminson 35,000 50+/-1 County (6) County Code (7) Current Use (Prior if being demolished) Burlington (STATE USE ONLY) Rehabilitation Center Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Vertex ecoservices, LLC Street Address Street Address 700 Turner Industrial Way 303 B National Road City, State, Zip Code City, State, Zip Code Aston, PA 19104 Exton, PA 19341 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Dave Turotsy 610-558-8902 484-872-8884 01161 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor May 15, 2017 July 31, 2017 **EMSL** Occupancy Status During Abatement (Check Only One) Street Address 200 Route 130 North Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other – Describe: Hours will be 7 am to 3:30 pm City, State, Zip Code X Cinnaminson, NJ Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A See Attached

NJDEP Waste

Hauler ID No.

Sr. Project Manager

Cubic Yards

Disposal Date

Signature

of Waste

15

TBD

City, State

Camden, NJ

Completed by

Jack Bally

Name of Registered Waste Hauler

Waste Management of NJ

Date

5/22/17

Name of Registered Landfill

**GROWS** 

City, State

Morrisville, PA

	Normally Used Solely by Custodial Staff	Description of Material	Amount	Removal	Repair	Encapsulate Enclosure	Enclosure
Yes	No		SF/LF			•	
Room 43	×	VAT & Mastic	225 SF	×			
Room 47	×	VAT & Mastic	225 SF	×			
Room 54	×	VAT & Mastic	225 SF	×			
Room 53	×	VAT & Mastic	225 SF	×			
Room 56	×	VAT & Mastic	225 SF	×			
Room 57	×	VAT & Mastic	225 SF	×			

D).	E	C	E		$\mathbb{V}$		
And the second		MAY	2	3	2017		Ш
Á	SB	EST	)S JEA			)L. 8	Ž.

## State of New Jersey

UC 5797	N	OTIFICA (Purs	ATION OF ASI	BESTOS	ABATEN	MENT )		<u> </u>	15_	<u>.                                    </u>	<u> </u>	
Date of Notification (1) 5/3/17	-		me of Building enesis Hea			(2)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MAY	23	3 2	017	11
Agencies Notified Type Notified  EPA   Initial	cation	17	eet Address 700 Wynwo		е		ASBE					L &
	dment #		y. State, Zip C nnaminson		3077		A Committee and an	LIU	EN	SINC	Ž	April - 1 and
□ DOH			me of Contact				Telephon	A 1	L 4 -	<b>8</b> (4 - 4 5		
			FACILITY INF	ORMAT	ION							
Name of Facility Where Abatement is Cinnaminson Center Street Address	Taking Place (3)					Type of Facility  School (K		K 121				
1700 Wynwood Drive							private & comm			dings.	home	25.
City (5) Cinnaminson						Square Feet 35,000	# of Floors	5	859	ldg. A 0+/-	ge	
County (6) Burlington			unty Code (7) TATE USE ONL			Current Use (P Rehabilitation		nolishe	d)			
Name of Monitoring Firm Hired by Bui Vertex	lding Owner (8)	1	ASCM No			of Abatement Co ervices, LLC	ontractor (9)					
Street Address 700 Turner Industrial Way						Address National Ro	ad					
City. State. Zip Code Aston, PA 19104						ate. Zip Code , PA 19341						
Project Manager for Monitoring Firm Dave Turotsy			ephone No 0-558-8902	)	Telepho 484-8	one No 72-8884	Licen 0116	se No				
Start Date (10) May 15, 2017	Scheduled July 31,		etion Date (11)	)	Name of EMSL	of OSHA Monito	г					
Occupancy Status During Abatement	Check Only One	*)			Street A	Address Loute 130 No						
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe. Hours will be	Normal Facility H	atemen Hours	ı	de								
Scope of Work (Check All That Apply)					Ollino	minson, NJ				300 T		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	novation			×	Mini-Enclosu Glovebag Pro					₽	
		ocation									ment pe	
Location of	Llood	rmally Solely b	v		scription			t		ı y	De:	-
Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)	Main Custo	tenance dial Staff (12)	Asbes	thermal surface			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
See Attached	Yes	No 1	N/A								-70	
Name of Registered Waste Hauler			EP Waste	Cubic	Yards	Name of	Registered La	ndfill				
Waste Management of NJ		Haule	er ID No.	of Was	ste	GROV	<b>VS</b>					
City. State Camden, NJ				Dispos	al Date	City, Sta Morris	te ville, PA					
Completed by Jack Bally	Sr. Pro	oject Ma	anager	S	ignature (C)	Bally	aly	Date May		201	7	

Print Form

CK 2842

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

DECEIVE

			( , a .			C 8:60 and 1	,								
Date of Notification (1)						Building Owner IVE ALUMIN		2)	AY 2	3	2017				
x EPA	ype Notification Amended	ı İniti	ial			iresses2508 PLA						_			
X DEP X DOL X DOH	xxx Amende Emergency	(includ	ling		y, State			ASBE	STOS LICEN	$\sim$ .		OL			
DCA	Justification Cancellation			Na	me of (	Contact	Τ,	Telephone Numb	per						
					RY PU	NFORMATIO	NI								
Name of Facility Where A	Abatement is	Tak	ing Pl	ace (3	)	TORMATIO	Type of Fac	ility (4)		-					
*					•		School (								
Street Addresses							Subchap	ter 8 (Other than	(K-12)						
555 CUMBERLAN	ND ST						x Other (	i.e. private & cor	nmercia	Bu	ilding	35,			
City(5) WETSFIELD							Sq4000uare Feet	# of Floors	Bldg.	Age	36				
County (6) UNION					de (7) (S	TATE USE		e (Prior if being	demolis	hed)					
Name of Monitoring Firm	Wired by Du	ldina	ONL	Y)NJ	CM No.		,								
(8)\- IRIS Environmental	Laboratories	, LLC	Cwne	r As	CIVI NO.	Pezo Inc	batement Co	ontractor (9)							
Street Address						Street Addre									
2333 Route 22 West City, State, Zip Code							ook Rd., #15	0							
Union NJ 07083						City, State,									
Project Manager for Monito	oring Firm	Te	lephor	e No		Telephone	k, NJ 07035		1			_			
		90	8-206-	0073		973-628-782	29	License N 01141	40						
Start Date (10) 05/20/17	Schedul 05/23/1		omplet	ion Da	ta (11)		SHA Monito		100000						
Occupancy Status During A			only o	na)				poratories, LLC							
Facility Closed/Vacated D	Ouring Entire P	eriod	of Abat	ement		Street Addre 2333 Route									
Abatement Performed C	Outside of No	rmal	Facili	ty Hou	rs	City, State, 2	CARLE THREE WAY					_			
Other -Describe					Union NJ 07083										
Scope of Work (Check all app	ply)				X Full Containment with Neg						gative Pressure				
> 3 sf or > 3 lf				r	Renovatio		Mini-Enclo								
xx > 160  sf or > 260  H					Demolitio		Procedure	d (*) and Non-Friable procedure							
-0.000 and			s Locat	ion	T		Non Daem	oted ( ) and ( voil-t		atem					
Location of			Norma	lly		Description	of		1		ype				
Asbestos-Containing mater		Us	ed Sole	ly by	Asbest	os Containing Ma	iterial (ACM)	Amount	75	-	I	1			
TO BE ABATEL	)		aintena Custod		( i.e.,	, thermal systems	insulation,	(Specify	Remo	Repa	Enca	Enclosure			
IN Facility (13)			Staff	0.00000		Surfacing, VAT Other miscellan		SF or LF)	oval	4	apsulate	uso			
(15)			(12)			- moreman	.0005)		-		late	G			
		Yes	No	N/A											
ASBESTOS DEBRISE 1ST	FLOOR		x		PLAS	TER		2000							
ASBESTOS DEBRISE		9			PLAS	TER		2000							
		17-17			Jules 1	Cubic Yards of	e   N = 2 =								
lame of registered Waste	Hauler	NI	DEP	Nacro r			of Name of Registered Landfield Waste Management of Pennsylvania								
	Hauler		DEP \ 6224	v aste i	laici	Waste01		Registered Landf anagement of Per	ield nnsylvai	nia					
ity, State	Hauler			vaste t	Tuici	Waste01	Waste Ma	anagement of Per	ield nnsylvai	nia ——		_			
Eity, State incoln Park, NJ 07035				vaste i	Turci		Waste Market Mar	anagement of Per	ield nnsylvar	nia					
lame of registered Waste lezo Inc.  City, State incoln Park, NJ 07035 completed By GUSTAVO PRDON MANAGER	Title V. Presider	CS		v aste i	Tujoi	Waste01 Disposal Date	Waste Market Mar	anagement of Per	ield nnsylvar	nia					

TO:6096330664 9736286978

CK284	N			ION	OF ASB	w Jersey SESTOS ABA 8:60 and 12		ENT	Lance Management of the Control		)OL -	. 1	0	DA	Y
Date of Notification (1)					e of Bu	ilding Owne	r/Oper	ator (2)			MAY	1	8	2017	
	ype Notification					sses   15 East	11 Ave	enue	1		ile	37	ne	Les	2
x EPA x X DEP	x Initial Amended			City	State, 2	7in			-+	WAI	VER	AI	qe	RA	<del>\</del>
X DOL X DOH	Amended # X Emergency	includ	line		lle NJ	Z.ip			L	* * * * * * * * * * * * * * * * * * * *	,				
DCA	Justification)	,,,,,,,,,	6	STATE OF THE PARTY OF	e of Co		lepho	one Numb	er						
	Cancellation		FA		ANDO TY INI	17	7 15	CE		1	<u> </u>	E			
Name of Facility Where	Abatement is	Takir			11 1147	OKWATIO	Туре	of Facil			100 15		U		
								chool (K			(V 12)			0047	, [
Street Addresses	CCIOLA PLAC	F					x (	abchapte Other (i.e	r 8 (C	other than vate & com	mercia	TB	d uild	ings	
City(5)	CIOLATEAC	<u></u>	-					re Feet		f I Floors	Bldg	Δ	mp 3	7	
WESTFIELD								20		1 ASB	ESTO	SI	CO	NTF	(OF)
County (6) UNION			County		(7) (ST	ATE USE	Curre	ent Use	(Prio	r if being	demolis	he	d)	413	-
Name of Monitoring Firm	Hired by Build	ding (		-	M No.	Name of A	batem	ent Con	tract	or (9)			-		$\neg$
(8)\- IRIS Environmental			, , , , , , , , , , , , , , , , , , ,			Pezo Inc									
Street Address 2333 Route 22 West						Street Addr 4 Beaverbr	202000	4 #150							
City, State, Zip Code						City, State,			10						_
Union NJ 07083					Lincoln Pa	rk, NJ									
Project Manager for Moni	toring Firm	1000	ephone 3-206-0			Telephone 973-628-78				License N	10				
Start Date (10)	Schedule	-			a(11)	Name of C		Monitor		01141					
05/19/17	05/3017					IRIS Envir		tal Labo	orator	ies, LLC					
Occupancy Status During Facility Closed/Vacated I						Street Addr 2333 Route		West							
Abatement Performed					'S	City, State,									$\overline{}$
Other -Describe						Union NJ	07083								
Scope of Work (Check all a	pply)							l Contain		with Negati	ve Press	urc			
> 3 sf or > 3 lf				110000	enovation		Glo	vcbag P	roced		20 2000				
xx > 160  sf or > 260  lf		,			Demolitio	on	1	lon-Exem	ptcd	(*) and Non			teme		
Location of			s Locati Nonnal	700		Description	of				1.		Ту		
Asbestos-Containing mat			ed Solel		Asbesto	s Containing M	faterial	(ACM)		Amount	7		R	m	(TJ
TO BE ABATE	ED	595	aintenar	65556	( i.e.,	thermal system		ation,		(Specify SF or LF)	Kemova	1	Repair	Encapsulate	Enclosure
IN Facility			Custodi Staff?			Surfacing, VA Other miscells		es es		SP OF LP)	val		7	sula	surc
(13)			(12)				•							Ie	
	Y	Yes	No	N/A			. ,								
157 Floor Be		103	X	1,	PLAST	TER 300	<u></u>		700	SQ.FT	1				
,	07		I A		2 00		-)		100	32					
	15 TOON		-	-	250	-1 (1	7		-			1			
z Floor Bed	Meor					- 7 /-	17		-						
Name of registered Wast	e Hauler	N	JDEP V	Waste I	Huler	Cubic Yards	of N	ame of I	Regis	tered Land	lfield		-		
Pezo Inc.			6224			Waste	V	Vaste M	anage	ement of P	ennsylv	an	ia		į
City, State						Disposal Dat	e C	ity, Stat	te						-
Lincoln Park, NJ 07035						05/28 /17				nnsylvania	ì				
Completed by GUSTAVO		nt				Signature				Data 05/18/17					

9736286978

CK 28L	13
Date of Notification (	1)
Agency Notified	Type !

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

DOL -	10	DAM
11111 -	111	11/41
UUL	10	13111

<u> </u>			27			me of Building Owner/Operator (2) MAY 1 8 2017											
Date of Notification (	1)					of Buil		/Ope	rator (2)	2.4	10	2011	_				
Agency Notified	Type Not	ification					ses115 East 1	1 Av	renue	Kun	Jus	-	2	] [			
x EPA	xx Initi									MANUER	APP	DA	VI	H			
X DEP		ended			City,	State, Z	ip			AAWIATI	T11 1	110	V L_	-			
X DOL		ended#		- 1	Rosell		•										
X DOH		mergency (ir	icludin	3 -		of Con	tact		Telen	hone Number							
DCA		ification) cellation			A CHARLES HAVE												
	Can	CCHACIOII				ANDON		J		_				-			
						Y INF	ORMATION	<u> </u>	CD :::/-	40 G	711	W	12	TTh			
Name of Facility When	re Abaten	nent is T	aking	Place	(3)			5	e of Facility School (K-I	m 6 9	3	U	<u></u>				
Street Addresses	24 CCIOI	A PLACI	E.					x	Other (i.e.)	Other than (K-	ercial B	uildi	ηgs,	11			
	ACCIOL	AFLACI	ن						are Feet	of I Floors A E	Idg. Ag	je 37		1			
City(5)									40	II L				1			
WESTFIELD					-	(m) (OT)	TELIOR	C	wort Line (D	rior if being des	nelishe	DIT	ROL	- &			
County (6)			1000			(7)(STA	TE USE	Cur	rent use (F	rior if being der ASBEST	OSTO	NI	1,0				
UNION			(	)NLY	NJ						CENS	HVC		-			
Name of Monitoring Fi	irm Hired	by Build	ing O	wner	ASC	vi No.	Name of A Pezo Inc	bate	ment Contra	actor (9)							
(8)\- IRIS Environmen	ntal Labo	ratories, L	LLC					9/8/8/8/8									
Street Address							Street Addre		- 1 113.50					1			
2333 Route 22 West							4 Beaverbr						-	-			
City, State, Zip Code		0.55					City, State,	Zip	Code								
Union NJ 07083							Lincoln Pa	rk, N	NJ 07035					_			
Project Manager for M	lanitarina	Firm	Tele	phone	No		Telephone			License No							
Project Manager for M	ionition ing		206-00			973-628-78	29		01141				-				
Start Date (10)		Schedule	d Con	pletio	n Data	(11)	Name of C	SHA	Monitor								
05/19/1		05/3017					IRIS Envir	onmo	ental Labora	atories, LLC							
Occupancy Status Dur			eck o	nly or	e)		Street Addi										
Facility Closed/Vaca	ing Abate	Cation Da	ried of	Abote	ment		2333 Route		West								
Facility Closed/Vaca	ited During	do of Mor	mal X	Cacilin	, Hour	e	City, State,										
Abatement Perform	nea Outsi	de oi ivoi	mai i	acing	i ioui.	3											
Other -Describe							Union NJ	0700	Cull Containm	Il Containment with Negative Pressure							
Scope of Work (Check	all apply)							1	Mini-Enclosur	on with Hogasire							
					_			,	Glovebag Pro	cedure							
> 3 sf or > 3 lf					7.5	enovation		(	Non-Evenn	ted (*) and Non-F	riable pr	oced	ure				
xx > 160 sf or > 260 lf						Demolitic	on		Noit-Dacinp	tod ( ) tale ( tol)	Aba	temo	nt				
				Locati	304°C 10							Ту	pe				
Location	n of		1	Jormal	У	8	Description					_		-			
A La Cantaining	matarial	(ACM)	Lise	d Solel	v bv	Asbesto	os Containing N	Mater	ial (ACM)	Amount	굣	Σ.	En	Enclosure			
Asbestos-Containing	ATCD	(ACIVI)	- 1	intena		( i.e.,	thermal system	ms in	sulation,	(Specify	B	Repair	car	clo			
TO BE AB			3355	Custodi			Surfacing, V.	AT,	or	SF or LF)	Removal	=	Encapsul	Sur			
IN Fac				Staff?			Other miscel	laneo	us)		-		late	8			
(13)	)			(12)									°				
				()					1								
			Ycs	No	N/A	1											
					-	PLAS	TER			240 SQ.FT	X						
				X	-		$\rightarrow$										
K: +chen	151	Floor		-		KIT	chen										
					-	-					_						
									Name of P	egistered Landf	ield	_					
Name of registered	Waste Ha	auler	N.	IDEP	Waste	Huler	Cubic Yard	s of	Name of K	egistered Landi	nnevlva	nia					
Pezo Inc.			CS	6224			Waste		Waste Ma	nagement of Per	illsylva	IIIa					
1 620 IIIO.																	
C't. Chat-							Disposal Da	ate	City, State	<b>:</b>							
City, State	7075						05/28/17		Morrisville	e Pennsylvania							
Lincoln Park, NJ 0	1033	mtal.	_				Signature			Data							
Completed by GUST		Title					Jighataro	9	eggs-	05/18/17							
ORDON MANAGER	R	V. Preside	ent					1	40-6			-					

CV 284	5 N			ION (	OF ASB	w Jersey ESTOS ABA 8:60 and 12			DOL -	- 10	DA	<u>Y</u>			
Date of Notification (	1)	(,	uisua	Name	e of Bu	ilding Owner		- 1	MAY	18	201	7			
A Maigal	Type Notification				BSOLU		1 1 4			7	0				
Agency Notified x EPA	xx Initial			Stree	t Addres	sses115 East 1	II AV	enue	alla	Tu	re	5	1		
X DEP	Amended		İ	City,	State, 2	Zip			WAIVER APPROVED						
X DOL	Amended # X Emergency	includin	ng	100	lle NJ				THE THE THE THE THE THE THE THE THE THE						
DCA	Justification)				e of Co		Janhana III E M								
	Cancellation				ANDO			1 6	-11	#	-				
Name of Capilla, 11/hon	a Abatamant is	Valcina			TY INF	ORMATIO		of Fadili	lity (4)						
Name of Facility When	e Abatement is	1 aking	Place	(3)			-	1117111	222	117		111			
Street Addresses							er 8 (Other than (K-12)								
	CACCIOLA PL	ACE					x	Other (i.e	private & comme	ercial	Bujlo	lings	-		
City(5)							Squa	re Feet L	SPESTOS OF	fdgO	ig&3	7			
WESTFIELD							3	0000	PENSIN	<u>G</u>			1		
County (6)					(7) (ST	ATE USE	Curr	ent Use (	Prior if being der	nolish	ed)		-		
UNION			ONLY		1/1/-		100,000		(0)		_		-		
Name of Monitoring Fit			wner	ASC	M No.	Name of A	bater	nent Con	tractor (9)						
(8)\- IRIS Environmen	tai Laboratories,	LLC				Street Addre	ecc.						_		
2333 Route 22 West						4 Beaverbro		Rd., #150							
City, State, Zip Code					City, State,										
Union NJ 07083					Lincoln Par										
Project Manager for Mo	nitoring Firm	100311003000	phone			Telephone			License No						
	12111		206-00		(1.15	973-628-78		14	01141			_			
Start Date (10) 05/19/17	Schedule 05/3017	ed Con	npletio	n Data	1(11)	Name of C			ratories, LLC						
Occupancy Status Durin	ng Abatement (Cl	neck or	nly on	e)		Street Addr									
Facility Closed/Vacate															
Abatement Performe Other -Describe	ed Outside of No	illiai r	acimy	noui	5	Union NJ									
Scope of Work (Check al	I anniv)					Cilion 143	ainment with Negative Pressure								
Scope to their Content an	·						losure								
> 3 sf or > 3 lf				17:33	enovation		GI	ovebag Pr	g Procedure exempted (*) and Non-Friable procedure						
xx > 160  sf or > 260  lf		Is	Location		Demolitic	)11		NOII-LACIII	Abatement						
Location	of		lormall	15500		Description of					Ty	pe	,		
Asbestos-Containing m	naterial (ACM)		d Solel;	20 12 14		s Containing N			Amount	Re	Re	En	9		
TO BE ABA		10.70000000	intenar `ustodia	105/00/000	( i.e.,	thermal system Surfacing, VA			(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
IN Facil	ity		Staff?			Other miscella				2		sula	ure		
(13)			(12)									2			
			.,	11/1											
		Yes	No	N/A	DIACO	ren			3000 SQ.FT	X	$\vdash$	-	-		
1 5 + F100	~~		X		PLAST					1.	+		-		
2 nd 5/0	02				Floo	× +:10			190 SOF	北大	+	+	-		
							-			+	+	-	$\vdash$		
			OFD !	Vanta	Unda -	Cubic Yards	of I	Name of E	Registered Landfie	3d			L		
Name of registered W Pezo Inc.	aste Hauler	CS (	DEP V	v aste	Huler	Waste	01	Waste Ma	anagement of Pen	nsylva	nia				
Pezo inc.		03 (	0229		j	Wasto									
City, State						Disposal Dat		City, Stat							
Lincoln Park, NJ 070						05/28 /17		Morrisvill	e Pennsylvania Data				-		
Completed by GUSTA ORDON MANAGER	VO Title V. Preside	•nt				Signature	44	els.	05/18/17						
OKDON WIMMAGEN			se this f	orm fo	is form for asbestos licensure exempted activities							- 111			

CX 2841.

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

DOL - 10 DAY

MAY 1 8 2017 Date of Notification (1) Name of Building Owner/Operator (2) Robert Manson Type Notification Agency Notified Street Address 1350 Birch Hill RD EPA Initial X DEP Amended City, State, Zip X DOL Amended # Mountainside NJ X DOH X Emergency (including Name of Contact DCA Justification) elephone Number Cancellation 908 337 1922 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MAY 2 3 2017 Subchapter 8 (Other than (K-12) Street Addresses 1350 birch hill RD x Other (i.e. private & commercial Buildings, ASSET TOORS OBLIGE. Age 36 City(5) Square Feet Mountainside NJ County (6) County Code (7) (STATE USE Current Use (Prior if being demolished) ONLY) UNION NJ Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) (8)\- IRIS Environmental Laboratories, LLC Pezo inc Street Address Street Address: 2333 Route 22 West 4 Beaverbrook Rd., #150 City, State, Zip Code City, State, Zip Code Union NJ 07083 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone No. Telephone No. License No 908-206-0073 973-628-7829 01141 Start Date (10) Scheduled Completion Data (11) Name of OSHA Monitor 5/22/2017 05//22/17 IRIS Environmental Laboratories, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other -Describe Union NJ 07083 Scope of Work (Check all apply) Full Containment with Negative Pressure X Mini-Enclosure > 3 sf or > 3 lf X Renovation X Glovebag Procedure xx > 160 sf or > 260 lfDemolition Non-Exempted (\*) and Non-Friable procedure Is Location Abatement Normally Location of Description of Type Asbestos-Containing material (ACM) Used Solely by Asbestos Containing Material (ACM) Amount Remova Encapsulate Maintenance/ (i.e., thermal systems insulation, TO BE ABATED (Specify Custodial IN Facility Surfacing, VAT, or SF or LF) Staff? Other miscellaneous) (13)(12)Yes No N/A x PIPE INSULATION 140 LN FEETS X BASEMENT Name of registered Waste Hauler NJDEP Waste Huler Cubic Yards of Name of Registered Landfield Pezo Inc. CS 6224 Waste Management of Pennsylvania Waste 2 City, State Disposal Date City, State Lincoln Park, NJ 07035 Morrisville Pennsylvania Completed GUSTAVO Title Signature Data ORDON MANAGER V. President 05/18/1705