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

Date of Notification (1) 11/3/14		27	T			Owner/C				INV	c	201/		11
Agencies Notified	Type Notification			Street A		ay, 3rd	Floor					2014		
EPA DEP DOL	Initial Amended Amendmen	t #			ite, Zip C	ode 10018	3		ASBE	STOS	S COI	NTRO)L &	<u> </u>
☑ DOH □ DCA	Emergency justification) Cancellation			Name o	f Contact	1			Telepho	ne Ni	Than			
	- Gallocitation					ORMATI	ON			-				-
Name of Facility Where	e Abatement is Takir	ng Place (3	5)					Type of Facility (2)					
Street Address 305 Main Street									8 (Other the			dinas	home	29
				-2-2-2				etc.)			22.625.000.0		122001100	
City (5) Orange								Square Feet 1500	# of Floo	ors		ildg. A	ge	
County (6) Essex					Code (7) USE ONL	n		Current Use (Pri	or if being d	emolish	ned)			
Name of Monitoring Fin	m Hired by Building	Owner (8)		ASCN	/ No.			of Abatement Cor Environmenta		s, LLC	;			
Street Address							(E) ((E) (E)	Address Sate Drive, PO	Box 483					
City, State, Zip Code		W00 W. S						tate, Zip Code wood, NJ 074	18					
Project Manager for Mo	onitoring Firm			Telepho	ne No.		Teleph	ione No. 1		ense N	lo.			
Start Date (10) 11/17/14		Schedule		npletion	Date (11)		Name	of OSHA Monitor		-				
Occupancy Status Duri	ng Abatement (Che				-		Street	Address		-				
Facility Closed/Va Abatement Perfore	cated During Entire med Outside of Norr working in basemer	Period of A	Abatem	nent		_		tate, Zip Code						
Scope of Work (Check	All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			lenova emolit				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				ρ.	
	×	ls	Locati	on							T	Abate		
Locatio	on of	1	lormal	ly		Des	scription	of				Ту	ре	
Asbestos-Containin <u>TO BE AF</u> In Fac (13	BATED	Ma	d Sole intenar odial S (12)	nce/		stos Cont thermal surfac	aining M	laterial (ACM) s insulation, T, or	Amou (Speci SF or L	fy	Removal	Repair	Encapsulate	Enclosure
basement/vario	ous locations	103	140			nina	inaulai	llan l	4001		The same of			
basement valid	ous locations			X		pipe	insulat	lion	190 L		Х			
										-	-			
Name of Registered Wa	aste Hauler	**	200	JDEP W		Cubic		Name of	Registered I	andfill				
Freehold Cartage				auler ID 5959	No.	of Was		TBD				12		
City, State Freehold, NJ				V. C.		Dispos TBD	sal Date	City, State	е					
Completed by A Scott Higgins		Title Presi	dent			S	ignature	Bin		Da 11	ite /3/14	1		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 12:120). Name of Building Owner/Operatox (2) Date of Notification (1) 9/14 PINELANDS LONISTRUCTION Type Notification Street Address Agencies Notified ASBESTOS CONTROL & 300 23 PA 23 00 L Invisal Amended City State Zip Code Amendmeni # US2 43 SED TYLE Emergency (including elephone Number justification) Name of Contact ☐ DOH Cancellation 12 DUDIEDI -aduk FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) RESIDERC Subchapter 8 (Other than K-12) Subchapter & (Utrier trient No. 2)

Other (i.e., private & commercial buildings, Street Address homes, etc.) Blog As Square Feet # of Floors Current Use (Prior Hoeing demolished) County Code County (6) ~ USE ONLY) AME Name of Abatement Contractor (9) ASCM NO Sveel Address Street Address 369 PRULE DUT City, State, Zip Code City, State, Zip Code MOPLE HODE elephone No. License No. Telephone No Project Manager for Monitoring Firm 004 856-779-04 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 85 EPH 10/2/ 11/14 Sueel Address Occupancy Status During Abatement (Check only one) 369 ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours N.J.08 HODE Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation 23 st or ≥3 tt 2160 st or ≥260 tt Glovebag Procedure Demation Non-Exempted (1) and Non-Friable Procedure Abates is Location TYF Normally Description of Used Solely by Amount Location of Asbesios Containing Material (ACM) Maintenance/ Asbestos-Containing Material (ACM) (i.e. thermal systems insulation. (Specify Custodial SF or LF) TO BE ABATED surfacing, VAT, or Staff? other myscellaneous) IN Facility (12)(13) NIA No Yes 18000 X X SIDING

Name of Registered Landfill Cubic Yards NUDEP Waste Name of Registered Waste Haule Hauter D No. , M, C, M.U. A. of Waste 7904 Discosal Date Ciry. State JUDA BING SHADE Signature Completed By

J058PN

15

3 Kg 6 40

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

		(r ursuarit i	0.00	and 12.120	•1						1
Date of Notification (1) October 31-2014 Check #269	90		Building Own				N(OV	6 2	2014	Ī
Agencies Notified Type Notification	on	Street Ad 1 Pass	ddress aic Street	200			ASBE	stos	CON	TROL	. &
EPA Initial Amended Amendment	ent #		te, Zip Code vood, NJ 0	7450				LICE	(CIN	3	
DOH justification Cancellat			Contact Ronald Roz	niak		Telep	ohone Nu	imber			
			LITY INFORM					_		-	-
Name of Facility Where Abatement is Ta Our Lady of Mount Carmel Chur			No th		Type of Facility (
Street Address 1 Passaic St					Subchapter Other-(i.e. p	8 (Other			dings,	-home)S,
City (5) Ridgewood, NJ 07450					etc.) Square Feet	# of I	Floors		3ldg. <i>A</i>	.ge	
County (6) BERGEN		County (Code (7) USE ONLY)		Current Use (Pri	or if bein	g demolis	shed)			
Name of Monitoring Firm Hired by Buildin N/A	ng Owner (8)	ASCM	1 No.		of Abatement Cor Services Corpo		9)				
Street Address				Street	Address 69th Street						
City, State, Zip Code	y			City, S	State, Zip Code enberg, NJ 070	ng3					
Project Manager for Monitoring Firm		Telepho	ne No.	Telepl	hone No. 295-1700		License 01074	No.			
Start Date (10) Nov 1/2014	Scheduled (Date (11)	Name	of OSHA Monitor ne as above						
Occupancy Status During Abatement (C		17			Address						
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe:	ire Period of Aba			City, S	State, Zip Code			XIII X			
Scope of Work (Check All That Apply)							_				
≥3 sf or ≥3 lf ≥160 sf or ≥260		ovation nolition			Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				re	
	ls Lo	cation							Abat	ement	
Location of	I lood C	mally Solely by	***	Description					1)	ype	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custod (*	enance/ ial Staff? 12)	(i.e. the			(S _l	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Ground Floor		No N/A	-	Plaster ce	iling	20) SF	x			
Ground Floor				140101 00	g		7 01				
Name of Registered Waste Hauler		NJDEP W Hauler ID	9731747474 b 1970	ubic Yards Waste	Name of						
Freehold Carting	W.	15939	tb		GROW	/S Nort	h Landi	ill			
City, State Freehold, NJ			D tb	isposal Date d	City, Sta Morrisv		١				
					- 22						

Print Form

			State of	New Je	ersey			Check	# 104	47	
*:					TOS ABATEMENT			- P	7 1	DU	Fr
Date of Notificatio	n (1)	(Purs			7 and 12:120-7) Owner/Operator					$-\mathbb{V}$	5
10-30-14	1/		Epsey 1		[전쟁점] [1][1411] - 아큐스타 (1411][26 보고다	 /					
								11017			
Agencies Notified	Type Notif	ication	Street Addr		Desire			NOV	6	2014	4
[]EPA	[X] Initi	al fication	40 Hull	Ler .	DIIAG	5.79					
[]DEP	NOTI	rication	City, State	And the second			Δς	BESTO	9.00	NTR	01
[X] DOL	[]Amend	ed fication	Morris	town	,NJ,07076		1		ENSI		JL
[X] DOH	NOCE	LICALION	Name of Con	tact		Telephon	e Number				
[]DCA	[]EMERG	ENCY	Epsey 1	Ferr	ell						
[]=@1	[]Cance	llation	11 * *								
			FACI	LITY :	INFORMATION	- Lan-					
Name of Facility Wh	ere Abateme	ent is Tak	ing Place (3))		Type of Facil:	ity (4)		*2002 %		
Same as above	9					[]School	(K-12)				
			121 221 221			[]Subchapt					
Street Addres	**					[X]Other (i.e., priva uildings,				
	*										
City (5		01	(6)Morris	Cou	nty Code (7)	Square Feet	# of Flo	ora B	1dg. 50	Age	
		County	(6)MOLLIS	•	ATE USE ONLY)	Current Use (1		eina de		shod)	
						Current ose (CIIOL II D	eing de	MOTTS	Jiicu,	
Name of Monitoring	Firm hired	by Buildi	ng ASCM No.		Name of Abate	LL ment Contractor	c (9)				
Owner (8)					The state of the s	IANAGEMENT					
N/A Street Address					Street Addres						
street Address						topher St					
							•	S-100-00-00	a 23	S-24-17	
City, State, Zip Co	ode				City, State,		40				
					Montclai	r, NJ 0704	42			30	
Project Manager for	Monitoring		elephone Numb N/A	per	Telephone Num (973)744			License		ber	
Scheduled Start Dat	-e (10)		pletion Date	(11)	Name of OSHA						
11-10-14	(10)		L1-14	()	N/A	MOIII COL					
	Year	Month	Day Year	c	117.22						
Occupancy Status Du					Street Addres	s				1,915	
[X]Facility Clo of Abatemer		d During .	Entire Period	l .							
[]Abatement Pe				ty	City, State,	Zip Code				1000	
Hours - Desc []other - Desc											
Will Proceedings of the Control of t			cy bescript»								
Scope of Work (Chec	k all that	appry)			[]Full	Containment wit	th Negativ	e Press	ure		
$[X] \ge 3$ sf or			[X] Renovation	n		-Enclosure					
[] <u>></u> 160 sf	or ≥260 lf		[]Demolition	n		ag Procedure Tiable Procedu					
			Is	T	[]Mon 1	Trable Troceau		Ab	ateme	ent I	,Abe
Locatio			Location Normally		Description			R		E	E
Asbestos-Co Material			Used Solely	1	Asbestos-Con Material	N1000000000000000000000000000000000000	Amount (Specif	E	R	C	C
TO BE A	1011		By Main- tenance/		(i.e., thermal	1 18 1	SF or	Ö	PA	A P	0
In Faci (13)			Custodial		sulation, surf	7.7%7 mm = 1.0m = 1.5%7 mm = 1.0m	LF)	V A	I	S U	S
(13)		Yes	Staff (12) s No N/A		or other misce	rraneous,		L	1	L ·	R
Basement			x	Duc	t Insulat	ion	120 SE	X			
*	. 20110-112000										
Name of Registered	Waste Haule	r	NJDEP Waste	Cui	bic Yards	Name of Regis	stered Lan	dfill			
AZTECH MANAG			Hauler ID No.		Waste 1.5	G.R.O.W.					
			17040								
City, State	T 07042				sposal Date	City, State	מכו בון	100	67		
Montclair, NJ	0/042				11-12-14	Morrisvi:	rie, PA	1 1900	0 /		
Completed By (Print	or Type)	Title			Signature			Date	<u></u>		_
Constantine V		Presid	lent		0.7	. N			: 10-14		
					I CVI	Ull					

* ON HOLD

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

M	E	C	E	Π	W	E	1
	<u> </u>	9	- 122			_=	
m		ᅺ	05	QL.	d		
11 12	HEC	100	25	XC	1	- 3	11 /

								11 15	THEMAN	-	3 1	1114	- 1
Date of Notification (1)		Na		Building Own	er/Operator	· (2)	C0		1				
10 / 17 / 14 Agencies Notified Type Notification		St	reet Add		CEN	IKE	COMM	FACCE	ASDESI	OS C	ON	ROL	. &
EPA [] Initial				87	WEST	Passo	ic 5	T-	LI	CENS	SING	i	
DEP Amended	1	Ci	_	, Zip Code									
DOL Amendment #_ Emergency (inc	luding	L.	<u> K</u>	CHELLE	PARK	ر. در	07	663	phone Num				
DOH justification)		Na	ame of (_				prione Num	ber			
DCA Cancellation		<u></u>	SACILI EACILI	12 ETTE	JULITA	<u> </u>		1	5 0				
Name of Facility Where Abatement is Taking P	lace (3)		I AUIL	III IIII OIGI	ATION	Type of	Facility (4))		-			
COMMERCIAC						☐ sc	thool (K-12)					
Street Address									r than K-12) commercia		nns	home	ic.
65 INDUSTRIAL	STRE	EET	· <u>J.</u>			et	c.)						
City (5)						Square		# of	Floors	- 1	ig. A	7/8	
CLIFTON		To	ounty Co	-d- (7)			000	if boir	ng demolish		+50		
County (6)		(S	TATE US	SEONLY) _		Curren	COM		Na of Charles and a second second	euj			
Name of Monitoring Firm Hired by Building Ow	ner (8)	ᅪ	ASCM	No.	Name	of Abate	ment Cont	Section 2					
, , , , , , , , , , , , , , , , , , , ,	(,						ntracting						
Street Address					1	t Address Lowell							19
City, State, Zip Code						State, Zip							
oity, State, Zip Code							NJ 0745	2					
Project Manager for Monitoring Firm		T	elephon	e No.		hone No.			License No 00156).			
Start Date (10)	cheduled (Comp	oletion D	ate (11)	Nam	e of OSH	A Monitor	tal C	ervices In		are aver		
Occupancy Status During Abatement (Check C						et Address		ital St	SI VICES III	···			
Land to the second seco	9 28 77					Huyler							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal			ent.		City,	State, Zip	Code						
Other – Describe:					Had	ckensac	k, NJ 07	605				200	
Scope of Work (Check All That Apply)						1							
≥3 sf or ≥3 If	CONTRACTOR OF THE PARTY OF THE	ovati							Negative P	ressur	e		
≥160 sf or ≥260 lf	Dem	olitic	on				-Enclosure rebag Proc						
						Non	-Exempted	(*) an	d Non-Friab	7			
	is Lo										Abati Ty	emen pe	5
Location of	Non Used S	mally Solely			Description		(0000)	^	mount				П
Asbestos-Containing Material (ACM) TO BE ABATED	Mainte	enan	ce/		Containing ermal system			(5	Specify	Re	70	Encapsulate	1 5
In Facility (13)	Custod	12)	lair		surfacing, \ ther miscell			SI	or LF)	Remova	Repair	nsde	Enclosure
(13)	Yes 1	No	N/A	Ĭ						<u>a</u>	•	late	ire
2	165 1	40	INA		100-			7	103.04			-	\vdash
Packing Dept & CHEMISTRY LAD			1		VAT_			1	120SF	1	_		+
Packing DOPT : CHONISTEN (A)			4		IWIK) 15F	V		-	_
MANUFACTURNE DOPT FLOCKOLAM.			/_	T	RANSITE				35s <u>f</u>	V	_	-	-
MAIN CORRIDOR @ SUG 2			/				PMOUF		POSE	1		<u>L</u>	L
Name of Registered Waste Hauler			JDEP Wauler ID		Cubic Yards of Waste	i	Description of the		ered Landfill		0-	_	
Rovic Transport	-01430-20-00-210	28 32 22 23 23	785		.5				nlehem La	inatiil	COL	p. 	
City, State Riverdale, NJ 07457					Disposal Da		City, Stat Bethleh		PA 18015				
Completed by	Title				Signat		i I		Da	ate //	1.	110	
Joseph Vocaturo	Vice Pr	resid	dent			1,	Vorm	lin	>	//	13,	7	
										1.0			

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

CHECK# 8584

ate of Notification (1)		Nan	ne of Bu	ilding Owr	ner/Ope	rator (2)			0				
10/17/14			CL	IFTON		ENTRE	COMMI	ALCE	_5				\dashv
gencies Notified Type Notification	-	Stre	eet Addr	ess	130	- n	. <	-					
] EPA Initial		6:	Charles	7 Code	WES	r Passa	16 0	1					\dashv
DEP Amended		City	, State,	Zip Code	0.	0) 5	07	663					
DOL Amendment # Emergency (inclu	uding	- No	me of Co	CHELLE ontact	TA	RK, N.J	0.7	Telep	hone Numbe	r			2.75.0
DOH justification)	<i>a</i>	INal	The of C	011100	. (UITH N		,		∿ .			
DCA Cancellation			SACILIZ EACILIZ	Y INFOR	MATIO	N		T); -					
Name of Facility Where Abatement is Taking Pla	ace (3)		AOIL			Type of	Facility (4)						
COMMENCIAL						☐ Sc	hool (K-12)					
Stroot Address			_			Su	bchapter 8	Othe	r than K-12) commercial t	uildin	gs, h	omes	
65 INDUSTRIAL	STI	LEET	5.			etc	:.)	W100 - 5 - 50			-		-
City (5)			555 105			Square		# of	Floors	1	g. Ag 50	5	
CLIFTON						40,		1	d de maliabas		30		
County (6)			unty Co	ide (7) E ONLY)		Current	Use (Prio		g demolished	1)			
Passaic									-			_	
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCM I	No.		Name of Abate A.MAC Cor			(9)				
					-	Street Address							
Street Address						105 Lowell							
		_			-+	City, State, Zip							-
City, State, Zip Code						Glen Rock,	NJ 0745	52					
6 M. Walton Files		TTO	elephone	e No.	-	Telephone No.			License No.	1 51 5 2 S	55-55-51		
Project Manager for Monitoring Firm		1	arapiro			(201)262-5			00156				
Start Date (10)	chedule	d Comp	letion D	ate (11)		Name of OSH	A Monitor						
10/27/14	11/8					Omega En	vironmer	ntal Se	ervices Inc				
Occupancy Status During Abatement (Check C						Street Address							
			ent			280 Huyler							
Abatement Performed Outside of Normal	Facility	Hours	H225			City, State, Zip		ZCOT					
Other – Describe:	-					Hackensad	K, NJ 07	605			_	-	-
Scope of Work (Check All That Apply)						EN.							
≥3 sf or ≥3 lf		enovati				Full	Containm i-Enclosure	ent with	Negative Pr	essur	đ		
≥160 sf or ≥260 lf		emolitic	on			/ Glo	vehag Pro	cedure	a No 5 191	D=	od	•	
						✓ Nor	-Exempte	d (*) an	d Non-Friable			ement	_
4	Is	Locatio	n n							, '		pe	N.
Location of		Normally			Des	scription of	(A C) ()		mount			-	Γ
Asbestos-Containing Material (ACM)		d Solel		Asbest	os Cont	taining Material systems insula	(ACM)		Amount Specify	Re	ZJ	Encapsulate	Lindiagan
TO BE ABATED In Facility	1000000	todial S	5.55	(1.8.1	surfa	cina, VAT, or			F or LF)	Remova	Repair	sde	
(13)		(12)			other r	miscellaneous)				val	7	ilate	1
	Yes	No	N/A									_	+
D :			/		VA	T		2	120SF	/			_
PACKING DEAT & CHEMISTRY LAD	-		1		car	171		1 /	215F	V			
Packers Door : CHONBERY (A)	-		1	-					355F	1			
MANUFACTURNA DOPT & LOCKOLAM.			1,		TRAL	^	0		-	-			1
MAIN CORZIDON @ SUB 2			/	1	Rayo		PAOUF	f Regin	205F tered Landfill				
Name of Registered Waste Hauler			JDEP V		of Wa	: Yards aste			hlehem La	ndfill	Cor	ם.	
Rovic Transport		54	0785	110.	3				menem La	i idilili		۲.	_
		_ 1_			Dispo	osal Date	City, Sta	ate	DA 10015				
City, State Riverdale, NJ 07457			9		10/	27/1400.	Bethle	nem,	PA 18015				
Completed by	Title					Signature	il	F-1000	Da		17	.1 1	
Joseph Vocaturo	Vice	Presi	ident			1,	Vou	din	0	10	17	14	
The state of the s						/ 1							

		Pri	int Form
CK# 2484 *Sandy Prested X NO	State of New Jerse	ABATEMENT DECEIV	EM
C. J. Rekted No	State of New Jerse TIFICATION OF ASBESTOS (Pursuant to NJAC 8:60 an	112:120)	$=$ \parallel \parallel
*Jancy"	Name of Building Owner	Operator (2) NOV 6 20	14 14
Date of Notification (1)	Street Address	ACRESTOS CONT	501.8
Agencies Notified Type Notification	City, State, Zip Code	ASBESTOS CONT	HOLA
EPA Initial Amended Amendment #	_ Sea B	Telephone Number	:
DOL Emergency (including	Name of Contact		
DOH Cancellation	FACILITY INFORM	V12	
Name of Facility Where Abatement is Taking Place (nce	School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings,	nomes,
Street Address C C+		etc.) Square Feet # of Floors Bldg. A	ge
4 500+01		Current Use (Prior if being demolished)	T
Sea Bright	County Code (7) (STATE USE ONLY)	100,000	
County (6) MAN WHAT THE Suilding Owner		Name of Abatement Contractor (9) Ace Insulation Co., Inc.	``
Name of Monitoring Firm Hired by Building Owner		Street Address 95 Montrose Road	
Street Address		Chu State Zin Code	
City, State, Zip Code	N-	Colts Neck, N.J. 07722 Telephone No. 00029	
Project Manager for Monitoring Firm	Telephone No.	732-294-1757 00029 Name of OSHA Monitor	
Start Date (10)	eduled Completion Date (11)	Street Address	
III I Check Or	nly One)		
Facility Closed/Vacated During Entire Voltage	od of Abatement Eacility Hours	City, State, Zip Code	
Other - Describe.	+1	Full Containment with Negative Pressure	€
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	Renovation Demolition	Mini-Enclosure Glovebag Procedure	cedure
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Non-Exempted (*) and Non-Free	Abatement Type
	is Location Normally	Description of estos Containing Material (ACM) estos Containing Material (ACM) (Specify (Spec	Enc
Location of Asbestos-Containing Material (ACM)	Used Solely by Ash Maintenance/ Custodial Staff?	e, thermal systems are surfacing, VAT, or	Encapsulate Repair
Asbestos-Country TO BE ABATED In Facility (13)	(12)	other miscellaneous)	1 6
	Yes No N/A	2. Orak Smoly	4++
0749202	+++		
	NJDEP Waste	Cubic Yards Name of Registered Landfill Of Waste Chrins	
Jakosta Hauler	Hauler ID No. 12086	3	
Name of Registered Waste Hauler			
Ace Insulation Co., Inc.		Easton,, PA	1. ()
Ace Insulation Co., Inc. City, State Colts Neck, New Jersey	Title	Easton,, PA Signature JO	130/14
Ace Insulation Co., Inc.		Disposal Date Signature Date	1 22

State of New Jersey

Check # 10449

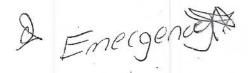
									Prin	t Fc
CK# 2485		ICATION C	e of New Jerse OF ASBESTOS NJAC 8:60 ar	ABATEME	ENT	DE	C		\mathbb{V}	[5
rate of Notification (1)		Name of B	Building Owner	Operator (2	2)	tinii T,	101/			
itutiu		(50	DDi	205	iden (e	<u> П П П </u>	40V	6	2014	
gencies Notified Type Notification		Street Add	iress							
Z EPA Initial		45	\mathcal{M}	Cir	2+	ASB	ESTOS	COL	TEN	- P
DEP Amended		~ ~	, Zip Code			7	LICE	NSIN	G	LO
DOL Amendment : Emergency (atan	300	New	Je J	umber	X	-	
DOH justification)	•	Name of C	~ · 1			Telephone N	umbei	11_	+.,	,
DCA Cancellation			TY INFORMA	TION						
Name of Facility Where Abatement is Taking	Place (3)	FACILI	TI IN ORMA		Type of Facility (4)					
(3000) Residence				I	School (K-12)					
Street Address				V	Subchapter 8	(Other than K-	12)	liana	hamaa	
45 mainst	•			VI.	etc.)	rate & commer	ciai build	ımgs,	nome	5,
City (5)				1	Square Feet	# of Floors	В	ldg. A	ge	
matawa		781			2000	2	(00	4-	
County (6)		County Co	ode (7)		Current Use (Prior		ished)	- T		
monmuth		1.0000000000000000000000000000000000000			Teich.					
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM	No.	The state of the s	of Abatement Contr	100000				
					nsulation Co., I	nc.				_
Street Address			2	Street A	Address ontrose Road					
					ate, Zip Code					_
City, State, Zip Code				100 100 100 100 100 100 100 100 100 100	Neck, N.J. 077	22				
Project Manager for Monitoring Firm		Telephone	e No	Telepho		License	No.			
Toject Manager for Monitoring 1 min		Голориол		3.0	94-1757	00029				
Start Date (10)	Scheduled Co	ompletion D	ate (11)	Name o	of OSHA Monitor					
Occupancy Status During Abatement (Chec	k Only One)			Street A	Address					
Facility Closed/Vacated During Entire In Abatement Performed Outside of Norm Other - Describe:	Period of Abate nal Facility Hou	ement irs		City, Sta	ate, Zip Code					
Scope of Work (Check All That Apply)				N/		_				
≥3 sf or ≥3 lf	Reno	vation			Full Containmen	t with Negative	e Pressu	re		
≥160 sf or ≥260 lf	Demo	olition		H	Mini-Enclosure	_				
				H	Glovebag Proce Non-Exempted	dure *) and Non-Fri	able Pro	cedure	е	
	Is Loc	ation						Abate	ement	
Location of	Norm	ally		Description	of			Ту	ре	
Asbestos-Containing Material (ACM)	Used So Mainter		Asbestos Co	intaining Ma	aterial (ACM)	Amount			ш	
TO BE ABATED In Facility	Custodia			al systems facing, VAT	insulation,	(Specify SF or LF)	Removal	Re	Encapsulate	nc
(13)	(12	2)		r miscellane		Or or Ery	lova	Repair	sula	Enclosure
	Yes No	N/A					=		He	æ
M.Sm I		10	Diod	03.4	3 6 3 1	1001F	· V	7		
1,000,00	-	14	Pipe	COCK	1	, 55 ()-	1			11700
		-			-U		_			_
			note Cub	ic Yards	Name of R	egistered Land	Ifill			
Name of Registered Waste Hauler		NJDEP Wa			4 0000000000000000000000000000000000000					
	1	Hauler ID N		Vaste 2	IESI					
Name of Registered Waste Hauler Ace Insulation Co., Inc. Dity. State			No. of V		IESI					
		Hauler ID N	No. of V	Vaste 2		em, PA				
Ace Insulation Co., Inc.	Title	Hauler ID N	No. of V	Vaste 2	IESI City, State		Date)	1		1

ASB-41 (R-06-08)

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

			(Pu	rsuant to	NJAC 8	:60 and 12:	120)		1				
Date of Notification (1) 04/01/14	-					wner/Opera		(2) STRUCTION			107	6	2014	
	ype Notification			Street Add		4, BUILD	IN	G C3		ASB	ESTOS	S CO	NTRO	L &
EPA X DEP X DOL	Amended Amendment				e, Zip Cod ΓWΡ, Ν	le J 07727								
☑ DOH DCA	Emergency justification)Cancellation	· · · · · · · · · · · · · · · · · · ·	3	Name of O				22-328-310	Tele	phone N	lumbar			
				FACIL	ITY INFO	RMATION								_
Name of Facility Where Aba	atement is Takin	g Place (3)						Type of Facility School (K	228 10					
Street Address								Subchapt Other (i.e	er 8 (Othe	r than K	-12)	dinas	homo	
312 GRANT AVENUE								Other (i.e etc.) Square Feet		Floors		Bldg.		o, —
City (5) BAYVILLE, NJ								2000	1			olug.	ye	
County (6) OCEAN COUNTY				County C STATE U	ode (7) SE ONLY)		•	Current Use (F HOME	rior if beir	ng demo	lished)			
Name of Monitoring Firm H	ired by Building	Owner (8)		ASCM	No.			of Abatement C LEAD PROF						
Street Address								Address HITE DOVE (COURT					
City, State, Zip Code	-							State, Zip Code EWOOD, NJ	08701					
Project Manager for Monito	ring Firm		T	Telephon	e No.	100		none No. 668-9078		License	e No.			
Start Date (10) 11/09/14		Scheduled		pletion D	Date (11)	Na	ame	of OSHA Monit		NALS				
Occupancy Status During A	Abatement (Che			***		St	reet	Address				1.000		
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire Outside of Nor	Period of Al mal Facility	batem Hours	ent		Ci	ty, S	HITE DOVE					E	
	FI (A) 1 1						.An	EWOOD, NJ	00/01					_
Scope of Work (Check All 7 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	пас Арріу)		enova emolit					Full Contair Mini-Enclos Glovebag P Non-Exemp	ure rocedure				ıre	
		A 100000	Locati	1001101								Aba	tement	
Location o Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM) ED	Used Mair Custo	ormal d Sole ntenar odial S (12)	ly by nce/ Staff?			ing sten	Material (ACM) as insulation, AT, or	(8	mount Specify or LF)	Kemovai		<u>П</u> п	Enclosure
EXTERIO	PR .	Yes	No	N/A		SID	INC	3	2,0	000 SF	Х		+	
Name of Registered Waste	Hauler		IN	JDEP W	/aste	Cubic Yar	rds	Name	of Registe	ered Lan	idfill			
NEWARK CARTING			H	lauler ID 4509		of Waste 10		IESI	(7.0					
City, State NEWARK, NJ						Disposal 11/10/14			State HLEHEN	/ РА				
Completed by JOSEPH PERLSTEIN		Title OWN	ER			Sign	atu				Date 9/9/1	4	W.	

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



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

	180			OF ASBEST to NJAC 8:60			CK	7月8	Q	E	7 1	W	F	7
Date of Notification (1) 11/3/14				Building Own Byrne Priva		(2)							1	
200	Notification	12.5	Street Ac 5 West	idress 73rd Stre	et			1/1/1/1	Đ∀	6	20	114	İL	
DEP DOL	Initial Amended Amendment #			te, Zip Code Cedars N	J 08008			ASBE	STOS	SCO	NTI	ROL	&	
ĭ DOH	Emergency (includin justification) Cancellation		Name of Oliva	Contact				Teleph	LICE one N	Numb	SI 7(3			
			FACIL	ITY INFORM	MATION									_
Name of Facility Where Abaten Olivia Byrne Private Hom		(3)	1			muse	of Facility (4 School (K-1							11-15
Street Address							Subchapter	8 (Other t				•	• 100 200 5.00	
5 West 73rd Street			9			line of the	Other (i.e. p etc.)	rivate & co	omme	ercial t	ouila	ings,	nome	s,
City (5) Harvey Cedars NJ 08008	3			*			e Feet	# of Flo	oors		1 0 33	dg. A 5+	ge	
County (6) Ocean			County C	Code (7) USE ONLY)		Curre Hom	nt Use (Prid i⊜	or if being	demo	lished	i)			
Name of Monitoring Firm Hired Same	by Building Owner (3)	ASCM	No.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of Abai	tement Con	tractor (9)						
Street Address					15	Addres								
City, State, Zip Code					100000000000000000000000000000000000000		p Code n NJ 080	91						
Project Manager for Monitoring	Firm	1	Telephor	ne No.	1.1	hone No 753-9			icense					-
Start Date (10) 11/4/14	Sched 11/7/		npletion [Date (11)	Name Sam		A Monitor			<u> </u>				
Occupancy Status During Abat	ement (Check Only	One)			Street	Addres	SS		_					
Facility Closed/Vacated D Abatement Performed Ou Other – Describe:					City, S	State, Z	p Code			7				
Scope of Work (Check All That	Apply)								-					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	×	Renova Demoliti				Mir Glo	l Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					e	
		Is Locati Normal						3./				Abate		
Location of Asbestos-Containing Mater TO BE ABATED In Facility (13)	(ACIVI)	sed Sole Naintenar ustodial S (12)	ly by nce/ Staff?	(i.e. the	Description Containing I ermal system surfacing, V/ ther miscella	Material is insula AT, or		Amo (Spe SF or	cify		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										· CD	
Exterior Siding			х		Exterior Si			1900	SF	2	C		14	
Through -Out		-	X		Floor Ti	le		700	sf	- 2	c			
Name of Desires 1985		1		lanta I a	V. 61- V1	-82	I No.	D		151				
Name of Registered Waste Hau United Containers	ulei	H	IJDEP W lauler ID 2459	CO. T.	Cubic Yards of Waste		G.R.O.	Registered W.S.	u Lan	uml				
City, State Elm NJ	,			0.00	Disposal Date	9	City, Stat Morrisv	e ille PA 1	906	7				
Completed by Anthony T Perna	Title Pre	sident			Signatur	e				Date 11/3				

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

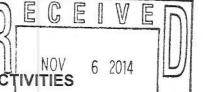
C = 1 - 51 - 15 - 11			-		(D. 71) O. 1			1.111 111				
Date of Notification (1)	11-4-1	4		Name of	f Building Owner/C				VOV	6	201	4_
Agencies Notified	Type Notification			Street A	ddress			14 .	DROC			
□ EPA	Initial	1 3 4		1.	J. A 11	7 8	bound B	ROOK AR	300	500	NTR	OL 8
D DEP	☐ Amended			City, Sta	ite, Zip Code				LICE	NSII	VG	
DOL DOL	Amendment # Emergency (ir		- L			une	llen		086	317	_	
≠ DOH -	justification)	ioraaring		Name	f Contact			Telephone Mr	mhar			
DCA	☐ Cancellation			W		MAIS	500					
Name of Facility Where Al	natement is Taking	Dlace (3		FACI	LITY INFORMAT	ION	Type of Facility ((A)				-
(1)		Due		ر (Vacant)	☐ School (K-1	20 1				
Street Address	2 1	<u> </u>	_				☐ Subchapter	8 (Other than K- private & commen				
51	Suchm	190	_	TRE	eet		etc.)	nivate & commen	aai Ouli	ungs,	nome	25,
City (5)	s tai	20.	. `	~ A I	5 088	511	Square Feet	# of Floors	E	ildg. A	-	200
County (6)	catau	Jak		County (Code (7)	74	Current Use (Pri	or if being demolis	(bed	60	1	_
Midd	lesex				USE ONLY)		Single Fo		wel	line	ς .	
Name of Monitoring Firm I	Hired by Building O	wner (8)		ASCN	No.	Name o	of Abatement Cor	ntractor (9))	
Street Address	nnele	2000			MA	Ctroat	Address.	shaple	gie!	Š,	In	20
P.O. F	lox 33	57				Sileer		337	9			
City, State, Zip Code		7 44	-	00	633	City St	ate, Zip Code	. 117		0	7 9	9
NewEg	yot.	NO	(9	333	Ne	w Egy	DY NU	0	9)5	5
Project Manager for Movid	DU L			Telepho		Comment of the	one No. 3 7	License	No.	LQ	U	
Start Date (10)	hen ken	Schedule			758-3365 Date (11)		of OSHA Monitor	2 C	90		-	ν.
11-14-14		11-	18	3-10	4	E	EPC Tec	hnologies	I	nc		
Occupancy Status During	Abatement (Check	Only On	e)				Address	727				
Facility Closed/Vacati						City St	ate, Zip Code	35+		.0000-000		
☐ · Other – Describe:		i r acility	110013				w Egypt	417	00	= 7	~	
Scope of Work (Check All	That Apply)					100	~ -JYPT	700	083	حد	_	
15 ≥3 sf or ≥3 lf		п р	enovat	tion		П	Full Containe	ant with Nonetina	Dragou	22		
≥160 sf or ≥260 lf		A -A	emoliti				Mini-Enclosure	ent with Negative e	Pressu	re		
~		/~				2	Glovebag Prod		LI. D.			
		· · · ·					Non-Exempted	d (*) and Non-Fria	DIE Pro		ement	
8		110000	Location or mall							Ty		10
Location of			Solel		De Asbestos Con	scription		Amount				Г
Asbestos-Containing M TO BE ABAT			ntenar		(i.e. thermal			(Specify	Z Z	71	Enc	m
In Facility		Cust	odial S (12)	itam?		cing, VAT		SF or LF)	Remova	Repair	aps	Enclosure
(13)					other r	niscellan	eous)		val	막	Encapsulate	sure
		Yes	No	N/A								
Basement		X			Debrai's	off	ithing	<35F	X			_
Kitchen			X		Floor	21'19	,		FX			
Bathroom			×		Floor	Ling		100 SF	x			<u> </u>
Name of Registered Waste	Hauler			JDEP W auler ID		Yards ste		Registered Landfi)()(2)	
EPC Tect	nologies	•	'	1700	00	1		e Manage	men	F 0	F F	1
City, State	0			19	Dispo	sal Date	City, Stat		PA			
New Eg	71	UJ Title	,			- 18 -	14 Morn		ate			
Steve Schen	Kee		sid	ent		SL	Soll	h		-L	1-1	4
C		1110	٠.٠									_

New Jersey Department of Health Consumer, Environmental and Occupational Health Service

PO Box 369 Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibleSTOS CONTROL & LICENSING

	I. NOTIFICATION I	NEORMATION	J .		LIOL	INSING
Date of Notification: ☑ Initial ☐ Amended Type of Work: ☐ Demoli	11 / 04 / 2014 Cancellation	ncy (must inclu		on)		
	II. BUILDING INF	ORMATION			1.167.5	
Name of Building Owner/Op	erator:	Christoph	ner Dukart			
Street Address: 129 Spri Name of Contact: Christ	ng House Road City: Cherry	Hill	State:	_NJ	Zip:	08002
	III. FACILITY INF	ORMATION		- 2-H V 1-2-1		
Name of Facility Where Wor	k Activity is to Take Place:	П	ukart Resid	dence	-	
		Residence		2000		
Street Address: 129 Spri		Hill	State:	NJ	Zip:	08002
County Name: Camden	- Name - Control	nty Code (State	200 000 000 000 000 000 000 000 000 000			
Scheduled Start Date: 1		eduled Compl		11 /	26	/ 2014
Occupancy Status During Facility Closed/Vacated Activity Performed Outsid Other—Describe:						.51 2
Scope of Work (check all t						
	Square Footage: 622	SF	Percentag	e Asbesto	s:	%
☐ Mastic	Square Footage:		Percentag	e Asbesto	s:	%
☐ Transite	Square Footage:		Percentag	e Asbesto	s:	%
Roofing	Square Footage:		Percentage	e Asbesto:	s:	%
☐ Siding	Square Footage:		Percentage	e Asbestos	s:	%
Other:	Square Footage:		Percentage	e Asbestos	s:	%
	IV. CONTRACTOR I	NFORMATION	1			
Company Name:	Shade Environmental, LLC		Telephone N	lo.:	356-75	5-0099
Street Address: 623 Cutle	er Avenue City: Maple S		State:	NJ	Zip:	08052
New Jersey Asbestos Licens	e Number (if applicable):	00842				10.00
Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting S	Services	Telephone N	lo.:6	609-298	3-4070
	V. SIGNAT	URE			M. Lank	
Completed By (type or print legibly):	Christina Lynch	_ Title:	Ope	rations N	/lanage	r
Signature:	De	Da	nte:	Novemb	er 4, 20	014

C48597

4001		¥(Oct 31 20 14	02:50nm	pn	01/0	11_	
								000 01 2014	T E.C	IE'		\mathbb{V}	
								i ii	TA AFRICA	HOWEL	-		7
		N	OTIFIC		te of New J OF ASBES		ATEMENT	Ny	OF PLOOF HEALI	t.& Sen	inr S	Planie i	
		***			NJAC 8:8			110		Benefit	b . Z	<u>U</u> 14°	13
Date of Notification (1)			11	tame of	Building Ow	mer/Ope	erator (2)	.	10/21	naturas)			Ш
10/31/14				Т	AKASO	LAD	INTE	KN arrowla	C COLO	d dine	Pr.	TRO	28
Agencies Notified	Type Notification			Street Ad		,	>	L		ICEN	SINC	ż	
EPA	Initial		 -	Thy Start	e, Zlp Code	locuo.	DLI)E					
DEP	Amended Amendment		`		OCK LE		0.5	07647					
DOH	Emergency (i justification)	ncludina	1	vame of	Contact		170		Telephone Nu	ımber			-
DCA	Cancellation			CUL		CRUN							
Name of Facility Where	hatement is Taking	Diace (3)		FACIL	TTY INFOR	MATIO	CONTRACTOR OF THE PERSON NAMED IN COLUMN 1	of Facility (4	,				-
		ac PLIT					17/2	School (K-12		- 7/25/25			-
Street Address	THE T	<u>ac ici</u>	-(-					Subchapter 6	Other than K-		or and a second		222
100 6	REEN ST							otc.)	ivate & commen	ASI DUNG	iings,	aame	5,
City (5)								are Feet	# of Floors		idg. A		
TETER ?	90 (CO		- 7	County C				0, 400	if being demolis		+50		
County (8)					SE ONLY)		_ 000			et ton)			
Name of Monitoring Firm		wner (8)		ASCM	No.	1	Vame of Ab	atement Cont	MEXCIAL ractor (9)			-	
1					25.77			ontracting					
Street Address						11111	treet Addre	100					
City, State, Zip Code							City, State,		1				
							Glen Roo	k, NJ 0745	2				250125
Project Manager for Mon	Itoring Firm		1	Celeption	e No.	1 1 1 1 1 1 1 1	Telephone		License 00156	No.			
Start Date (10)	· · · · · · · · · · · · · · · · · · ·	Schedule	d Com	pletion D	Date (11)			HA Monitor					
11/01/14		-	10/10			1	Omega E	invironmen	tal Services I	ng.			
Occupancy Status During	g Abatement (Chack	Only On	e) '				treet Addr					-	
Facility Closed/Vac	ated During Entire P	eriod of A	batem	ent				er Street					-
Abatoment Perform Other – Describe:	ed Outside of Norm	ai racinty	Hours			10.0	City, State, . Hackens	zip Gode ack, NJ 070	505				
Scope of Work (Check A	Il That Apply)												
⊠ ≥3 sfor≥3 lf			enoval	lon			F	ull Conteinme	nt with Negative	Pressu	re		
2160 sf or ≥260 if			emoliti	Qπ			I IV	ini-Enclosure lovebag Proc					
		,							(*) and Non-Frid				
		100000	Locati	2000								ment pe	
Location Asbestos-Containing	of Material (ACM)	Use	lormali d Solei	y by	Ashestos		ription of ning Materi	al (ACM)	Amount			m	
TO BE AB	ATED		intenar odial S			ermal s	stems insu	dation,	(Specify SF or LF)	Res	R ₀	Encepsylate	Enclosure
In Facil (19)			(12)		c		scelianeous		on or my	Removal	Repair	alús	JELL
		Yes	No	N/A			.00			-		to	
WAREHOUSE	1				Pip	E IN	SULLEDO	2	65LF	1	1		
AC INTERPORE										1			
					The to						<u> </u>	Γ.	
										1			
Name of Registered Wa	ste Hauler	1	0.00000	JOEP W	Control of the Contro	Cubic Y		1	tegisterad Landi		-		laga.
Rovic Transport				auler (D. 3785	NO.	of Wast 3		IESI PA	Bethlehem L	andfill	Cor	p.	
City, State		•				Disposa	Date	City, State		5			
Riverdale, NJ 07457		Char.				11/01	Lagine	Bernien	em, PA 1801	⊃ ⊃ate .			
Joseph Vocaturo		Vice	Presi	dent		510	()	Vocata			31/1	4	
basopii voodalio							-	VIUL			-11	-	

Name of Facility Where Abatement is Taking Place (3) Same as above Street Addres City (5 Name of Monitoring Firm hired by Building Owner (8) N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A(973) 744-8800 00371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11-13-14 11-15-14 N/A Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure [X]>3 sf or >3 lf [X] Renovation []Mini-Enclosure []>160 sf or >260 lf []Demolition [X]Glovebag Procedure []Non-Friable Procedure Is Abatement Type Location Location of Description of Normally Asbestos-Containing NCAPSU MCHOSD Asbestos-Containing Amount Used REPAIR E Material (ACM) Solely Material (ACM) (Specify By Main-TO BE ABATED OVA (i.e., thermal systems SF or tenance/ In Facility insulation, surfacing, VAT, LF) Custodial (13)or other miscellaneous) Staff (12) Yes No N/A Basement X Ductwork 55 SF X Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards Hauler ID No. 17040 AZTECH MANAGEMENT, INC. of Waste 1.5 G.R.O.W.S. City, State Disposal Date City, State Montclair, NJ 07042 11-17-14 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Date Constantine Vivian President 11-4-14

Date of Notification (1)

11-4-14
Agencies Notified

[]EPA

[]DEP

[X] DOL

[X] DOH

[]DCA

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

			NOTI	and the second			BESTOS C 8:60 ar			IN E	G E		\mathbb{V}	
Date of Notification (1)	31 /	14			Secretary Secretary	of Building	Owner/Op	erator (2)		01/	. (201	Λ
Agencies Notified ⊠ EPA	Type Not	ification				Address 3 rd Ave.	, "			2 -	<u> </u>	6		
☑ DOLWD ☑ DHSS ☐ DCA	Amen Amen	dment #				state, Zip C				ASB	ESTO LIC	S CC ENS	NG	IOL
(NJAC 5:23-8)		cation)	lolddillig			of Contact				Telephone Num	per			
					FAC	CILITY IN	FORMATI	ION	(C. 4.7.34) Sec.					
Name of Facility Where	Abatement	is Takin	g Place	(3)	1/15/19/19				Type of Facility (4)				_
Residence			-						School (K-12)					
Street Address 129 3 rd St.									☐ Subchapter 8 ☐ Other (i.e., pr	(Other than K-12 ivate and commer		ilding	js,	
City (5)				_					homes, etc.) Square Feet	# of Floors	DI	d - ^		
Haddon Heights									1800	2		dg. A 60+	ge	
County (6) Camden					Cour	ity Code (7))(STATE USE	E ONLY)	Current Use (Price Residence	or if being demolis	shed)			
Name of Monitoring Fire	n Hired by E	Building	Owner ((8)	ASCM	No.	Name of A	Abateme	ent Contractor (9)					1
Environmental M	anagemer	nt Inte	rnatio	nal,			Luzon	, Inc.						
Street Address							Street Add	dress						
34 E Germantown	Pike # 204	4					8451 E	xecuti	ve Ave.					
City, State, Zip Code						- 1	City, State	e, Zip C	ode					
E. Norriton, PA 19	401						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18	, Pa. 19153					
Project Manager for Mo	nitoring Firm	1		Tele	phone	No.	Telephone		**************************************	License No.				_
Raymond Giordan	0			61	10 277	0405	267-28)	01109				
Start Date (10)		Sche	duled C	omple	tion Da	te (11)	Name of 0	OSHA N	Monitor		-			
11 /04 /			11 /	05			Josepl	h Maro	nski					
Occupancy Status Durin							Street Add							
☐ Facility Closed/Vaca☐ Abatement Performe	d Outside o	f Norma	l Facilit	y Hour	s - Des	cribe	8451 E City, State		ve Avenue					
Time of Abatement:			P	M	AM				Pa. 19153			/-		
Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply	0		novati molitic				Mini-End Gloveba	tainment with Neg closure g Procedure empted (*) and Nor		re			
			Is	Locat	ion	T		TOII-LAC	impled () and red	I-I Habic I Toccau	_	atem	ant T	vno
Locatio	n of		1	Vorma	lly		Desc	ription o	of			-		1
Asbestos-Containing TO BE AB IN Fact (13)	ATED lity	(CM)	Ma	ed Sole intena todial (12)			stos Contai , thermal s surfacir other mis	ystems ng, VAT	, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(,,,,			Yes	No	N/A								Ф	
Basement					\boxtimes	Pipe Ins	sulation			200 SF				
Name of Registered Wa	ste Hauler	7.11 T		. N	JDEP \	Naste	Cubic Yar	ds of	Name of Regis	tered Landfill	- 10			-
Luzon, Inc.		55		H	auler II 32587		Waste 2 CYS.		Minerva La			<u> </u>		
City, State							Disposal [and the same of th	City, State			15		
Philadelphia, PA							11/6/14	1	Waynesbu	rg, Oh		,		
Completed By (Print or Piyush Patel	Гуре)	Titl	e Progra	m Ma	nager		Signa	ature	LAI		ite /	/ z	1,0	,
- Tydon i atei			rogra	iii ivid	nagei		1 /	mi-	erue		19.	1/	17	

ASB-41

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

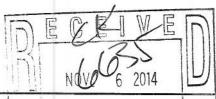
CHECK#24562

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)				-	Name of Bu	ilding Owi	ner/Operator (2)	Smee temes				
11/3/2014					ROBERT I			ZOM KOV -S	411	5:	3 7	
Agencies Notified	Type Notific	ation	40	Aller	Street Addre	ess						
EPA	, Initial				60 LANE C	DF ACRE	es.			200		
☐ DEP	Amend	ded Ame	endmer	nt#	City, State, 2				4			
□ DOL	☐ Emerg				HADDONE		1 00000					
□ DOH	justific			,	Name of Co		13 00000		Tole	nhone	e Num	hor
DCA	Cance				DAVID J. I		F.A.		1100	DITOTIC	: Nulli	ibei
	1 0 04.100				FACILITY IN				<u>ı</u> .			
Name of Facility Where	Abatement is T	aking P	lace (3		ACILITIN	FUNIVIA	TION	Type of Facility (4)				
PRIVATE RESIDENCE		aning i		,								
Street Address	CE							School (K-12)		- 1/ 4	2)	
60 LANE OF ACRES								Subchapter 8 (Ot				
City (5)								Other (i.e., private				
	00000							Square Feet	# of	Floors	Bldg	. Age
HADDONFIELD, NJ County	08088				10	(T) (OT	4 TE / 10 E 04 / 1 / 1				1	
I am a second					County Code	e (1) (S1)	ATE USE ONLY)	Current Use (Prior if b	eing de	emolis	hed)	
CAMDEN	15 17 5 3		(0)			T				Local Con		
Name of Monitoring Firm		ling Owi	ner (8)		ASCM No.	Name o	of Abatement Cont	ractor (9)				
AMERITECH SERVI	CES							RONMENTAL INC.				
Street Address						Street A	Address					
1 A ST. LAWRENCE	AVENUE					15 BLA	ACK FOREST R	OAD				
						City, Sta	ate, Zip Code					
SEASIDE HEIGHTS,						HAMII	LTON, NJ 0869	1				
Project Manager for Mor	nitoring Firm	Telep	hone N	lo.		Telepho	one No.		Lice	nse N	0.	
ROD MORRIS		732-6	64-778	88		609-890	0-7110		006	76		
Start Date (10)		Sched	duled C	complet	ion Date (11)	Name o	of OSHA Monitor		-			
11/3/2014		11/3/	2014			N/A						
Occupancy Status Durin	g Abatement (0	Check o	nly one	:)	*****	Street A	Address					
Facility Closed/Vac	ated During En	tire Peri	od of A	bateme	ent							
Abatement performed	outside of worki	ng hour	s 5PM-	2 AM		City, Sta	ate, Zip Code					
ESSENTIAL PERSONI	NEL ONLY											
Scope of Work (Check a	all that apply)							Full Containment	with N	egativ	e Pres	sure
\geq 3 sf or \geq 3 lf					Renova	tion		Mini-Enclosure				
^ ≥ 160 sf or ≥ 260 lf					Demolit	ion		Glovebag Proced	ure			
								☐ Non-Exempted (*)		n-Friat	le Pro	cedur
		l Is	Locat	ion				1			t Type	
Location of Asbestos	s-Containing	- America (2)	mally l				stos Containing		100	T		
Material (ACM) TO BE		Tomorous services	Solely I	75000 100			thermal systems	Amount (Specify SF o	r R	R	nca	E
Facility (1:				/Custo			g, VAT, or other	LF)	Remova	Repair	Sol	Enclosure
		Yes	Staff?	N/A	·	miscellan	eous)		<u>a</u>	=	Encapsulate	ure
BASEMENT		1.00	X	1.47	WRAP & C	TIT		9 L.F.	37	+	0	
DAGENTERY		-	\triangle	-	WIGH & C	01		y L.F.	X	-	-	-
		+	-					<u> </u>	+	-	-	-
		+		-					+	-	-	
Name of Registered Was	ste Hauler				NJDEP Waste		Cubic Yards of	Name of Decisters of L	1611			
Traine of Registered Was	ste i laulei				Hauler ID No.		Waste	Name of Registered La	anami			
TIMSTER TRUCKING	G				21079		1	GROWS				
City, State			-		-10//		Disposal Date					
								City, State				
WEST CREEK, NJ Completed By		Title				I Cian - 10	11/4/2014	MORRISVILLE, PA				
		Title	770 m = -				27-Mar	000	Date			
DAVID D'ANDREA		PRES	IDEN	I'		I A Ch	wid of	· 1 / Crace	11/3	/2014		
ASB-41							V					

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)



Date o	f Notice 10/30/14 Type Noti	fication			33773	/ Operator (2)				
Agencie X	es Notified	Emergency No	lification	Street Addre	ess	lopment Asso	G.	AUDE	CICENSING	80L&
X	DEP X	Initial Notification Amended Notification	on	City, State 8		2004				
X		Cancellation	Cation	Name of Co	ntact	00901			Telephone	Number
					Y INFORM	IATION			_	
Vame o	of Facility Where Aba	stamont in Takir	na Diana							
varrie o	or racility writere Aba	Vacant Hous		(3)	l y	oe of Facility (4) School (K-12)				
						Subchapter 8 (Other than K-	12)		
	29	2/29A Mine S	treet		X	Other (i.e., priv	ate & comme	rcial build	dings, homes	, etc.
21: (=)	To an					uare Feet	# of Floors		Bldg. Age	
City (5)		County (6		ounty Code (3,000	2		6)+
ľ	New Brunswick	Middles	ex			rrent Use (Prior i	f being demo	lished)		-3400
James -	f Manitaria Et	11 5 ""				arehouse			4	
	of Monitoring Firm Hi	red by Building	Owner (8	B) ASC	Gle	me of Abatemen				
street A	Address				1550550	eet Address	. Dand			
ity Sta	ate & Zip Code					3 Schoolhous				
only, Ole	ate & Zip Code					y, State & Zip Co nroe Townsh				
Project I	Manager for Monitor	ing Firm	Tele	ephone Numb	er Tel	ephone Number 2-605-9062		-	Number 00714	
Schedul	led Start Date (10)	Scheduled	Complet	ion Date (11)		me of OSHA Mo	nitor		00714	_
	11/12/14			20/14		obal Abateme		LLC		
Occupa	ncy Status During A	batement (Che	ck only or	ne)	Stre	eet Address		-		
X	Facility Closed/Vaca	ted During Enti	re Period	of Abatemen	100 CO 10	3 Schoolhouse	Road			
	Abatement Performe				City	, State & Zip Co	de			
(Describe: Area Is Other - Describe:	olated Durin	g Abate	ment	Mo	nroe Townshi	p, NJ 08831	i		
	of Work (Check all th	at apply)	3272							
	Demolition	Ren	ovation			X Full Con	tainment with	Negative	e Pressure	
	Large Project					X Mini-End				
	Quantity is ≥ 3 SF or		2.000				g Procedure	•		
X	Quantity is ≥ 160 SI					X Other:	Non-friable		<u> </u>	
	Location of Asbestos-Cont		10000	Location		Description of	700	mount	Abateme	
	Material (AC			mally Used Solely by		estos-Containing laterial (ACM)	V-	specify	(Specify:	
	TO BE ABAT			ntenance or		thermal systems		are Feet or	Repair, End or End	
	in Facility		17.225	todial Staff?		ion, surfacing, V		ar Feet)	l or Line	osuic)
	(13)			(12)		er miscellaneous		3		
	See att	ached								
	Registered Waste	Hauler	NJDI	EP Waste Ha		Cu. Yds. of Wa	ste Nam		istered Landf	II
	ehold Cartage					Disposal Date	100000000	State		
Free City, Sta									Pa	
Free City, Sta Free	ate) Title				11/20/1 Signature		ytown, I		ate

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

									Y MON	6 2014
Date of	of Notice 10/30					/ Operator (2)		11111	1101	0 2017
A = = = =		Notificati	on			lopment Asso	oc.			
10.77	ies Notified		NI CC	Street Addre	100 to			1 7	ASBESTOS	CONTROL
X	1		rgency Notificat						LICE	NSING
X			l Notification	City, State 8						
Х	DOL	Ame	nded Notification	n New Bruns	swick, NJ	08901				
X	DOH	Can	cellation	Name of Co	ntact				Telepho	ne Number
	DCA			Mitch Boro	der				1	
				FACILIT	Y INFORM	ATION				
Name	of Facility Wher	e Abatem	ent is Taking Pl			pe of Facility (4)				
			ant House	400 (0)	' y	School (K-12)				
						Subchapter 8	(Other than K-	12)		
		17 [Mine Street		l x	Other (i.e., pri			dinas hom	es etc
						uare Feet	# of Floors	roidi baii	Bldg. Ag	
City (5)			County (6)	County Code (3,000	2		blug. Ag	
	New Brunswi	ck	Middlesex	oddiniy odde (r r B		60+
	IACAA DI UII SAA	CK	wildalesex			rrent Use (Prior	if being demol	ished)		
Nome	of Monitoria		D. 11 11	(0)		sidence				
ivame i	of Monitoring Fi	m Hired b	y Building Own	er (8) ASC		me of Abatemer				
Ctro-1	A ddrocc					obal Abateme	nt Services,	LLC		
Sueet /	Address				99539	eet Address			250.000	
City Ct	ata 0 7:- 0 - 1-					3 Schoolhous				
City, St	ate & Zip Code					y, State & Zip C				
D : 1						nroe Townsh		1		
Project	Manager for Mo	onitoring F	irm	Telephone Numb		ephone Number 2-605-9062	1	License	Number	A
Schedu	iled Start Date (10)	Scheduled Com	pletion Date (11)		me of OSHA Mo	mit a v		0071	14
	11/10/14	,		11/20/14		obal Abateme		шс		
Occupa	nov Status Due	na Abata	E-SECOND - CONTRACTOR				THE OCT VICES,	LLG		
Оссира Х	ancy Status Dur	ng Abater	nent (Check on	ly one) eriod of Abatemen	0.0	eet Address				
^						3 Schoolhous				
	Abatement Per	rormea Ot	utside of Norma	l Facility Hours -		, State & Zip Co				
	Describe: Ar	ea Isolat	ed During Ab	patement	Mo	nroe Townsh	ip, NJ 08831			
	Other - Describ									
	of Work (Check	all that ap	1 5 5							
	Demolition		Renovation	on		X Full Cor	ntainment with	Negative	e Pressure	
	Large Project					X Mini-End		3		
	Quantity is ≥ 3					Gloveba	ag Procedure			
Х	Quantity is ≥ 1	60 SF or ≥	260 LF ACM			X Other:	Non-friable			
		ion of		Is Location		Description of		mount	Abate	ment Type
	Asbestos-	Containing	g	Normally Used		estos-Containing		pecify		y: Removal,
	Materia	I (ACM)		Solely by		laterial (ACM)		are Feet		Encapsulation
		ABATED		Maintenance or	(i.e.,	thermal system	s	or		nclosure)
		acility	1	Custodial Staff?	insulati	ion, surfacing, V	AT Line	ar Feet)		
	(1	3)		(12)		er miscellaneou		,		
	Porch/	Window	Roofs	N/A	Do	ofing/flashing		IF CE	-	
	3 rd FI/Base			N/A		eet Flooring		5 SF 6 SF		moval
	1500/20	ent wall		N/A		each cement		SF		moval moval
lame o	f Registered Wa		er In	NJDEP Waste Ha		Cu. Yds. of Wa				
	hold Cartage		l l'	18693		10	TRR		istered Lar	iuilli
City, Sta	ate				State - State -	Disposal Date		State		
	ehold, NJ					11/20/1		/town, l	Pa	
	ted By (Print or		Title			Signature	7725			Date
Don	ninick Tringal	1	Project I	Manager		Domini	ale Times	ali		10/30/14
						DUMINI	ck Tringe	111		ESPECIAL STATE OF
SB-41	JUN 95 G4667			-						

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

				t to NJAC 8:60 a				1==		123	D 1	J [
Date of Notification (1)	-3-14		Name o	Red P	/Operator	Recycl		e m	IOV.	ام ا	3 20)14
□ EPA . ★	Notification Initial		51.4	Address		x 2126		ASB	ESTO	S C	ONTI	
DOL D	Amended Amendment # Emergency (incli	uding			1 Bo	OK N		37	70	ENS	ING	
DOH DCA	justification) Cancellation		M	att M	eeKe	<u> </u>	Telepho	ne Nur	nber			
Name of Facility Where Abater	• • •	A	عد ال	LITY INFORMA	IION	Type of Facility						
Street Address	irch A	UE.		1/2		School (K- Subchapte Other (i.e. etc.)	r 8 (Other tha	an K-12 nmerci	2) al buil	dings	, hom	es,
City (5) Little	Silven	N	7 (07739		Square Feet	# of Floo	rs	E	Bldg. A	Age	
County (6) Monmou	th		County (STATE	Code (7) USE ONLY)		Single 1				lli	29	
Name of Monitoring Firm Hired	by Building Own	•	ASCI	M No.	Name	of Abatement Co	ntractor (9)	۵	_		In	01
Street Address Bo	x 33	7			1999	Address	337					0.6
City, State, Zip Code	at. A	12	80	533	City S	tate, Zip Code	A to	T	0	85	53	3
Project Manager for Movit ril g	en Kea		Telepho	ne No. 758- 3365		one No. 758-334	The second second	ense N	53	39	4	
Nov 13, 2019		Vou I		Date (11) 2014	The second second second	of OSHA Monitor EPC Tec	hnolog	ies	I	00	0-	-
Occupancy Status During Abate Facility Closed/Vacated Di Abatement Performed Out Other – Describe:	uring Entire Perio	d of Abaten	nent		Street /	Address O Box tate, Zip Code	1	-				
Scope of Work (Check All That	Apply)				Ne	w Egypt			183	53	3	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X	Renova Demolit					e cedure				ė	
Location of		ls Locati Normal			,						ment pe	
Asbestos-Containing Materi TO BE ABATED In Facility (13)		Used Sole Maintenar Custodial S (12)	nce/ Staff?	Asbestos Cor (i.e. therma surf		aterial (ACM) insulation, Γ, or	Amoun (Specify SF or LF	y	Removal	Repair	Encapsulate	Enclosure
Basement		es No	N/A	Floor	Tik		300	SF	K			
I'M Abor	/	×		1,100			350		K			
			. ,									
	ologies		JDEP W auler ID		Yards aste 2	Wast	Registered Li Mana		rent	٠ (: P	A
City, State New Egyp	+ N.			111	sal Date	City, State	isville	P	A			
Steve Schenke		Presid	ent		Signature Stee	e Sch	h	Date /	- -	3 -	14	

State of New Jersey

						CATION	ate of Ne NOF ASB to NJAC	ESTOS	ABATE	MENT	Lick	4 45 E C	33		Pr	int F
	e of Notification (1) -3-14						f Building Donnelly		Operator	(2)	HXT		14.	11 1	<u> </u>	
	encies Notified		e Notification			Street A						NOV	[/] 6	20	14	-11
×	DEP DOL		Initial Amended Amendment			500	ate, Zip Co nor City,		406		AS	SBEST	os co	NTR	OL C	
×	DOH DCA		Emergency justification) Cancellation				f Contact as abov				Tele	phone	lumber	VG		<u> </u>
NI						FACI	LITY INF	ORMAT	ION							
Re	ne of Facility Where asidential	Abate	ment is Takin	g Place (3)					Type of Facility School (K-						
	et Address 5 N Suffolk Ave									Subchapte Other-(i.e. etc.)	er 8 (Othe private &	r than K- comme	-12) rcial buil	dings,	hom	es,-
City	(5) entnor City, NJ 0	8406								Square Feet 1900	# of 2	Floors	1000	Bldg. A	ge	
	inty (6) lantic						Code (7) USE ONLY	o		Current Use (Pr	rior if bein	g demol	ished)			
	ne of Monitoring Firm nnell Greene	Hired	by Building	Owner (8)	ASCN	ЛNo.	•		of Abatement Co red Environm			s, Inc.			
	et Address 4 Kings Arm Driv	re							Street	Address Clems, Run						
	, State, Zip Code wningtown, PA 1	9335	5	m Telen						state, Zip Code ca, Hill, NJ 08	3062					
	ect Manager for Mon k Pellissier	nitoring	Firm	Telephone No. Teleph 484-432-9363 610-					none No. 304-4676		License 0145	No.				
	t Date (10) -5-14								Name Emsl	of OSHA Monito	r					
Occ	upancy Status During Facility Closed/Vaca Abatement Perform Other – Describe:	ated D	uring Entire F	Period of	Abater	ment s			200 I	Address Rt 130 North tate, Zip Code aminson, NJ	08077			2		
Sco	pe of Work (Check A	II That	(Apply)						0	armioon, 140	00077			-		
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			×	Renova Demoli	ation tion			×	Full Containm Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure	3				
				Is	Locat	ion				2 Non-Exempte	July and	14011-111	able F10	Abate		
	Location			1995	Norma			De	scription	of				Ту	pe	_
,	Asbestos-Containing TO BE AB/ In Facili (13)	ATED	ial (ACM)	Ma	ed Sole intena todial ((12)	nce/ Staff?		thermal surfa			(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Crawl Sp	pace				х		Pipe	Insula	tion	60	LF	x			
Nam	e of Registered Was	to Us	ular			LIDED V	lasts	Los	V	1,,						
	ared Environmen			С	H	IJDEP W lauler ID 034895	No.	of Was		0.5%	Register a Landf		hill			
1000	State ica Hill, NJ								sal Date	City, Sta	te		-			
	pleted by			Title	dont			S	ignature		>	/ [Date			

Print Form

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Cl# 2725

Date of Notification								r / Operato			5				8	-
	7/8/14						IMUNI	CATIONS	S		IDL	EC	厚用		[P	_
Agencies Notified	Type Notifica	ation				dress				1	IKI		15 U	\mathbb{R}	K	In
⊠ EPA	-							Y PLACE			1)11					
DEP	☐ Initial					e & Zip				- 11	Ш	NOV	_		- 1	HI
⊠ DOL	120000	nded R#2-10/3				URGH,		212						2014	j	11//
Ø DOH		gency				Contact				1		1.0	Telenho		umb	er_/
☐ DCA	☐ Canc	ellation		ANT	IOH	NY POF	RTA				AS	BESTUS	S 000	:::		,
N					ACIL	ITY IN						LICE	NSING	HUL	&	
Name of Facility Wh				3)			Ту	pe of Facil							_	
VERIZON JERSE	Y CITY CE	VIRAL OFFI	CE					School (
Street Address	9						IL.	Subchar								
773 SUMMIT AVE	=														tc.)	
							Sq	uare-Feet		# of-Floo	ors-	В	ldg. Ag	e		-
City (5)		County (6)	Co	ounty	Cod	e (7)		8000			3			90+/	-	
JERSEY CITY		HUDSON					Cu	rrent Use	(Prior if	being de	emolish	ed)				
							CC	OMMUNIO	CATIO	NS						
Name of Monitoring)	A	SCM No	. Na	me of Aba	atement	Contrac	tor (9)		8			
USA ENVIRONM	ENTAL MAN	NAGEMENT	INC					RISTOL E		DNMEN.	TAL IN	IC				
Street Address								eet Addre								
8436 ENTERPRIS								23 BEAV								
City, State & Zip Co								y, State &								
PHILADELPHIA,			-					RISTOL, I		07						
Project Manager for	Monitoring F	irm -				mber	1000000	lephone N			Li	cense N				
MARK JENKINS	t- (40)	21 11 10	Victor Constitution	C. C. C. C. S. S. L. C. C.	-581	V.C.A.U.		5788604					0050	19		
Scheduled Start Date 7/31/14		Scheduled Cor BACK ON S						me of OSI			TAL IN	IC.				
Occupancy Status [_	eet Addre				Ť				
Facility Clos	ed/Vacated [During Entire F	eriod	of A	baten	nent	11	23 BEAV	ER ST	REET						
Abatement I	Performed Ou	utside of Norm	al Ho	urs -	- 7am	n to 3pm		y, State &				1				
Describe:	5:00 PM -	1:30 AM					BF	RISTOL, I	PA 190	07						
Facility Occ	upied During	Abatement														
Scope of Work (Che	eck all that ap	ply)			386-8							1				
									\boxtimes	Full Cont	tainmer	nt with N	egative	Pres	sure	
≥3 sf or ≥3 l			\boxtimes	Re	enova	ation				Mini-Enc	losure					
≥160 sf ≥26	0 If			De	emolit	tion			\boxtimes	Glove Ba	g Proc	edures				
				les es		5-2007				Non-Exe	mpted a	and Non				
	ocation of		9990	Loca		-53		Description				nount	Aba	ateme	ent T	ype
	os-Containing	g			Use	d		estos-Cor				pecify				
	erial (ACM)			olely				Naterial (A			SF	or LF)	R	_	Encapsulate	Щ
	BE ABATED Facility				nce o			thermal s tion, surfac					Removal	Repai	ap	Enclsoure
	(13)		Oubt	(12				ner miscell					ova	a:	sula	our
			Yes	No	-	Ά	70.77			<i>'</i>			1 -		it e	co.
Basement Storag	e Rm & BN	IS Office	Ø		ПГ	7		VAT/Mas	stic		39	0 SF		\Box	П	П
3rd Floor AC Room	m	io omico	Ø	H		1		Pipe Fitti	(2)			LF		H	H	H
2 nd Floor Storage			X	H		1 6		aubs & C		Tilo		0 SF		H	H	H
2 nd Fl Locker Rm		ve Hallway	X	H		_		astic & C				0 SF		H	H	H
Basement Hallwa		oc, i lanteday	X	H	1	7		T and M		IIIC				H	님	H
3 rd Floor	.y	to the same of the	X	H	$H \vdash$	╡├	V		asuc			0 SF		H	H	H
Name of Registered	Waste Haule	or.			LIDE	P Waste	Cubic	VAT	Nome	of Regis		SF		Ш		
realine of registered	vvaste i laute	-				r ID No.	of Wa		Ivanie	of Regis	stered L	andilli				
SERVICE TRANS	PORT GRO	UP. INC.			0990		01 446	2310	MINE	RVA LA	NDFII	ı				
City, State		,				-	Dieno	sal Date	City, S							
NEW CASTLE, DE	E 19720						Dispo	Jul Dale	0.0000000000000000000000000000000000000	NESBU	RG, O	H 4468	8			
Completed By (Print	or Type)			T	itle		Signa	ture				-	Date			
PATRICK T. DeC						. MGR.	F	atrick	J. J.	De Ca	10 /	gl	7/8/1	4		
				- 1			10500				227	(/	1			- 1

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	(1) 7/8/14			Nan	ne of E	Buildin	g Owner	r / Operat	or (2)	[7]	EG	EI	7//	iP	_
Agencies Notified	Type Notifi	cation			et Ado		AIMONI	CATION	IS	$+ J _{\Gamma}$	15 U	E U	W	E	JF
⊠ EPA		a		15 E	E. MC	NTG	OMERY	Y PLACE							III
☐ DEP ☑ DOL	│ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │		414.4				Code			111 111	NOV	6	2014		111
Ø DOH		ended R#1-8/1 ergency	1/14				, PA 15	212							-
DCA		cellation		1		Contactive PO	27.0				SBEST	Telepho	one N	umb	er
						N-20 - 10 2810	FORM	ATION		<u>L .</u>	LIC	- NSIN	IG		
Name of Facility W	here Abaten	nent is Taking F	Place	(3)	TOIL	1 1 114		pe of Fac	ility (A)						
VERIZON JERSE	Y CITY CE	NTRAL OFF	ICE					School							
Street Address	<u> </u>			100-11-127	K-W			Subcha	pter 8 (Other	than K-12	2)				
773 SUMMIT AVE	=						\boxtimes	Other (i	.e. private & c	ommercia	al buildin	gs, hon	nes, e	tc.)	
City (5)		TO	10				Sq	uare Feet	# of F	loors	E	Bldg. Ag	je		-
JERSEY CITY		County (6)	10	ounty	Code	(7)	_	8000		3			90+/		
JERSET CITY	1.00	HUDSON							(Prior if being	demolish	ned)		-		
Name of Monitoring	Firm Hired	hy Building Ow	mer (8	1)	IAS	CM N			CATIONS						
USA ENVIRONM	ENTAL MA	NAGEMENT	INC	') 	AG	CIVI IN			atement Contr ENVIRONME		VC				
Street Address 8436 ENTERPRIS	SE AVENU	E					Stre	eet Addre							
City, State & Zip Co PHILADELPHIA,							City	, State &	Zip Code PA 19007		<u> </u>				-
Project Manager for		Firm	Tele	phon	e Nun	nber		ephone N		Ti.	icense N	lumbor			
MARK JENKINS			215	-365	5810		215	788604	0		icerise iv	0050	9		
Scheduled Start Date 7/31/14		Scheduled Co	ON F	HOLE		1)			HA Monitor NVIRONME	NTAL IN	ıc.				
Occupancy Status D	During Abate	ment (Check o	nly or	ne)			Stre	et Addre	ss						
		During Entire Futside of Norm							ER STREET						0
Describe:			iai no	ours –	/am	to 3pm			Zip Code						
Facility Occu							BK	ISTOL,	PA 19007						
Scope of Work (Che														M	
				200					Full Co	ntainmer	nt with N	egative	Pres	sure	
23 sf or ≥3 lf			\bowtie		novati	3G10311			Mini-E	nclosure					
≥160 sf ≥260) 11		Ш	De	molitic	on				Bag Proc					
lo	cation of		le	Loca	tion	T		\cosintin	Non-E	xempted					
	os-Containin	g	- 0.000		Used			escription stos-Con			nount pecify	Aba	teme	nt T	ype
	erial (ACM)		S	olely	by			aterial (A			or LF)			ш	_
	E ABATED Facility				nce or Staff?		(i.e., i	thermal s	ystems			Ren	Re	ncar	incl
	(13)		Cust	(12)	Olan :		or othe	er miscell	cing, VAT			Removal	Repair	Encapsulate	Enclsoure
			Yes	No	N/A	1						=		ate	9
Basement Storag		IS Office	\boxtimes				V	AT/Mas	tic	39	0 SF			\sqcap	П
3rd Floor AC Room			\boxtimes				Pi	pe Fittir	ngs	-	LF	Ø	Ħt	Ħ	H
2 nd Floor Storage			\boxtimes						eiling Tile	35	0 SF				Ħ
2 nd FI Locker Rm,	Super Offi	ce,Hallway		Щ		V	AT/Mas	stic & Co	eiling Tile	78	0 SF	\boxtimes			
			\forall	H	님										
Name of Registered	Waste Haul	er	Ц.	NJ	DEP	Waste	Cubic `	Yards	Name of Reg	istered I	andfill				
SERVICE TRANSF				Ha	uler II 990		of Was			8					
City, State	OINT GINU	01, 1140.		20	330		Diene	al Dete	MINERVA L	ANDFIL	<u></u>				
NEW CASTLE, DE	19720						Dispos	al Date	City, State WAYNESB	URG. OI	44688				
Completed By (Print			2012 -	Tit	le		Signatu	ure		, 01		Date			
PATRICK T. DeCA	RO			PF	ROJ. I	MGR.			J. Dica	1	0	7/8/14	ļ		
D 14045							1000	(10 - 10 C	no fil					

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

City, State & Zip Code PHILADELPHIA, PA 19153 Project Manager for Monitoring Firm MARK JENKINS Scheduled Start Date (10) 7/31/14 Scheduled Start Date (10) 7/31/14 Scheduled Completion Date (11) 8/14/14 Scheduled Start Date (10) 7/31/14 Scheduled Completion Date (11) 8/14/14 Scheduled Start Date (10) 7/31/14 Scheduled Completion Date (11) 8/14/14 Scheduled Start Date (10) 7/31/14 Scheduled Completion Date (11) 8/14/14 Scheduled Start Date (10) 7/31/14 Scheduled Completion Date (11) 8/14/14 Scheduled Start Date (10) 7/31/14 Scheduled Completion Date (11) 8/14/14 Scheduled Start Date (10) 7/31/14 Scheduled Completion Date (11) 8/14/14 Scheduled Start Date (10) 7/31/14 Scheduled Start Date (10) 7/31/14 Scheduled Start Date (10) Pescription Scheduled During Abatement Scope of Work (Check all that apply) □ 23 sf or ≥3 If □ 15 coation Asbestos-Containing Asbe	Date of Notification (1)		Nan	ne of Build	ling Over 10		_ CE#	265	0	
SEPA 9996 DEP			VEF	RIZON C	OMMINICATION	rator (2)	IN BR	R A NA	7 13	=
DEP DOL 19 97 Amended DOL 19 97 Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancel		ation	Stre	et Addres	S	DING	A STATE OF THE PARTY OF THE PAR	5 W		P*
DOL 9797			15 E	E. MONT	GOMERY PLA	CE	t to the second	-		III
DA PITTS BURCH, PA 15212 DI PITTS BUR	=		City	State & 2	Zip Code	02	The same			
September Content Co			PIT	TSBURG	H. PA 15212	j	U LI NUV	6 2014	1	IL
General Cancellation		gency	Nam	ne of Cont	act			8	1	
Name of Facility Where Abatement is Taking Place (3) VERIZON JERSEY CITY CENTRAL OFFICE Street Address T73 SUMMIT AVE County (6) HUDSON Name of Monitoring Firm Hired by Building Owner (6) USA ENVIRONMENTAL MANAGEMENT INC Sireet Address Sireet Address ASCM No. Name of Monitoring Firm Hired by Building Owner (6) USA ENVIRONMENTAL MANAGEMENT INC Sireet Address Sireet A	☐ DCA ☐ Canc	ellation				1	ASSECTO	Telephor	ne Nuir	mbe
VERIZON JERSEY CITY CENTRAL OFFICE Sircel Address City (5) JERSEY CITY CENTRAL OFFICE City (5) JERSEY CITY County (6) LOcunty (7) JERSEY CITY County (8) JERSEY CITY County (9) JERSEY CITY County (1) LOCUNTY COMMUNICATIONS Name of Monitoring Firm Hired by Building Owner (8) LOCAL STREET CITY SUMMINICATIONS Name of Monitoring Firm Hired by Building Owner (8) LOCAL STREET CITY STREET COMMUNICATIONS Nown of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC Street Address Street Addre			F	ACILITY	INFORMATION	, 1	LICE	NSING		
School (x-12) School (x-12) School (x-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bidg. Age 90+/- Square Feet # of Floors Bidg. Age 90+/-	Name of Facility Where Abateme	ent is Taking Pla	SCB (3)							
Subchapter 8 (Other flam K-12) Other (i.e. private & commercial buildings, homes, etc.) Other (i.e. private & commercial buildings, homes, etc.) Square Feet #6 of Floors Bidg. Age 90+/- Ourner Use (Prior if being demolished) ODMMUNICATIONS Name of Monitoring Firm Hired by Building Owner (8) ASCM No. USA ENVIRONMENTAL MANAGEMENT INC Street Address Stree	VERIZON JERSEY CITY CEN	VTRAL OFFIC	E		School	ol (K-12)				
City (5)					□ Subcl	hanter 8 (Otho	r than K 40)			
County (6) County (7) County (8) County Code (7) Square Feet Blo Floors Blog. Age 90+/- Square Feet Blo Floors Blog. Age 90+/- Square Feet Blo Floors Square Feet Blog. Age 90+/- Square Feet	773 SUMMIT AVE				Other	(i.e. private 8	00mm-12)	roma is		
County (6) County (6) County (7) Room County (7) Room County (8) Room Communications Room Ro					Square Fo	(i.e. private &	Confirmercial build	ings, home	s, etc	.)
JERSEY CITY		County (6)	County	Code (7)				Bldg. Age		
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC Street Address 8436 ENTERPRISE AVENUE Street Address 1123 BEAVER STREET City, State & Zip Code PHILADELPHIA, PA 19153 Project Manager for Monitoring Firm Telephone Number 215-365-5810 Scheduled Start Date (10) 7/31/14 Scheduled Start Date (10) Facility Closed/Vacaded During Entire Period of Abatement Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM – 1:30 AM Facility Occupied During Abatement Scope of Work (Check all that apply) 23 sf or 23 if Patient Occupancy Status During Abatement Scope of Work (Check all that apply) 23 sf or 23 if Patient Occupancy Status During Abatement Scope of Work (Check all that apply) 34 shaderial (ACM) In Facility Custodial Staff? (13) Custodial Staff? (12) (13) Full Containment with Negative Pressure Maintenance or Marierial (ACM) In Facility Custodial Staff? (12) (13) Full Containment with Negative Pressure Maintenance or Marierial (ACM) (In Facility Custodial Staff? (12) (In Facility Custodial Staff? (13) Full Containment with Negative Pressure Maintenance or Marierial (ACM) (In Facility Custodial Staff? (In Facility Custodial Staf	JERSEY CITY	HUDSON	,	(,)				9	0+/-	
Describer Street Address Street A					CORRECTO	Se (Prior if beir	ng demolished)	572.5		
USA ENVIRONMENTAL MANAGEMENT INC Street Address 8436 ENTERPRISE AVENUE 1123 BEAVER STREET City, State & Zip Code PHILADELPHIA, PA 19153 Project Manager for Monitoring Firm Telephone Number 215-365-5810 Scheduled Start Date (10) 7/31/1/4 Cocupancy Status During Abatement (Check only one) □ Facility Closed/Vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Hours − 7am to 3pm □ Pescribe: 5:00 PM − 1:30 AM □ Facility Occupied During Abatement □ Abatement Performed Outside of Normal Hours − 7am to 3pm □ Pescribe: 5:00 PM − 1:30 AM □ Facility Occupied During Abatement □ Abatement Performed Outside of Normal Hours − 7am to 3pm □ Pescribe: 5:00 PM − 1:30 AM □ Facility Occupied During Abatement □ Abatement Performed Outside of Normal Hours − 7am to 3pm □ Pescribe: 5:00 PM − 1:30 AM □ Facility Occupied During Abatement □ Demolition □ Demolition □ Demolition □ Demolition □ Description of Asbestos-Containing Material (ACM) □ Solely by Maintenance or Custodial Staff? □ In Facility □ ID BE ABATED □ IN Facility □ ID BE	Name of Monitoring Firm Hired by	Building Owne	er (8)	ASCM						
Street Address 1123 BEAVER STREET City, State & Zip Code PHILADELPHIA, PA 19153 Project Manager for Monitoring Firm MARK JENKINS 215-365-5810 2157386040 Scheduled Start Date (10) 7/31/14 Scheduled Start Date (10) 7/31/14 Scheduled Start Date (10) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00 PM - 1:30 AM Facility Cocupied During Abatement Scope of Work (Check all that apply) 23 sf or ≥3 if 2160 sf ≥260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) 13 BEASATED Custodial Staff? (13) Yes No NA Figor AC Room Figor AC Room Figor AC Room Figor AC Room Fill Cocker Fill Containment with Negative Pressure Mini-Enclosure Material (ACM) SF or LF)	USA ENVIRONMENTAL MAN	AGEMENT IN	1C	, TOON	1	Datement Con	tractor (9)			
1123 BEAVER STREET	Street Address				Stroot Add	ENVIRONN	IENTAL INC			
City, State & Zip Code BRISTOL, PA 1907	8436 ENTERPRISE AVENUE									
BRISTOL, PA 19007 Tolephone Number 215-365-5810 Telephone Number 215-3860-40 Tolephone Number 215-3860-40 Scheduled Start Date (10) 3/14/14 Scheduled Completion Date (11) 8/14/14 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00 PM - 1:30 AM Facility Occupied During Abatement Scope of Work (Check all that apply) Describe: 5:00 PM - 1:30 AM Facility Occupied During Abatement Scope of Work (Check all that apply) Describe: 5:00 PM - 1:30 AM Facility Occupied During Abatement Scope of Work (Check all that apply) Describe: 5:00 PM - 1:30 AM Facility Occupied During Abatement Scope of Work (Check all that apply) Location of Abatement Scope of Work (Check all that apply) Describe: 5:00 PM - 1:30 AM Facility Occupied During Abatement Scope of Work (Check all that apply) Abatement Scope of Work (Check all that apply) Demolition Description of Amount Occupied Bristophic Scope of Work (Check all that apply) Abatement Scope of Work (Check all that apply) Demolition Description of Amount Occupied Bristophic Scope of Work (Check all that apply) Abatement Scope of Work (Check all that apply) Abatement Scope of Work (Check all that apply) Demolition Description of Amount Occupied Bristophic Bristophic Scope of Work (Check all that apply) Abatement Scope Bristophic Scope of Work (Check all that apply) Abatement Scope Bristophic					City State	NER SIRE	:1			
## Pack					RRISTO!	DA 40007				
MARK JENKINS Scheduled Start Date (10) 7/31/14 Scheduled Completion Date (11) 8/14/14 Scheduled Start Date (10) 7/31/14 Scheduled Start Date (10) 8/14/14 Scheduled Start Date (10) 9/13/14 Scheduled Start Date (10) 8/14/14 Scheduled Start Date (10) 9/13/14 Scheduled Start Date (10) 8/14/14 Scheduled Start Date (rm T	elephone	Number	Telephone	Number				
Scheduled Campletion Date (11) 7/3/11/4 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00 PM - 1:30 AM Facility Cocupied During Abatement Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00 PM - 1:30 AM Facility Cocupied During Abatement Scope of Work (Check all that apply) 2 3 5 7 2 16 5 2 2 2 6 1 2 16 5 2 2 2 3 5 3 5 7 2 3 5 4 5 7 2 3 5 5 5 7 2 3 5 6 7 7 7 7 7 7 7 7 7		2	215-365-	5810			License			
## Processor Pr		cheduled Comp	oletion Da	ite (11)	The second second second	Market Street, and the street,		00509		
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours – 7am to 3pm Describes 5:00 PM – 1:30 AM Facility Occupied During Abatement Coope of Work (Check all that apply) 23 sf or 23 lf	7/31/14		8/14/14	V /			ENTAL INC			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM – 1:30 AM Facility Occupied During Abatement Scope of Work (Check all that apply) 23 sf or ≥3 lf	Occupancy Status During Abatem	ent (Check only	one)		Street Add	FI4411/OIAIAI	ENTAL INC			
Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM – 1:30 AM Facility Occupied During Abatement Scope of Work (Check all that apply)	☐ Facility Closed/Vacated Di	uring Entire Per	iod of Ab	atement	1422 DEA		-			
Describe: 5:00 PM. – 1:30 AM Facility Occupied During Abatement Sope of Work (Check all that apply)	Abatement Performed Out	side of Normal	Hours -	7am to 3r	City State	& Zin Code				
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf	Describe: 5:00 PM - 1:	:30 AM			71 - 10-10	DA 40007				
Sale of ≥3 If					DINIOTOL,	, FA 1900/				
Demolition Demolition Demolition Demolition Mini-Enclosure Glove Bag Procedures Non-Exempted and Non-Friable Procedures Non-Exempted Non-Exem	Scope of Work (Check all that app	oly)								
Demolition Demolition Demolition Demolition Mini-Enclosure Glove Bag Procedures Non-Exempted and Non-Friable Procedures Non-Exempted Non-Exem				28		⊠ Full C	Containment with A	logative D		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) assement Storage Rm & BMS Office Floor AC Room Floor Storage Room			Ren	ovation		Mini-E	Enclosure	vegative Pr	essur	е
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Assemble Soley by Maintenance or Custodial Staff? (12) Yes No N/A Assemble From Normally Used Soley by Maintenance or Custodial Staff? (12) Yes No N/A Assemble Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Assemble From Normally Used Soley by Maintenance or Custodial Staff? (12) Yes No N/A Assented (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Assemble From Normally Used Assets of Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Assemble From Normally Used Assets of Customary VAT/Mastic VAT	≥160 sf ≥260 lf		Den	nolition						
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Asbestos-Containing Material (ACM) Maintenance or Custodial Staff? (12) Yes No N/A Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Abatement Tyle Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Amount (Specify Specify Specific (I) Amount			378			Non-F	remnted and No.	a Eriable A		il Storowski
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Asbestos-Containing Material (ACM) In Facility (13) Asbestos-Containing Material (ACM) Maintenance or Custodial Staff? (12) Yes No N/A Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Pipe Fittings 8 LF Glue Daubs & Ceiling Tile 350 SF Abdute IV Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Pipe Fittings 8 LF Abdute IV Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Figure Fittings 8 LF Abdute IV Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Figure Fittings 8 LF Abdute IV Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Figure Fittings 8 LF Abdute IV Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Figure Fittings 8 LF Abdute IV Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Figure Fittings 8 LF Abdute IV Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Figure Fittings 8 LF Abdute IV Fittings Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Fittings Fittings Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Fittings Fittings Asbestos-Celling Tile Fittings Fittings			Is Locati	on	Description	on of	Amount			
Solety by Material (ACM) Solety by Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) SF or LF Registered SF or LF R		N			Asbestos-Co	ntaining		Abater	ment 1	yp
Maintenance or Custodial Staff? (13) Maintenance or Custodial Staff? (12) Yes No N/A No N/A Or other miscellaneous N/A No N/A Or other miscellaneous N/A No N/A Or other miscellaneous N/A N/A No N/A			Solely b	ру	Material (A	ACM)	SF or LF)			
Assement Storage Rm & BMS Office Floor AC Room Floor Storage Room Glue Daubs & Ceiling Tile Floor Storage Room Glue Daubs & Ceiling Tile Floor Storage Room Flo		IV.	iaintenant	ce or	(i.e., thermal	systems		20 2	D C	
Assement Storage Rm & BMS Office Floor AC Room Floor Storage Room Glue Daubs & Ceiling Tile Floor Storage Room Glue Daubs & Ceiling Tile Floor Storage Room Flo		100		otan?	insulation, surfa	cing, VAT		mo ep	aps	
Assement Storage Rm & BMS Office Floor AC Room Floor Storage Room Glue Daubs & Ceiling Tile Flooker Rm, Super Office, Hallway Floor Storage Room Floor Storage R		Ye		N/A	or other misce	llaneous)		Val H	ula	
Floor AC Room Floor Storage Room Glue Daubs & Ceiling Tile Glue Daubs & Ceiling Tile Glue Daubs & Ceiling Tile Floor Storage Room Floor Storage Room Glue Daubs & Ceiling Tile Floor Storage Room Floor Storage R	asement Storage Rm & RMS				144===				ē	1
Filed Registered Room Filed Floor Storage R	d Floor AC Room						390 SF	XI	I	T
Glue Daubs & Ceiling Tile 350 SF VAT/Mastic & Ceiling Tile 780 SF VAT/Mastic & Cubic Vat/Mastic & Ceiling Tile 780 SF VAT/Mastic & Cubic Vat/Mastic & Ceiling Tile 780 SF VAT/Mastic & Cubic Vat/Mastic & Cubic Vat/Mastic & Ceiling Tile 780 SF VAT/Mastic & Cubic Vat/Mastic & Ceiling Tile 780 SF VAT/				-			8 LF		IT	T
ATRICK T. DeCARO VAT/Mastic & Ceiling Tile 780 SF VAT/Mastic & Cubic Yards VAT/Mastic & Cubic Yards VAT/Mastic & Cubic Yards VAT/Mastic & Ceiling Tile 780 SF VAT/Mastic & Cubic Yards VAT/				41	Slue Daubs & C	Ceiling Tile	350 SF		H	十
ATRICK T. DeCARO NJDEP Waste Hauler NJDEP Waste Hauler NJDEP Waste Hauler ID No. Disposal Date City, State Waynesburg, OH 44688 Disposal Date City, State Waynesburg, OH 44688 Date City, State City, State	FI Locker Rm, Super Office	,Hallway	회나니		/AT/Mastic & C	eiling Tile		-	1	+
Hauler ID No. 20990 Hauler ID No. 20990 MINERVA LANDFILL Disposal Date City, State WAYNESBURG, OH 44688 Title PROJ. MGR. Disposal Date Title PROJ. MGR. Disposal Date Title PROJ. MGR. Date 7/8/14			4141	41_				거거님	+14	1
Hauler ID No. 20990 Hauler ID No. 20990 MINERVA LANDFILL Disposal Date City, State WAYNESBURG, OH 44688 Title PROJ. MGR. Disposal Date Title PROJ. MGR. Disposal Date Title PROJ. MGR. Disposal Date Title PROJ. MGR. Date 7/8/14	and of Decistored Wests He							러님	++	1
ERVICE TRANSPORT GROUP, INC. 20990 MINERVA LANDFILL Disposal Date City, State WAYNESBURG, OH 44688 Title PROJ. MGR. Disposal Date City, State WAYNESBURG, OH 44688 Date 7/8/14	ame or Registered Waste Hauler		NJE	DEP Wast		Name of Re	gistered Landfill			L
ty, State EW CASTLE, DE 19720 Disposal Date City, State WAYNESBURG, OH 44688 Title PROJ. MGR. Disposal Date Title PROJ. MGR. Date 7/8/14	ERVICE TRANSPORT GROUP	D INC			of Waste					
Title PROJ. MGR. Signature PROJ. MGR. Signature PROJ. MGR. Date 7/8/14		, INC.	209	90		MINERVA	LANDFILL			
ATRICK T. DeCARO PROJ. MGR. Signature Patrick I. Decard J. Date 7/8/14	EW CASTLE, DE 19720				Disposal Date		IIRG OH MESS	,		
PROJ. MGR. Patrick I. D'Cow / Jl 18/14	empleted By (Print or Tyne)						J. 10, OH 44088)		
			Title	1	Signature	1000		15		
14045	ATRICK T. DeCARO				Signature Postario	D 194	0-100			

State of New Jersey (10 DP) NOTIFICATION OF ASPESTOS ABATEMENT (Pursuant to N.JAC 8:69 and 12:120) Debt of Notification (1) 10 - 31 - 14 Agency Notified Disposed Project Industrial	icelly (4) I (K-12) apier & (Other than K-12) (i.e. private & constructed buildings, s. etc.) O. 2 100 yes I (Crier if being demolished) I DENCE apter (9) Inc.
Dobe of North Carlot (1) Agency North Carlot (1) Dobe of North (Carlot (1) Dobe of North (1) Dobe of	ASBESTOS CONTRO LIGENSING J 0705 Z Tolephono Mundari (i.e. princip & commercial buildings, s. etc.) ect. # of Floor: Bldg. Age 100 yps Uto (Prior if being demolished) I D FUCE matter (9) Inc.
Debt of Notification (1) D - 3	ASBESTOS CONTRO LIGENSING D705 Z Talephone Number Talephone Number Talephone Number Talephone Sconnected buildings, s. etc.) Talephone Sconnected buildings, s. etc.
Agency Notified Type	Tolephone Number Tolephone Number Tolephone Number Tolephone Number Tolephone Number Tolephone Sconnected buildings, s., etc.) Tolephone Number (S) Tolephone Sconnected (S) Toleph
DEPA CLINITIAN CONTROL OF CONTROL	Tolephone Munched Tolephone Munched (K-12) apper 6 (Other than K-12) (i.e. private 8 commental buildings, a. dis.) For # of Floor: Bidg. Age 70. Z 100 y/25 List (Prior if being demolished) ID FINCE apper (9) Inc.
INDOM DICA Controlleration D. SCHER RACILITY INFORMATION Name of Facility Whore Abstrace it is Taking Place (3) D. SCHER D. SCHER D. School Side County Code (3) Report Address City (5) County (6) County Code (7) (STATE USE County Code (7) (STATE USE County (6) Report Address Street Address Street Address Street Address Street Address 450 South R. City, State, Zip Code Hackensack, Project Maintager for Monitoring Firm Telephone No. 201-329-744 Start Date (10) Schooling Entire Period of Abstrace Cary, State, Zip Code Facility Closed/Acaded During Entire Period of Abstrace City, State, Zip Code School South R. City, State, Zip Code Sant Date (10) Schooling Entire Period of Abstrace City, State, Zip Code Sant Date (10) Cocupancy States During Abstrace (Check only onle) Cocupancy States During Abstrace (Check only onle) City Cosed/Acaded During Entire Period of Abstrace 280 Eury Le City, State, Zip Code S. Hackett Scape of Work (Check all that apply)	(i.e. private & constructed buildings. (i.e.
Results of Facility Whore Abstract is Taking Place (3) D-SCHER Shret Address Recoll 51 DE ROLLO Square Square City (5) WEST OR AND E County Code (7) (STATE USE County (6) ESSEX Name of Monitoring Form Hired by Builting Owner ASCM No. Name of Abstract Code Name of Monitoring Form Hired by Builting Owner ASCM No. Name of Abstract Address Street Address 450 South R. City, State, Zip Code Hackensack, Project Manager for Monitoring Firm Telephone No. 201-329-744 Start Date (10) Schooling Abstract (Check only only) Occupancy Status During Abstract (Check only only) City, State, Zip Code Street Address 280 Huyle City, State, Zip Code S. Hacken Scape of Work (Check all that apply)	(i.e. private & constructed buildings. (i.e.
Name of Facility Whore Abatement is Taking Pilace (3) D - SCHIER Street Address Recoll SIDE ROLLD County (5) County (6) Rest Remova. Name of Magiliaring Firm Hired by Building Owner ASCM No. Name of Magiliaring Firm Hired by Building Owner ASCM No. Name of Adaherment County (6) Street Address 450 South R. City, State, Zip Code Hackensack, Froject Manager for Monitoring Firm Telephone No. 201-329-744 Start Date (10) 1-4-4 Cocupancy Status During Abatement (Check only one) Cocupancy Status During Abatement (Check only one) City Abatement Performed Outside of Normal Facility Hours Scape of Work (Check all that apply) In Pull Contains City State, Zip Code Scape of Work (Check all that apply)	(i.e. private & constructed buildings. (i.e.
D-SCHIER Struct Address: Target Address: Target Address: Target Ta	(i.e. private & commercial buildings, s. etc.)
City (5) WEST ORANGE County (6) County Code (7) (STATE USE County (6) Rest County (6) Street Address 450 South R. City, State, Zip Code Hackensack, Froject Maintager for Mondaring Firm Telephone No. 201-329-744 Start Date (10) 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	s. dec. # of Floor: Bidg. Age 100 yr S
City, State, Zip Gode City, State, Zip Gode City, State, Zip Gode City, State, Zip Gode Start Date (10) Scandided Completion Date (11) Start Date (10) Company States During Abetsment (Check only one) City, State, Zip Code Start Date (10) City, State, Zip Gode City, State, Zip Gode Fackensack, City, State, Zip Gode City, State, Zip Gode Fackensack, City, State, Zip Gode City, State, Zip Gode Fackensack, City, State, Zip Gode Fackensack, City, State, Zip Gode City, State, Zip Gode Fackensack, City, State, Zip Gode City, State, Zip Gode Start Date (10) City State, Zip Gode City, State, Zip Gode City, State, Zip Gode City, State, Zip Gode City, State, Zip Gode S. Flacken Scape of Work (Check, all that apply) Fall Contains City, State, Zip Gode S. Flacken	s. dec. # of Floor: Bidg. Age 100 yr S
County (6) CSSEX Name of Monitoring Form Hired by Builting Owner ASCM No. Name of Monitoring Form Hired by Builting Owner ASCM No. Street Address Street Address 450 South R. City. State, Zip Code Eackensack, Project Monitoring Form Telephone No. 201-329-744 Start Date (10) Schadluled Completion Date (11) Name of OSHA Monitor One ga Envi Occupancy Status During Abatement (Check only one) Creupancy Status During Abatement (Check only one) Checkensack Status County Status County Status During Entire Period of Abatement City, State, Zip Code S. Hackensack Scope of Work (Check all that apply) Renovation Renovation	Ush (Prior if boing demolished) ID FIVE Functor (9) Inc. Liver St
County (6) CSSEX Name of Monitoring Form Hired by Builting Owner ASCM No. Name of Monitoring Form Hired by Builting Owner ASCM No. Street Address Street Address 450 South R. City. State, Zip Code Eackensack, Project Monitoring Form Telephone No. 201-329-744 Start Date (10) Schadluled Completion Date (11) Name of OSHA Monitor One ga Envi Occupancy Status During Abatement (Check only one) Creupancy Status During Abatement (Check only one) Checkensack Status County Status County Status During Entire Period of Abatement City, State, Zip Code S. Hackensack Scope of Work (Check all that apply) Renovation Renovation	ID FWCF meter (9) Inc ver St
Name of Monitoring Form Hired by Building Owner ASCM No. Name of Monitoring Form Hired by Building Owner ASCM No. Street Address 450 South R. City. State, Zip Code Hackensack, Project Monitoring Form Telephone No. 201-329-744 Start Date (10) Schooling Completion Date (11) Name of OSHA Monitor One ga Envi Orcupancy Status During Abatement (Check only one) Gracity Closed/Nacated During Entire Period of Abatement City. State (Check all that apply) Scope of Work (Check all that apply) Renovation Renovation	Inc ver St
Name of Magistering Form Hired by Essaving Courts Street Address 450 South R. City, State, Zip Code City, State, Zip Code Hackensack, Project Managar for Mongaring Form Telephone No. 201-329-744 Start Date (10) - L - - - - - - - - - - - - -	. Inc .ver St
Street Address City, State, Zip Code City, State, Zip Code Hackensack, Project Manager for Mongoring Form Telephone No. Telephone No. 201-329-744 Start Date (10) - 1	
City, State, Zip Code Hackensack, Project Mainager for Mongoring Firm Telephone No. 201-329-744 Start Date (10) Schooling Completion Date (11) Name of OSHA Montor Onlega Envi Creating Closed/Vacated During Absternant (Check only one) Gabatement Performed Outside of Normal Facility House City, State, Zip Code S. Hacken Scope of Work (Check all that apply) Renovation Renovation	N T 07601
Project Manager for Montphrite Perm 201-329-744 Start Date (10) - L - L Cocupancy Status During Abatement (Check only one) Group and Status During Entire Period of Abatement Glabatement Performed Outside of Flormal Facility Hours City, State, Zip Code S. Hacken Scope of Work (Check all that apply) Renovation G Mint-Enclose	Liconso No.
Start Date (10) - L - L Ontega Envi Occupancy Status During Abatement (Check only one) Description of Status During Entire Period of Abatement 280 Huyle Cally State Zip Code Cally State Zip Code S. Hacken Coner Describer Performed Outside of Flormal Facility House S. Hacken Scope of Work (Check all that apply) Renovation In Mint-Environment	
Occupancy Status During Abatement (Check only one) 280 Huyle 280 Huyle 280 Huyle 280 Anyles 280 Huyle 280 Ruyle 28	ronmental
G Facility Closed/Nacrited During Entire Period of Absternant City, State, Zip Code City, State, Zip Code S. Hacken Scope of Work (Check all that apph) Renovation G Mint-Enclose	r St
Scape of Work (Check all that apply) Renovation ' Renovation ' Mint-Emclose	sack ,N.J. 07606
	noni with Negative Pressure
is Location	Type
Location of	ACM) Amount Removal Republication. Specify
Yes No N/A	325 SFX
BASEMENT X VAT.	
	- 57
Best Removal Inc 17109 112 405 Mi	nerva Enterprises ,LLC
Cary, State Hackensack, M.J. 07601 Completed by Estimator R Vellrer	Sale

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

Date of Notification (1)			Name	e of Building	Owner	255555	CKO	a K	0	27	\subseteq		
10/31/14				Lady of V			(2)		NO	V	6	2014	1
Agencies Notified	Type Notification			t Address Main Stree	et								~
DEP X DOL	Amended Amendmen			State, Zip C reville, NJ		2			SBES		NSI		DL &
DOH DCA	Emergency justification Cancellation		14	of Contact Conlon	-			Telepho	ne Num	ber			-
			FA	CILITY INF	ORMAT	ION		1					
Name of Facility Where A	Abatement is Takir es	ng Place (3)					Type of Facility (4	201			-		
Street Address							Subchapter	8 (Other tha					
42 Main Street							Other (i.e. prefetc.)	rivate & con	nmercia	l buil	dings	, hom	es,
City (5) Sayreville							Square Feet 2100	# of Floo	ors	199.00	3ldg. /	Age	
County (6) Middlesex				ty Code (7) E USE ONLY)		Current Use (Prio	r if being de	emolishe	ed)	- William		
Name of Monitoring Firm	Hired by Building	Owner (8)	AS	CM No.			of Abatement Cont Environmental		LLC				
Street Address							Address Sate Drive, PO	Box 483				-	
City, State, Zip Code						City, S	tate, Zip Code wood, NJ 0741						
Project Manager for Mon	itoring Firm		Telepi	hone No.		Teleph	ione No. 583-8500		ense No				
Start Date (10) 11/7/14		Scheduled	100	n Date (11)			of OSHA Monitor						
Facility Closed/Vaca Abatement Performe Other – Describe: W	ated During Entire ed Outside of Norm	Period of Abnal Facility H	atement				Address tate, Zip Code						
Scope of Work (Check Al	l That Apply)					<u> </u>					_		
≥3 sf or ≥3 if × ≥160 sf or ≥260 if		processed.	novation nolition			×	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure				9	
1		Is Lo	cation					() and ()	, riable	. 1 10		ement	
Location		Nor	mally Solely by		Des	scription	of				Ту	ре	
Asbestos-Containing TO BE ABA In Facilii (13)	TED	Maint Custod (enance/ ial Staff? 12)	(i.e.	thermal surfac		aterial (ACM) insulation, T, or eous)	Amoun (Specify SF or LF	y	Removal	Repair	Encapsulate	Enclosure
baseme	ent	Yes I	No N/A	-	pipe	insulat	ion	10 LF		x		· ·	
					pipe	Insulat	1011	10 LF		X			
Name of Registered Wast	e Hauler		NJDEP Hauler II		Cubic of Was		Name of R	egistered La	andfill				
Freehold Cartage City, State			15959	U INU.	10		TBD						
Freehold, NJ					TBD	al Date	City, State						
Completed by A Scott Higgins		Title Preside	nt		Si	gnature	An	_	Date 10/3		4	-	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:60 and 12:120)

		(PE	ırsuar	IT TO	NJAC 6	12:1 and	20)	31 -10		ر د	7	
Date of Notification (1)	1		Na	ame (of Building	Owner/Operator	(2)	III NOV		٨	11	11
11/	3/2014			E	STATE	OF D	I ANE LI	Lacober	E 0: 201	4	1	_
Agency Notified /	Type Notification		St	reet /	Address	NCOLN	2001=					
□ EPA	Ja Initial			2	28 LI	NCOCN	Diage	ASBESTOS	CONTR	OL	2	
D DEP	☐ Amended		C	ity, St	tate, Zip Co	ode EU€ Pi	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	LICE	NSING			
Z DOL	Amendment #	na				sue la	AKICIC .		662			
№ ФОН	justification)	9	N:		of Contact		•	Telephone Num	shar			
DCA	Q Cancellation			M	S . 1	ECHT						
				FACI	LITY INFO	RMATION						
Name of Facility Where	Abatement is Taking Pla	ice (3)			•		Type of Facility	(4)				
ESTATE	OF DIANE	: 4	200	10	E		School (K-1)	2) .				
Street Address			-		Ti		☐ Subchapter	8 (Other than K-12) al busilelis es		-	
28 LIN	cow Dri	JE			* *		homes, etc.	rivate & commercia	ii buliqings	٥,		
City (5)				-	14.54	.,	Square Feet		Bldg. A	ge	_	
28 LIN CHY D CHE	VE CARIC			19			2000	2	1 7	75	78	7
County (6)			C	ounty	Code (7)	STATE USE	Current Use (F	rior if being demoli			•	-
	RGEN			NLY)			· Re	SIDEN CE	5.			
Name of Monitoring Firm	Hired by Building Own	er A	ASCM N	io.	T	Name of Abaten						_
(8)						Best Rei	noval In	C				
Street Address						Street Address					_	
				•		450 Sou	th River	St				
City, State, Zip Code						City, State, Zip C		55				
						Hackensa	ack, N.J	. 07601				
Project Manager for Mor	pitoring Firm	Tel	ephone	No.		Telephone No.		License No.				
	~ f	-	2			201-329-	-7444 -	00388				
Start Date (1p)	Scheduled C	ompletic	on Date	(11)		Name of OSHA	Monitor				_	
11/18/14	1 10/	19/1	14		-	Omega I	Environm	ental				
Occupancy Status Durin	g Abatement (Check on	ly one)	1.			Street Address						- 179
☐ Facility Closed/Vacate	ed During Entire Period	of Abate	ment			280 Ht	ıyler St					
☐ Abatement Performed	Outside of Normal Fac				- [City, State, Zip C						
2 Other - Describe: 7						S. Had	ckensack	,N.J. 07	606			
Scope of Work (Check a	all that apply)					D Fell (Containment will	h Negative Pressur	'e			
@ 23 st or ≥ 3 lf			-	TO ASSOCIATION	novation	A Minj	Enclosure		7. 1.			
□ ≥ 160 sf or ≥ 260 lf	63			l Den	nolition	Glov	ebag Procedure	nd Non-Friable Proc	~odure			
					Τ	C 1601F	Exemples () al	I NOT HEDIO ! TO		Aba	teme	ent
		175500	Location ormally		17:2				-	_1	уре	_
. Locati Asbestos-Containir		* - Wasterson	Solely	503.50		Description os Containing Ma		Amount			m	
TO BE A			ntenano ustodial			thermal systems		(Specify	3	2 2	Encapsulate	Enclosure
IN Fa	Contract Con	7	Staff?			surfacing, VAT		SF or LF)		Remove	Dec	100
(1:	5)		(12)			other miscellan	eous)		2	-	late	10
		Yes	No	N/A	7							
BASENER	7			X	THER	שושפאו ואמ	FON	450	F >	A	T	
1 From Vit						L SURFACE				-	T	
			-						10779	+	1	1.
		\vdash	-+		 					+	\top	T
Name of Registered Wa	ste Hauler	NJI	DEP Wa	ste l	Hauler T	Cubic Yards of	Name of Reg	istered Landfill				1
Best Remo		IDI	No.			Waste /		a Enterpr	isas	Т	.T.C	
			171	09		2/27	TITHET V	a nucerbr	1969	, _	1110	
City, State	mili sala -tar					Disposal Date	City, State		00 V		SALTHE.	rece e
	k , N.J. 07	601				11/19/14	Wayne	sburg, Oh		88		
Completed by	Title					Signature	10.0	2	Date /	1	, A	
J.Maiorano	Est	imat	or	STEELS IN		VA	مصرونيه		11/3	/	14	
ASB-41	* Do no	t use thi	is form f	for as	sbestos lice	ensure exempted	activities.			1 :		

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

Data of National (4)									DO CH	_	15	5	17		111
11/3/14	AND						Operator Service	(2) es/Rental Ope	rations	NO'	V	6	2014		
					Address E Saint A	ndrew	v Place	e. B-150		i		_			
DEP A	itial mended mendmen	t#		City, St	ate, Zip Coo Ana, CA	de			AS		TOS (LICEN			9 J. &	
☑ En	nergency stification) ancellation			Name o	of Contact Doughty				Tele	phone	e Numi	per			
Name of Facility Where Abatemer		<u> </u>)		ILITY INFO		ON	Type of Facility	(4)						
house				-20/21				School (K-							
Street Address 96 Troy Hills Road								Subchapte Other (i.e.	er 8 (Othe private &	r than	K-12) nercial	buil	dings	hom	ies.
City (5) Whippany					-	-Wasterie		etc.) Square Feet 1500	# of	Floors		E	Bldg. /		
County (6) Morris					Code (7) USE ONLY)			Current Use (Pr	1 ior if bein	g dem	nolishe		50	_	
Name of Monitoring Firm Hired by	Building	Owner (8)		ASCI				of Abatement Co							
Street Address				1	<u> </u>		Street	Environmenta Address			LLC				
City, State, Zip Code								Sate Drive, PC) Box 4	83					
	at Manager for Monitoring Firm							wood, NJ 074	118						
	ect Manager for Monitoring Firm							one No. 583-8500		Licen 703	se No.			1000	
Start Date (10) 11/13/14							Name o	of OSHA Monitor							
Occupancy Status During Abatem Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe: working in	ng Entire f le of Norm basement	Period of A	haten	nent s	- 2	_		Address ate, Zip Code							
Scope of Work (Check All That Ap ≥3 sf or ≥3 If ≥160 sf or ≥260 If	ply)	promote	enova emolit				×	Mini-Enclosure Glovebag Pro-							
Looping of		7007.00		84		666				T T			Abate	-	į.
Asbestos-Containing Material (TO BE ABATED In Facility (13)	ABATED Maintena Custodial 3				(i.e. th	s Conta nermal s surfac		aterial (ACM) insulation, , or	(Sp	ount ecify or LF)		Removal	Repair	Encapsulate	Enclosure
basement	basement					pipe i	insulati	on	100) LF	×			VD.	
N													-		
reehold Cartage				NJDEP Waste Hauler ID No. 15959 Cubic Yards of Waste				Name of TBD	Registere	ed Lan	ndfill				
City, State Freehold, NJ	10309					Disposa FBD	al Date	cate City, State							
Completed by A Scott Higgins	Title President					Signature				Date 11/3/14					_

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

Date of Notification (1)	7.		Name	e of Buildin	ng Owner/Operator ((2)	* Tho	Nati	- 1 52		
	14		Но	me Prop	erties, LP - Hack	ensack Garder	IS France				
Agencies Notified Type Noti	fication		Stree	t Address			is may pe	7-6	P	411	: 65
					Ave South Ste 63	10					
☑ DOLWD ☐ Amend	3075000			State, Zip							_
	lment#		1 250	lin, NJ 0			L L	461	S		10 L
DCA Emerg	ency (includ ation)	ing		e of Contac			Telephone Num			. 4	
☐ Cance	San		-	aig Marso			10 co	Jei			
	discussion and the second						,.54	_			
Name of Facility Where Abatement i	s Taking Pla	oo (2)	FA	CILITY	NFORMATION	T					no e
Hackensack Gardens No.'s 5			, 84, 80	,11 (Bloc	ck 245 Lot 1)	Type of Facility ()				
Street Address		ra santi			-		(Other than K-12 ivate and commer		ildin	70	
520 Essex St/ 80,84,90,110,1	20 Arcadia	Rd/1	1 Berks	shire PI		homes, etc.)	ivate and comme	ciai bi	unun	3 5,	
City (5)	6					Square Feet	# of Floors	В	ldg. A	ge	
Hackensack						50,000 (all)	2		50+		
County (6)			Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Bergen						Residential	Apartment Con	nplex			
Name of Monitoring Firm Hired by B	uilding Owne	er (8)	ASCM	No.	Name of Abatem	ent Contractor (9)	-				
Environmental Health Invest	igations, l	nc	297	37	Superior Aba	atement Inc					
Street Address					Street Address						
655 West Shore Trail					2 Henderson	Drive					
City, State, Zip Code				-	City, State, Zip Co	ode					
Sparta, NJ 07871		51			West Caldwe						
Project Manager for Monitoring Firm		Te	elephone	No.	Telephone No.		License No.				-
Jean Paul Von Doehren			(609) 70	04-8850	(973) 808-161	16	00411				
Start Date (10)	Scheduled	Comp	letion Da	ate (11)	Name of OSHA M	Monitor				70.20	
11 /11 /14	_12	/	12_ /	14	Superior Aba	tement Inc					
Occupancy Status During Abatemen	(Check onl	y one)			Street Address						
☐ Facility Closed/Vacated During E	ntire Period	of Aba	tement	ment 2 Henderson Drive							
Abatement Performed Outside of	Normal Faci	lity Ho	urs - Des	s - Describe City, State Zin Code						- 7 1	
Time of Abatement: 8:00 AM-4:3	<u>0</u> PM/	PM	AM		West Caldwe						
Scope of Work (Check all that apply)						<u> </u>					_
≥3 sf or ≥3 lf		Renova			Full Cont Mini-Enc Mini-Enc	tainment with Neg losure	ative Pressure				
⊠ ≥160 sf or ≥260 lf		Demoli	tion			g Procedure mpted (*) and Nor	n-Friable Procedur	e e			
		Is Loc						Ab	atem	ent T	ype
Location of Asbestos-Containing Material (AC	NAN U	Norm sed So	lally olely by	Acho	Description of			R	Z	ш	Ш
TO BE ABATED	N N	/lainter	nance/		estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	nca	nclo
IN Facility	Cı	ıstodia 12)	l Staff?		surfacing, VAT	, or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)	Ye		1		other miscellane	ous)				ate	СР
Crawl Spaces				Pipe In	sulation		1,535 LF	\boxtimes			П
Crawl Spaces	\boxtimes			Insulati	ion Debris		923 SF				
Crawl Spaces				Pipe Re	epair		1,000 LF				
								 			
Name of Registered Waste Hauler			NJDEP V	Waste	Cubic Yards of	Name of Regist	ered Landfill	10			
Service Transport Group, Inc			Hauler II	D No.	Waste	Minerva La					
City, State			SW21	117	Disposal Data						
New Castle, DE					Disposal Date 12/12/2014	City, State Waynesbur	ah OH				
Market Committee Com				A CONTRACTOR OF THE PARTY OF TH	waynesbur						
Completed By (Print or Type)	Title	40-4	Signature Date								
Nick Petrovski President Mad Marin 10-31-1										14	,

ASB-41 MAY 11

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

Date of Notification (1)					Nam	e of Buildir	ng Owner/C	perator (2)					
	31	/1	4		1			170	ensack Garden	s	· ř · v			
Agencies Notified EPA	Type N	lotificatior al	1			et Address O Wood A	Ave South	n Ste 63	0	274 HBV -6	PM	11.	#C	
☑ DOLWD	☐ Ame					State, Zip					8 54	i; ·	J	
☑ DHSS	102-103 STORY	endment :				elin, NJ 0			1					
☐ DCA (NJAC 5:23-8)		ergency (ification)	includin	g		e of Contac					L.	11,	J.	
(NOAC 3.23-6)	1	cellation					77			Telephone Num		2		
						aig Mars				,/ -10-1- 03	OU			
					F/	ACILITY II	NFORMA"	TION						
Name of Facility Where A			-	3.5					Type of Facility (4	1)				
Hackensack Garde	ns No.'s	s 67,75,	105,11	5,12	5,500	(Block 24	l6 Lot 1)		School (K-12)					
Street Address 67,75,105,115,125 A	Arcadia	Rd / 50	0 Esse	x St					Subchapter 8 Other (i.e., prinhomes, etc.)			uildin	gs,	
City (5)									Square Feet	# of Floors	B	ldg. A	ne .	
Hackensack									50,000 (all)	2		50+	ge	
County (6)				-	Cor	inty Code (7)(STATE US	SE ONLY)	Current Use (Prio	1	shed)			
Bergen						•	<i>n</i>		Residential A		000000000000000000000000000000000000000	,		
Name of Monitoring Firm	Hired by	Building	Owner	(8)	ASC	1 No	Name of	Ahateme	ent Contractor (9)	tpartment 00	iipic			
Environmental Hea					297		200905		itement Inc					
Street Address		- Gugano	,			-	Street Ad		itement inc					
655 West Shore Tra	il							derson	Delive					
City, State, Zip Code														
Sparta, NJ 07871							City, Sta							
Project Manager for Moni	toring Fir	rm		TTO	lanhan	Ne		_	II, NJ 07006	T				
Jean Paul Von Doel	350	1111		1000	elephone		Telephor		•	License No.				
Start Date (10)	IIGII	Caba	اماراما (04-8850		808-161		00411				
	14					ate (11)	Name of Super		itement Inc					
Occupancy Status During	Abatem	ent (Che	ck only	one)			Street Ac	ddress						_
☐ Facility Closed/Vacate	d During	Entire P	eriod of	Abat	tement		2 Hen	derson	Drive					
Abatement Performed Time of Abatement: 8:	Outside :00AM-4	of Norma :30 PM/_	al Facilit	y Ho M	urs - De	s - Describe AM City, State, Zip Code West Caldwell, NJ 07006						****		
Scope of Work (Check all	that app	oly)	-	300-0			west	Caluwe	II, NJ 07000					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			⊠ Re □ De	enova			 ✓ Full Containment with Negative Pressure ✓ Mini-Enclosure ✓ Glovebag Procedure ✓ Non-Exempted (*) and Non-Friable Procedure 							
			Is	Loc	ation						\neg	atem	ant T	\me
Location				Norm				cription o	5 1		-	-		ř –
Asbestos-Containing N TO BE ABA		(ACM)			olely by nance/				terial (ACM)	Amount	Removal	Repair	inc	Enclosure
IN Facilit			Cus		I Staff?	(1.6	e., thermal s surfaci	ing, VAT,		(Specify SF or LF)	SVO	a÷	sqe	osu
(13)			Yes	(12 No	1			iscellane		J. J. 2. ,	=		Encapsulate	re
Crawl Spaces			\boxtimes			Pipe In	sulation			1,260 LF		П	П	П
Crawl Spaces						-	ion Debri	s		640 SF				
Crawl Spaces						Pipe Re	epair			1,040 LF			П	
	-				П					-,,,,,				-
Name of Registered Wast	e Hauler				NJDEP	Wasto	Cubic V-	rde of	Nome of Design	rod c = 35"		Ш	Ц	
Service Transport G				- 2	Hauler		Cubic Ya Waste	ius Oi	Name of Registe					
	, oup, II				SW2		40		Minerva Lan	atli				
City, State							Disposal		City, State					
New Castle, DE	11.1			4			12/12/	2014	Waynesburg	jh, OH				
Completed By (Print or Ty	pe)	Titl	е			11000	Sign	ature	1 /.	/ Da	ite			
Nick Petrovski	0	F	Preside	ent			1	die	Moh	un'	0-	3/-	14	-

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

Date of Notification (1)					Name	of Buildin	g Owner/Operator (2)	tur, agg	-15				
	31 /	14	Name of Building Owner/Operator (2) Home Properties, LP - Hackensack Gardens Street Address											
Agencies Notified	Type Noti	ification			Street	Address			September 1997	J PA	100	5		
⊠ EPA					100	Wood A	ve South Ste 63	0				Ų,		
□ DOLWD □	☐ Amend				City. S	State, Zip (Code		***			1	2507.60	
☑ DHSS	202	dment#				lin, NJ 08			« Live			IL.		
DCA	☐ Emerging justific		cluding			of Contac					-i			
(NJAC 5:23-8)	Cance				100000000000000000000000000000000000000				Telephone N	umber				
		mation		11162		ig Marso								
Non			5.	(0)	FA	CILITY IN	FORMATION							
Name of Facility Where Al		-						Type of Facility (1,000					
Hackensack Garden Street Address	IS NO. S 4	44, 50, 6	0, 66,	70,	12 (BI	ock 247	Lot 1)	School (K-12 Subchapter 8		12)				
The state of the s		40 D. I		-				Other (i.e., pr			uildin	gs,		
44, 50, 60, 66, 70 Arc	cadia Rd	/12 Berl	kshire	ы				homes, etc.)						
City (5)								Square Feet	# of Floors	В	ldg. A	ge		
Hackensack								50,000 (all)	2		50+			
County (6)					Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)				
Bergen								Residential	Apartment C	omplex				
Name of Monitoring Firm I	Hired by B	uilding O	wner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Environmental Healt	th Invest	igations	s, Inc		2973	37	Superior Aba	atement Inc						
Street Address							Street Address							
655 West Shore Trai	il						2 Henderson	Drive						
City, State, Zip Code				City, State, Zip Code										
Sparta, NJ 07871				West Caldwell, NJ 07006										
Project Manager for Monit	oring Firm			Tele	ephone	No.	Telephone No.		License No.	8				
Jean Paul Von Doeh	ren			(6	609) 70	4-8850	(973) 808-161	6	00411					
Start Date (10)		Schedu	ıled Co	mple	tion Da	te (11)	Name of OSHA M	Monitor					-	
11 /11 / _	14	12	2_/	_ 12	_ /	14	Superior Aba	tement Inc						
Occupancy Status During	Abatemen	it (Check	only or	ne)	187		Street Address							
☐ Facility Closed/Vacated					ment		2 Henderson	Drive						
☐ Abatement Performed	Outside of	Normal F	acility	Hou	rs - Des	cribe	City, State, Zip Co				ž.	- Yes-		
Time of Abatement: 8:	<u>00</u> AM- <u>4:3</u>	0PM/	PN	l	AM		West Caldwe							
Scope of Work (Check all	that apply))						.,					- 255	
☐ ≥3 sf or >3 lf			Z n					tainment with Neg	ative Pressure					
\(\sime\) ≥160 sf or ≥260 lf			⊠ Ren □ Den				☐ Mini-Enc	losure procedure						
								mpted (*) and Nor	n-Friable Proce	dure				
V65000000000				oca						Ab	atem	ent T	vpe	
Location o		21.0		Sol	ely by		Description of			-			T	
Asbestos-Containing M TO BE ABAT	iateriai (At TED	(۱۷۱)			ince/		stos Containing Ma		Amount	em	Repair	nca	ncl	
IN Facility			Custo		Staff?	(1.6	surfacing, VAT,		(Specify SF or LF)	Removal	¥.	sde	Enclosure	
(13)		-	v. T	(12)	1	-	other miscellane		,	_		Encapsulate	6	
01 0			Yes	No	N/A							w		
Crawl Spaces					Ш	Pipe Ins	sulation		1,565 LF					
Crawl Spaces						Insulati	on Debris		910 SF					
Crawl Spaces						Pipe Re	pair		1055 LF		\boxtimes			
Name of Registered Waste	Hauler			1725	JDEP V		Cubic Yards of	Name of Regist	ered Landfill		_			
Service Transport G	roup, Inc	:			lauler IE		Waste	Minerva La	ndfill					
City, State					SW21	17	40 Disposal Date	City, State						
New Castle, DE							12/12/2014	Waynesbur	ah. OH					
Completed By (Print or Typ	ne)	Title			-		Signature	1.1	//	Data				
Nick Petrovski	-1		esider	nt			Signature	1/11		Date				
ASB-41				_			1/1	willed	un	10-	-51	-19	/	

ASB-41 MAY 11

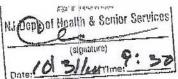
CK. 009066.

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

Date of Notification (1) 10/30/14			Name of Building Owner/Operator (2) City of Orange Township - Division of Housing -5											
Agencies Notified	Type Notification		Stree	t Address Jorth Day		- DIVISION OF	i lousing	- C-	FAI	f i les	5			
EPA DEP DOL	Initial Amended Amendment	#	City,	State, Zip Co	ode			ر <u>الم</u> دري	٧٤, _{يا} ز	ىخدىل غ	į.	5560 90		
DOH DCA	Emergency (justification) Cancellation	100	Name	of Contact ody C. Bro			Te	lephone Nu	ımber					
N			FA	CILITY INFO	ORMATION									
Name of Facility Where Private Property	Abatement is Takin	g Place (3)				Type of Faci	lity (4)							
Street Address						School								
204 Central Place						Subcha Other (pter 8 (Oth	ner than K-1 & commerc	2)	Idinas	hom			
22 Marc 1010 - 1						etc.)		& commerc	iai bui	idings	, nom	ies,		
City (5) Orange						Square Feet	# 0	of Floors		Bldg.	-			
County (6)			To			3,000		2		50)+			
Essex				y Code (7) E USE ONLY)	Current Use	(Prior if be	ing demolis	hed)					
	m Listed by Duilding (D (0)				Burnt Out			ture					
Name of Monitoring Fir	m Hirea by Building (Owner (8)	ASC	CM No.		ne of Abatement nnuzzi Enviro			, Inc.					
Street Address						et Address 2 Route 206 S	South							
City, State, Zip Code						State, Zip Code sborough, N.								
Project Manager for Mo	nitoring Firm		Teleph	none No.	Tele	phone No. 3-218-0884		License N	10.		-15			
Start Date (10) 11/10/14		Scheduled 11	Completio /30/14	n Date (11)	Nam	ne of OSHA Mon			lna					
Occupancy Status Durin	ng Abatement (Check					et Address	milentai	Sel vices	, IIIC.					
			***			Route 206 Sc	outh							
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire P med Outside of Norm	al Facility Ho	tement ours		City,	State, Zip Code sborough, N.								
Scope of Work (Check	All That Apply)	-				Sporougii, ive	- 00044							
≥3 sf or ≥3 if ≥160 sf or ≥260 if			ovation nolition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					•			
		Islo	cation				1	<u> </u>	1	0.000	ement	t		
Locatio	n of	Non	maliy		Description	on of					/ре	ik .		
TO BE AB						Material (ACM) ns insulation, 'AT, or	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure		
F # 01		Yes N	lo N/A								CD			
Entire Str	ucture		X		Unkno	wn	Un	known	X					
			у Е	Burnt Out S	tructure	-								
Name of Registered Wa	ste Hauler		NIDERI	Masta	Cubia Vanda									
Yannuzzi Group, Ind	NJDEP Waste Hauler ID No. Cubic Yard of Waste 17467 200		of Waste	of Waste										
City, State Hillsborough, NJ			Disposal Date 11/30/14				state Argyl, F	PA						
Completed by Anna Bastos	pleted by Title				Signatu	Signature Date 10/30/14								

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

Date of Notification (1)			Name of	Building Owner/	Operator (2	2)	fille a co	1000000			
10/31/1	4			FRED	Par	CEUS	2714 A	914 - E	P	411	· (** /
Agencies Notified	Type Notification		Street Ac	1.1							. 4.€
	Initial			129	HADDO	T. 070	ے ہے۔				N 9
EPA DEP	Amended		City, Stat	te, Zip Code			i.e	4 J. F			·UL
DOL	Amendment #	-	L	LONTCLAIR	۸) .	T. 070	47			1.4	
- DOLL	Emergency (in justification)	ncluding	Name of	Contact	7.0		Telephone Ni	umber			
DOH DCA	Cancellation										
			FACIL	ITY INFORMAT	TION						71111
Name of Facility Where	Abatement is Taking	Place (3)				Type of Facility (4)	4)				
	ESIDONCE					School (K-1	2)				
Street Address						Subchapter	8 (Other than K-	12)			
	7						rivate & commer	cial build	lings,	home	S,
City (5) MONTCL County (6)	son ruce					etc.) Square Feet	# of Floors	В	ldg. A	ae	
City (5)					1	1,450	200		+5	TE (****	
MONTCL	AIR		County C	>-4- (7)		Current Use (Price		The second second			2000
County (6)				Jode (7) JSE ONLY)				Sileu)			
() / L. V.			1				MTIAL.				
Name of Monitoring Firm	n Hired by Building C	wner (8)	ASCN	1 No.		of Abatement Con					
					A.MA	C Contracting	inc.				
Street Address					Street A						
					105 L	owell Road					
City, State, Zip Code						ate, Zip Code					
					Glen	Rock, NJ 074	52				
Project Manager for Mo	nitoring Firm		Telephoi	ne No.	Telepho	one No.	License	No.			
Project Manager for Mo	intolling i min				0.0000000000000000000000000000000000000	262-5841	00156				
01-10-1-110		Scheduled (Completion	Date (11)		of OSHA Monitor					
Start Date (10)				Date (11)		ga Environme	ntal Services	Inc.			
11/17/14			30/14		1				_		
Occupancy Status Durin	ng Abatement (Check	(Only One)				Address					
Facility Closed/Vac	cated During Entire P	eriod of Aba	tement			luyler Street					
Electrical Control of the Control of	ned Outside of Norm	al Facility Ho	ours			ate, Zip Code					
Other – Describe:					Hack	ensack, NJ 07	605				
Scope of Work (Check	All That Apply)	,									
23 sf or ≥3 lf		☑ Ren	ovation			Full Containm	ent with Negative	Pressu	re		
≥160 sf or ≥260 lf			nolition		-	Mini-Enclosure					
						Glovebag Pro	cedure d (*) and Non-Fri	able Pro	cedur	e	
					- In-	1 Non-Exemple	a () and (on ()	ubio i ro		ement	1
			cation							ре	
Locatio			mally Solely by		escription						
Asbestos-Containin			enance/			aterial (ACM) insulation,	Amount (Specify	Z)	-	Enc	E E
TO BE AS		100	ial Staff?		facing, VA		SF or LF)	em ,	Repair	aps.	clos
(13		(12)	othe	r miscellan	eous)		Remova	쁰	Encapsulate	Enclosure
11-22-2		Yes I	No N/A							6	
		169	10 IVA				, -	-	1		-
Basemon			/	PIPE	INSUL	UTION	bock	V	-	_	-
					- 100 B. (Sec. 10) B. (Sec. 10)						
		+-+	-	-	+						
					1			+	1	-	-
Contribution of the second of											
Name of Registered Wa	aste Hauler		NJDEP V	1000	ic Yards		Registered Land				
			Hauler ID	No. of V	Vaste	IESI PA	A Bethlehem	Landfil	I Cor	p.	
Rovic Transport			20785		1 cy.						
City, State		13:		100000000000000000000000000000000000000	osal Date	City, Sta		15			
Riverdale, NJ 0745	7				11/17/1	4 Bethlel	nem, PA 1801				
Completed by		Title			Signature			Date	1 -	1 .	
Joseph Vocaturo		Vice Pr	esident		1,	. Vocatu	0	10/	31	14	
•					-	3 00000					



State of New Jersey
NOTIFICATION OF ASPESTOS ABATEMENT
(Persuant to NJAC 8:60 and 12:120)

12000				
CUTA	Hay	-6	DM	ll: e
		75	1 17	11:6

[1:1(8)			41	EN SUMIL	. CO TELLACO	G.65 41	14 12.1201			1	111:	60		
Date of Notification (1))			Name o	f Building	Öwner	Operator (2)	* - 1.				0		
10/30/	14		- 1		KOSE	Pe	ENN					71		
Agencies Notified	Type Notification			Street A					4:0	Claus.	****	J.		-
CL SPA	[] Iniliat				260	,	SANTIA	so Au	c		Ų			
DEP	Amended		Ī	City, St	ale, Zip Co	ide		/						
DOL	Amendment		- 1		RUTH	EN GO	es a	1.5	270	70			17	
E DOH	Z Emergency justification)	(including		Name o	f Contact	_ 10 1 10	,,		Tel	7 0 aphone Nu	mber		-	
DCA	Cancellation			1	ddo	WA	CKEX		1 '		-			
					ILITY INFO							<u>v ,</u>		
Name of Facility When		g Place (3)						pe of Facility (4)					
Re.	SIDONCE						F	School (K-1	21				1100	
Street Address								Subchapter	& (Othe					
760	SANTIAGO	DUE						Other (i.e. p	rivate a	Commerc		dings	, nom	es,
City (5)		7,101.						uare Feet	# of	Floors	1 6	ildg.	Age	
PUTHER	Fol.O							1.500		2		+50	١	
County (6)	000			County	Code (7)			urrent Use (Prin	or If bei	ng demolis	200000000000000000000000000000000000000	-	77.00	7
Berson	>				USE ONLY	l		RESIL						
Name of Monitoring Fig		Dwner (8)		ASCN	é No		Name of	Abatement Con						
THE OF THE PROPERTY IS	on , mad by Landing	- w (u)		1	ar rad.			Contracting		(2)				
Street Address							Street Ad		,					
0.0000								vell Road						
City, State, Zip Code								. Zlp Code						
City, State, Ch Code								ock, NJ 0744	52					
Project Menager for Me	oniterino Erre			Telepho	N/a	-	Telephon			License N	J.			
1-10jact Managar to M	ornming Lan			1 diohito	NC NO.		(201)28			00156	40.			
Start Date (10)		Schedule		- alaklar	Sala MAN		1 ,	OSHA Manitar	1	00100				
A COLUMN TO SECURE A COLUMN TO S		SCHEUDING			Date (11)			Environmer	ntal Sc	arvines Ir	20			
70/31/14 Occupancy Status Dur	A) (10)	//	1/13	5/14					HOI OC	H MOCO II	10.			
	24-32-000 00 5-25 00 0						Street Ad	yler Street						
Facility Closed/Va	cated During Entire i rmed Outside of Nom	eriod of A	baten	nent						B. (************************************				
Othor - Describe:		iai racility	riout:	5	vans er erennen noch			s, Zip Code Isack, NJ.07	en=					
Scope of Work (Check	All The Analys						I IBORCI	10000	000				ione —	_
4	All Riet Apply)	170		1000111			Full Containment with Negative Pressure							
≦ ≥3 sfor≥3 lf □ ≥160 sfor≥280 lf	e a		enava emolit				b			Negative I	6,Léaen	rę		
E			-()1011	LICH		Mini-Enclosure Glovebag Propodure								
WARRY A. P. CO. L.								Non-Exempled		Non-Friel	pje Pro	cedu	re	
		ls l	Locat	ion									ewsu.	1
Locati	on of		orma			De	estription of				-	1	ype	1
Asbestos-Containir	ng Material (ACM)		ntena	nce/	SC# 250 V/M/M		staining Mate			nount	1_		m	m
in Fac		Custo	dial t	Staff?	(1.62		il systems in scing, VAT, o		SF	pacify or LF)	雪	Repair	des	당
(15			(12)				miscellaneo				Removal	哥	alajńsde u z	ndosura
		Yes No N/A											4	
7		1	-	1/	7)	PE					-	-	\vdash	1
Brisement							INSULA	TION	7:	3 LF.	V	-		-
	10 1										1_			1_
]
Name of Registered W	Jaste Hauler		IN	JDEP W	Vaste :	Cubic	Yards	Name of	Registe	red Landfil	li -	I	1	1
	Spic Listrica			tauler ID		of Wa				ehem La		Car	•	
Rovic Transport				0785			1	IESI PA	(Dem	CHOIR C	an CHI	100	μ,	80r
City, State							sal Date	City, State		AN ENGLISHED PROPERTY		AL LANDS IN		
Riverdale, NJ 07457						10	131/14	Bethleh	em, P	A 18015	i			
Completed by Trile							Signature	Λ / /			aio ,	1		
Joseph Vocaturo	turo Vice President							4. VA	ulini	0	16/	30/	4	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

						45350	<u> </u>	CHECK#24561						
Date of Notification (1)	• • • • • • • • • • • • • • • • • • • •						vner/Operator (2)	CHECK#24561	-6 PI	411.	ra a			
10/31/2014					PRIVATE	RESIDI	ENCE		r F	7 1 1 2	F.9			
Agencies Notified	Type Notific	cation			Street Addre	ess		*			inter-			
□ EPA	Initial				66 LAKE I	RD.		u I			-l			
☐ DEP	☐ Amend	ded Am	endme	nt #						4				
□ DOL	Emerg	ency (ir	cludin	g	FAR HILL	S.NJ								
□ DOH	justific	ation)			Name of Co				Tel	ephon	e Num	nber		
DCA	☐ Cance	lation			David D'Ar	idrea								
					FACILITY IN		ATION							
Name of Facility Where	Abatement is 7	Taking F	Place (3					Type of Facility (4)						
PRIVATE RESIDENCE								School (K-12)						
Street Address								Subchapter 8 (Other th	on K 1	2)			
66 LAKE RD.								Other (i.e., priv			32.00	ildina		
City (5)				-				Square Feet	A Part of the second	Floor				
FAR HILLS								Square reet	# 0	Floor	SIBIOG	J. Age		
County				-	County Code	2 (7) (8)	TATE LISE ONLY	Current Use (Prior i	C b = 1 = = = = = =	P.	1			
SOMERSET					County Code	= (1) (3)	ATE USE CIVET)	Current Use (Prior i	r being a	emolis	snea)			
Name of Monitoring Firm	n Hired by Ruild	ling Ow	nor (8)		ASCM No.	Nome	of Abotomont Con	t(0)						
AMERTECH	in timed by build	mig. Ow	ner (o)		ASCIVI NO.		of Abatement Con							
Street Address					1			IRONMENTAL INC	C					
	*7					1 postuberous un	Address	- ES						
78 E. ATLANTIC WA City, State, Zip Code	Y						ACK FOREST F	ROAD						
						A	tate, Zip Code							
LAVALLETTE, NJ 0		1= .					LTON, NJ 0869	1						
Project Manager for Mor	nitoring Firm	The second	hone N			Teleph	one No.		Lice	nse N	0.			
ROD MORRIS		100000000000000000000000000000000000000	64-77	5.5%			0-7110		006	76				
Start Date (10)				Complet	tion Date (11)	Name	of OSHA Monitor		574.003	W23-73				
11/3/2014		11/3/												
Occupancy Status Durin			250			Street	Address							
Facility Closed/Va					nent									
☐ Abatement Perform	ned Outside of I	Normal I	Facility	Hours		City, St	ate, Zip Code							
							*							
Scope of Work (Check a	ill that apply)					22		☐ Full Containme	nt with N	egativ	e Pres	sure		
\geq 3 sf or \geq 3 If					Renova	tion		☐ Mini-Enclosure						
\(\geq \geq 160 \) sf or ≥ 260 lf					☐ Demolit	ion		Glovebag Proce	edure					
								Non-Exempted	(*) & No	n-Friat	ole Pro	ocedu		
		100	Locat				1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Aba	emen	т Туре			
Location of Asbestos			mally				estos Containing			T	中	m		
Material (ACM) TO BE			Solely I	oy e/Custo			thermal systems g, VAT, or other	Amount (Specify SF LF)	Removal	Repair	Encapsulate	Enclosure		
Facility (13	3)		Staff?			niscellar		LF)	VOL	pa.	us.	uso		
		Yes	No	N/A	1				<u>a</u>	-	late	9		
BASEMENT			X		INSULATIO	ON		220 L.F.	X					
BASEMENT			X		NFVAT			400 S.F.	X	1				
							-			1		1		
									-	\vdash				
Name of Registered Was	ste Hauler			-	NJDEP Waste		Cubic Yards of	Name of Registered	Landfill		L			
					Hauler ID No.		Waste							
TIMSTER TRUCKING	G				21079		2 YD	GROWS						
City, State				- 1)			Disposal Date	City, State						
WEST CREEK, NJ							11/4/2014	MORRISVILLE, I	A					
Completed By		Title				Signatu	n)27-Mare	(1)	Date					
DAVID D'ANDREA		PRES	IDEN	Т		16	will of	1 Canhe		1/201	1			
ASB-41						/-	V	-	110/3	4401				

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

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

Date of Notification (1)		Name o	f Building (Owner/0	Operator	(2)		2511	Man a						
10/29/14	10 29 14 Projes Notified Type Notification					/US	FIN	, E	CHEMIC	ais	-6	PA	11:	. ,	
Agencies Notified	Type Notification			Street A	ddress										
EPA	Z Initial				50	CR	ahwa	O.D	RD 5	TE	205			. ,	
DEP	Amended			City, Sta	ate, Zip Co	de				·-	4		* * *	V	
☑ DOF	Amendment # Emergency (in		-		DOUTH F	Can	FIELD	- 1	N.5 0	708	'O		J		
☑ DOH	justification)	icidanig	Γ							Tele	phone Num	ber			
DCA	Cancellation			•	VAN		CIAN	To	20						
Name of Facility Miles	AN -4	DI (0)		FAC	ILITY INFO	RMAT	ION						1.00		
Name of Facility Where		Place (3)					1	Тур	e of Facility (4))					
CHEMICA	4 PLANT								School (K-12						
Street Address	6								Subchapter 8 Other (i.e. pri	Othe	r than K-12) I briik	dinne	hom	00
426 OR	CHARD ST			16				EZI	etc.)		1		2772	8	
City (5)								120	are Feet	# of	Floors	100	ldg. A	-	9
CALLSTA	TOF								5,000		<u> </u>		+50	5	
County (6)				County	Code (7) USE ONLY)			Curr	ent Use (Prior			ed)			
BERGEN									COMME						
Name of Monitoring Firm	Hired by Building O	wner (8)		ASC	/i No.				atement Contr		(9)				
									ontracting I	inc.					
Street Address							Street		9797 S						
									ll Road					200	
City, State, Zip Code									Zip Code	_			Kariba.		
	nager for Monitoring Firm								k, NJ 0745	2					
Project Manager for Mon	itoring Firm		Telepho	ne No.		Teleph				License No					
0							1.00		-5841		00156				
Start Date (10)			1		Date (11)				HA Monitor	al Ca					
11/10/14		12/3		4	Mineral Princip			-	nvironment	al Se	rvices inc	;. 			
Occupancy Status During	Abatement (Check	Only One)				Street								
Facility Closed/Vaca	ated During Entire Pe	riod of At	atem	ent					er Street						
Other – Describe:	ed Outside of Norma	I Facility I	Hours				27000		Zip Code	.07					
							наск	censa	ack, NJ 076	005	T. P.				
Scope of Work (Check A	il That Apply)	reter					F	1							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	nova				 		III Containmer	nt with	Negative Pr	essu	e		
21 2100 St 01 2200 II		EZI DE	HIOHU	1011			7		ni-Enclosure ovebag Proce	ocedure .					
							2			Procedure pted (*) and Non-Friable Procedure					
		is L	ocati	on										ement	t
Location	of		rmal			De	scription	of					Ту	pe	_
Asbestos-Containing		Used Mair	Sole			os Cont	aining M	Materia	I (ACM)		nount			ш	m
TO BE ABA		Custo			(i.e.		systems cing, VA		lation,		pecify or LF)	ren en	Re	car	ncl
(13)			(12)				niscellan			0.	J. L. ,	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								=		ate	e l
£ .				1					_	_			-	-	\vdash
SEE ATTACHE	ED SURVEY			/	SE	E A	TTACH	ナドソ	SURVEY	Qu	GNTIFIE	വ			
QUANTIFIED IT	QUANTIFIED ITEMS ONCY						ITEM	AS	ONCY.						
	,			/					7						
74	 			17				-							
Name of Registered Was	to Hauler	LL	l N	JDEP W	laste	Cubic	Yards		Name of R	enieter	ed Landfill				\vdash
	ite naulei			Hauler ID No. of Waste IESI PA Bethlehem Landfill C					O	2					
Rovic Transport			1 10 0000	785			0		IESI PA	Bethi	enem Lar	ICITIL	Cor	J.	
City, State						Dispos	sal Date		City, State						
Riverdale, NJ 07457						111	10/14		Bethlehe	m, P	A 18015				
Completed by	Title					ignature	• N	11 =		Dat	10.20	1.	1		
Joseph Vocaturo		Vice F	Vice President					17.	Vocater	110		10	129	114	/
		0-7.00 0.00	-	- The Carrier of		11 PATE - 2817		11		San	STATE OF THE PARTY OF	4. 70			1000

	APPRO No Dept) of Health	& Senior Services	N		CATION	te of New J OF ASBES O NJAC 8:6	TOS A	BATEME	INT 2011 N	0¥ -6	PM 1/:				
1	Date: 10 74 11	Time: 7:39 Au			Name of I	Building Ow CELT If			<u>darzız (वैक्</u>		,	7			_
	EPA DEP	Initial Amended			City, State	535 e, Zip Code		0 LEMU	722		u .				
	DOH DCA	Amendment # Emergency (it justification) Cancellation			Name of	100000000000000000000000000000000000000	Pox STL	auss	0.2 0	Telaphon	e Number		-		
					FACIL	ITY INFOR	MATIC								_
Ne	me of Facility Where		Place (3)					- 13	ype of Facility (4					-	-
St	reel Address 525 Done	MUS QUE.							School (K-12 Subchapter Other (i.e. pretc.)	6 (Other that	1 K-12) mordal bu	iding	8, h	ome	1
Ci	ly (5)				-			- 2	Square Feel	# of Floor	z z	Bldg.	Ag	e	
	GLEN	Rock							1,400	10		+	50	>	
C	ounty (6)			1	County C	odė (7) SEONLY).		_ '	Current Use (Prio		nolished)				
Na	BERGEN ame of Monitoring Firm		wner (8)		ASCM	Na.			Abatement Con Contracting					•	
St	red Address		•						well Road						
	ty, State, Zip Gode							Glen F	ts, Zip Code Rock, NJ 0748						
L	oject Manager for Mor				Telaphon				ne No. 62-5841 OSHA Monitor	001	nse No. 56				
	an Date (10) /0/30/19 cupancy Status Durin			115		iate (11)			a Environmer	ntal Servic	es Inc.	-			
XI 3	Facility Closed/Vac	ated During Entire Po aed Outside of Norma	eriod of A	batem	ont		.	280 Hu City, Sta	Lyler Street te, Zip Code nsack, NJ 07	605					
10000	ope of Work (Check A								The state of the s	-		10	-		•
	,			enova emoliti				V	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	adure			ure		
			ls	Locali	on							Ab:	aten	nent	
	Location Asbestes-Containing TO BE AB In Faci (13)	Material (AGM) ATED Ilty	- Used Mai	lormall d Sole nienar odial S (12)	ly by	(i,e. th	conti comal surfac		terial (ACM) nsulation, or	Amoun (Spedi SF or Li	7 2	T	Typ	Encapsulate	
	A Distriction		Yes	No	N/A							10	+	**	-
	Basement				1	P	PE	posou	NOUT	1000	-	1	1		-
-	Basemens			-	/	THOE	Mai	zasser	A INSULATION	405	=	\pm	1		-
No	ame of Registered Wa	ste Hauler			JDEP Wa		Cubic of Was		The second second	Registered L			1.	_	ĺ
Ro	vic Transport				0785	1.54		2	IESI PA	Bethlehe	m Landf	II C	arp.		
	ty, State verdale, NJ 07457	7					10	al Date 30 14	City, State Betinieh	em, PA 18					
	empleted by seph Vocaturo		Vice	Presi	dent		S	ignature	1. Vora	F1. 6	Date /	12	19	/,	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification					٧.			AC 8:60 and 5:1	~,	i					
						Nam	e of Buildi	ng Owner/Operator	(2)		NC	٧	- (6 2	014
11	/_	3	/	14		Ve	erizon Co	mmunications	/ Job #14	10-4836 Ch	eck #67	756	(8)	50 C	
Agencies Notified EPA			lotificati	on		130000	et Address			i	ASBES				
☑ DOLWD	1	☐ Am						wood Avenue		<u>L</u>		LICE	ENS	SING	<u>ì</u>
☑ DHSS			endmen	t#		13270	State, Zip								
☐ DCA	*	☐ Em	ergency	(includi	ng			n, PA 19046							
(NJAC 5:23-8)			ification				e of Conta			Telephone	Number				
		∐ Car	cellation	1		Al	ex Baylo	r			- 5				
Name of Facility Wh	A I		1: 7:	. 5	- (0)	FA	CILITY	NFORMATION							
Verizon Robert			nt is Tar	ing Plac	ce (3)				Type of Facility	7/10/201					
Street Address	LSVIIIE								School (K-1		K 12)				
408 Tennent Re									Other (i.e., p	orivate and co	mmercia	buil	Idino	as.	
City (5)	oau								homes, etc.	.)					
Morganville									Square Feet	# of Floor	S	Bld	g. A	ge	
County (6)															
Monmouth						Cou	nty Code	7)(STATE USE ONLY)	Offices	rior if being de	emolished	i)			
Name of Monitoring	Firm F	lired by	Buildin	Owner	(8)	ASCM	l No.	Name of Abotem							
USA Environme		00 25	Dunann	y Owner	(0)	ASCIV	INO.	Name of Abateme	17.)					
Street Address	OTTEGE						-	AbateTech, I	nc.						
8436 Enterprise	ΑνΑ							Street Address	DO D 05						
City, State, Zip Code		-						30 Maple Ave					-7-10-		
Philadelphia, P.		53						City, State, Zip Co						10	
Project Manager for			·m		T-1			Lumberton, N	IJ 08048						
Mark Jenkins	MOTILL	ning i ii	111			ephone	No. 5-5810	Telephone No.		License N	lo.				
main ociming					1 /		1-5X1II			00500					
Start Date (10)			Took					609-265-2107		00529					
Start Date (10)		14		eduled (Comple	etion Da	ate (11)	Name of OSHA M	onitor	00529		_			-
11 /17		- 8	_	11	Comple / _ 2	etion Da	ate (11)	Name of OSHA M EMSL Analyti	onitor	00529					8
	uring A	batem	ent (Che	11_eck only	Complete 2 one)	etion Da	ate (11)	Name of OSHA M EMSL Analyti Street Address	onitor cal	00529					8
/	uring A	Abatem	ent (Che Entire F	11 eck only Period of	Comple / 2 one)	etion Da	nte (11) 14	Name of OSHA M EMSL Analyti Street Address 200 Route 130	onitor cal 0 North	00529					
/	uring A acated rmed C	Abatem During Outside	ent (Che Entire F of Norm	11 ck only Period of al Facili	Complete Com	etion Da	ate (11) 14	Name of OSHA M EMSL Analyti Street Address 200 Route 130 City, State, Zip Co	onitor cal 0 North de	00529					
/	uring A acated rmed C nt:	Abatem During Outside AM	ent (Che Entire F of Norm	11 ck only Period of al Facili	Complete Com	etion Da	ate (11) 14	Name of OSHA M EMSL Analyti Street Address 200 Route 130	onitor cal 0 North de	00529					500
	uring A acated rmed C nt:	Abatem During Outside AM	ent (Che Entire F of Norm	11 ck only Period of al Facili	Complete Com	etion Da	ate (11) 14	Name of OSHA M EMSL Analyti Street Address 200 Route 130 City, State, Zip Co	onitor cal 0 North de , NJ 08077						22
	uring A acated med C nt: ck all th	Abatem During Outside AM	ent (Che Entire F of Norm	11_eck only Period of al Facilite	Complete Com	ement rs - Des	ate (11) 14	Name of OSHA M EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conto	onitor cal North de , NJ 08077 ainment with Negosure		re				
	uring A acated med C nt: ck all th	Abatem During Outside AM	ent (Che Entire F of Norm	11_eck only Period of al Facilite	Comple / _ 2 one) Abate ty Hou PM	ement rs - Des	ate (11) 14	Name of OSHA M EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conte	onitor cal North de , NJ 08077 ainment with Negosure Procedure	gative Pressur					
	uring A acated med C nt: ck all th	Abatem During Outside AM	ent (Che Entire F of Norm	20ck only Period of all Facility Re	Completion Completion (Completion Completion	ement rs - Des	ate (11) 14	Name of OSHA M EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conte	onitor cal North de , NJ 08077 ainment with Negosure	gative Pressur	cedure				Θ.
	acated crimed Cont:	Abatem During Outside AM nat app	ent (Che Entire F of Norm	eck only Period of all Facility PM/	Completion	ement rs - Des	ate (11) 14	Name of OSHA M EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conto	onitor cal O North de , NJ 08077 ainment with Negosure Procedure npted (*) and No	gative Pressur	cedure		-	ent Ty	T
	uring A acated med C nt: ck all th	Abatem During DutsideAM nat app	ent (Che Entire F of Norm	eck only Period of of all Facilities Recommendations Re	complete Com	ement rs - Des ion on lition lity ely by	ate (11) 14 scribe AM	Name of OSHA M EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conta Glovebag Non-Exer Description of stos Containing Mat	O North de , NJ 08077 ainment with Negosure Procedure npted (*) and No	gative Pressur	cedure		-		T
	uring A acated med C nt: ck all th tion of ning Ma ABATE	Abatem During DutsideAM nat app	ent (Che Entire F of Norm	eck only Period of al Facili PM/	Completion Completion (Completion Completion	ement rs - Des ion on lition lity ely by ance/	ate (11) 14 scribe AM	Name of OSHA M EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conta Glovebag Non-Exer Description of stos Containing Mata, thermal systems in	O North de , NJ 08077 ainment with Negosure Procedure npted (*) and No	gative Pressur n-Friable Prod Amount (Specify	cedure		-		T
	uring A acated med C nt: ck all th	Abatem During DutsideAM nat app	ent (Che Entire F of Norm	eck only Period of al Facili PM/	one) Abate ty Hou PM enovate s Loca Norma ed Sole aintena	ement rs - Des ion on lition lity ely by ance/	ate (11) 14 scribe AM	Name of OSHA M EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conta Glovebag Non-Exer Description of stos Containing Mat thermal systems in surfacing, VAT,	onitor cal O North de , NJ 08077 ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or	gative Pressur n-Friable Prod Amount	cedure		-		y Enclosure
	uring A acated rmed C nt: ck all th tion of ning Ma ABATE acility 13)	Abatem During DutsideAM nat app	ent (Che Entire F of Norm	eck only Period of al Facili PM/	one) Abate ty Hou PM enovate s Loca Norma ed Sole aintena	ement rs - Des ion on lition lity ely by ance/	ate (11) 14 scribe AM	Name of OSHA M EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conta Glovebag Non-Exer Description of stos Containing Mata, thermal systems in	onitor cal O North de , NJ 08077 ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or	gative Pressur n-Friable Prod Amount (Specify	cedure		-	ent T: Encapsulate	T
	uring A acated rmed C nt: ck all th tion of ning Ma ABATE acility 13)	Abatem During DutsideAM nat app	ent (Che Entire F of Norm	eck only Period of all Faciliti PM/	one) Abate ty Hou PM enovate Completion Completion Abate ty Hou PM Completion Completi	ement rs - Des ion on tion ally ely by ince/ Staff?	ate (11) 14 Scribe AM Asbe	Name of OSHA M EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conta Glovebag Non-Exer Description of stos Containing Mat thermal systems in surfacing, VAT,	onitor cal O North de , NJ 08077 ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or	gative Pressur n-Friable Prod Amount (Specify	cedure		-		T
	uring A acated rmed C nt: ck all th tion of ning Ma ABATE acility 13)	Abatem During DutsideAM nat app	ent (Che Entire F of Norm	eck only Period of all Facilit PM/	one) Abate ty Hou PM enovate molitie S Loca Norma ed Sole aintena todial (12) No	ement rs - Des ion on tion lly ely by nce/ Staff?	ate (11) 14 Scribe AM Asbe	Name of OSHA M EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conta Mini-Encl Glovebag Non-Exer Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaneo	onitor cal O North de , NJ 08077 ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or	gative Pressur n-Friable Prod Amount (Specify	cedure		-		T
	uring A acated rmed C nt: ck all th tion of ning Ma ABATE acility 13)	Abatem During DutsideAM nat app	ent (Che Entire F of Norm	eck only Period of all Facilit PM/ Is Use Mac Cus Yes	one) Abate ty Hou PM enovate enovate Norma ed Sole intena todial (12) No	etion Da 8 / ement rs - Des ion on tion ally ely by ince/ Staff?	ate (11) 14 Scribe AM Asbe	Name of OSHA M EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conta Mini-Encl Glovebag Non-Exer Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaneo	onitor cal O North de , NJ 08077 ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or	gative Pressur n-Friable Prod Amount (Specify	cedure		-		T
	uring A acated med C nt: ck all th tion of ning Ma ABATE acility 13)	Abatem During DutsideAM nat app	ent (Che Entire F of Norm	eck only Period of all Facility Ref De Use Ma Cus Yes	one) Abate ty Hou PM enovate molities Loca Norma ed Sole aintena todial (12) No	etion Da 8 / ement rs - Des ion on tion lly ely by nce/ Staff?	ate (11) 14 Scribe AM Asbe	Name of OSHA M EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conta Mini-Encl Glovebag Non-Exer Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaneo	onitor cal O North de , NJ 08077 ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or	gative Pressur n-Friable Prod Amount (Specify	cedure		-		T
	acated rmed Cont:ck all the conting Market acility [13]	Abatem During Durside AM nat app	ent (Che Entire F of Norm	eck only Period of all Facilit PM/ Is Use Mac Cus Yes	one) Abate ty Hou PM enovate enolities Locae Norma ed Sole aintena todial (12) No	ement rs - Desion on tion on Staff?	Asbe (i.e	Name of OSHA M EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conti Glovebag Non-Exer Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaned	onitor cal O North de , NJ 08077 ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or ous)	pative Pressur n-Friable Prod Amount (Specify SF or LF	cedure		-		T
	acated rmed Cont:ck all the conting Market acility [13]	Abatem During Durside AM nat app	ent (Che Entire F of Norm	eck only Period of all Facility Ref De Use Ma Cus Yes	one) Abate ty Hou PM enovate enolities Locae Norma ed Sole aintena todial (12) No	etion Da 8 / ement rs - Des ion ion lly ely by ince/ Staff? N/A	Asbe (i.e.	Name of OSHA M EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conta Mini-Encl Glovebag Non-Exer Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaneo	onitor cal O North de , NJ 08077 ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or ous) Name of Regist	gative Pressur n-Friable Prod Amount (Specify SF or LF	cedure		-		T
	acated rmed Cont:ck all the conting Market acility [13]	Abatem During Durside AM nat app	ent (Che Entire F of Norm	eck only Period of all Facility Ref De Use Ma Cus Yes	one) Abate ty Hou PM enovate enolities Locae Norma ed Sole aintena todial (12) No	etion Da 8 / ement rs - Des ion on tion elly ely by ence/ Staff?	Asbe (i.e.	Name of OSHA M EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conta Mini-Encl Glovebag Non-Exer Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaned Attached Sheets Cubic Yards of Waste 20	onitor cal D North de , NJ 08077 ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or ous) Name of Regist G.R.O.W.S.	gative Pressur n-Friable Prod Amount (Specify SF or LF	cedure		-		T
	acated rmed Cont:ck all the conting Market acility [13]	Abatem During Durside AM nat app	ent (Che Entire F of Norm	eck only Period of all Facility Ref De Use Ma Cus Yes	one) Abate ty Hou PM enovate enolities Locae Norma ed Sole aintena todial (12) No	etion Da 8 / ement rs - Des ion ion lly ely by ince/ Staff? N/A	Asbe (i.e.	Name of OSHA M EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conta Glovebag Non-Exer Description of stos Containing Mata, thermal systems in surfacing, VAT, other miscellaneo Attached Sheets Cubic Yards of Waste 20 Disposal Date	onitor cal O North de , NJ 08077 ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or ous) Name of Regist G.R.O.W.S. City, State	pative Pressur n-Friable Prod Amount (Specify SF or LF	cedure		-		T
	uring A acated rmed C nt: ck all ti tion of ning Ma ABATE acility 13) heets	Abatem During Dutside AM- nat app	ent (Che Entire F of Norm	eck only Period of al Facili PM/	one) Abate ty Hou PM enovate enolities Locae Norma ed Sole aintena todial (12) No	etion Da 8 / ement rs - Des ion ion lly ely by ince/ Staff? N/A	Asbe (i.e.	Name of OSHA M EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conta Mini-Encl Glovebag Non-Exer Description of stos Containing Mata, thermal systems in surfacing, VAT, other miscellaneo Attached Sheets Cubic Yards of Waste 20 Disposal Date 11/28/14	onitor cal D North de , NJ 08077 ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or ous) Name of Regist G.R.O.W.S.	pative Pressur n-Friable Prod Amount (Specify SF or LF			-		T
	uring A acated rmed C nt: ck all ti tion of ing Ma ABATE acility 13) heets	Abatem During DutsideAM nat app aterial (ED	ent (Che Entire F of Norm 	eck only Period of al Facili PM/	one) Abate ty Hou PM enovate molitie S Loca Norma ed Sole aintena todial (12) No	etion Da 8 / ement rs - Des ion bin lition lity ely by ince/ Staff? N/A D JDEP V auler ID 18750	Asbe (i.e.	Name of OSHA M EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conta Glovebag Non-Exer Description of stos Containing Mata, thermal systems in surfacing, VAT, other miscellaneo Attached Sheets Cubic Yards of Waste 20 Disposal Date	onitor cal O North de , NJ 08077 ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or ous) Name of Regist G.R.O.W.S. City, State	pative Pressur n-Friable Prod Amount (Specify SF or LF	cedure		-		T

ASB-41 MAY 11

State of NJ DECELV Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) 2014-197 B & Date of Agenci X X

B & G proj. #: 2014-107	-	(,			Check	# 6900		<u> </u>
Date of Notification (1)		f Building Owner stance Rosiac			1	1,0	2014	العل
Agencies Notified Type Notification		ddress rtle Avenue			A	ASBESTOS C LICENS	ONTHUL SING	. œ
DEP Amendm	30 10 10 10 10 10 10 10 10 10 10 10 10 10	ate, Zip Code dison, NJ 0794	40					
DOH Cancella	ion	f Contact nstance Rosia	c		Telepho	ne Number		
		FACIL	ITY INFORMA	TION .				
Name of facility where abatement is Constance Rosiac	taking place (3)			Subo	(4) ool (K - 12) chapter 8 (Other r (Private/Comm		2)
Street Address 8 Myrtle Avenue		1			Othe Bldgs Square Feet	# of Floors		ı. Age
City (5) Madison, NJ 07960	County (6) Morris			County Code (7) (State use only)	Current Use (Prior if being de	emolished)
Name of Monitoring Firm Hired by n/a Street Address	Bidg. Owner (8)		ASCM No.	B & G Resto Street Address 105 Ryerso				
City, State, Zip Code				City, State, Zip Co	ode irk, NJ 07035	License Nu	ımber	7075
Project Manager for Monitoring Firm		Phone Number		(973)696-6 Name of OSHA	6869	0037		
Scheduled Start Date (10) 11/13/2014	11/14/2)	B & G Resto Street Address	oration, Inc.			
Occupancy Status During Abateme Facility closed/vacated during Abatement performed outside Describe: Other-Describe:	entire period of	abatement.		105 Ryerso City, State, Zip C				1
Scope of Work (check all that app Demolition S s f or >3 If	y) Renovation >160 sf or ≥260) If		Full Containment	w/negative pressure	Glovebag	g procedui	
Location of asbestos-containing material to be abated in facility (13)	. 	rmally used solely	1	on of asbestos-containir (ACM)	Amoun (Specif LF)	fy SF or	R R e e m p o a v i e r	E n c L p
basement		X	pipe insul	ation	122 lf			吕님
basement		×	pipe		36 lf			
Registered Waste Hauler B & G Restoration, Inc.	NJDEP I 195	63	Cubic Yards of 2½	Tullyto	tered Landfill own Resource &	Recovery C	enter	
City, State Lincoln Park, NJ		Disposal I	Date /14/2014 Signature		own, PA	Date		
Completed by (Print or Type) Gordana Luna	Title Secretary/	Treasurer	- Cignaturo	Gordana Lu	ina	10/31/	2014	

State of NJ Notification of Asbestos Abatement

B & G proj. #:

2014-197

(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification	1 (1)	Na	ame of Build	ling Owne	er/Operator (2)									
11 10 1/13 11	1/1141	1 1	Constanc											
Agencies Notified	Type Notification	n St	reet Address	S				4						
☐ EPA	Initial	1.1	8 Myrtle A											
DEP DOL	Amendm		ty, State, Zi Madison,		940		#3							
₩ DOH		Na	me of Cont	act				T	elephone	Number		-		-
☐ DCA	Cancellal	tion	Constan	ce Rosi	ac									
				FACI	LITY INFORM	ATION								
Name of facility w	here abatement is	taking pla	ce (3)					Type of	Facility (4) (K - 12)				
Constance R									Subcha	pter 8 (O			12)	
Street Address							,	X		Private/Co lomes, et		rciai		
8 Myrtle Ave	nue							Square	Feet #	of Floor	8	Blo	dg. Ag	je
City (5)		Coun	ty (6)				nty Code (7)		Use (Pri	ar if bain	don	oliche))	
Madison, NJ		Moi				Stat	e use only)	reside	ential	or ii being	den	Olisiie	-u)	
	ng Firm Hired by E	Bldg. Owne	r (8)		ASCM No.		Name of Abatement		(9)					
n/a 							B & G Restora Street Address	tion, Inc.				_		
Street Address					*		105 Ryerson I							
City, State, Zip Co	de						City, State, Zip Code Lincoln Park,		5					
Project Manager fo	or Monitoring Firm		Pho	ne Numb	er		Telephone Number (973)696-686			License 00	Numb 378	er		
							Name of OSHA Mor				-			
Scheduled Start D	ate (10)	1	. Completio	n Date (1	1)		B & G Restora	ition, Inc.						
11/13/2014			4/2014				Street Address						Committee of the Commit	
Occupancy Status							105 Ryerson F				_			_
Abatement p Describe:	ed/vacated during performed outside	of normal	facility hours	nent. S-		_	City, State, Zip Code LincolnPark, N							
Other-Descr						_ 1	LINCOIN AIR, I	40 07 000					-	
	heck all that apply					П	ull Containment w/ne	agative pres	eura li	Glove	an n	rocedi	IFE	
Demolition		Renovatio				-	uii Containment whe fini-enclosure	egative pres	Sourc g	Non-fr				
>3 sf or >3 l	f L	≥160 sf or	≥260 If n normally u	and soloh	,	E 1V	iiii-enclosure				R	R	E	1_
Location of asbestos-co	ntaining	by mainte	nance/cust			ion of a	sbestos-containing		mount	55	e m	e p	n	E n
material to b	ne e	staff(12)			material				Specify S F)	For	0 V	a	a	C
abated in fa	CIIILY (13)	Yes	No	N/A			,				е	1	р	<u> </u>
basement				X	pipe insu	lation			2 If		X	붜	X	뷰
basement				X	pipe				5 If		H	片	H	뷰
				-		-		\dashv			片	片	H	情
								_			Ħ	后		恒
Registered Waste	Hauler	INJDI	EP Hauler II	D# C	ubic Yards of	Waste	Name of Registere	d Landfill						
B & G Restora	ation, Inc.		19563		21/2		Tullytowr	Resource	ce & Re	covery	Cen	ter	-	-
City, State Lincoln Park,	NJ]	Disposal I 11/	14/2014		City, State Tullytown	, PA						
Completed by (Pri		Title	- 7		Signature		Gordana Luna			Date 10/3	1/20	14		
Gordana Luna	a	Secreta	ry/Treasu	rer			January School			10/3	1/20	17		

State of NJ
Notification of Asbestos Abatement
Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #:	2014-205	_	(1	Pursuant	to NJAC 8:	60-7	and 12:120-7)	Check	# 6899	M	F	F	1
Date of Notification			ame of Buil Michael H		r/Operator (2)			MIN N	OV 6	2014			
Agencies Notified EPA	Type Notificati	on Si	reet Addres 5 - 7 Gur	1999 (Y-187)	ce			ASBE	STOS COI		01.8		I
DEP DOL	☐ Amenda	-0.00	ity, State, Z Passaic,	ip Code , NJ 070	55			<u> </u>	LICENSIN	G			
☑ DOH	Cancella		Michael					Telepho	one Number		A		
				FACI	LITY INFORMA	ATION							
Name of facility wh	ere abatement is	s taking pla	ice (3)					Type_of Facility	v (4) pol (K - 12)	-		_	
Michael Haras	S							Subo	chapter 8 (O			12)	
Street Address 5 - 7 Gunther	Place							Bldg: Square Feet	# of Floor	c.		lg. A	ge
City (5)		Cour	ity (6)				nty Code (7) te use only)	Current Use	Prior if being	dem	olishe	d)	
Passaic, NJ	07055	Pas	ssaic			•		residential					
Name of Monitorin	g Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatement						
n/a						_	B & G Restorat Street Address	ion, Inc.					
Street Address							105 Ryerson F	Road					
City, State, Zip Cod	ė						City, State, Zip Code Lincoln Park,						
Project Manager for	r Monitoring Firm		Ph	one Numb	er		Telephone Number (973)696-686	9	License 00	Numb 378	er		
Scheduled Start Da	ite (10)	Sched	I. Completic	on Date (11)	-	Name of OSHA Mon						
11/12/2014			13/2014	,			B & G Restoral Street Address			W			
Occupancy Status							105 Ryerson R						
Facility closed Abatement po	d/vacated during erformed outside				,		City, State, Zip Code						
Other-Descri	be:						LincolnPark, N	J 07035		=			1
Scope of Work (ch Demolition 3 sf or >3 lf	X	y) Renovation >160 sf or					ull Containment w/ne	gative pressure					
			n normally t	used solely						R	R	Ε	TE
Location of asbestos-cor material to be abated in fac	e -		No No		1		sbestos-containing	Amount (Specify LF)		e m o v e	e p a i	n c a p	E n c L
5 Gunther base	ment	-		X	pipe insula	ation		72 lf		X			口
7 Gunther base				×	pipe insul	ation		96 If		X			
										H	屵	부	片
										H	屵	H	耑
Registered Waste H			EP Hauler I	D# C	ubic Yards of \	Waste	Name of Registered		_	^	_		
B & G Restora			19563	Disposal D	2		Tullytown City, State	Resource &	Recovery	Cen	er		
City, State Lincoln Park, I					13/2014		Tullytown,	PA	Date		*****		
Completed by (Prin Gordana Luna		Title Secreta	ry/Treasu	ırer	Signature		Gordana Luna		10/3°	1/201	4	_	

State of NJ Notification of Asbestos Abatement

2014-205 B & G proj. #:

(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 6884

						-								
Date of Notification					r/Operator (2)									
11 10 1/13 11		Account to the same	lichael H	aras					-		_		- American	_
Agencies Notified EPA	Type Notificatio	11-00	et Address - 7 Gun		ce									
☐ DEP	, , , , , , , , , , , , , , , , , , ,	City	, State, Zij	Code										
X DOL	☐ Amendm	ent F	Passaic,	NJ 0705	55						-		-	
X DOH	☐ Cancellat	11	ne of Cont	act				Teleph	none Nu	mber				
☐ DCA	Cancellat	1011	Michael	Haras							_	_	_	=
				FACIL	LITY INFORM	IATION								
Name of facility w	here abatement is	taking place	e (3)					Type of Facili	ity (4) nool (K	- 12)		_		
Michael Hara		0.30						1 =		r 8 (Othe	er tha	an K-1	12)	
	15									ate/Com			. – ,	
Street Address 5 - 7 Gunthe	- Diago									nes, etc.	_	Rid	g. Ag	
5 - 7 Gunthe	r Place							Square Feet	# OT	Floors		Diu	y. ny	6
City (5)	-	County	(6)				nty Code (7) e use only)	Current Use	(Prior i	f being d	<u>—l</u> lemo	lisher	d)	
Passaic, NJ	07055	Pass	saic			, , , ,		residentia						
Name of Monitoria	ng Firm Hired by B	Bldg. Owner	(8)	T	ASCM No.		Name of Abatement	t Contractor (9)						
n/a							B & G Restora	tion, Inc.						
Street Address							Street Address 105 Ryerson	Road						
City, State, Zip Co	de					-	City, State, Zip Code)						
City, State, Zip Oo	ac .						Lincoln Park,	NJ 07035						
Project Manager fo	or Monitoring Firm		Pho	one Numb	er		Telephone Number (973)696-68	69	Lic	cense No 0037		er er		
Scheduled Start D	ate (10)	ISched.	Completio	n Date (11	1)		Name of OSHA Mo B & G Restora							
11/12/2014		11/1:	3/2014				Street Address	adon, mo.						
Occupancy Status	During Abatemen	t (Check on	ly one)				105 Ryerson I	Road						
Facility close	ed/vacated during performed outside	entire perio	d of abater	ment. s-			City, State, Zip Cod	е						
Describe: Other-Descri	rihe:						LincolnPark, I	NJ 07035					-	_
	check all that apply	()												
☐ Demolition		Renovation				□F	ull Containment w/n	egative pressure	X ·	Gloveba	g pro	cedu	ire	
※ >3 sf or >3	If 🔲 :	≥160 sf or ≥	260 If			X	fini-enclosure			Non-frial				
Location of		Is location			1						e	Re	E	E
asbestos-co	ontaining	by mainter staff(12)	nance/cust	odial			sbestos-containing	Amou (Spec	int ify SF o	r	m o	p a	С	n
material to l abated in fa		Yes	No	N/A	material	(ACIVI)		ĹF)		1	v e	i	a p	L
5 Gunther bas	oment			X	pipe insu	lation		72 lf		-	X			E
7 Gunther bas				×	pipe insu			96 lf			X			E
7 Guitalet bas	emen								-	[믜	믜		1
-											井	닖	片	1
]		15 15	-d Landéll				Ш	Ш	L
Registered Waste B & G Restora	Hauler		P Hauler I 9563	D# C	Cubic Yards of 2	vvaste	Name of Registere Tullytow	n Resource 8	k Reco	very C	ent	er		
City, State				Disposal I	Date		City, State Tullytown							
Lincoln Park,				11/	13/2014 Signature					Date				
Completed by (Pr Gordana Lun		Title Secretar	v/Treasu	ırer	Jigitature		Gordana Luna			10/31/	201	4		

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 6898 2014-200 B & G proj. #: Date of Notification (1) Name of Building Owner/Operator (2) NOV 6 2014 Marlene Deyo 1 10 1/13 11 1/11 14 Type Notification Agencies Notified Street Address ASBESTOS CONTROL & EPA 46 Park Avenue Initial X DEP City, State, Zip Code Amendment DOL Caldwell, NJ 07006 Telephone Number Name of Contact X DOH Cancellation Marlene Deyo ☐ DCA **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Marlene Deyo Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age 46 Park Avenue # of Floors Square Feet County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) Essex Caldwell, NJ 07006 residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. n/a Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 00378 (973)696-6869 Name of OSHA Monitor Sched, Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 11/12/2014 11/11/2014 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure Demolition X Renovation Non-friable procedure >3 sf or >3 If >160 sf or >260 lf Is location normally used solely Location of A n by maintenance/custodial Amount n Description of asbestos-containing m p asbestos-containing C (Specify SF or staff(12) C material to be material (ACM) 0 a a LF) v abated in facility (13) P Yes No N/A X 110 If pipe insulation X basement Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 19563 11/2 B & G Restoration, Inc. City, State Disposal Date City, State Tullytown, PA 11/12/2014 Lincoln Park, NJ Date Signature Completed by (Print or Type) Title Cordana Luna 10/31/2014 Secretary/Treasurer Gordana Luna

State of NJ

State of NJ

Check # 6883

2014-200 B & G proj. #:

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)	11		ner/Operator (2))			3		
1 10 1/13 11 1/11 14		ne Deyo							
Agencies Notified Type Notificatio		idress ark Avenue							
DEP Initial		te, Zip Code							
DOL Amendm		well, NJ 07	006						
₩ DOH	Name of	Contact				Telephone	Number		
☐ DCA ☐ Cancellat	ion Mar	lene Deyo						_ =	
		FAC	CILITY INFORM	MATION	8				
Name of facility where abatement is	taking place (3)					Type of Facility (4) (K - 12)		
Marlene Deyo							pter 8 (Other ti	han K-1	2)
Street Address						Other (F	Private/Comme	rcial	
46 Park Avenue							fomes, etc. f of Floors	Bldç	g. Age
City (5)	County (6)				ty Code (7)				
Caldwell, NJ 07006	Essex			(State	e use only)	Current Use (Pri residential	or if being dem	olished	1)
Name of Monitoring Firm Hired by B			ASCM No.	-	Name of Abatemen	-			
n/a	nag. Omnor (e)				B & G Restora	ition, Inc.			
Street Address			1		Street Address 105 Ryerson				
					City, State, Zip Code				
City, State, Zip Code					Lincoln Park				
Project Manager for Monitoring Firm		Phone Num	nber		Telephone Number		License Num		
3. S. • CONSTRUCTION OF THE STREET					(973)696-68 Name of OSHA Mo		00378		
Scheduled Start Date (10)	Sched. Com	pletion Date (11)		B & G Restora				
11/11/2014	11/12/20	14			Street Address				
Occupancy Status During Abatemen					105 Ryerson				
Facility closed/vacated during Abatement performed outside	entire period of a of normal facility	batement. hours-		- 11	City, State, Zip Cod	e			
Describe: Other-Describe:				-11	LincolnPark, I	NJ 07035			
Scope of Work (check all that apply)			_ 11					- 1
Demolition	Renovation			☐ F	ull Containment w/n	egative pressure	Glovebag p	rocedur	re
	≥160 sf or ≥260	f		X	lini-enclosure		Non-friable	proced	ure
Location of	Is location norm	nally used sole					R	R	E E
asbestos-containing	by maintenance staff(12)	e/custodiai		tion of as	sbestos-containing	Amount (Specify S	For o	p	c n
material to be abated in facility (13)	50000 - 1 000	lo N/A		(ACIVI)		LF)	v	1	a L
basement		X	pipe insu	lation		110 lf	X		
Dasement									\square , \square
								뮈	무무
								#	片누
			Cubic Yards o	F Waste	Name of Registere	ad Landfill			<u> </u>
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Ha 1956	3	1½	· vvaste	Tullytow	n Resource & Re	covery Cer	iter	
City, State		Disposa	Date 1/12/2014		City, State Tullytowr	ı. PA			
Lincoln Park, NJ	Title		Signature				Date		
Completed by (Print or Type) Gordana Luna	Title Secretary/Tr	easurer		(Gordana Luna		10/31/20	14	

State of NJ Notification of Asbestos Abatement 2014-195 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check # 6897 Date of Notification (1) NOV 6 2014 Name of Building Owner/Operator (2) |1|0|/|3|1|/|1|4|Steven Weber Agencies Notified Type Notification ASBESTOS CONTROL & LICENSING Street Address EPA 31 Brookside Avenue X Initial ☐ DEP City, State, Zip Code Amendment X DOL Livingston, NJ 07039 Name of Contact X DOH Telephone Number Cancellation ☐ DCA Steven Weber **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Steven Weber Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 31 Brookside Avenue Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Livingston, NJ 07039 Essex Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number Phone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 11/10/2014 11/11/2014 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Renovation ☐ Full Containment w/negative pressure × >3 sf or >3 If ✗ Mini-enclosure ■ Non-friable procedure ≥160 sf or ≥260 lf Is location normally used solely Location of by maintenance/custodial e е n asbestos-containing Amount Description of asbestos-containing m staff(12) p C (Specify SF or material to be material (ACM) C 0 a abated in facility (13) LF) Yes No N/A ٧ e X basement laundry room contaminated armaflex 6 If 9 If X basement laundry room X contaminated fiberglass insulation Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill B & G Restoration, Inc. 19563 1/2 Tullytown Resource & Recovery Center Disposal Date City, State Lincoln Park, NJ 11/11/2014 Tullytown, PA Signature Completed by (Print or Type) Date Title Gordana Luna Gordana Luna 10/31/2014 Secretary/Treasurer

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2014-195

Check # 6882

Date of Notification (1)	N	ame of Buil	ding Owne	er/Operator (2)									
1 10 1/13 11	/11/4		Steven V	Veber										
Agencies Notified	Type Notification	on St	reet Addres	SS		-								
☐ EPA	X Initial		31 Brook	kside Ave	enue									
☐ DEP			ty, State, Z											
X DOL	Amendm			on, NJ 07	7039					N				i togramat
₩ DOH			me of Con	tact				Tel	ephone	Number				
☐ DCA	Cancella	tion	Steven	Weber										
				FACI	LITY INFORM	ATION								
Name of facility whe	ere abatement is	taking pla	ce (3)					Type of Fa	acility (4) School	(K - 12)				
Steven Weber										oter 8 (Of	har th	an K.	12)	
								Community in		rivate/Co			1-/	
Street Address	۸۷۵۵۷۱۵								Bldgs./H	omes, et	C.			
31 Brookside A	Avenue							Square F	eet #	of Floors	8	BIG	dg. Ag	je
City (5)		Cour	ty (6)			115/2/2112	nty Code (7) e use only)	Current l	Ise (Pric	or if being	dem	olishe	ed)	
Livingston, NJ	07039	Ess	sex			(0.0.	3 455 5,	residen		or in boing			-/	
Name of Monitoring	Firm Hired by I	Bldg. Owne	er (8)		ASCM No.		Name of Abatement Co	ontractor (9)					
n/a							B & G Restoratio	n, Inc.						
Street Address							Street Address 105 Ryerson Ro	ad						
-							City, State, Zip Code	au						
City, State, Zip Code							Lincoln Park, N	J 07035						
Project Manager for	Monitoring Firm		Ph	one Numb	er		Telephone Number		T	License		er		
							(973)696-6869			00	378			
Scheduled Start Date	e (10)	Sched	. Completio	on Date (11	1)		Name of OSHA Monito B & G Restoration							
11/10/2014		11/	1/2014			- 11	Street Address	ii, iiic.	-					-
Occupancy Status D	uring Abatemer	nt (Check o	nly one)				105 Ryerson Roa	ad						
Facility closed	vacated during	entire peri	od of abate	ment.		-	City, State, Zip Code							
Abatement per Describe:	rformed outside	of normal	facility hour	rs-		_	Liver In Deade, M.I.	07005						
Other-Describ	e:					-	LincolnPark, NJ	07035					_	-
Scope of Work (che	eck all that apply	1)								•				
☐ Demolition	X	Renovatio	n	20			ull Containment w/nega	tive press	ure 🗶	T				
>3 sf or >3 if		≥160 sf or	≥260 lf			X N	lini-enclosure			Non-fri				
Location of			n normally enance/cus		1			۸	ount		e	R	E n	E
asbestos-cont material to be	aining	staff(12)			Descripti material		sbestos-containing	(Sp	ecify SF	or	m o	p a	c a	C
abated in facil	ity (13)	Yes	No	N/A		, ,		LF)			v e	i	p	L
basement laundr	v room			X	contamina	ated a	rmaflex	6 If			X			
basement laund				X	contamin	ated fi	iberglass insulation	9 lf			X			
												口.		
									-		빌	屵	H	님
					- V	Marks	Name of Registered L	andfill			Ш	Ш	Ш	
Registered Waste Ha			P Hauler I 19563	D# C	ubic Yards of	vvaste	Tullytown R	esource	& Red	covery	Cen	ter		
City, State Lincoln Park, N				Disposal D	Date 11/2014		City, State Tullytown, P	A					18	
Completed by (Print		Title			Signature					Date				
Gordana Luna	, , , , ,		ry/Treasu	ırer			Gordana Luna			10/31	/201	14		

CK# 5775	NOTIF (F	ICATION	ate of New Je OF ASBEST to NJAC 8:66	OS ABATE	11	HEN BEIL	E0	A	Pri	int F
Date of Notification (1)		Name of	f Building Own	ner/Operato	r (2)	IIII NOV	6	201	/i	
Agencies Notified Type Notification		Street A		040	ļ	T TI KOA	0	201	+	
EPA X Initial Amended		City, Sta	ite, Zip Code			ASBESTO	IS CO		OL 8	Ş.
X DOL Arnendment Emergency iustification)	(including		H PLAINFI Contact	ELD, NJ (07080	Telephone Nov	whar			
DOH justification) Cancellation		Jo	HW	Ki	LLIAN	Tolopholi				
Name of Facility Where Abatement is Takin Street Address 300 45	ng Place (3) - 13 3 9 -		NHO/E			110		dings,	home	es,
City (5) Li TT/F	FERN	04			Square Feet	# of Floors	В	Bldg. A	ge / A	
County (6) BERGEN		County (Code (7) USE ONLY)			or if being demolish	ned)			
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)	ASCN 004			of Abatement Con QUE SYSTEMS		Α		10.0	
Street Address 64 BROAD-STREET					t Address WHITEHEAD	\VE:	#84 - \$			_
City, State, Zip Code MATAWAN, NJ 07747				City,	State, Zip Code JTH RIVER, NJ					
Project Manager for Monitoring Firm TOM GEIGER		Telephor	ne No. 92-2217	Telep	hone No. -432-8350	License N	0.			
Start Date (10)	Scheduled Co	mpletion I	Date (11)	Name	of OSHA Monitor	501 (PHIS) PHIS (DATE				
Occupancy Status During Abatement (Chec		///	/	Stree	t Address WHITEHEAD A					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:O(1)	nal Facility Hour	ment 's		City, S	State, Zip Code JTH RIVER, NJ					
Scope of Work (Check All That Apply)				1 300	JITTIVER, NO	00002				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli				Mini-Enclosure				9	
	Is Local	52(5:0000) r						Abate		1
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Sole Maintena Custodial (12)	ely by ance/ Staff?	Asbestos (i.e. the		Material (ACM) as insulation, aT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
—————————————————————————————————————	Yes No	- N/A	1.	0.					6	ļ
OUTSIDE	\propto		HCM	PIPE	Sometic	10 LF	×			
5										
Name of Registered Waste Hauler	10000	NJDEP W	100 CO	ubic Yards	Name of I	Registered Landfill				L
WASTE MANAGEMENT	1000	Hauler ID 1125	A	Waste /		S NORTH				
City, State ELIZABETH, NJ			D	isposal Date アBL		e SVILLE, PA				
Completed by CAROL RAIMO	Title OFFICE N	MGR.		Signatur	Wal &	Da	te /	_/	1	/

Print Form

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

Date of Notification (1)			Name	of Building	g Owner/Operator (2	2)		4)	4 ,,,		
11 /3 /	14		Nev	v Hanove	er LLC c/o Vorna	ado Realty Tru	st / Job # 1410	-1928	Chk.	#38	27
Agencies Notified Type Notific ☐ EPA ☐ Initial			2.000,000,000	Address Route 4				2 65	ैः	(3)	
☑ DOLWD ☐ Amende ☑ DHSS Amende				State, Zip (w.L.	3	60.0	- !.	-
	ency (including	9		amus, No			Talanhana Num		160		
(NJAC 5:23-8) justifica	No. of the same of			John Ba			Telephone Num	iber			
	u				FORMATION						
Name of Facility Where Abatement is	Taking Place	(3)	FAC		IFORWATION	Type of Facility	(A)				
East Hanover Former Car Wa	1776	. (0)				School (K-12	2)				
Street Address 280 Route 10 West							3 (Other than K-12 rivate and comme		ilding	s,	50.00000
City (5)						Square Feet	# of Floors	Bio	dg. Ag	16	
East Hanover						1544	1		50 50	,0	
County (6)			Cour	ty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	ished)			
Morris						Former Car	wash - Vacant				
Name of Monitoring Firm Hired by Bu	ilding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Absolutely Clean Environment	ntl				Asbestos and	d Mold Service	es, Corp.				
Street Address					Street Address						
53 Orleans Green					3859 Sylon B	oulevard					
City, State, Zip Code					City, State, Zip Co		1 1				
Coram, NY 11727					Hainesport, N	NJ 08036					
Project Manager for Monitoring Firm		and the second	ephone		Telephone No.		License No.				
Jeff Sheridan	0 1 1 1 1		16-644		609-702-0400		00862				
Start Date (10)11 /17 /14	Scheduled 0				Name of OSHA M EMSL Analyt						
Occupancy Status During Abatement	(Check only	one)			Street Address						
☐ Facility Closed/Vacated During En					200 U.S. Rou	te 130 North					
Abatement Performed Outside of Time of Abatement:AM					City, State, Zip Co			77.55			
Scope of Work (Check all that apply)	4				1						
⊠ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		enovat emoliti				g Procedure	gative Pressure on-Friable Procedu	ure			
	1	Loca						Ab	atem	ent T	ype
Location of Asbestos-Containing Material (AC <u>TO BE ABATED</u> IN Facility (13)	(M) Us	ainten	ely by ance/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A		out of missenane	040)		-		Ф	
Exterior				Roofin	g/Flashing		1,700 SF	\boxtimes			
Interior - AC Unit			\boxtimes	Aircell	Insulation		20 SF	\boxtimes			
Name of Registered Waste Hauler			NJDEP I		Cubic Yards of	Name of Regis	stered Landfill			_	
Freehold Cartage, Inc.		H	dauler II 02265		Waste 5	GROWS L					
City, State			UZZ03	,	Disposal Date	City, State					
Freehold, NJ					11/21/14	Morrisville	e, PA 19067				
Completed By (Print or Type)	Title				Signature	1	, D	ate	202-	-	7
Kimberly A. Trumbetti	Office	Coor	dinato	r	Kinch	eli Ru	ni betti	11-	3-	14	1

ASB-41 MAY 11

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

Date of Notification (1)				Nam	e of Buildir	ng Owner/Operato	r (2)		(k			-
	3/	14		Div	vision of	Property Mana	r (2) gement & Const	mustion .				
Agencies Notified EPA	Type Notifi Initial			Stree	t Address W. State	Street, 3rd Flr.		-5	AM	2: ;	9	
⊠ DOLWD	☐ Amende			City,	State, Zip	Code						_
☑ DOH ☐ DCA	Amend		-		enton, N.					·		
(NJAC 5:23-8)	justifica	ency (includination)	ıg	-	e of Conta			Telephone Num	her	•	-	
	☐ Cancell			Ric	k Ferrer	a		rolephone reali	001			
				FA	CILITY	NFORMATION					_	
Name of Facility Where	Abatement is	Taking Place	e (3)		OILITT I	THE ORIGINATION	Type of Facility (4)				
Residential House							School (K-12	5.*				
Street Address					-		☐ Subchapter 8	(Other than K-12	2)	0.000000	200	
2 Martin Avenue							Other (i.e., pr homes, etc.)	ivate and comme	rcial b	uildin	gs,	
City (5)			-				Square Feet	# of Floors	B	ldg. A	nge.	
South River, NJ 08	882							0. 1 10010		ug. /	·gc	
County (6)				Cou	nty Code (7)(STATE USE ONLY	Current Use (Pri	or if being demolis	shed)			
Middlesex							• • • • • • • • • • • • • • • • • • • •					
Name of Monitoring Firm	Hired by Bu	ilding Owner	(8)	ASCM	No.	Name of Abate	ment Contractor (9)				- 1-35	-
Bio Terra Solutions	i					WWW.com Backgroupescope	ANAGEMENT LI	_C				
Street Address	110000					Street Address						
P.O. Box 1224						27 Outwate	r Lane					
City, State, Zip Code			-552		CONT. CHES	City, State, Zip	Code					
Union, NJ						Garfield, N.	07026					
Project Manager for Moni	toring Firm		Tel	ephone	No.	Telephone No.		License No.				_
Rick Eustaquio			9	73-494	-3762	973-928-488	38	1188				
Start Date (10)		Scheduled				Name of OSHA	Monitor	-				_
	14	12	/ _3	1 /	14	ALL PRO M	ANAGEMENT LL	.c				
Occupancy Status During				100		Street Address	-			***************************************	_	
□ Facility Closed/Vacate	d During En	tire Period o	Abate	ement		27 Outwate	r Lane					
Abatement Performed Time of Abatement: _	Outside of N	Normal Facili	ty Hou	irs - Des	scribe	City, State, Zip	Code		-		-	
		PIVI/	PIV		AM	Garfield, No	07026					
Scope of Work (Check all	that apply)					_						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enova emoliti			☐ Mini-Er ☑ Gloveb	ntainment with Neganclosure ag Procedure cempted (*) and Non		e.			
		1	s Loca						1	atem	ent T	vne
Location Asbestos-Containing I		un Us	Norma ed Sol	ally ely by	0-1-	Description			-	_		1
TO BE ABA		M	ainten	ance/		estos Containing N e., thermal system		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit	у	Cu	stodial (12)	Staff?		surfacing, VA	T, or	SF or LF)	Val	=	usq	nus
(13)		Yes	No	N/A	1	other miscellar	leous)				ate	ø
Basement				×	Heat Pi	ipe Insulation		5 LF		П	\boxtimes	Ø
1st & 2nd Fl Walls & Co	eilings				Tan Pla			2000 SF				
									Ī	П		
		П	П						t			
Name of Registered Wast	e Hauler			NJDEP \	Vaste Vaste	Cubic Yards of	Name of Registe	ered Landfill	1	Ш.		
Newark Carting			10.00	Hauler II	O No.	Waste	IESI Landfil					
City, State				04509)	As Needed					07.030	
Newark, NJ						Disposal Date TBD	City, State Bethlehem,	DΛ				
Completed By (Print or Ty	no)	Title					Deunenem,		. ,	, _		
Allen Monchik	pe)	Projec	+ BA	200-		Signature	a solo	Da	te	/,,	_	
Anon monom		Fiojec	rividil	ayer	24 11	1 6	MION		151	14	-1×	

Date of Notification (1)	3 /	14	1		100000000		ng Owner/Op	CONTRACTOR OF THE STATE OF	50.0 5	truction.	74	-5	AM	2. ~
							Property i	vianag	ement & Const	truction.				. ·
Agencies Notified EPA	Type Noti	ification				et Address		AND SHOWS						
☑ DOLWD	☐ Amen	ded					Street, 3r	d Flr.			•••	- 10 - 10 10	- 1	-4
☑ DOH		dment#				State, Zip			32.192		- 1		44	
☐ DCA		gency (in	ncludir	ng		enton, N.								
(NJAC 5:23-8)		cation)		9 . 5	Nam	e of Conta	ct			Telephone Nun	nber			$\overline{}$
	☐ Cance	ellation			Ric	ck Ferrer	а							
					FA	CILITY II	NFORMAT	ION						
Name of Facility Where	Abatement i	is Takin	g Plac	e (3)		No.			Type of Facility	(4)				
Residential House	.								☐ School (K-12	2)				
Street Address				-					Subchapter 8	8 (Other than K-12	2)			
6 Martin Avenue									homes, etc.)	rivate and comme	ercial t	buildin	gs,	
City (5)									Square Feet	# of Floors	F	Bldg. A	100	
South River, NJ (8882								- 4	<i>"</i> 01 1 10010	1	nag. r	·gc	
County (6)			70.77		Cou	inty Code (7)(STATE USE	ONLY	Current Lies (Pr	ior if being demoli	chod)			
Middlesex						my code (, MOINTE 00E	ONLI	Current Use (Fr	ioi ii being demon	sileu)			
Name of Monitoring Fire	m Hired by B	uilding (Owner	(8)	ASCM	1 No	Name of	\ hatam	ent Contractor (9)					
Bio Terra Solution		unung .	OWITCI	(0)	AGGIV	1140.	spanisher the re-							
Street Address	13								NAGEMENT L	LC				
P.O. Box 1224							Street Add							
City, State, Zip Code							27 Out							
Union, NJ							City, State	VI-000 0 VC 1000 - 1000 -						
							Garfiel	-	07026					
Project Manager for Mo	nitoring Firm			1000	ephone		Telephone			License No.				
Rick Eustaquio				200		4-3762	973-92	8-4888		1188				
Start Date (10)	/ 14	1		(5)		ate (11) 14	Name of C		lonitor NAGEMENT LI	LC				
Occupancy Status Durin	ng Abatemen	t (Chec	k only	one)	-		Street Add	tress	200					
☐ Facility Closed/Vaca					ment		27 Out		ane					
☐ Abatement Performe	ed Outside of	Normal	Facili	ty Hou	rs - Des	scribe	City, State						-	
Time of Abatement:	AM	PI	M/	PM		_AM	Garfiel	23 - Hillion						
Scope of Work (Check a	all that apply)						Carner	u, 110	07020					
	an alacappiy)						⊠F	ull Cont	ainment with Neg	ative Pressure				
☐ ≥3 sf or ≥3 lf				enovat				lini-Enc	losure	,uuro i rooduio				
≥160 sf or ≥260 lf			MD	emoliti	оп		∐ G	lovebag	Procedure	n-Friable Procedu				
	-		1	s Loca	tion	T	MIN	OII-EXE	inpled () and Noi	n-Friable Procedu				
Location	n of			Norma	lly		Descr	iption o	f			batem	T	ype
Asbestos-Containing		CM)		ed Sol		Asbe			terial (ACM)	Amount	Remova	Repair	Ä	필
TO BE AB IN Faci	The second second			aintena stodial		(i.e	., thermal sy			(Specify	lou lou	pair	Cap	Enclosure
(13)				(12)			surfacin other mis	g, VAI, cellane	or or	SF or LF)	8		Encapsulate	LT.
			Yes	No	N/A	1		001101	,				6	
Exterior					Ø	Transit	e Siding S	hingle	s	3600 SF	×		\boxtimes	
Rear Porch Floor		=			\boxtimes	Vinyl T	iles			100 SF		-		
											10	1		
				Ī										
Name of Registered Wa	ste Hauler			17	JDEP 1	Waste	Cubic Yard	is of	Name of Regist	tered andfill	1			ГП
Newark Carting				1000	lauler II		Waste	.5 01	IESI Landfi					
A CONTRACTOR OF THE PARTY OF TH					04509	9	As Nee							
City, State							Disposal D	ate	City, State					
Newark, NJ							TBD		Bethlehem,	, PA				
Completed By (Print or 7	ype)	Title					Signa	ture,	1.1	Da	ite ,	ſ		
Allen Monchik		P	rojec	t Man	ager		((W	Mars		1/3	In	ř	
ASB-41		- 15	90 42575 904			1000			1, -		17	1/1	10	
JAN 13		* .	Do not	use th	nis form	for asbest	os licensure	exemp	ted activities.					

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

Date of Notification (1)				Name	e of Buildin	ng Owner/Operator ((2)				13 L	
11/3	_ / _	14		Div	vision of	Property Manag	ement & Const	truction 2	MEN	<i>y</i> ,	•	
	e Notifica	ation	-1:15:30:15	Stree	et Address	17.7				7 -6	E/	72
	nitial			20	W. State	Street, 3rd Fir.		195				-
	Amended Amendme			City,	State, Zip	Code			+ .			
		cy (includii	-	Tre	enton, N.	J 08608			. j	No		1 23
	justification		19	Name	e of Conta	ct		Telephone Nu	mber	1.550		
	Cancellati	ion		Ric	ck Ferrer	а						
				FA	CILITY	NFORMATION					0.00	
Name of Facility Where Abate	ment is T	aking Plac	ce (3)				Type of Facility	(4)		10-7		
Residential House							School (K-12					
Street Address					1.22		Subchapter 8	(Other than K- rivate and comm	12)	مناماني		
9 Little Martin Avenue							homes, etc.)		ierciai b	ullain	gs,	
City (5)					1,1		Square Feet	# of Floors	В	ldg. A	ge	
South River, NJ 08882							-					
County (6)				Cou	nty Code ((7)(STATE USE ONLY)	Current Use (Pri	ior if being demo	lished)			-
Middlesex									1000000			
Name of Monitoring Firm Hired	by Build	ling Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
Bio Terra Solutions						ALL PRO MA	NAGEMENT L	LC				
Street Address						Street Address						
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code			100 100			City, State, Zip Co	ode					
Union, NJ						Garfield, NJ	07026					
Project Manager for Monitoring	Firm		Te	lephone	No.	Telephone No.		License No.		27/35	_	
Rick Eustaquio			9	73-494	1-3762	973-928-4888		1188				
Start Date (10)	S	cheduled	Compl	etion Da	ate (11)	Name of OSHA N	Ionitor	1				
11/5/14	<u> </u>	_12_	/ _3	31/	14	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During Abai	tement (C	Check only	one)			Street Address						
☐ Facility Closed/Vacated Du				ement		27 Outwater	Lane					
☐ Abatement Performed Outs	ide of No	rmal Facili	ity Hou	urs - Des	scribe	City, State, Zip Co					_	
Time of Abatement:	AM	PM/	PN	1	_AM	Garfield, NJ						
Scope of Work (Check all that	apply)											
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enova emolit			☐ Mini-Enc ☐ Glovebag	tainment with Neg losure g Procedure mpted (*) and Nor		lure			
		32	s Loca						Ab	atem	ent T	уре
Location of Asbestos-Containing Mater	ial (ACM)		Norm ed So	ally lely by	Ash	Description o				1	1	1
TO BE ABATED	iai (ACIVI)	M	ainten	ance/		estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cu	stodial 12)	Staff?	1	surfacing, VAT,	or	SF or LF)	la Va	-	DSU	Sur
(13)		Yes		77.25.00	1	other miscellane	ous)				ate	
Under 1st Floor Ceramic T	īles				Vapor	Barrier		450 SF		П	\boxtimes	Ø
									10	П		
	-											
	-,		H	+					ᆛ	믄		
Name of Registered Waste Ha	uler			NJDEP '	Masta	Cubic Vords of	Nome of Deal	torod I 260	ᆜᆜ	Ш	Ш	Ш
Newark Carting	ulei			Hauler II		Cubic Yards of Waste	Name of Regis					
				04509		As Needed	IESI Landfi	11				
City, State						Disposal Date	City, State					
Newark, NJ		-				TBD	Bethlehem	, PA	1	1		
Completed By (Print or Type) Allen Monchik		Title	+ B/A	2000		Signature	1 1		Date	11	1	
ACD 41		Projec	rividi	iayei			Mw		113	11	1	

ASB-41 JAN 13

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

tified /	Type Notific	14	1955	Di	.1-1	ng Owner/Operator (H 75	
	Type Notific			- CT-070	vision of	Property Manage	ement & Cons	truction 274				**
		ation		Stree	et Address			£.1/3-1	17	-6	THE	_
				20	W. State	Street, 3rd Fir.					1:17	<i>"</i>
- 1	☐ Amende	7			State, Zip							-
	Amendm		_		enton, N.			i.e.				
23-8)			ing		e of Conta						-	
-5 0)	☐ Cancella				ck Ferrer			Telephone Num	iber			
												_
ility Where At	patement is	Taking Pla	ice (3)	17	CILITI	NFORMATION	Type of Facility	(4)				
ial House		3					, ,	\				
SS							Subchapter	8 (Other than K-12	2)			
Street							Other (i.e., p	private and comme	rcial b	uildin	gs,	
							ALTERNATION OF THE PROPERTY OF THE PARTY OF					
vor NI 088	192						Square Feet	# of Floors	В	ldg. A	ige	
vei, 145 000	002										15.00	
228				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demoli	shed)			
	lired by Build	ding Own	er (8)	ASCM	No.	Name of Abateme	ent Contractor (9))	Santa .			
Solutions						ALL PRO MA	NAGEMENT L	LC				
SS						Street Address						
1224						27 Outwater	Lane					
ip Code			- 27			City, State, Zip Co	nde		-			
I												
ger for Monito	oring Firm		Te	lenhone	No			Linnan Na				
	3											
0)	10	Schodulos						1188				
10000 20000					7			ıc				
tatus During	Abatement (PIE - 1779				THAOLINE ET L					
t Performed (Dutside of No	ormal Fac	lity Hou	ement	coribo	930 000 000 000 000 000 000 000 000 000						
patement:	AM-	PM/	PN	1-5 - De:	AM							30000
				010	• *************************************	Garfield, NJ	07026					
k (Check all t	hat apply)					M = 110 .		<u> </u>				
3 If		П	Renova	tion			ainment with Neg	gative Pressure				
≥260 If						Glovebag	Procedure					
	9					Non-Exer	mpted (*) and No	n-Friable Procedu	re			
									Ab	atem	ent T	уре
		s 1							7	20	m	m
									9	eps	320	Enclosure
IN Facility		C			(0 0	=	psc	usc
(13)		-			+				-		late	9
0 4St =1 6												
								520 SF	\boxtimes		M	\boxtimes
undry, Foy	er & Close	r 🗆			FI. Tiles	s and Mastic		225 SF	\boxtimes		\boxtimes	\boxtimes
					Black F	Roof Material		250 SF			\boxtimes	
			1	NJDEP 1	Waste	Cubic Yards of	Name of Regis	tered Landfill				
stered Waste	Hauler		1 .	Jandan II	D No.	Waste	IESI Landfi					
stered Waste	Hauler		- 0				IESI Landri	ill				
	Hauler	a 1	- 0	04509	9	As Needed		111				
arting	Hauler	- 1	- 0)	Disposal Date	City, State		Sec 10-10			
arting J			- 0)	Disposal Date TBD			×	1		
arting		Title Pro _j e		04509)	Disposal Date	City, State		te · /			
is s in s 1 ip g to to k	al House s Street ver, NJ 088 c storing Firm F Solutions s 1224 p Code ger for Monito aquio)	al House Street Street Ger, NJ 08882 Containing Firm Hired by Build Solutions Solut	al House Street Stre	Street lity Where Abatement is Taking Place (3) al House ss Street ver, NJ 08882 Coultions Solutions s 1224 p Code ger for Monitoring Firm aquio 973-494 p Code Scheduled Completion Date 12 / 31 / 31 / 31 / 31 / 31 / 31 / 31 /	lity Where Abatement is Taking Place (3) al House is Street Ter, NJ 08882 County Code (a) Identify Firm Hired by Building Owner (8) Solutions Solution	All House Series Street Street County Code (7)(STATE USE ONLY) Country Code (7)(STATE USE ONLY) ALL PRO MA Street Address 27 Outwater In City, State, Zip Concept	Type of Facility School (K-1) Subchapter Street Street Street Subchapter Street Street Square Feet Square	Type of Facility (4)	Type of Facility (4) School (K-12) Schoo	Type of Facility (4) School (K-12) Schoo	Type of Facility (4) School (K-12) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) O	

NOCK

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

				(Pt	ırsuan	t to NJA	C 8:60 and 5	:16	5)	D				
Date of Notification (1)					Name	of Building	Owner/Operato	or (2	2)		NOV		6 2	014
10 / 31		14			Tru	stees of	Princeton	1	Job #1408-4803	С.	. PA	GE '	1 OF	3
Agencies Notified Typ	e Notif	ication			Street	Address				A	SBEST	os c	NO.	TRO
	Initial				Tru	stees of	Princeton Uni	vei	rsity E.A. MacMi	llan Bldg.	Li	CEN	SING	<u>i</u>
	Amend	1000	•		City, S	State, Zip C	Code							
The state of the s		ment #2	70		Prir	nceton, N	J 08544							
						of Contac	t		Ta	Telephone Nun	nber			
	Cancel				Rob	ert Orte	go, P.E.		İ	-				
7					FAC	CILITY IN	FORMATION							
Name of Facility Where Abate		_		(3)				-	Type of Facility (4)					
Princeton University –	Firest	one Li	brary						☐ School (K-12) ☐ Subchapter 8 (Other than K-1	2)			
Street Address				1-01-000.764	W	7:			Other (i.e., privi	ate and comme	ercial bu	ilding	s,	Œ
One Washington Road									homes, etc.)					
City (5)		110						1	Square Feet	# of Floors	Blo	dg. Ag	je	
Princeton									1,000,000	8	-100	72		
County (6)					Coun	ity Code (7)(STATE USE ONL	Y)	Current Use (Prior	if being demol	ished)			(8)
Mercer									University Lib	rary				
Name of Monitoring Firm Hire	d by Bu	uilding C	wner (8)	ASCM	No.	Name of Abate	eme	ent Contractor (9)					
ATC Associates					0009	98	AbateTech	35	nc.					
Street Address							Street Address	5						
3 Terri Lane							30 Maple A	۱ve	. PO Box 25					
City, State, Zip Code						1	City, State, Zip	Co	ode					
Burlington, NJ 08016				-50.54			Lumbertor	1, N	J 08048					
Project Manager for Monitorin	g Firm	6		Tele	ephone	No.	Telephone No.	7		License No.				
Michael R. Keehn				6	09-386	-8800	609-265-21	07		00529				
Start Date (10)		Sched	uled C	omple	etion Da	te (11)	Name of OSHA	A M	lonitor					
09 /02 /1	4_/	_1	1 /	28	3_/_	14	BMSL Ana	lyti	ical					
Occupancy Status During Aba	atemen	t (Check	only c	ne)			Street Address	;						
☐ Facility Closed/Vacated Di							200 Route	130	0 North					
Abatement Performed Out						cribe	City, State, Zip	Co	ode					
Time of Abatement: 4AM-	12:30F	PM/	PM-		_AM		Cinnamins	on	, NJ 08077					
Scope of Work (Check all that	apply)						_							
≥3 sf or ≥3 lf			⊠ Re	novat	ion		⊠ Full C ☐ Mini-E		ainment with Negat	ive Pressure				
≥3 \$1 \$1 ≥3 11 ≥160 \$f or ≥260 If			De						Procedure					
							☐ Non-E	Exer	mpted (*) and Non-	Friable Proced	ure			S
				Loca							Ab	ateme	ent Ty	уре
Location of	-:-1 (0.0	DA 4)		Norma	ally ely by	A-b-	Descriptio			Amount	공	Re	Ē	回
Asbestos-Containing Mate TO BE ABATED		JIVI)	Ma	intena	ance/		stos Containing ., thermal syster			(Specify	Removal	Repair	cap	Enclosure
IN Facility			Cust		Staff?		surfacing, V	AT,	or	SF or LF)	val		Encapsulate	ure
(13)			Yes	(12) No	N/A	-	other miscella	ane	ous)				ate	34.2
Work Area #A1 Level A					⊠	Floor T	ile and Mastic	;		1,230 SF				
Work Area #A1 Level A			П			Pipe an	d Fitting Insu	lati	ion	400 LF		П	П	П
Work Area #A1 Level A	-						Pads on Fibe	-		20 Each		П	$\overline{\Box}$	
Work Area #1A Level 1			П			-	d Fitting Insu	_		60 LF				
Name of Registered Waste Ha	oulor		Ш		JDEP V		Cubic Yards of		Name of Registe			ш	<u> </u>	ш
AbateTech, Inc.	aulei			1000	lauler IE		Waste		G.R.O.W.S. L					
					18750)	520							
City, State Lumberton, NJ							Disposal Date		City, State Tullytown, P	Δ				
-		1					450400000000000000000000000000000000000		Tunytown, F)ata		1	
Completed By (Print or Type) Gwendolyn Trumbetti		Title		one	Coordi	inator	Signature	-	201		Date O	31	110	1

ASB-41

* Do not use this form for ashestos licensure exempted activities

Date of Notification (1)				Nam	e of Buildi	ng Owner/Operator	(2)			-		
		14	_					/ Job #1408-48	03	1	PAGI	2 C)F 3
Agencies Notified ⊠ EPA	Type Not	ification	×			et Address							
⊠ DOLWD	⊠ Amen	ded					f Princeton Univ	rersity E.A. Mac	Millan Bldg	•			
☑ DHSS		dment # <u>2</u>	2			State, Zip							
☑ DCA	☐ Emerg	gency (ind	cludin	g			NJ 08544						
(NJAC 5:23-8)	justific				0.0000000000000000000000000000000000000	e of Conta			Telephone	Number			
	☐ Cance	ellation			Ro	bert Orte	ego, P.E.						
Name of English Mit an	- Ab -1 1		D.	(0)	FA	CILITY	NFORMATION					K	l.
Name of Facility When							-	Type of Facility					
Princeton Univer	Sity - Fires	tone Lit	orary					School (K-12	2) 8 (Other than	K 40)			
								Other (i.e., p	rivate and cor	nmercial I	uildin	as.	
One Washington	Road							homes, etc.))			3-1	
City (5)								Square Feet	# of Floors	, E	Bldg. A	\ge	
Princeton								1,000,000	8		72		
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being der	molished)			
Mercer								University L	ibrary				
Name of Monitoring Fi	rm Hired by B	uilding O	wner	(8)	ASCM	No.	Name of Abatem	nent Contractor (9)					
ATC Associates					000	98	AbateTech,	Inc.					
Street Address				-			Street Address		-,				
3 Terri Lane							30 Maple Av	e. PO Box 25					
City, State, Zip Code							City, State, Zip C						-
Burlington, NJ 08	016				-		Lumberton,						2
Project Manager for Mo	onitoring Firm			Tel	phone	No	Telephone No.	110 00040	License No				
Michael R. Keehn		and the same of th				5-8800	609-265-210	7	00529	J.			
Start Date (10)	-/	Schedu	ıled C	1			Name of OSHA		00323				
09/02	/_14(14	EMSL Analy	Wassing to the same					
Occupancy Status Duri	ng Abatemen						Street Address						
☐ Facility Closed/Vaca					ment		200 Route 13	20 North					
Abatement Perform	ed Outside of	Normal F	acilit	v Hou	rs - Des	scribe							
Time of Abatement:	4AM-12:30F	PM/	_PM-	- Albaniese	_AM		City, State, Zip C						
Scope of Work (Check	all that anniv)						Cinnaminson	n, NJ 08077					
	an that apply)						⊠ Full Con	tainment with Neg	ative Pressure	۵			
☐ ≥3 sf or ≥3 lf				novat			☐ Mini-End	closure	auve i lessuit	7			
≥160 sf or ≥260 If		L	De	molitic	on		☐ Gloveba	g Procedure	EARL D				
			Ic	Local	ion	T	☐ Non-Exe	empted (*) and No	n-Friable Proc				
Locatio	n of			Norma			Dagariation			Al	Abatement		ype
Asbestos-Containing		(M)		d Sole		Asbe	Description of stos Containing Ma	aterial (ACM)	Amount	Re	Repair	E	E
TO BE AE				intena todial		(i.e	, thermal systems	insulation,	(Specify	Non	oair	cap	Enclosure
IN Fac (13)			Ous	(12)	Jane		surfacing, VAT other miscellane	, or	SF or LF)	<u>a</u>		Encapsulate	ure
35.57	03 03		Yes	No	N/A		other miscellane	(Sous)				िंत	
Work Area #A2 Leve	el A	1			\boxtimes	Floor T	ile and Mastic		7,910 SF	: 🛛	П	П	П
Work Area #A2 Leve	el A					Pipe an	d Fitting Insulat	tion	2,250 LF				
Work Area #A2 Leve	el A	1					pads on fibergl		60 Each				
Nork Area #A2 Leve	el A	1	7	П			ompound w/dry		3,350 SF	-	12		
Name of Registered Wa					JDEP V		Cubic Yards of				Щ	Ш	Ш
AbateTech, Inc.				(20)	auler I		Waste	Name of Regist					
City, State					18750		520	G.R.O.W.S.	Landini	-8	307		
							Disposal Date	City, State					
Lumberton, NJ							11/28/14	Tullytown,	PA				
Completed By (Print or 1		Title		***			Signature,			Date i	- 1		W
Gwendolyn Trumb	etti	Ope	erati	ons (oordi	nator	an	N		10/	311	14	
B-41						28/112-1	1					: 1	_
V 11		* ^-		IL	- f	£ L £	17	L					

10 /	31	/ 1	4		Tr	listees o	f Princeton	Job #1408-48	0.2		DACI	- 20	\r
Agencies Notified		-				-		7 300 # 1400-46			PAGE	= 3 (J F
⊠ EPA	Type No		1		300000000	et Address							
⊠ DOLWD	⊠ Amer				_		f Princeton Unive	ersity E.A. Mac	Millan Bldg	•	-		
☑ DHSS		ndment #	#2		2000	State, Zip							
□ DCA	☐ Emer	gency (i	— includi	ng	Pr	inceton,	NJ 08544						
(NJAC 5:23-8)	justifi	cation)		- 51 11		e of Conta			Telephone	Number		*****	
	☐ Cano	ellation	2/11/2		Ro	bert Orte	ego, P.E.		_ ^^-				
Name of Facility Mil					FA	CILITY	NFORMATION					Selection of the select	
Name of Facility When								Type of Facility	707			7.77.0	
Princeton Univer	sity - Fires	stone L	ibrar	У				School (K-1)		K 40)			
Street Address								☐ Subchapter ☑ Other (i.e., p	o (Other than rivate and con	nmercial b	nuildin	nas	
One Washington	Road	1						homes, etc.				3-1	
City (5)						1200		Square Feet	# of Floors	5 E	Bldg. A	Age	_
Princeton													
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being der	molished)			
Mercer								University L	ibrary				
Name of Monitoring Fir	rm Hired by E	Building	Owne	r (8)	ASCIV	No.	Name of Abateme	ent Contractor (9)			-		_
ATC Associates					000	98	AbateTech, I	nc.					
Street Address							Street Address						_
3 Terri Lane							30 Maple Ave	e. PO Box 25					
City, State, Zip Code							City, State, Zip Co						_
Burlington, NJ 08	016						Lumberton, N						
Project Manager for Mo		1	- 3	Tel	ephone	No	Telephone No.	40 00040	License No				
Michael R. Keehn	_				09-386		609-265-2107	Mi	00529	Ο.			
Start Date (10)	/ 1/	1	duled-	30		ite (1,1)	Name of OSHA M	Ionitor					_
				-	8_ /	14 /	EMSL Analyti	ical					_
Occupancy Status Duri ☐ Facility Closed/Vaca ☑ Abatement Performe Time of Abatement:	ng Abatemer ated During E ed Outside of 4AM-12:30	ntire Pe f Normal PM/	k only ried o	one) f-Abate	ement	7	Street Address 200 Route 13 City, State, Zip Co	0 North					
Occupancy Status Duri Facility Closed/Vaca Abatement Performe Time of Abatement:	ng Abatemer ated During E ed Outside of 4AM-12:30	ntire Pe f Normal PM/	k only ried o	one) f-Abate	ement	7	Street Address 200 Route 13 City, State, Zip Co	0 North					
Occupancy Status Duri ☐ Facility Closed/Vaca ☑ Abatement Performe	ng Abatemer ated During E ed Outside of 4AM-12:30	ntire Pe f Normal PM/	k only eriod o I Facili PN	one) f-Abate	ement rs - Des _AM	7	Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag	0 North ode I, NJ 08077 ainment with Neglosure I Procedure					
Occupancy Status Duri Facility Closed/Vaca Abatement Performe Time of Abatement: Scope of Work (Check	ng Abatemer ated During E ed Outside of 4AM-12:30	ntire Pe f Normal PM/	k only	one) f-Abate ity Hou I	ement rs - Des _AM ion	7	Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag	0 North ode I, NJ 08077 ainment with Neglosure		edure	natem	ent T	·vr
Occupancy Status Duri ☐ Facility Closed/Vaca ☐ Abatement Performe Time of Abatement: Scope of Work (Check	ng Abatement ated During Elected Outside of 4AM-12:30 all that apply on of g Material (Adaptive) and the same of g Material (Adaptive) all that apply illity	t (Chec	k only eriod o I Facili PN R D Us	one) f-Abate ity Hou le enovate	ement rs - Des _AM ion on tion allly ely by ance/ Staff?	scribe	Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag	O North ode I, NJ 08077 ainment with Neglosure I Procedure Impted (*) and North feterial (ACM) Insulation, or		edure At Remov	Patem	1	Ť
Doccupancy Status Duri ☐ Facility Closed/Vaca ☐ Abatement Performe Time of Abatement: ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Locatio Asbestos-Containing TO BE AB IN Faci (13)	ng Abatement ated During Eled Outside of AM-12:30 all that apply on of g Material (Adaptive) and the control of g Material (Adaptive) all the control of g Mater	t (Chec	k only eriod o I Facili PN R D Us	enovatemolities Loca Normaed Soleaintenastodial	ement urs - Des _AM ion on tion ally ely by ance/ Staff?	scribe	Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag Non-Exer Description of estos Containing Mates, thermal systems is surfacing, VAT,	O North ode I, NJ 08077 ainment with Neglosure I Procedure Impted (*) and North feterial (ACM) Insulation, or	n-Friable Proc Amount (Specify	edure At Remov	-	t Encapsulate	Ť
Doccupancy Status Duri ☐ Facility Closed/Vaca ☐ Abatement Performe Time of Abatement: ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Locatio Asbestos-Containing ☐ DE AB ☐ IN Faci ☐ (13)	ng Abatement ated During Eled Outside of AM-12:30 all that apply on of g Material (Adaptive) and the control of g Material (Adaptive) all the control of g Mater	t (Chec	k only riod-o	one) f-Abate ity Hou l enovat emoliti s Loca Norma ed Sola aintena stodial (12)	ement ers - Des AM ion on tion ally ely by ance/ Staff?	Asbe (i.e	Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag Non-Exer Description of estos Containing Mates, thermal systems is surfacing, VAT,	O North ode I, NJ 08077 ainment with Neglosure I Procedure I Proc	n-Friable Proc Amount (Specify	edure At Remov	-	1	Ť
Doccupancy Status Duri ☐ Facility Closed/Vaca ☐ Abatement Performe Time of Abatement: ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Locatio Asbestos-Containing ☐ DE AB ☐ IN Faci ☐ (13)	ng Abatement ated During Eled Outside of AM-12:30 all that apply on of g Material (Adaptive) and the control of g Material (Adaptive) all the control of g Mater	t (Chec	k only Field of I Facility R R D Us M Cus Yes	one) f-Abate ity Hou l enovat emoliti s Loca Norma ed Sola aintena stodial (12)	ement urs - Des _AM ion on tion ally ely by ance/ Staff?	Asbe (i.e	Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag Non-Exer Description of estos Containing Mat thermal systems i surfacing, VAT, other miscellaneo	O North ode I, NJ 08077 ainment with Neglosure I Procedure I Proc	Amount (Specify SF or LF)	Removal	-	1	Ť
Doccupancy Status Duri ☐ Facility Closed/Vaca ☐ Abatement Performe Time of Abatement: ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Locatio Asbestos-Containing TO BE AB IN Faci (13)	ng Abatement ated During Eled Outside of AM-12:30 all that apply on of g Material (Adaptive) and the control of g Material (Adaptive) all the control of g Mater	t (Chec	k only Field of I Facili PW R D Us Mi Cus	enovate emolitics Local Normal ed Sole aintenastodial (12)	ion on tion allly ely by ance/ Staff?	Asbe (i.e	Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag Non-Exer Description of estos Containing Mat thermal systems i surfacing, VAT, other miscellaneo	O North ode I, NJ 08077 ainment with Neglosure I Procedure I Proc	Amount (Specify SF or LF)	Removal	-	1	Ť
Decupancy Status Duri Facility Closed/Vaca Abatement Performe Time of Abatement: Scope of Work (Check is ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locatio Asbestos-Containing TO BE AB IN Faci (13)	ng Abatement ated During Eled Outside of AM-12:30 all that apply on of g Material (Adaptive) and the control of g Material (Adaptive) all the control of g Mater	t (Chec	k only Field of I Facili Pl R D Us M Cus Yes	enovatemolities Local Normaled Solial (12)	ement urs - Des _AM ion on tion ally ely by ance/ Staff? N/A	Asbe (i.e	Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag Non-Exer Description of estos Containing Mat thermal systems i surfacing, VAT, other miscellaneo	O North ode I, NJ 08077 ainment with Neglosure I Procedure I Proc	Amount (Specify SF or LF)	Removal	-	1	Ť
Doccupancy Status Duri ☐ Facility Closed/Vaca ☐ Abatement Performe Time of Abatement: ☐ Scope of Work (Check ☐ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If ☐ Locatio ☐ Asbestos-Containing ☐ D BE AB ☐ IN Faci ☐ (13) ☐ Vork Area #1B Level ☐ Ame of Registered Wa	ng Abatement ated During Eled Outside of 4AM-12:30 all that apply on of g Material (Adams) all the same of g Material (Ad	t (Chec	k only Field of I Facili PW R D Us Mi Cus	enovatiemolitiem	ion on tion allly ely by ance/Staff?	Asbe (i.e	Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag Non-Exer Description of estos Containing Mate, thermal systems i surfacing, VAT, other miscellaneous differences and Fitting Insulation	O North ode I, NJ 08077 ainment with Neglosure I Procedure I Proc	Amount (Specify SF or LF)	Removal	-	1	Ť
Doccupancy Status Duri ☐ Facility Closed/Vaca ☐ Abatement Performe Time of Abatement: ☐ Scope of Work (Check is ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Locatio ☐ Asbestos-Containing ☐ DE AB ☐ IN Faci ☐ (13) ☐ Vork Area #1B Leve ☐ AbateTech, Inc.	ng Abatement ated During Eled Outside of 4AM-12:30 all that apply on of g Material (Adams) all the same of g Material (Ad	t (Chec	k only Field of I Facili Pl R D Us M Cus Yes	enovatiemolitiem	ion on tion allly ely by ance/Staff?	Asbe (i.e	Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag Non-Exer Description of estos Containing Mate, thermal systems i surfacing, VAT, other miscellaneous difference and Fitting Insulation	O North ode I, NJ 08077 ainment with Neglosure I Procedure Impted (*) and No ferial (ACM) nor or ous)	Amount (Specify SF or LF)	Removal	-	1	Ť
Occupancy Status Duri ☐ Facility Closed/Vaca ☐ Abatement Performs Time of Abatement: ☐ Scope of Work (Check is ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Locatio Asbestos-Containing ☐ DE AB ☐ IN Faci ☐ (13) ☐ Work Area #1B Level ☐ Locatio ☐ Asbestos-Containing ☐ OBE AB ☐ IN Faci ☐ (13)	ng Abatement ated During Eled Outside of 4AM-12:30 all that apply on of g Material (Adams) all the same of g Material (Ad	t (Chec	k only Field of I Facili Pl R D Us M Cus Yes	enovatiemolitiem	ion on tion allly ely by ance/Staff?	Asbe (i.e	Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag Non-Exer Description of estos Containing Mate, thermal systems i surfacing, VAT, other miscellaned Cubic Yards of Waste 520 Disposal Date	O North ode N NJ 08077 ainment with Neglosure Procedure mpted (*) and No ferial (ACM) nor ous) On Name of Regist G.R.O.W.S.	Amount (Specify SF or LF) 60 LF ered Landfill Landfill	Removal	-	1	Ť
Occupancy Status Duri ☐ Facility Closed/Vaca ☐ Abatement Performs Time of Abatement: Scope of Work (Check in the second sec	ng Abatement ated During Eled Outside of 4AM-12:30 all that apply on of g Material (Adameter) all the steel 1	t (Chec	k only riod-o	enovatiemolitiem	ion on tion allly ely by ance/Staff?	Asbe (i.e	Street Address 200 Route 13 City, State, Zip Co Cinnaminson Full Cont Mini-Encl Glovebag Non-Exer Description of estos Containing Mate, thermal systems i surfacing, VAT, other miscellaned of Fitting Insulation Cubic Yards of Waste 520	O North ode I, NJ 08077 ainment with Neglosure I Procedure Impted (*) and North of terial (ACM) nor ous) On Name of Regist G.R.O.W.S.	Amount (Specify SF or LF) 60 LF ered Landfill Landfill	Removal	-	1	УР