									-			-	F1	unt		
240208	15217	N	IOTIF F)	FICATIO	N OF AS	ew Jerse BESTOS C 8:60 and	ABATE	MENT 0)	Representation Res	DEC	9 E		\mathbb{V}	E		
Date of Notification (1) 11/01/2016						g Owner/C		r (2)		L N	JV ·	- 9	2016)		
Agencies Notified	Type Notification				Address				-							
X EPA	× Initial									ASBESTOS CONTROL						
X DEP X DOL	Amended Amendmen	+ #			ate, Zip C						LIUL	ildri.	Wa_			
	Emergency	(including	-		NECK ,N											
DOH DCA	justification Cancellation					t ARELIT	SKY		1 1	elephone Nu	mber					
						FORMATI	(A)				-		-			
Name of Facility Where	Abatement is Takir	ng Place (3)					Type of Fac	ility (4)							
PRIVATE HOUSE Street Address								School Subcha Other (apter 8 (O	ther than K-1	2)	ildinas	hom	ec		
City (5)								etc.)				•		cs,		
TEANECK								Square Feet N/A		of Floors I/A		Bldg. / N/A	Age			
County (6) BERGEN				County (STATE	Code (7) USE ONL	Y)		Current Use PRIVATE			hed)					
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM No. Name of Abatement Cor EHW ABATEMEN						2002						
Street Address						et Address franklin St										
City, State, Zip Code		Cit				state, Zip Code										
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	none No. 333-5144	1024	License N	lo.					
Start Date (10) 11/11/2016		Schedule			Date (11)		Name	of OSHA Mor				<u> </u>				
Occupancy Status During	a Abatamant (Char	11/12/2					203601120003	/ ABATEME	ENT LLC	3						
Facility Closed/Vaca Abatement Perform	ated During Entire	Period of Al	baten	ment s			89 F	Address ranklin stre tate, Zip Code								
Other - Describe:	II That Asala						Pate	rson ,NJ,07	7524							
Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If			enova				×	Full Conta Mini-Enclo Glovebag	sure Procedure	th Negative F and Non-Friab						
		ls I	ocati	ion				1 TON-EXCIT	piculya	id ivon-i nac	10 110		ement			
		No	ormal	lly		Des	cription	of				Т	ре			
TO BE ABA	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used S Mainte Custodia					. thermal s	systems ing, VA			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	No	N/A						The second second			ite	Ф				
BASEME	X	-		PIPE IN	SULA	TION	3	35 LF	Х							
												-				
V							Section 1									
Name of Registered Was			Н	IJDEP W lauler ID		Cubic Y	10.000.000.000	2000.0000000		tered Landfill		FS				
City, State	N/A N/A Disposal Da				al Date	City,	State				100					
1199 RANDALL AVE Completed by	BRUNX NY	Title				TBD	anch		WINER'	VA RD WA		SBL	IKG	UH		
completed by		Title				0	gnature			Da	пе					

PROJECT MANEGER

VICTOR ESPIRITU

11/01/2016

Print Form

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Ch 158

Date of Notification (1)		1	Name of	Buildio	g Owner/	Opposito	- (0)	113	4						
11/03	1/2016		Henry F			Operato	(2)	Mile woulder		VOV		าก	10		
Agencies Notified Type	Notification		Street Ac					- 14	Li u	AOA	- 3	LU	10		
▼ EPA ▼ I	nitial								1						
☑ DEP ☐ /	mend ed		City, Stat	te, Zip (Code			-	ASBE	STO	SO	TIME	BOI		
	mend ment #		Maplew	ood. N	J 07040					LICI	ENS	ING	101		
IX DOH ju	mergency (including stification)		Name of	Contac	t			T	elephone N	Lumbe	r				
DCA C	ance llation		Henry H	amilto	n										
Name of Facility Where Abatems			FACIL	ITY IN	FORMAT	ION		-			1				
Private dwelling	ent is Taking Place (3)					Type of Facility	(4)							
Street Address							School (K-	12)							
01.00174001033							Subchapte	er 8 (Ot	her than K	12)	4.21				
City (5)							Other (i.e. etc.)	private	& comme	rcial Di	ni din g	s, hor	nes.		
3-5-900000191050							Square Feet	# (of Floors		Bldg.	Age			
Maplewood County (6)							n/a	n/	_		n/a				
Essex			County Co (STATE US	ode (7)	9		Current Use (Pr	ior if be	ing demoli	shed)					
Name of Monitoring Firm Hired b	B (14) - 0 - 10		11/a												
Biottera Solutions	y Building Owner (8)		ASCM	No.			of Abatement Co		(9)						
Street Address						Ama	x Contracting	LLC							
1130 W Chestnut Street							Address								
City, State, Zip Code							30x 734								
Union.NJ 07083							ate, Zip Code								
Project Manager for Monitoring Fi	CD3	T-I				dland Park, N	J 074	24							
Rick Eustaguio	1115	- 1	Telephone 973494-				one No.		License	No.					
Start Date (10)	Schedulo		pletion Da				592-6298		01266						
11/15/2016	1 1/ 18/20		Picton Da	ate (11)			of OSHA Monitor								
Occupancy Status During Abatem			Amax Contracting L Street Address					LLC							
Facility Closed/Vacated Durin							ox 734								
Abatement Performed Outside	te of Normal Facility	Hours	ent		}		ate, Zip Code								
Other - Describe:							dland Park, N.	1074	0.4						
Scope of Work (Check All That Ap	ply)					77000	alanu i aik, iv.	0142	.4						
X ≥3 sf or ≥3 lf	X R	enovati	on				F. II.O		124						
2160 sf or ≥260 lf	prosening	emolitic	-			Ù	Full Containme Mini-Englosure	ent with	Negative	Pressu	ire				
						X	Glovebag Proc	edure							
		Commence of the Commence of th	1				Non-Exempted	(*) and	Non-Frial	ble Pro					
Location of		Locatio omally										emeni /pe	L		
Asbestos-Containing Material (ACM) Used	Solely	by	Ashas	Desi tos Conta	cription o	of sterial (ACM)		- 0		· .	T			
TO BE ABATED In Facility	Mair	ntenano odial St		(i.e.	thermal s	systems	insulation.		nount pecify	Z	_	Enc	ш		
(13)		(12)				ing, VAT iscellane			or LF)	Remova	Repair	Encapsulate	Enclosure		
	Van	N.	A1110		outer in	iscendi:c	ousj			va_	===	Lia 1	ure		
	Yes	No	N/A									C			
Basement			х	Pip	e Insulat	ion		5	0	х					
		-								-					
		-								4					
Name of Registered Waste Hauler		ALIE	DEDIVI												
		THE PERSONAL PROPERTY.	DEP Wast uler ID No.		Cubic Y of Wast		Name of F	Register	ed Landfill						
Amax Contracting LLC		- 1000000000000000000000000000000000000	184		2 Tullytown Facility										
City, State						I Date	City, State						-		
Voodland Park, NJ						16	Tullytow	n,PA							
Completed by ome Maslarkov	Title				Sig	Signature Date									
OTHE MISSISTRUV	Project Manager						(Sal		1	1/03/2	016				
						/	VI TY								

Ch1157

011101		(Pursuant to NJAC 6.50 and 12.120)					1		2010		41				
Date of Notification (1) 11/02/2016					uilding Ow ith Coun	ner/Operat ity	tor (2)	100 mm	L! NOV	- 9	2016				
,,,go,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	pe Notification			reet Add East N	ress 1Ain Stre	eet			ASBEST	os co	NTR(L 8 _lC			
× EPA × DEP × DOL	Amendment #_				Zip Code d, NJ 07				LIC	DENSI	VI.3				
	Emergency (inc justification)	cluding	1000	ame of C					Telephone Nu	ımber					
× DOH DCA	Cancellation		С		lornstra	BEATION					-				
Name of Facility Where Aba	itement is Taking F	Place (3)		FACILI	TY INFOR	IVIATION	Type of	Facility (4)							
Former Quinn House							So	chool (K-12)		4:0\					
Street Address 681 Park Avenue							× Of	ther (i.e. priv c.)	(Other than K- rate & commer	cial buildi			,		
City (5) Freehold							Square n/a	Feet	# of Floors 1	n/a	ig. Age a	9			
County (6) Monmouth				ounty Co	ode (7) SE ONLY)		Current Use (Prior if being demolished) Vacant property								
Name of Monitoring Firm Hi	ired by Building Ov	vner (8)	\perp	ASCM	No.			ement Contr							
Brinkerhoff Environme	ental Services,	Inc.		00100 Amax Contract					.C						
Street Address 1805 Atlantic Avenue							eet Address O Box 73								
City, State, Zip Code Manasquan, NJ 0873					City, State, Zip Code Woodland Park, NJ 07424										
Project Manager for Monito Jason P. Hooper	100	elephone	e No. 3-2225		Telephone No. License No. 973-692-6298										
Start Date (10)		Scheduled		pletion D	ate (11)		me of OSH	A Monitor nmental L	abs,LLC						
11/17/2016 Occupancy Status During A			S.,	Street Address											
Facility Closed/Vacate				atement 2333 Route 22									_		
Abatement Performed Other – Describe:	Outside of Norma	al Facility	Hours			31,677	p Code 07083								
Scope of Work (Check All	That Apply)							Il Containment with Monative Procedure							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enovat emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
							△ Nor	1-Exempled	() and Non-i		Abate				
		7.00000	Location ormall	37.0		Descri	ption of				Ту	oe	-		
Asbestos-Containing N TO BE ABA In Facility (13)	Material (ACM) TED	Mai	d Solel ntenar odial S (12)	nce/		os Contain thermal sys surfacing	ing Material stems insula g, VAT, or cellaneous)		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A											
Attic				Х			lue Wrap		6SF	х	_				
Rear Porch, Through	nout first floor			Х			ster		3455SF	х					
Baseme		Х		Pipe in	sulation		310lf	X							
Exterior Wi		X			ılking		660lf	X							
Name of Registered Waste Fladici					/aste No.	Cubic Ya of Waste		- September Control	Registered Lan						
Amax Contracting LLC				iddioi 15				Tullytown Recovery							
City, State Woodland Park, NJ						Disposal 12/17/2	0016	City, State Tullytown							
Completed by Tome Maslarkov		Title Proje	e Signature Dject Manager					Date 11/02/2016							

		The control of the co	D)EGE	IVE
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY	Is Location Normally Used Solely by Maintenance/Custodial Staff?	Description of Asbestos Containing Materials(ACM)(i.e. thermal system insulation,surfacing,VAT,or other miscellenious)	LOSSOTOS	Abatement Type: A-Removal B-Repair C-Encapsulate D-Enclosure
First Fl.Kitchen, Pantry,Rear Porch Garage	n/a n/a	Gypsum Wall,Textured Ceiling	210SF	А

no Ch		NC	TIFI (CATI(Pursu	ON OF AS	New Jersey SBESTOS ABA IAC 8:60 and 5:	ATEMENT 16)	R	G						
Date of Notification (1)				Na	me of Buildi	ng Owner/Operato	r (2)	HIII N	OV	- 9	901	16			
11/04	/	16				elopment, LLC	. (-)	14 14	VI	- 9	20	10			
Agencies Notified Type N	otificatio	on .			eet Address										
☑ EPA ☐ Initia				- 61 com		erce Boulevard		ASBES	STOS	CO	NTF	ROL			
☑ DOLWD ☑ Ame					, State, Zip			LLICENSING							
	ndment			- 83	arlstadt, I										
DCA Eme (NJAC 5:23-8)	rgency ication)	(includ	ing		ne of Conta										
Cand					ominick T			Telephone Nur	mber						
	- Cilation							X							
Name of Facility Where Abatemen	U- T-11	. 51	101	F.	ACILITY II	NFORMATION	350-360 100 500								
Warehouse	is iaki	ing Pla	ce (3)				Type of Facility (14.50.000							
Street Address							School (K-12)							
							☐ Subchapter 8 ☐ Other (i.e., pr	(Other than K-1	2)	huild:					
307 Bergen Avenue							homes, etc.)	ivate and commit	erciai	Duligi	ngs,				
City (5)							Square Feet	# of Floors		Bldg.	Age				
Kearny							10,000	1 1/2		60					
County (6)				Co	unty Code (7	7)(STATE USE ONLY)	Current Use (Prid	or if being demol	ished'						
Hudson							Commercial								
Name of Monitoring Firm Hired by I			r (8)	ASC	Λ No.	Name of Abatem	ent Contractor (9)								
Environmental Health Inves	vironmental Health Investigation						terials, LLC								
Street Address						Street Address									
655 West Shore Trail						20 Ramapo V	Valley Road								
City, State, Zip Code						City, State, Zip C									
Sparta, NJ 07871						Mahwah, NJ									
Project Manager for Monitoring Firm)		Tel	ephone	No	Telephone No.	1								
Bill Kerbel					4-5649	201-529-4700		License No.							
Start Date (10)	Sche	duled (100		ate (11)			01248							
10 /21 /16	_	10_	/ _2		<u>16</u>	Name of OSHA N Red Roc Ma									
Occupancy Status During Abatemer	it (Chec	k only	one)			Street Address				- 31					
☐ Abatement Performed Outside of	ntire Pe	eriod of	Abate	ment		20 Ramapo V	alley Road								
Abatement Performed Outside of Time of Abatement:AM	Norma	i Facili 1/	ty Hou	rs - De: Ai		City, State, Zip Co	ode								
		"	_r ivi		VI	Mahwah, NJ	07430								
Scope of Work (Check all that apply)						Table 1									
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		100	enovat emoliti	37.750		☐ Mini-Enc			- 0						
			Loca				, , , , , , , , , , , , , , , , , , , ,	· Habie i Toccau	1		17	-			
Location of Asbestos-Containing Material (A)	28.41		Norma ed Sole			Description of				atem		1			
TO BE ABATED	JIVI)	Ma	intena	nce/	Asbes	tos Containing Mat , thermal systems i	terial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure			
IN Facility		Cus	todial	Staff?	(1.0.,	surfacing, VAT,	or	(Specify SF or LF)	107	a:	aps	losu			
(13)		Yes	(12) No	NI/A	-	other miscellaned	ous)	Or Or Ery	<u>m</u>		ulat	le l			
Exterior Window Caulk		res	INO	N/A	Window	Caulk		700LF			e				
Roof Penthouse											Ш	\perp			
Roof Parapet Tar					Transite Black Ma	-		2,000 SF							
Roof Pitchpockets/vents															
Name of Registered Waste Hauler	N	JDEP V	Black Ma		I Name of East	140 SF									
Newark Carting, Inc.						Cubic Yards of Waste	Name of Register								
City, State		-		04509		15 CY		hem Landfill							
Hillside, NJ						Disposal Date o/a 10/27/16	City, State Bethlehem, P	A							
Completed By (Print or Type)	Title					Signature									
Michael F. Keith	Pr	oject	Mana	ger			Gol Y	No. H		4	1	1			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 11 04 16 Russo Development, LLC Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **⊠** EPA ☐ Initial 570 Commerce Boulevard LICENSING M DOLWD City, State, Zip Code Ø DOH Amendment #1 Carlstadt, NJ 07072 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Dominick Tucci **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Warehouse ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 331 Bergen Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Kearny 5,000 60 + County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Hudson Commercial Warehouse Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Health Investigation Red Roc Materials, LLC Street Address Street Address 655 West Shore Trail 20 Ramapo Valley Road City, State, Zip Code City, State, Zip Code Sparta, NJ 07871 Mahwah, NJ 07430 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bill Kerbel 973-724-5649 201-529-4700 01248 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __10__ / __17__ / __16 10 / 19 / 16 Red Roc Materials, LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20 Ramapo Valley Road Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM- AM Mahwah, NJ 07430 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ >3 sf or >3 lf ☐ Renovation ☐ Mini-Enclosure ≥ 160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Normally Abatement Type Location of Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Repair Enclosure Remova Encapsulate Maintenance/ Amount TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A East/West Gutters

Newark Carting, Inc. City, State Hillside, NJ

Completed By (Print or Type)

Michael F. Keith

Name of Registered Waste Hauler

Roof Pitchpockets/vents

NJDEP Waste Hauler ID No. 04509

X

X

П

П

Title

П

П

Project Manager

Cubic Yards of Waste 5 CY

Name of Registered Landfill

I.E.S.I. Bethlehem Landfill

Disposal Date City, State

o/a 10/27/16 Signature

Bethlehem, PA

250 SF

100 SF

Date

П

 \boxtimes

X

П \Box П

П

Black Mastic

Black Mastic/Flashing

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 11 04 / 16 Russo Development, LLC Agencies Notified Type Notification Street Address **⊠** EPA ASBESTOS CONTROL & ☐ Initial 570 Commerce Boulevard □ DOLWD LICENSING City, State, Zip Code ☑ DOH Amendment #1 □ DCA Carlstadt, NJ 07072 ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Dominick Tucci **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Warehouse ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) 337 Bergen Avenue Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Kearny Bldg. Age 10,000 1 County (6) 60 + County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Hudson Commercial Warehouse Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Health Investigation Red Roc Materials, LLC Street Address Street Address 655 West Shore Trail 20 Ramapo Valley Road City, State, Zip Code City, State, Zip Code Sparta, NJ 07871 Mahwah, NJ 07430 Project Manager for Monitoring Firm Telephone No. Telephone No. Bill Kerbel License No. 973-724-5649 201-529-4700 01248 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>10</u> / <u>17</u> / 16 10 / 21 / 16 Red Roc Materials, LLC Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 20 Ramapo Valley Road Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-_ City, State, Zip Code PM/ PM-Mahwah, NJ 07430 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure $\square \ge 3$ sf or > 3 If ☐ Renovation ≥ 160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Location of Abatement Type Normally Asbestos-Containing Material (ACM) Description of Used Solely by Asbestos Containing Material (ACM) Repair Removal Enclosure Encapsulate Maintenance/ TO BE ABATED Amount (i.e., thermal systems insulation, Custodial Staff? IN Facility (Specify surfacing, VAT, or (13)(12)SF or LF) other miscellaneous) Yes No N/A Roof Top Perimeter П \boxtimes Black Flashing 1,200 SF X Front Door Overhangs П X Black Flashing 250 SF X П Parapet Wall Tar \boxtimes Black Mastic 90 SF X Pitchpockets/Vents X Black Flashing 250 SF Name of Registered Waste Hauler X NJDEP Waste Cubic Yards of Name of Registered Landfill Newark Carting, Inc. Hauler ID No. Waste I.E.S.I. Bethlehem Landfill 04509 15 CY City, State Disposal Date City, State Hillside, NJ o/a 10/27/16 Bethlehem, PA Completed By (Print or Type) Title Signature Date Michael F. Keith Project Manager ASB-41

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Cr	11	100

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

						III								
Date of Notification (1)	11/02/2016					wner/Operator	(2)	1	NOV	No.	9 2	016		
Agencies Notified	Type Notification	n	-		Coriolan Address			ment back, a						
× EPA × DEP × DOL	Initial Amended Amendme	nt #			tate, Zip Codent. NJ 0762		5-1710 - 17 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ASB	ESTO	OS C	ON	TRC		
4500	Emergenc	y (including	_		of Contact	0		Telephone Nu	imber					
☑ DOH ☐ DCA	justification Cancellation				Coriolan			Leie priorie 141	uttibesi					
None - 5 E - 79 3 S B					LITY INFOR	RMATION		Α						
Name of Facility Where Private Dwelling	Abatement is Tak	ing Place (3)				Type of Facility (4)							
Street Address							Other (i.e. pri) {Other than K-1 vate & commerc		ldings	, hom	es,		
City (5)							etc.) Square Feet	# of Floors		3ldg.	Age			
Dumont							n/a	n/a	1	n/a				
County (6) Bergen					Code (7) USE ONLY)		Current Use (Prior if being demolished) n/a							
Name of Monitoring Firm Biottera Solutions	n Hired by Building	g Owner (8)	ASCI	M No.		of Abatement Contr x Contracting Ll							
Street Address 1130 W Chestnut S	Street					1 7 7 7 7 7	reet Address PO Box 734							
City, State, Zip Code Union,NJ 07083							City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Mor	nitorino Firm			Telepho	ana bla		one No.							
Rick Eustaguio	ntoring Firth				94-3762		опе No. 692-6298	License t 01266	VO.					
Start Date (10)		Schedul	ed Cor	mpletion	Date (11)	Name	of OSHA Monitor							
11/02/16		1 1/4/20	100			Ama	x Contracting LL	_C						
Occupancy Status Durin Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire	Period of	Abater	nent S		Po B City, S	Address ox 734 tate, Zip Code dland Park, NJ (07424						
Scope of Work (Check A	(Il That Apply)						and it direction	07 121						
X ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		premiuma)	Renova Demoli			xx x	Full Containmen Mini-Enclosure Glovebag Proced Non-Exempted (dure			e			
Location	ı of	1	Locat Vorma	lly		Description		- fail processor is transcripted to the		Abat	ement			
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED ity	Ma Cus	d Sole intena todial ((12)	nce/ Staff?	(i.e. th	Containing Mermal systems surfacing, VA other miscellan	aterial (ACM) insulation. F, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
Basement		Yes	No	N/A		name and second date								
basement				X	Pipe Insul	ation		140LF	х					
Name of Registered Was	N	JDEP W	laste (Cubic Yards	Name of Re	of Registered Landfill								
max Contracting LI	30104						aste Tullytown Facility							
City, State Voodland Park, NJ						Disposal Date City, State 11/04/2016 Tullytown,PA								
Completed by ome Maslarkov	ct Ma	anager			Signature Date				2016					

Print Form

02 2016 03:40PM NJ Asbestos				FRO	W.EA	1000	bage		U.	\$: E	9		
			Situal	s of Rose J	ersav			.0	in the state of th	7	1000	CALERTON	
Ch1150	140	THIC.	STEDRE	P AT BES NJAC BH	TOS AS	ATER 2:1204	ENT		and the state of t	104	NO	١٧ .	- 9
Date of Notification (1)	ALIAN PERSON	1		widing Ov	uner/Ope	erator (2)	A CONTRACTOR OF THE CONTRACTOR		D.S. Line			
11/02/2016			erry Co	The Control of the Co						-ASI	BES	TOS	G
Agencies Notified Type Notification		5	tres i aos	MGAN					1.	-/	<u> </u>	19E	NB
EPA Initial Amended Amendment #		10	ity. State	a, Zip Code		ALTHROPIA	www.	and a substidior			T	-	************
DOL Amendment #				NJ 0762				4					
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Name of Facility Wiscos Abatement is Taking	Place (3)							Facility (
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P. L. J. C.		-					Square	c.) Feet	# of Rooms	18	idg. A	ga	***************************************
City (5) Dumont						1	n/a		n/a	i n	/a		
County (8)		13	County C	008 (7)			Curren	t Use (Pric	in being demosi	thed)		-	
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Street Address 1130 W Chestnut Street							3ex 73	4					
City, State, Zip Code							City, State, Zip Code Woodland Park, NJ 07424						
Union, NJ 07083 Project Manager for Manitoring Rem							Telephono No. License No.						
Rick Eustaguic				4-3762		973-692-6298 01266							
Start Date (10)	Sched vie	d Com	pietion l	Date (11)	-	Name of OSHA Monitor							
11/02/16	11/4/201	The same beauty			- by			tracting	rrc	-			
Occupancy Status During Attatement (Check	Only On	g):			-		Addres						
Facility Cidsed/Vacated During Entire P	edod of A	batem	ert		1		sox ro	MARTIN	onnouncepeasemint	an and the second	A		egradiente, n
Abstement Performed Outside of Norm Other - Describe:	# FBCBT	Hours			_ 1			Park, N	J 07424				
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2160 st or 3260 if		emolit				8	Full Min	l-Enclosur web ag Pro	B Carring				
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Ashesios-Containing Material (ACM) TO SE ASATED	Ma	Internal local S	noe/	().e.	los Cont Hasmusi	হ্যুপ্ত ক্য	ns incula	HON.	(Spacify SF or LF)	File	2	Епсарайоти	Enc
In Facility	1 01/8	(12)	a ugul i f			ting, V.	NO,TA		SF of LF)	Removal	Repair	paul	Enclosume
(13)		F	1	- m/on 1		,		1	about the	-	Bites	4	
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And the state of t	i				(1986)					-	1		1
		Name and Address of the Owner, where	VIDEP V	Almed m	of intelec	Yards.		i Name A	Registered Lark	MY E			

Project Manager

Disposal Date

1 W04/2016 Signature

Dete

111/02/2016

Tullynown, PA

City, Blate

City, State

Completed try

Woodland Park, NJ

Tome Maslarkov

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P	rint	Form

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Date of Notification (1) 11/8/2016					of Building dence	Owner/	Operato	r (2)		Contract special property of the contract of t	Other Action of the Control of the C	NO	V -	- 9	2016	î			
Agencies Notified Ty	pe Notification	1		Street	Address						las)	1000		92		-			
☑ EPA ☑	Initial										L								
☑ DEP	Amended			City, S	tate, Zip C	ode					ASE	BES	ros	CO	NTR	8 10			
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☑ DOH	Emergency justification)		3	Name	of Contact					Te	lephon	e Nur	nher						
DCA DCA	Cancellation			Effie	Smith					fit 107									
				FAC	ILITY INF	ORMAT	ION												
Name of Facility Where Abat	ement is Takir	ng Place	3)					Туре	of Facility	(4)									
Residence									School (K-	-12)	12)								
Street Address									Subchapte	er 8 (Oth	ner thar	n K-12	2)						
								X	Other (i.e. etc.)	private & commercial buildings, hom						es,			
City (5)			THE LOCAL					Squa	uare Feet # of Floors				1	3ldg.	Age				
Metuchen, NJ 08809								200	2000 2 appro					~	00				
County (6)				County	Code (7)			Curre	ent Use (Pr	ior if be	ing der	nolish		9/20					
Middlesex				(STATE	USE ONLY	-		sidence		300 30 0 40 40 40 40									
Name of Monitoring Firm Hire)	ASCM No. Name					atement Co	ntractor	r (9)								
A. Seine Lighthouse So	olutions, LL	С		N/A			Brinl	ks Ta	nks Serv	rices									
Street Address							Street	Addre	ss										
PO Box 354				1256 Liberty Ave						ue									
City, State, Zip Code							State, Zip Code												
South Orange, NJ 070					Hillside, NJ 07205														
	Project Manager for Monitoring Firm						Telephone No. License No.												
Sarah Calandra		0-21 -1-2-			49-2666		844-	462-7	465		013	16							
Start Date (10) 11/23/2016				mpletion	Date (11)		100000000000000000000000000000000000000		HA Monitor			20120	3.						
	1 (0)	12/7/2							_ighthous	se Soli	utions	, LL	0						
Occupancy Status During Aba							Street												
Facility Closed/Vacated Abatement Performed O	During Entire F	Period of	Abater	nent				30x 3											
Other - Describe:	utside of Norm	nai Facility	/ Hour	S					ip Code										
Scope of Work (Check All Tha	at Apply)						Sout	n Ora	ange, NJ	07079	3								
10 COS	it Apply)	(C)	23				-	7		ent with Negative Pressure									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renova Demoli				×	Ful			Negat	ive P	essu	re					
			Zerrion	don			×	Glo	ni-Enclosure vebag Pro										
								No	n-Exempte	d (*) an	d Non-l	Friabl	e Pro	cedur	е				
		1000	Locat												ement				
Location of			Normal d Sole				scription							1 9	ре				
Asbestos-Containing Mate TO BE ABATED			intena				aining M				mount		_		Ш				
In Facility		Cus	odial S	Staff?	(i.e.		systems cing, VA		ition,		pecify or LF)		Rem	Re	ıcap	incl			
(13)			(12)				niscellan			0,	0, 1,		Remova	Repair	Encapsulate	Enclosure			
		Yes	No	N/A									<u>=</u>	1,000	ate	Te			
basement			X			7	pipe				12 If		X						
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Name of Registered Waste Ha	uler			JDEP W		Cubic \			Name of I	Registe	red Lar	ndfill							
Newark Carting Hauler ID No. 04509					No.	of Was	te		Waste I	Manad	gemer	nt La	ndfil	Ĭ					
City, State						Disnos	al Date												
East Orange, NJ						Disposal Date City, State 12/7/2016 Penn Argyle, PA													
Completed by		Title					gnature			5710,		Date	2						
Ron Brink		Presi	dent							16									
			/		-				10.00		5 10 5 10		10						

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT
(PLIRSHANT TO N.IAC 8:60-7 AND 12:120-7

			(PURSUAI	NT TO NJA	AC 8:60-7 AND 12:120)-7	(M	CK	- HO	X / / _				
Date of Notifi				Name of										
/				First Ene		200000		J 12	C IS					
/				Street Ac	ddress		111	11	<u> </u>					
Agencies Not		Notification		76 South	Street		l how	3						
	EPA 🗸	Initial		City, Stat	te, Zip Code		111	1 4	IAU	0 0010				
	DEP	Amended		Akron, Ol	hio 44308		A STATE OF THE PERSON NAMED IN COLUMN 1	11. N	101 -	9 2016				
A 50.0 (4.5)	DOH	Amendment		Name of	Contact		Telepho	ne Numb	er					
<u> </u>	DOL _		v/ justification	Jim Hals	еу		1							
		Cancellation						ASBE	STOS	CONTROL				
			F	ACILITY IN	NFORMATION		-		LICEN					
									-					
Name of Faci	lity Where Abater	ment is Taking	Place (3)		Type of Facility (4)									
1														
Charat Addis					School (
Street Addres 200 FRONTAG						oter 8 (Other								
200 FRONTAC	GEAVE					e., private &		cial						
City (5)	County 10	-1	10 / 0 /	(=)		omes, etc.)								
BOONTON	County (6)	County Code	(7)	Square Feet	# Of Floo	rs	Buildin	g Age					
BOONTON	WORKIS		1		2 111 15 1			1						
					Current Use (Prior	nolished)	1							
Name of Mon	itoring Firm Hired	d by Did = O	07 (0)	IACON III	Telephone Pole									
Traine of World	itorning Firm Hirec	a by blug. Own	er (8)	ASCM NO	1									
Environmental	Health Investigation	ons			NORTHSTAR CONT	DACTING	SDOLID "	10						
Street Addres		0113			NORTHSTAR CONT	KACTING (KUUP. IN	IC.						
655 West Shor					Street Address									
City, State, Zi	Zertide California				22 Williams Davis									
Sparta, NJ 078					32 Williams Parkway									
	For Monitoring F	· i uma	IT-look M	1	City, State, Zip Cod	е								
Dino Nappi	For Worldoning F	·IIIII	Telephone Nu 212-682-9271	mber	F	222								
Sheduled Star	rt Data (10)	Ischad Comp	letetion Date (1	41	East Hanover, NJ 07	036								
11 /	29 / 16	12	01	/	Telephone Number	License	Number							
// -	20 / -10	/		16	973-884-8682			0	0000					
Occupancy St	tatus During Abat	ement (Check	Only 1)		Name of OSHA Mor	14		- 0	0860					
☐ Fac	cility Closed/Vaca	ted During Ent	rire Period of		NORTHSTAR CONT		DOLID IN	0						
	atement	tou burning Line			Street Address	RACTING	ROUP, IN	C.						
10.000	atement Performe	ed Outside of N	lormal Facility		Street Address									
Hou	urs - Describe:	Friday 8:00 ar	n to 5:00 pm		32 Williams Parkway									
☑ Oth	ner - Describe: _	-2 115337 1535555	31 713 7 B111		City, State, Zip Code									
					East Hanover, NJ 07									
Scope of Worl	k (Check All That	Apply)												
96.034														
	nolition	✓	Renovation		Full Containment w	ith Negative	Pressure)						
	of or_>3If				Mini - Enclosure									
□ ≥16	0 sf or ≥260 If				Glovebag Procedure									
				\checkmark	Non-Exempted (*) a	nd Non-Fria	ble Proce	dure						
5 VS-740	ation of	Is	100	Descripti			Abateme	nt Type	2	2				
Aspestos	Containing	Location	As	bestos - C	[20] [10] [10] [10] [10] [10] [10] [10] [1		R		E	E				
TO BE	ABATED	Normally	,,,	Material (5000	Amount	E	R	N	N				
	ABATED acility	Used		e., thermal		(Specify	M	E	C	C				
	78 CONT. 10 1 5 C	Solely			facing, VAT,	SF or LF)	0	P	Α	L				
((13)	by Main- tenance/	ord	iner misce	ellaneous)		V	A	P	0				
		Custodial	1				A		S	S				
		Staff (12)					L	R	l,U	U				
		YES NO N/A							L	R				
Exterior Telepho	one Pole	TES NO N/A	Transite Condui	it		2015			-					
	1 010		Transite Condu			20 LF	7		1 4	1 4				
									+ +	+ -				
						-	H		+ +	1 4				
Name of Regis	tered Waste Haul		NJDEP Waste	Cubic I	Name of Registered	landfill								
NEWARK CAR			Hauler ID No.		I.E.S.I.	Lanuilli								
	er al Total			of Waste										
City, State					City. State									
NEWARK, NJ					BETHLEHEM, PA 18	105								
			i		/)								
Completed by ((Print or Type)		Title		Signature		17		Date					
					V-1		1100		Julio					
Steven Stiles			Project Manager	r		uk.	LLE		1 11	/08/16				
ASB-41			Was a second				1		1	, 50/10				

Ch 4089

Date of Notification (1)			Name	e of Buildin	a Owner		1111 NOV - 9 2016								
10/25/2016			PSE		ig Owner	Operator	1								
Agencies Notified Type Notificat	ion			t Address											
□ EPA ဩ Initial			4000	<u>Hadley</u>	Road	- Secon	d Floor		ASBE	STO	S CO	NTR			
□ DEP □ Amende				State, Zip (- 300011	0.11001			LIUI	ENSI	VG.			
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	ent # cy (including		100000000000000000000000000000000000000	h Plainf		I 07080									
DOH justification	on)			e of Contac		, 07000		Talanh	ana Ni						
□ DCA □ Cancella	tion		Thor	nas Lavi	iano			Teleph	one Num	ner					
Name of Facility Where Abatement is Ta	king Place (*	3/	FΑ	CILITY IN	FORMAT	ION									
Former PSE&G Facility	ming r lace (٥)					Type of Facili								
Street Address							☐ School (K-12)	17.40						
							☐ Subchap ☐ Other (i.e.	e. private & co	nan K-12) mmercial	buildi	nas ho	mes			
90 Duffield Street City (5)							etc.)								
Jersey City						- 1	Square Feet	# of Flo	ors	Bldg. Age					
County (6)		1	Count	y Code (7)			N/A	N/A		N/A					
Union				E USE ONL			Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Buildir	- Ournam		ASC	CM No		Nama	Excavation Site - Abandoned ame of Abatement Contract or								
Ivame or Monitoring Firm Filed by Bulldir	ig Owner		1,100	3101 140											
Street Address						mental Se	rvices I	LC.							
						Street A 511 C									
City, State, Zip Code															
							ite, Zip Code York NY	Y 10013							
Project Manager for Monitoring Firm	T	Teleph	one No.		Telepho			ense No.							
			()			L	31-0696	0.000000							
Start Date (10)	Schedule	d Cor	npletion	Date (11)			OSHA Monito	013	314						
11/15/2016	12/15/2	016					L Analytic								
Occupancy Status During Abatement (Ch	eck Only One	e)				Street Ad		,							
☐ Facility Closed/Vacated During Entire	Period of A	baten	nent			307 W	est 38th St	reet							
□ Abatement Performed Outside of No.	rmal Facility	Hours		100000 1	Ī		te, Zip Code								
□ + Other - Describe: Excavated pi	pe is outo	loor:	s in re	emote ar	rea	New Y	ork, NY 1	0018							
Scope of Work (Check All That Apply)															
□≥3 sf or ≥3 lf		enova				□F	☐ Full Containment with Negative Pressure								
□ ≥160 sf or ≥260 lf	□ De	emolit	ion				Glovebag Mini-Enclosure								
							☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure								
	ls L	ocati	on							Ab	atemer	nt			
Location of		ormall			Des	cription of					Туре				
Asbestos-Containing Material (ACM) TO BE ABATED	Used Main	Solei tenar		Asbes	tos Conta	ining Mat	erial (ACM)	Amoun	nt		П				
In Facility	Custo		taff?	(I.e.	thermal s	systems in	isulation, or	(Specif SF or Li	y 3	20 2	nca	Enc			
(13)		(12)				iscellaneo		SF OI LI	7 3	Repair	Encapsulate	Enclosure			
	Yes	No	N/A						2	2 7	late	re			
Pamata aura a financia			**	0 1-		0.50	76		-	-	-	1			
Remote area of open lot			X	Coal T	ar wrap	oped ga	s pipe	2,000 LF	X						
										_	1				
Name of Registered Waste Hauler			DEP W		Cubic Y	ards	Name of	Registered La	andfill						
		Hauler ID No. of Waste				е									
City, State		1	Diamond D. L.				24								
90% T-55%F	Disposal Date				e City, State										
Completed by	& ignature						I D /								
I. Robert Dombrowski	Project Manager					2001	10.11	Date							
L. MODELL DOMBIOWSKI	110	JULIE IV	ramager	110	1) /	tembrou	15 KI.	11/08	/201	5					

			OTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)						70	MEGEIVE							
Date of Notification (1) 11/4/2016				of Building		/Operato	r (2)		unit de la constante de la con	3							
Agencies Notified Type Notification			Street	Address Bloomfie		enue				Apr.		()\(\frac{1}{2}\)	- 1	201	6		
EPA Initial Amended Amendment			City, St	tate, Zip C na, NJ	0.0000000000000000000000000000000000000	,,,,,,			William Philippens	AS	SBE	STO	S C(ONTI ING	ROL		
■ Emergency justification) ■ DCA Cancellation		g		of Contact Sanjeev		ese			Tel	ephor	ne Nu						
1			FAC	ILITY INF	ORMA	TION			T		-	-					
Name of Facility Where Abatement is Takin Residence	g Place	(3)					Тур	e of Facility School (K-	500								
Street Address							×	Subchapte Other (i.e. etc.)	er 8 (Oth	er tha & com	n K-1	2) ial bu	ilding	s, hon	nes,		
City (5) Newark,							Squ 15	are Feet	# of	f Floo	rs		Bldg. 80	Age			
County (6) Essex				Code (7) USE ONLY	n			rent Use (Pr esidence	ior if bei	ng de	molis	hed)					
Name of Monitoring Firm Hired by Building Iris Environmental Laboratories	Owner (8)	ASCI N/A	M No.		6570 - 9783 - 97	Name of Abatement Contractor (9) DIA General Construction, Inc.										
Street Address 2333 Route 22 West							eet Address 60 Clifton Avenue, PMB Suite 218										
City, State, Zip Code Union, NJ 07083						1		Zip Code IJ 07012									
Project Manager for Monitoring Firm Rick Eustaquio			Telepho 908-2	one No. 206-0073	3	Teleph 973-		No. -0089		Lice 006	nse N	0.					
Start Date (10) 11/14/2016	Schedu 11/21			Date (11)		2004		HA Monitor eral Cons		n, Ind	o.						
Occupancy Status During Abatement (Chec	k Only O	ne)	en e					Address									
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of al Facilit	Abaten y Hours						60 Clifton Avenue, PMB Suite 218 State, Zip Code									
X Other – Describe:						Clifto	lifton, NJ 07012										
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proce											
Location of	1	Locati Vormal	ly		De	scription	of							ement /pe	ĺ.		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	rice/		tos Cont thermal surfa	taining M systems cing, VAT niscelland	ateria insul T, or	ation,	(Sp	nount pecify or LF		Removal	Repair	Encapsulate	Enclosure		
SEE ATTACHED			1 1									X					
												X					
Name of Registered Waste Hauler		0.900	JDEP W	S 2000 C	Cubic of Was			Name of F	Registere	ed La	ndfill						
Service Transport Group		(3.48)	Hauler ID No. of Waste 20990 30 CY				Minomia I amalfill										
City, State New Castle, DE 19720		0.50 (5.5)					City, State Waynes		βουςg, OH 44688								
Completed by Krutarth Jagad	Manager Signature						Date 11/4/2016										

LIST OF ASBESTOS CONTAINING MATERIALS TO BE REMOVED

NOV - 9 2016

IS LOCATION NORAMLLY USED SOLELY BY MAINTENANCE/CUSTODIAL STAFF? N/A

ASBESTOS CONTROL & LICENSING

LOCATION OF ASBESTOS CONTAINING MATERIAL TO BE ABATED IN FACILITY	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL	AMOUNT (SF OR LF)
Basement	Grey pipe/elbow insulation	15 LF
Basement above boiler	Grey transite	150 LF
1st floor, by stairs to basement	White 9" X 9" floor tiles	4 SF
Overhang black tar roof and side roofs	Black roofing material	670 SF
Perimeter of all roofing materials	Black flashing	450 SF
Interior by entrance and exterior siding	Grey transite	6,000 SF

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									1	me 1						
Date of Notification (1) 11/4/2016					Building y of Ess		perator	(2)	in No. 6. on one-colors		NO	1	- 9	20	16	
Agencies Notified	Type Notification			Street A	ddress											
				900 BI	loomfiel	d Aven	ue		and the same	AS	BEST	00	300	TAKE	ROI	
EPA DEP DOL	X Initial Amended			City, Sta	te, Zip Co	ode								NG		
X DOL	Amendment	The second secon		Veron	a, NJ				ŧ		-					
A-1-1-1	Emergency		-	Name of	Contact				Te	lephone	Number	_				
DOH DCA	justification) Cancellation			Mr. Sa	anjeev V	/arghee	ese					-				
					LITY INFO											
Name of Facility Where	Abatement is Takir	ng Place (3	3)					Type of Facili								
Street Address								Subchar Other (i. etc.)	oter 8 (Oth e. private	er than I & comm	K-12) ercial bu	ildi	ngs,	home	es,	
City (5) Newark,								Square Feet 1500	2	of Floors	Bldg. Age 80		ge			
County (6) Essex				County C	Code (7) USE ONLY))		Current Use (Prior if being demolished) Residence								
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.		Name	of Abatement	Contracto	r (9)						
Iris Environmental		Owner (o)		N/A		1		DIA General Construction, Inc.								
Street Address	Laboratories			1				Street Address								
2333 Route 22 We	st						1360	360 Clifton Avenue, PMB Suite 218								
City, State, Zip Code Union, NJ 07083						City, State, Zip Code Clifton, NJ 07012										
Project Manager for Mon	itoring Firm		Telephor	ne No			one No.		Licens	e No.	-					
Rick Eustaquio	morning Firm			92	06-0073		973-	389-0089		0069						
Start Date (10)		Schedule	ed Con	pletion [Date (11)			of OSHA Moni								
11/18/2016		12/05/	2016					General Co	nstructio	n, Inc.						
Occupancy Status During	g Abatement (Chec	ck Only Or	ne)					Address								
➤ Facility Closed/Vaca	ated During Entire	Period of A	Abatem	ement 1360 Clifton Av					nue, PN	ЛВ Suit	te 218					
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	Hours	City, State, Zip Code Clifton, NJ 07012					2							
	H.T A						Oiiit	711, 140 07 01	-			_	-			
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	іі і пат Арріу)		Renova Pemoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						•			
		Τ	1										bate	ment	t	
		20,000	Locati Normall					-6					Ту	oe		
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Use Ma Cust	d Sole intenar todial S (12)	ly by nce/ staff?		tos Conta thermal:	systems ing, VA	laterial (ACM) s insulation, T, or	(Amount Specify F or LF)	Kemovai		Repair	Encapsulate	Enclosure	
		Yes	No	N/A							_	+				
Through				X			laster			000 SF	< ×	+				
Baseme	Basement					ipe/elb	ow ins	ulation		50 LF						
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City, State New Castle, DE 197	'20					Dispos	al Date /2016	City, S Way	state nesburg	э, ОН 4	4688					
Completed by Title						Signature Date										
Krutarth Jagad Project Manager							•	Il.	1		11/4/	20	16	<u></u>		

CK# 25325

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Date of Notification (1)	7/16			Nam	ne of Buildin	ng Owner/Operato	r (2) Grimmins	os III	NOV	-	9 2	2016			
Agencies Notified T	Type Notification	n		Stre	et Address		01111111111								
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	Amended			City.	State, Zip	Code		ASE	EST		7011				
⊠ DOL	Amendment Emergency (20		, - F		Marlton, NJ (18053	LH	CEN	DIIA	G			
DOH _	_ justification)		ig	Nam	e of Conta		14111011, 115	Telephone Nur	mhor			_			
□ DCA	Cancellation					y Pat Grimmi	ngs	relephone ivui	libel						
				- F		FORMATION									
Name of Facility Where Aba	atement is Taki	na Dlac	20 (3)	FF	CILITYINI	FORMATION	T =	7.0							
Traine of Facility Where Aba		ident					Type of Facility	10000							
Street Address	1003	Idelli	ıaı				School (K-12) Subchapter 8 (Other than K-12)								
Oli CCI / Idal C33							Other (i.e., private & commercial buildings,								
City (5)	-13						homes, etc	.)							
City (5)	Man	1+	N.T.T				Square Feet								
	Mar	lton,	NJ				2200		_ _		+/-				
County (6)				Cou	inty Code (E ONLY)	7) (STATE	Current Use (P	rior if being demo	lished)						
Burlin															
Name of Monitoring Firm Hir (8)		Owner		ASCN	No.		Abatement Contractor (9)								
171	ECS					Stev	ens Environ	mental Service	es, I	nc.					
Street Address		123				Street Address		,							
	PO Box 34	1					PO Box 322								
City, State, Zip Code	. 1 277	00=4	_			City, State, Zip C									
	swicks, NJ	0851					Allentow	n, NJ 08501		20000					
Project Manager for Monitor			10.500250	phone	Control of the contro	Telephone No.		License Ne-							
Bill Weisg	garber		(60	9) 24	0-4070	(609) 25	59-9688		0049	3					
Start Date (10)	Sche	duled (Comple	tion Da	ate (11)	Name of OSHA	Monitor					-			
11/17/16			1/23	16			M	ECS							
Occupancy Status During A						Street Address									
☐ Facility Closed/Vacated □	During Entire Pe	eriod of	Abate	ment			PO E	341 Box 341							
Abatement Performed Ou		I Facili	ty Hou	rs		City, State, Zip C	ode					=			
Other - Describe: 8 a	m to 4 pm						Crosswick	s, NJ 08515							
Scope of Work (Check all th	at apply)					22.0									
≥ 3 sf or >3 lf		⊠ Re	enovati	on		Full Con	entainment with Negative Pressure								
≥160 sf or ≥260 lf			emolitio			Mini-Enclosure Glovebag Procedure									
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Location of			Solel			Description of				Тур	е				
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TO BE ABATED IN Facility			ustodia Staff?	1	(i.e.,	thermal systems in surfacing, VAT,		(Specify	Re	Z	Encapsulate	En			
(13)			(12)			other miscellaneo		SF or LF)	Remova	Repair	psu	Enclosure			
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		т.	1 11	auler ID	No.	of Waste	Name of Regis								
Stevens Environmen	_ _	182	292	1 CU		GROWS Lar	ıdfill								
City, State					Disposal Date City, State										
Allentown, NJ															
Completed By Mahlon E. Stevens Title Project Ma					Signature Date										
Mahlon E. Steven	oject	Man	ager	ger 11/7/16											

CK# 25322

Detective in the																
Date of Notification (1)	1/7/16			Nan	ne of Buildi	ng Owner/Operato		And the state of t	NOV		9 2	2016				
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DEP	Amended			City	State, Zip	Codo		ASE	EST	JS (
⊠ DOL	Amendment		_	City,	State, Zip	Code	Vouvboll	L	L1\	٧١١٧	VIIC	<u>u</u>				
⊠ DOH	☐ Emergency justification	(Incluali)	ng	Nam	e of Conta	ct	Vauxhall,		,							
☐ DCA	☐ Cancellation			Ivaii	ie oi Conta	Joe Sardina		Telephone Nur	nber		and the same	4				
					CILITY IN											
Name of Facility Where	Ahatement is Tak	ing Plac	20 (3)	FA	ACILITY IN	FORMATION	T - (5 111	of English (A)								
Thambour domy where		sident					Type of Facility (4)									
Street Address	100	racii	iai				School (K-1		12)							
							Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings,									
City (5)							homes, etc	N.I.								
, , , ,	Van	xhall,	NI					# of Floors	Bldg. Age							
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	Jnion			USI	E ONLY)	I) (SIAIL	Current Use (Prior if being demolished)									
Name of Monitoring Firm		Owner	-	ASCM	1 No.	Name of Abaten	nent Contractor (9	9)				_				
(0)	MECS				7.00 (A.B.)			ec I	nc							
Street Address						nmental Services, Inc.										
	PO Box 34	11				Street Address	Box 322									
City, State, Zip Code						City, State, Zip C		DOX 322								
Cr	osswicks, NJ	0851	5			,,,,,,,, -		wn, NJ 08501								
Project Manager for Mon	nitoring Firm		Tele	phone	No.	Telephone No.		License Ne-				_				
	isgarber		(60	9) 24	10-4070	(609) 25	59-9688	5 mm (ACC) 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0049	3						
Start Date (10)	Sche	eduled (Comple	tion Da	ate (11)	Name of OSHA						_				
11/17/16		1	1/30	/16			M	ECS								
Occupancy Status Durin						Street Address						_				
☐ Facility Closed/Vacate	ed During Entire P	eriod of	Abate	ment			POE	341 av								
Abatement Performed	Outside of Norma	al Facili	ty Hou	rs	1	City, State, Zip C					_					
Other - Describe: _{						-	s, NJ 08515									
Scope of Work (Check a	Il that apply)															
≥3 sf or >3 lf		▼ Re	enovat	on		☐ Full Con	tainment with Ne	gative Pressure								
≥160 sf or ≥260 lf			emolitic			Gloveba	g Procedure									
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TO BE ABAT		C	ustodia			os Containing Mate thermal systems in		Amount (Specify	_		Щ	m				
IN Facility		1	Staff?		(surfacing, VAT,	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure				
(13)			(12)			other miscellaneo	us)		lova	oair	sula	INSC				
		Yes	No	N/A					-		ate	Ö,				
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Dascille	111		×			Pipe Debri	8	30 lf								
Name of Decisions 4187	in Hauta		-													
Name of Registered Wast			1 11	JDEP \		Cubic Yards of Waste	Name of Regis	tered Landfill								
Stevens Environm	ental Service	s, Inc	_ [_	182		1 CU		GROWS Lan	dfill							
City, State			-			Disposal Date	City State					=				
	Allentown, N					11/30/16/	1//	Morrisville,	PA							
Completed By	Title		- M			Signature	7/	Date								
Mahlon E. Stev	oject	Man	ager			_	11/7	/16								
SB-44						1										

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

D-1(N) 115 11 140				-					and I				
Date of Notification (1) 11 /	4 /	16				e of Buildin I muel Pa g	g Owner/Operator (610-2132	0V - Chk.#	9 2		1
Agencies Notified	Type Notifi	cation	_			et Address		, 000 111	102	Olik. #	7017		
	⊠ Initial	odtion			Otree	Address			ASBE	STOS			DL 8
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□ DHSS	Amendr	_				enton, NJ							
☐ DCA (NJAC 5:23-8)	☐ Emerge justifica		udin	g		e of Contac			Talaahaaa N	t			
The state of the s	☐ Cancell					vid Farin			Telephone N	umper			
					FA	CILITY IN	FORMATION		-10-6				
Name of Facility Where Ab		Taking F	Place	e (3)				Type of Facility (4)				
Residential Property								School (K-12					
Street Address								Subchapter 8 Other (i.e., pr homes, etc.)	Other than K ivate and com	-12) mercial b	uildin	gs,	
City (5)								Square Feet	# of Floors		Bldg. A	000	
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County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Prid	or if being dem	olished)	OE IN		
Mercer						•		Vacant		,			
Name of Monitoring Firm H	ired by Bui	Iding Ow	ner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		-			
Horizon Environment	tal							d Mold Services	s. Corp.				
Street Address					Street Address		old dervices, dorp.						
PO Box 316					3859 Sylon B	oulevard							
City, State, Zip Code					City, State, Zip Co								
Thorofare, NJ 08086							Hainesport, N						
Project Manager for Monito	ring Firm			Tele	ephone	No.	Telephone No.		License No.				
Dave or Steve Flaniga	an			8	56-848	8-0800	609-702-0400						
Start Date (10)		Schedul	ed C	omple	tion Da	ate (11)	Name of OSHA Monitor						
11 /21 /	16	11	_ /	_23	3_ /	16	EMSL Analyti	cal, Inc.					
Occupancy Status During A	batement	(Check o	nly c	one)			Street Address				- 17/2		
☐ Facility Closed/Vacated	During Ent	ire Perio	d of	Abate	ment		200 U.S. Rout	te 130 North					
Abatement Performed O	utside of N	lormal Fa	acility	y Hou	rs - Des	scribe	City, State, Zip Co	de					-
Time of Abatement:		PIVI/_		PM-		AM	Cinnaminson						
Scope of Work (Check all th	at apply)												
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			-	novati molitic			☐ Mini-Encl ☐ Glovebag	Procedure					
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TO BE ABATE IN Facility	<u>:D</u>			odial		(i.e.	 thermal systems is surfacing, VAT, 		(Specify	VOL	a-	aps	losu
(13)				(12)			other miscellaned		SF or LF)	<u>n</u>		ulat	Гe
		Y	'es	No	N/A							е	
Basement, Landing & S	teps					Floor tile	e & mastic		540 SF				
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Name of Registered Waste H	Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Registe	red Landfill			_	
To Be Determined				Н	auler II	No.	Waste 5	GROWS Lar					
City, State							Disposal Date	City, State					
							11/23/16	Morrisville,	PA 19067				
Completed By (Print or Type)	Title					Signature 7			Date			
Kimberly A. Trumbetti		Offic	ce C	oord	inator			Comments of the Comments of th		11-4.	-11/	1	

ASB-41 MAY 11

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 11 7 16 Orens Development Inc Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **⊠** EPA LICENSING 4415 Chestnut St # 202 **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Philadelphia PA 19104 ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Matt Barrabee **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Former Resturant Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1240 Brace Rd homes, etc.) City (5) Square Feet # of Floors Bldg. Age Cherry Hill 10,000 1 50+ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Camden Former Resturant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Ally Services Controlled Environmental Systems Street Address Street Address 57 East Durham Street 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code City, State, Zip Code Philadelphia, PA 19119 Spring House, PA 19477 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Andy Miller 215-498-7538 215 542 7000 00847 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 17 / 16 11 / 19 / 16 CFS Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1121 N. Bethlehem Pike - Suite 60 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-5:00PM/ Spring House, PA 19477 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\square \ge 3$ sf or ≥ 3 If ☐ Renovation Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Removal Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior Roof \boxtimes ACM Flashing Appx 600 LF X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Geppert Recycling Western Berks Community Landfill 5 City, State Disposal Date City, State Hatfield, PA 11/19/16 Birdsboro, PA 19508 Completed By (Print or Type) Signature Date Patricia Visco Office Manager

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Chluss			FICATIO	State of Nev DN OF ASBI at to NJAC (ESTOS	ABATE	77.14	m ecelve						
Date of Notification (1)			Name	of Building (Owner/C	perator	(2)	1 1 200				1///2/	- 1	
11-7-16		ς.	The	Port	P	Her	nity of	nyla	MININ) / -	9 2	016		
gencies Notified Type Notification										200	. (~ <u> </u>	4017	
EPA Initial Amended			City. S	itate, Zip Co	de	4 4	St Eapy	CSPAC	ASBES	163	CON	TRE	£ &	
DOL Amendment	-		A 15	14 aV06		V 7	T 072	N L		LIGEN	ISIN	<u>G</u>		
Emergency (justification)	including	9		of Contact	(0)	1/	3 () 10	Tel	lephone Nu	umber				
DCA Cancellation			LL	lay P	nan	Ha		1.	10 2000 - 1000 -					
			FA	CILITYINFO	RMATI	ON						-		
Name of Facility Where Abatement is Taking				011	,		Type of Facilit	y (4)						
Street Address Warry		M(1	ial_	Bldg	13		School (F Subchap Other (i.e	ter 8 (Oth	er than K-	12) sial bui	ldinge	hom	ane.	
Mansh & Export She	45						etc.) Square Feet		f Floors		Bldg. A		CS,	
Masauk nJ							7500		2			J		
County (6)		ġ.	County	/ Code (7)			Current Use (F	Prior if be	ing demolis	shed)				
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Name of Monitoring Firm Hired by Building C	wner (8)	ASC	M No.			of Abatement C		1	1	1)	
44 WAGNJ					3	50	E EMU	HYOM.	Mento	WI	100	1		
Street Address							Address	NI	1 11					
241 Erie St							80 MH	(0/21	h Kd		90			
City, State, Zip Code	0	72	10			City/S	tate, Zip Code	el a	PA (8	243	6			
Project Manager for Monitoring Firm		1	Teleph	one No.		Teleph	one No.		License I	-				
Uday Mento			201-	595-4	1881	570	53834	(51	01	211	0			
Start Date (10)	Schedul	ed Cor	npletion	Date (11)		Name of	of OSHA Monito	OF .		1	\cap		58	
11/21/16	12		e // (0		50	EEN	Jira	V NUSY	140	<u>()</u>			
Occupancy Status During Abatement (Check			<i>i</i> :		-	1	Address	111	-101				50	
Facility Closed/Vacated During Entire Proceeding Abatement Performed Outside of Normal	eriod of	Abaten Abaten	nent		,		tate, Zip Code	Can I	o Kd					
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Scope of Work (Check All That Apply)			*5			- 10	INO FIRE	~ 111	(.0 1 -					
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Location of	N	Vormal	ly		Desc	cription (of			-	Ту	pe	-	
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In Facility.	Cust	odial S	Staff?	(i.e. u		ng, VAT	insulation, , or		pecify or LF)	Remova	Repair	Encapsulate	Enclosure	
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	Yes	No	N/A									6		
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Special Placer Annex		X		2:00	11/2	100-	ticm	14	1.4-	7-				
		1/	-	Charles	14125	-		1 1	S IF	-				
Name of Registered Waste Hauler		AN	JDEP W	aste	Cubic Y		OM/OUND		ed Landfill					
Market 1 / 2 / 1 / 2 / 2		Ha	auler ID	No.	of Waste			^		Ť				
warden waste		N	J-87		<u></u>	<u>ک</u>	WW		SWC					
Beron NT				I	Disposa 121 f	Date	City, Sta	te Nytob	nako -	PA				
Completed by	Title /	7.1	A		Sig	nature,	1/11/14	1/1/	Da	te /		,		
Mariah Wheeler		W/K				MA	PHAS	W	4	1/1	7/	6		