State of New Jersey

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Date of Notification (1) 10/21/16 Agencies Notified Type Notifica EPA DEP DEP DOL 64350 Amend		Stree 400 City,	onia et Ad Blai State					22	BESTO			
DOH 4148 ☐ Emerg		Name Tyso	on G	Contact Sarvey					Telep	hone	Nun	nber
Name of Facility Where Abatemer Colonial Pipeline Linden Jun Street Address			CIL	ITY INFO		I (K-12)	·					
400 Blair Road						(i.e. priva	Other than Kate & comment # of Floors		ngs, ho Bldg. A		etc.)
	County (6) C	ounty	Code	e (7)	Current Use	e (Prior i	f being demo	lished)				
Name of Monitoring Firm Hired by Apex Companies Street Address 8854 Rixview Lane	Building Owner (8	3)	AS	SCM No.	Street Address 1123 Beav	vironm ess er Stre		9)				
City, State & Zip Code Manassas, VA 20109 Project Manager for Monitoring Firm Will Thomas Scheduled Start Date (10)		phone -656-2	875		City, State & Bristol, PA Telephone Name of OS	19007 Number 1040		License I	Numbe	ſ		
11/7/16 Occupancy Status During Abateme	nt (Check only on ring Entire Period ide of Normal Ho patement	7/16 ie) of Aba			Street Addre 1123 Beav City, State & Bristol, PA	ess er Stre	et de					
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Exterior Pipeline					Pipe Gask	cets		30 Ea				
Name of Registered Waste Hauler Disposal by Owner		NJD Haul			bic Yards Waste 1 Cu Yd	Name	of Registered	Landfill		Ш	Ш	
Completed By (Print or Type)		Title		Sig	sposal Date 11/7/16 gnature	City, St			Date			
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	Notification (1) 9 / 19 / 16 S Notified ND S Notified ND S Notified Type Notification Initial Amended Amendment #3-11/4/1 Emergency (including justification) Cancellation Facility Where Abatement is Taking Place (1) ##1434 (Willowbrook Mall) Iddress Highway 46 B Solatic Monitoring Firm Hired by Building Owner (8) Ive Environmental Solutions Idress Idress Ist 37th Street, 14th Floor Initial Initia		Se	ars Hold	ings	3									
Agencies Notified	Notification (1) 9 / 19 / 16 Type Notification Initial Amended Amendment #3-11/4/1 Emergency (including justification) C 5:23-8) Facility Where Abatement is Taking Place (1) ### ### ### ### ### ### ### ### ### #		Stree	t Address				Ā	SBEST	OS	COI	VTR	01.8		
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(NJAC 5:23-8)	justificat	tion)			Name	e of Contac	ct			Telepho	ne Numb	er			
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County (6)	Notification (1) 9 / 19 / 16 s Notified Type Notification Initial MD		Cou	nty Code (7	7)(ST	ATE USE ONLY)	Current Use (Pr	rior if being	demolisi	ned)					
Passaic	Notification (1) 9						Department	t Store							
Name of Monitoring Firm I	Notification (1) 9	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9))							
Creative Environme	Notification (1) 9				1	BRISTOL EN	VIRONMENTA	L, INC.							
Street Address	Notification (1) 9				Str	reet Address									
39 West 37th Street,	Notification (1) 9				1	1123 BEAVER	R STREET								
City, State, Zip Code	Notification (1) 9 / 19 / 16 Is Notified Type Notification Initial Amended Amendment #3-11/4/1 Emergency (including justification) Cancellation Facility Where Abatement is Taking Place (3 a #1434 (Willowbrook Mall)) ddress Highway 46 e 66 aic Monitoring Firm Hired by Building Owner (8) ive Environmental Solutions ddress est 37th Street, 14th Floor te, Zip Code York NY 10018 Manager for Monitoring Firm r Soler te (10) Cy Status During Abatement (Check only one ty Closed/Vacated During Entire Period of Abatement: AMPM/9:00 PM- Work (Check all that apply) or ≥3 If of Abatement: Location of stos-Containing Material (ACM) TO BE ABATED IN Facility (13) Cock Room Area-2 ND Floor Area of 2 nd Floor	11			Cit	y, State, Zip Co	ode								
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Start Date (10)	Notification (1) 9 / 19 / 16 S Notified Type Notification				Na	me of OSHA M	onitor								
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Occupancy Status During	Notification (1) 9	one)			Str	eet Address									
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Scope of Work (Check all t	that apply)			535-311-4-3-											
☐ ≥3 sf or ≥3 lf			⊠ Re	novati	on					gative Pres	sure				
≥160 sf or ≥260 lf	(Purs Purs Purs Purs Purs Purs Purs				☐ Glovebag	Procedure									
	NOTIFICATION OF ASBE (Pursuant to NJAC n (1) / 19 / 16 Sears Holding Sears Holding Sears Holding Sears Holding Sears Holding Street Address 3333Beverly R City, State, Zip Cool Hoffman Estatt Name of Contact		☐ Non-Exer	npted (*) and No	n-Friable P	rocedure	1								
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	obtification (1) 9 / 19 / 16 Notified Type Notification Initial Amended Amendment #3-11/4/1 □ Emergency (including justification) □ Cancellation acility Where Abatement is Taking Place (#1434 (Willowbrook Mall)) ress Highway 46 conitoring Firm Hired by Building Owner (8) Exemply Environmental Solutions ress t 37 th Street, 14 th Floor Zip Code rk NY 10018 Rager for Monitoring Firm Soler (10) / 3 / 16 Scheduled Cor / 100 / 100 S		,					SF or	LF)	<u>m</u>		sula	LE		
, , ,			Yes	No	N/A		•		ASBESTOS CONT LICENSING Telephone Number	te					
New Stock Room Area	-2 ND Floor					Spray-o	n F	ireproofing		980	SF	\boxtimes			
Middle Area of 2 nd Floo	or		Name of Building Owner/Operator (2)												
Outside New Stock Ro	otification (1) 9 / 19 / 16 Notified		\boxtimes	Spray-o	n Fi	ireproofing		480	SF						
Middle area of first floo	Notification (1) 9 / 19 / 16 Is Notified Type Notification		\boxtimes	Spray-o	n Fi	ireproofing		3000	SF						
Name of Registered Waste	Part					Name of Regis	tered Land	fill							
SERVICE TRANSPOR	Provided			7.75	7.7	MINERVA I	LANDFIL	L							
City, State				1					City, State						
NEW CASTLE, DE 19	720						tk	od	WAYNESB	URG, OH	44688				
Completed By (Print or Typ	e)	Title						Signature	0 1		Date		,	/	
Pat Decaro		Es	stimat	tor				Patrice.	R 1. DU	aco / ot	1 /	1/	4/	16	

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) 9 19 16 Sears Holdings Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **⊠** EPA 3333Beverly Road LICENSING **⊠** DOLWD City, State, Zip Code **⊠** DHSS Amendment #3-11/4/16 Hoffman Estates IL 60179 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Sears #1434 (Willowbrook Mall) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 50 US Highway 46 homes, etc.) City (5) Square Feet # of Floors Bldg. Age wayne 300000 2 76 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Passaic Department Store Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Creative Environmental Solutions BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 39 West 37th Street, 14th Floor 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code New York NY 10018 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Amarr Soler 212-290-6323 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 3 / 16 ON HOLD 1 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/9:00PM-8:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply) □ 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 Used Solely by Remova Repair Encapsulate Enclosure 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 2nd floor M Vat/mastic 8000 SF M Elevator Area (1st floor) П X Mastic 20 SF M П 1st Floor Hallway M Vat/mastic 150 SF M !st Floor Stockroom M Vat/mastic 700 SF \boxtimes Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 30 City, State Disposal Date City, State NEW CASTLE, DE 19720 WAYNESBURG, OH 44688 tbd Completed By (Print or Type) Title Signature Pat Decaro Estimator

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) 9 19 16 Sears Holdings Agencies Notified Type Notification Street Address ASBESTOS CONTROL **⊠** EPA 3333Beverly Road ☑ DOLWD City, State, Zip Code **⊠** DHSS Amendment #3-11/4/16 Hoffman Estates IL 60179 □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number □ Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Sears #1434 (Willowbrook Mall) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 50 US Highway 46 homes, etc.) City (5) Square Feet # of Floors Bldg. Age wayne 300000 2 76 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Passaic Department Store Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Creative Environmental Solutions BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 39 West 37th Street, 14th Floor 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code New York NY 10018 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Amarr Soler 212-290-6323 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 3 / 16 ON HOLD 1 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/9:00PM-8:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply) $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ □ 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 Repair 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 1st Floor Women's Clothing П \boxtimes Fireproofing 360 SF M 1st Floor Women's Clothing/Shoes П \boxtimes Fireproofing 500 SF M П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste MINERVA LANDFILL SERVICE TRANSPORT GROUP, INC.

NEW CASTLE, DE 19720

Completed By (Print or Type)

City, State

30 Disposal Date

thd

Signature

City, State

WAYNESBURG, OH 44688

20990

Title

Estimator

Pat Decaro

ASB-41
MAY 11 PD /6 / / /

^{*} 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) 9 19 16 Sears Holdings Agencies Notified Type Notification Street Address **⊠** EPA LICENSING 3333Beverly Road **⊠** DOLWD □ Amended City, State, Zip Code ☑ DHSS Amendment #2-10/28/16 Hoffman Estates IL 60179 ☐ Emergency (including □ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Sears #1434 (Willowbrook Mall) ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 50 US Highway 46 homes, etc.) City (5) # of Floors Square Feet Bldg. Age wayne 300000 2 76 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Passaic Department Store Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Creative Environmental Solutions BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 39 West 37th Street, 14th Floor 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code New York NY 10018 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Amarr Soler 212-290-6323 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __10__/__3__/__16 3 / 21 / 17 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-____PM/9:00PM-8:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf □ Renovation □ Demolition ■ Non-Exempted (*) and Non-Friable Procedure Is I ocation Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Asbestos Containing Material (ACM) Removal Encapsulate Enclosure 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 1st Floor Women's Clothing П X Fireproofing 360 SF X 1st Floor Women's Clothing/Shoes X Fireproofing 500 SF X NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Name of Registered Landfill Hauler ID No. SERVICE TRANSPORT GROUP, INC. Waste MINERVA LANDFILL 20990 30 City, State Disposal Date City, State NEW CASTLE, DE 19720 tbd WAYNESBURG, OH 44688 Completed By (Print or Type) Title Signature

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Estimator

Pat Decaro

0/6/11

State of New Jersey NOTIFICATION OF ASBESTOS A

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Date of Notification (1) 9 /	10 /	4.0				ding Owner/Operator	(2)	17		
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□ DCA □	☐ Emergency	(inclu		- 1	Hoffman E	Estates IL 60179				
(NJAC 5:23-8)	justification Cancellatio	0.00		Na	ime of Cont	act		Telephone N	umber	
N. C. W. AND				F	ACILITY	INFORMATION				
Name of Facility Where Aba		king Pl	ace (3)				Type of Facility	<i>i</i> (4)		
Sears #1434 (Willowb	prook Mall)						School (K-1	2)		
Street Address							Other (i.e.,	8 (Other than K- private and comm	·12)	nuildina.
50 US Highway 46							homes, etc.)	nercial L	Julialings
City (5)							Square Feet	# of Floors	E	Bldg. Ag
wayne							300000	2		76
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Name of Monitoring Firm Hire			er (8)	ASC	M No.	Name of Abateme	ent Contractor (9))		
Creative Environmenta	al Solutions	3				BRISTOL EN	VIRONMENTA	L, INC.		
Street Address						Street Address		was a series of		
39 West 37th Street, 14	th Floor					1123 BEAVE	R STREET			
City, State, Zip Code						City, State, Zip Co				
New York NY 10018						BRISTOL, PA				
Project Manager for Monitorin	ig Firm		Tele	phone	e No.	Telephone No.		License No.		
Amarr Soler			21	12-29	0-6323	215-788-6040		00509		
Start Date (10)	Sche	eduled	Comple	tion D	ate (11)	Name of OSHA Me	onitor		- 7.55	
10 /3 /16	5	3	/ _21	_ /	17	BRISTOL ENV	/IRONMENTAL	., INC.		
Occupancy Status During Aba	itement (Cher	ck only	one)			Street Address				
☐ Facility Closed/Vacated Du	iring Entire Pe	eriod o	f Abater	nent		1123 BEAVER	STREET			
Abatement Performed Outs	side of Norma	I Facil	ty Hour	s - De	scribe	City, State, Zip Coo				
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cope of Work (Check all that	apply)				-					
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≥160 sf or ≥260 lf Location of Asbestos-Containing Materi TO BE ABATED		Use Ma	Emolition Location Normall Ed Solel aintenan	on y y by	Asbes (i.e.		sure Procedure pted (*) and Non	-Friable Procedu	Aba	1
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Location of Asbestos-Containing Materi TO BE ABATED IN Facility (13) d floor evator Area (1st floor) Floor Hallway Floor Stockroom me of Registered Waste Haul SERVICE TRANSPORT G	ial (ACM)	Use Ma Cus Yes	s Locatic Normally ed Solely sintenan todial S (12) No	on y y by loce/ taff? N/A	Vat/masi Mastic Vat/masi Vat/mast Vat/mast		Name of Registe	Amount (Specify SF or LF) 8000 SF 20 SF 150 SF 700 SF	Aba Removal	1
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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1 10 CX)		,		adiit to itt	JAC 8:60 and 5:	16)	Polt 1	10 7 10 20
Date of Notification (1)				Na	me of Build	ing Owner/Operator	(2)	J. J. L.	
9 /	19 / _	16		1	Sears Hole	dings		L ASBE	STOS CONT
Agencies Notified	Type Notificat	ion		Str	eet Address	3		ASSE	LICENSHIG
				1 :	3333Bever	rly Road		1	AND
⊠ DOLWD		. 42 4	010014	Cit	y, State, Zip				
☑ DHSS ☐ DCA	Amendment Emergency			b F	loffman E	states IL 60179			
(NJAC 5:23-8)	justification) (IIICIUC	ing	Na	me of Conta	act		Telephone Nu	ımher
	☐ Cancellatio							- Cophone ita	moci
			7.		ACILITY I	NFORMATION			
Name of Facility Where Ab	atement is Ta	king Pla	ace (3)				Type of Facility	(4)	
Sears #1434 (Willow	brook Mall)						School (K-12	2)	
Street Address							Subchapter 8	3 (Other than K-1	12)
50 US Highway 46							Other (i.e., pi	rivate and comm	ercial buildings,
City (5)							Square Feet	# of Floors	Bldg. Age
wayne							300000	2	76
County (6)				Co	unty Code (7)(STATE USE ONLY)		_	
Passaic							Department		
Name of Monitoring Firm Hi	red by Buildin	g Owne	r (8)	ASC	M No.	Name of Abateme	The state of the s		
Creative Environment	tal Solution	S					VIRONMENTAL	INC	
Street Address		0.75				Street Address		-, 110.	
39 West 37th Street, 14	4 th Floor					1123 BEAVE	STREET		
City, State, Zip Code						City, State, Zip Co			
New York NY 10018						BRISTOL, PA			
Project Manager for Monitor	ing Firm		Tel	ephone	e No	Telephone No.	15007	License No.	
Amarr Soler	•				0-6323	215-788-6040		00509	
Start Date (10)	Sch	eduled			ate (11)	Name of OSHA M	onitor	00303	
10 / _3_ / _					17		IRONMENTAL	INC	
Occupancy Status During Ab							INCHWIENTAL	, 1140.	
Facility Closed/Vacated D	170		20	mont		Street Address			
Abatement Performed Output Description Abatement Performed Output Description Descrip					scribe	1123 BEAVER			
Time of Abatement:						City, State, Zip Co BRISTOL, PA			
cope of Work (Check all tha	t annly)					BRISTOL, PA	19007		
	· -PP-)/						inment with Nega	tive Pressure	
] ≥3 sf or ≥3 lf] ≥160 sf or ≥260 lf			enovat			Mini-Enclo	sure		
J ≥ 160 St 01 ≥260 II			emolitio	on		☐ Glovebag	Procedure pted (*) and Non-	Eriable Procedu	ro.
		1 1	Locat	ion	T	□ I40II-EXEII	pted () and Non-	rilable Procedu	T
Location of			Norma			Description of			Abatement T
Asbestos-Containing Mate	,	Use Ma	ed Sole intena	ly by		tos Containing Mate		Amount	Encaps Repair Remov
TO BE ABATED	4		todial		(I.e.,	, thermal systems in surfacing, VAT, or		(Specify SF or LF)	Encapsu Repair Removal
IN Facility			(12)			other miscellaneou		01 01 21)	Encapsulate Repair Removal
		1	No	N/A					0
IN Facility (13)		Yes	-				The state of the s	980 SF	
IN Facility (13)	^{ID} Floor	Yes		\boxtimes	Spray-or	n Fireproofing		300 31	
IN Facility (13) ew Stock Room Area-2 ^h	^{ID} Floor					n Fireproofing		1560 SF	
IN Facility (13) ew Stock Room Area-2 ^h iddle Area of 2 nd Floor utside New Stock Room			_		Spray-or				
IN Facility (13) ew Stock Room Area-2 ^h iddle Area of 2 nd Floor utside New Stock Room			_		Spray-or Spray-or	n Fireproofing		1560 SF 480 SF	
IN Facility (13) ew Stock Room Area-2 ^h iddle Area of 2 nd Floor utside New Stock Room occ ddle area of first floor	ı Area-2nd				Spray-or Spray-or Spray-or	n Fireproofing	Name of Register	1560 SF 480 SF 3000 SF	
IN Facility (13) ew Stock Room Area-2 ^h iddle Area of 2 nd Floor utside New Stock Room ddle area of first floor me of Registered Waste Ha	ı Area-2nd		N. Ha	DEP V	Spray-or Spray-or Spray-or Vaste	n Fireproofing n Fireproofing Tireproofing Cubic Yards of Waste	Name of Register	1560 SF 480 SF 3000 SF ed Landfill	
IN Facility (13) ew Stock Room Area-2 ^h iddle Area of 2 nd Floor utside New Stock Room out ddle area of first floor me of Registered Waste Ha	ı Area-2nd		N. Ha	⊠ ⊠ DEP V	Spray-or Spray-or Spray-or Vaste	n Fireproofing n Fireproofing Cubic Yards of Waste 30	MINERVA LA	1560 SF 480 SF 3000 SF ed Landfill	
IN Facility (13) ew Stock Room Area-2 ^h iddle Area of 2 nd Floor utside New Stock Room ddle area of first floor me of Registered Waste Ha SERVICE TRANSPORT	uler GROUP, INC		N. Ha	DEP V	Spray-or Spray-or Spray-or Vaste	n Fireproofing n Fireproofing Cubic Yards of Waste 30 Disposal Date	MINERVA LA City, State	1560 SF 480 SF 3000 SF ed Landfill NDFILL	
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IN Facility	uler GROUP, INC		N. Ha	DEP V	Spray-or Spray-or Spray-or Vaste	n Fireproofing n Fireproofing Cubic Yards of Waste 30 Disposal Date tbd	MINERVA LA City, State	1560 SF 480 SF 3000 SF ed Landfill NDFILL	

V V CC				(Pui	rsuant to N	NJAC 8:60 and	5:16)	I A	2 3			
Date of Notification (1)	19 /	16			Name of Buil	lding Owner/Opera	tor (2)		1	HOY	-	0
									<u></u>	-		
Agencies Notified	Type Notif	cation			Street Addres				ASBE	SIL	JS (iO.
Ø DOLWD	☑ Initial ☑ Amend	ad		L	3333Beve			L		LIC	EN	SIA
☑ DHSS		nent #\$	10/2	0/16	City, State, Zi							
DCA	☐ Emerge				Hoffman I	Estates IL 6017	9					
(NJAC 5:23-8)	justifica Cancella	N 200-000	-	1	Name of Cont	tact		Telephone	Numbe	er		
					FACILITY	INFORMATION						
Name of Facility Where A			Place	(3)			Type of Facilit	y (4)				-
Sears #1434 (Willow	wbrook Ma	111)	AT-100 1 CH -				School (K-	12)				
Street Address					N. T.		Subchapte	r 8 (Other than	K-12)			
50 US Highway 46							homes, etc	private and cor	nmercia	al buil	dings	٥,
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wayne							300000	2		76		0
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Passaic						() () () () ()	Departmen		nonsne	۵)		
Name of Monitoring Firm H	lired by Build	ding Owr	ner (8)	AS	CM No.	Name of Abstor	nent Contractor (9					
Creative Environmen			.5. (0)	1	OWN INU.							
Street Address	Tan Colum	7113					NVIRONMENTA	L, INC.				
39 West 37th Street, 1	4th Eleon					Street Address						
	4 F1001					1123 BEAVE						
City, State, Zip Code						City, State, Zip C	Code					-
New York NY 10018				Linear Control		BRISTOL, P.	A 19007					
Project Manager for Monitor	ring Firm		1	elepho	ne No.	Telephone No.		License No.				
Amarr Soler				212-2	90-6323	215-788-604	0	00509				
Start Date (10)	S	cheduled	Com	pletion	Date (11)	Name of OSHA	Monitor					_
10 /3 /	16	3	/_	21	17	BRISTOL EN	VIRONMENTAL	_, INC.				
Occupancy Status During Ab	patement (C	heck onl	y one)			Street Address			-			100
☐ Facility Closed/Vacated D	ouring Entire	Period (of Aba	tement		1123 BEAVE	RSTREET					
Abatement Performed Ou						City, State, Zip Co	3.7-0					
Time of Abatement:	_AM	PM/ <u>9:00</u>	PM-8	:00AM		BRISTOL, PA						
cope of Work (Check all tha	t apply)		-			BRISTOL, FA	13007					_
		_					ainment with Nega	ative Pressure				
] ≥3 sf or ≥3 if] >160 sf or >260 if			enova emoli			Mini-Encl Mini-En	osure					
2 2 100 51 01 2200 11			emon	HOH		☐ Glovebag	Procedure npted (*) and Non	Eriable Dressed				
		1 1	s Loc	ation	T		inpice () and reon	-rilable Proced				
Location of		1000000	Norm	-		Description of			At	atem	ent T	yF
Asbestos-Containing Mate				lely by ance/		tos Containing Mat	erial (ACM)	Amount	Re	Repair	En	-
TO BE ABATED IN Facility		100000000000000000000000000000000000000		Staff?	(i.e.,	thermal systems in surfacing, VAT,		(Specify	Removal	pair	cap	
(13)			(12)		other miscellaneo		SF or LF)	<u>a</u>		Encapsulate	
		Yes	No	N/A			/				ite	
Floor Women's Clothin	na			×	Fireproof	fina		360 SF	N			-
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ne of Pagistered Mosts Have	lor				N/anta I a	V. L. 1						L
ne of Registered Waste Hau		^	1 1 1 1 1 1	JDEP V auler ID		Cubic Yards of Vaste	Name of Register					10.50
ERVICE TRANSPORT G	KOUP, IN	U.	100	20990		30	MINERVA LA	NDFILL				
State							City, State					-
EW CASTLE, DE 19720						tbd	WAYNESBUR	G, OH 44688				
pleted By (Print or Type)	Title	9				Signature						
at Decaro	1	stimate	25			21-1	J. DeCare	/ Dat	0/20	1,1		
1						Januck ,	1. Mare	141	1	114	()	

SB-41 AY 11 PO 16/11

State of New Jersey

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Date o	f Notification (1)	19 /	1	6	-	1	Sears H	ilding Owner/C oldings	perato	r (2)	7	BES			
Agenci ⊠ EPA ⊠ DOI		Type Notifi ☑ Initial ☑ Amende						erly Road					LIGE		
□ DC	SS A	Amendr	ency (ir			16		Estates IL	60179						
(NJA	AC 5:23-8)	justifica Cancella				N	ame of Co	ntact			Telephone N	umbe	r		
							FACILITY	/ INFORMAT	ION						
	f Facility Where A s #1434 (Willow			g Pla	ace (3	3)				Type of Facility School (K-1)	2)				
Street A	ddress S Highway 46									Subchapter Other (i.e., p	rivate and comr	-12) nercia	al buil	dings	·
City (5) wayn	e									Square Feet 300000	# of Floors		Bldg	, Age	;
County (С	ounty Cod	e (7)(STATE USE	ONLY)	Current Use (Pri		olishe			
	Monitoring Firm H	dired by Build	dina O	wne	r (8)	ASC	CM No.	Name of A	hatem	ent Contractor (9)	Store				
Creat	ive Environmer	CONTRACTOR DESCRIPTION			. (0)		J.V. 110.			VIRONMENTAL	_, INC.				
Street Ac 39 We	ldress est 37 th Street, 1	14 th Floor						Street Add		R STREET					
City, Stat	e, Zip Code							City, State	, Zip Co	ode					
New Y	ork NY 10018							BRISTO	DL, PA	19007					
Project M	anager for Monito	ring Firm			Te	elephor	ne No.	Telephone	No.		License No.				1704171
Amarr	Soler					212-29	90-6323	215-788	-6040		00509				
Start Date	3 5	1.0	chedu	led	Comp	letion I	Date (11)	Name of O	SHA M	onitor	1				
	/ 3 / _					21_ /	17	100,000,000,000		/IRONMENTAL	, INC.				
	y Status During A							Street Addr		2022					
	Closed/Vacated I									STREET					
Time o	f Abatement:	_AM						City, State, BRISTO							
	Vork (Check all that ≥3 If or ≥260 If	at apply)	E	20000000	enova			⊠ Mir ⊠ Glo	ni-Enclo	ninment with Negar osure Procedure opted (*) and Non-		re			
					Loca							Ai	patem	ent T	уре
Asbesto	Location of os-Containing Mate TO BE ABATEL			Use Ma	d Sol intena	ely by		Descrip estos Containin e., thermal syst	ng Mate tems in	sulation,	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
	IN Facility (13)		-	es	(12) No		-	surfacing, other misce			SF or LF)	/al		sulate	ure
d floor]		\boxtimes	Vat/ma	stic			8000 SF				
evator A	rea (1st floor)]			Mastic				20 SF	\boxtimes			
Floor H	iallway						Vat/mas				150 SF	\boxtimes			
	tockroom					\boxtimes	Vat/mas	stic			700 SF				
	gistered Waste Ha		NC.		H	JDEP V	D No.	Cubic Yards of Waste	of	Name of Registere MINERVA LAP					
						20990									\dashv
, State	TRANSPORT	GROUP, II	NC.			20990		30 Disposal Date		MINERVA LAI City, State	NDFILL		_	2000	

ASB-41 MAY 11 PP /6///

Pat Decaro

NEW CASTLE, DE 19720

Title

Estimator

Completed By (Print or Type)

tbd

Signature

WAYNESBURG, OH 44688

Date

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

Date of Notification (1)									fa			
					Building Owi	ner/Operato	r (2)	10000	J			
9 / -	19 /	16	_	Sears	Holdings			S. S	LODI	F:07	TO 0	~~
Agencies Notified	Type Notific	ation		Street Add	dress				ASB		ICE	
⊠ EPA				3333Be	everly Roa	ıd		Famous			nes nonemen	
⊠ DOLWD			60120140	City, State	, Zip Code	,						
☑ DHSS □ DCA	Amendme			Hoffma	n Estates	IL 60179						
(NJAC 5:23-8)	justification		Julia	Name of C	ontact			Telepi	hone Nu	mbe	er	
	☐ Cancellat	ion									50	
				FACILIT	TY INFORI	MATION						
Name of Facility Where Al	batement is T	aking P	lace (3)				Type of Facil	lity (4)				-
Sears #1434 (Willow	wbrook Mall)					School (K	-12)				
Street Address							Subchapte	er 8 (Other	than K-1	2)		
50 US Highway 46							Other (i.e. homes, et	, private an (c.)	d comm	ercia	al buil	ding
City (5)							Square Feet	5.50	loors		Bldo	g. Ag
wayne							300000	2	15515		76	_
County (6)				County Co	de (7)(STATE	E USE ONLY)	Current Use (Prior if bein	o demol	isher		
Passaic				-	The state of the s		Departme		3 -0.1101	.51100	-/	
Name of Monitoring Firm H	lired by Buildin	ng Own	er (8)	ASCM No.	Name	e of Abateme	ent Contractor (
Creative Environmen	11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -						VIRONMENT					
Street Address						Address		, INO.				
39 West 37th Street, 1	4th Floor					3 BEAVER	STREET					
City, State, Zip Code						State, Zip Co				-	-	
New York NY 10018					1	STOL, PA						
Project Manager for Monitor	rino Firm		Teler	hone No.		none No.	15007	Linna	- 11-			-
Amarr Soler				2-290-6323	1	-788-6040		Licens				
Start Date (10)	104				210	-700-0040		0050	09			
	1500	PULLEY	Completi	on Data (11)	Nome	of OCHA M	nitor	500		-		
	Court I was a second			on Date (11) / 17		of OSHA Mo		LINC				
10 / _3_ /	16	3	/ _21	on Date (11) / 17	BRIS	STOL ENV	onitor IRONMENTA	L, INC.				
10 / 3 /	16	3 eck only	/ <u>21</u> / one)	/ 17	Street	STOL ENV Address	TRONMENTA	L, INC.				
	16 Datement (Che	3 eck only Period o	/ 21 one) of Abatem	/ <u>17</u>	Street /	STOL ENV Address BEAVER	TRONMENTA STREET	L, INC.				
	patement (Che During Entire F utside of Norm	3 eck only Period o	/ 21 one) of Abatem ity Hours	ent - Describe	Street / 1123 City, St	STOL ENV Address BEAVER ate, Zip Coo	STREET	L, INC.				
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10 / 3 / Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: Decupe of Work (Check all that 23 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mate	patement (Che During Entire F Itside of Norm AM-P It apply)	3 Period c al Facil M/9:00	/ 21 / one) of Abatem ity Hours PM-8:00 enovation emolition s Location Normally ed Solely	ent - Describe AM	Street / 1123 City, St BRIS	Address BEAVER B	STREET The street with Negsure Procedure pted (*) and No rial (ACM)	gative Press	rocedure	Ab	1	T
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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) 9 19 16 Sears Holdings Agencies Notified Type Notification Street Address ASBESTOS CONTRU Ø EPA 1062 ☑ Initial 3333Beverly Road LICENSING DOLWD 1048 ☐ Amended City, State, Zip Code Amendment # Ø DHSS 1055 Hoffman Estates IL 60179 ☐ Emergency (including) □ DCA Name of Contact justification) (NJAC 5:23-8) Telephone Number ☐ Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Sears #1434 (Willowbrook Mall) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 50 US Highway 46 homes, etc.) City (5) Square Feet # of Floors Bldg. Age wayne 300000 76 County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Passaic Department Store Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Creative Environmental Solutions BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 39 West 37th Street, 14th Floor 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code New York NY 10018 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Amarr Soler 212-290-6323 215-788-6040 00509 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 10 / 3 / 16 __3 / 21 / 17 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/\$PM-8AM BRISTOL, PA 19007 Scope of Work (Check all that apply) Full Containment with Negative Pressure] >3 sf or >3 lf □ Renovation Mini-Enclosure 3 >160 sf or >260 lf □ Demolition ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Encapsulate Enclosure 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 w Stock Room Area-2ND Floor X Spray-on Fireproofing 980 SF Ø ddle Area of 2nd Floor X Spray-on Fireproofing 1560 SF X tside New Stock Room Area-2nd \boxtimes Spray-on Fireproofing 480 SF X П idle area of first floor Ø Spray-on Fireproofing 3000 SF M ne of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste ERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 30 State Disposal Date City, State EW CASTLE, DE 19720 tbd WAYKESBURG, OH 44688

Signature

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pleted By (Print or Type)

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Estimator

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Ch#3095

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1) 9 / 19	_ / _	16			Name of Buil	ding Owner/Operate	or (2)	The state of the s	11	<u>راللہ</u> 110		
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				-	FACILITY	INFORMATION						
Name of Facility Where Abaten	nent is T	aking l	Place (3)			Type of Fac	ility (4)				
Sears #1434 (Willowbro	ok Mall)					School (I	<-12)				
Street Address							Subchap	ter 8 (Other than	n K-12)	25000 0.000		
50 US Highway 46							homes, e	e., private and co	ommerc	ial bu	uilding	}S,
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Name of Monitoring Firm Hired b	y Buildir	ng Owr	ner (8)	AS	CM No.	Name of Abatem					-	
Creative Environmental S	olution	S				BRISTOL EN		36770				
Street Address						Street Address						
39 West 37th Street, 14th Fi	oor					1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C	ode					
New York NY 10018						BRISTOL, PA	19007					
Project Manager for Monitoring Fi	rm		Te	elephor	ne No.	Telephone No.		License No)			
Amarr Soler				212-2	90-6323	215-788-6040		00509				
Start Date (10)	Sch	eduleo	Comp	letion I	Date (11)	Name of OSHA M	onitor					-
10 /3 /16	_	3	/ _2	21 /	_17	BRISTOL EN	/IRONMENT	AL, INC.				
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□ Emergency (□ DOH justification) □ DCA Cancellation	including		Name of	Contact					Tele	phone Nun	nber			
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Name of Facility Where Abatement is Taking	g Place (3)	FACIL	LITY INFO	RMATI	ON	Тур	oe of Facility (4)					-
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County (6) Bergen			County C (STATE U	Code (7) ISE ONLY)	·			rrent Use (Pri			ied)			
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Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 973-		No. 2-4244		License N 01155	0.			
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TO BE ABATED In Facility	Cust	todial S (12)	Staff?	(1.e.	surfa	cing, VA	AT, o	r		or LF)	Remova	Repair	Encapsulate	Enclosure
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Project Manager for Monitoring Firm		l elep	DHOHE I		(7	32)899-749	9	0,11				
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gencies Notified	Type Notification			et Addre		10									
T EPA	× Initial		-		ris Avent Zip Code	70				77.55					
DEP	Amended Amendment #				J,07083					- 100					
DOL	Emergency (in		0.2500	me of Co				15.5		Tele	phone Num	ber			
DOH DCA	justification) Cancellation				LOESSE	EL									
DCA	L Calicellation		_	FACILIT	Y INFORI	OITAN	N			-					_
Name of Facility Whe	ere Abatement is Taking	Place (3)						Туре	of Facility						
Washington Sch								×	School (K-	r 8 (Oth	er than K-12)			
Street Address								Ä	Other (i.e.	private &	& commercia	l buildin	gs, ho	mes,	
301 Washington	street							Can	etc.) are Feet	# 01	Floors	Blde	g. Age	3	
City (5)	viii							N/A		N/		N/A			
Union				unty Co	do (7)					rior if bei	ng demolish	ed)			_
County (6)			(51	TATE US	EONLY) .				HOOL		•				
Union	er that to building	luner (9)		ASCM N	No.	T		of At	atement Co						
Name of Monitoring	Firm Hired by Building C mental Services ,in	C (o)	100	00120					BATEMEN						
	IIIelital Selvices ,III						Street	Addr	ress						
Street Address 208 HUYLER S	TREET						CHARLES TO		lin St						
City, State, Zip Code									Zip Code						
South Hackens	ack ,ni ,07606								,NJ ,07	524	1	120			_
Project Manager for				elephone			Telep				License N 01274	0.			
Geiser Fajardo					4-8135		N. 50 AND THE CO.		5-5144		01214				
Start Date (10)		Schedule		letion D	ate (11)		Name	of O	SHA Monit	or NTIIC					
11/23/2016		11/30/2					Stree			41					
	During Abatement (Chec								klin stree	t					
× Facility Closed	/Vacated During Entire	Period of A	bateme	ent			154000 E		, Zip Code						
Abatement Pe Other – Descri	rformed Outside of Norr	nai Facility	nouis			_			n ,NJ,07	524					
_						-									
Scope of Work (Ch	eck All That Apply)	Пр	enovati	ion							th Negative	Pressur	е		
≥3 sf or ≥3 lf ≥160 sf or ≥26	O If		emolitic					X	Mini-Enclos Glovebag F	rocedur	e				
									Non-Exem	oted (*) a	and Non-Fria	ble Prod	cedur	9	_
		1-	Landin											ment pe	
		1	Locatio Normally	у		De	escription	on of					1.3		Ī
	cation of aining Material (ACM)		d Solel		Asbest	os Cor	ntaining	Mate	erial (ACM) sulation,		Amount (Specify	Z	71	Encapsulate	
TOB	E ABATED		todial S		(i.e.	surfa	acing, \	/AT,	or		SF or LF)	Removal	Repair	apsı	
Ir	Facility (13)		(12)			other	miscell	laneo	ous)			va va	=	ılate	
	108 50	Yes	No	N/A											-
CDAN	MI SDACE		X		F	PIPE	INSU	_AT	ION		200LF	X			1
	CRAWL SPACE					EBR	IS CL	EAN	I UP		TBD				
CRAV	CRAWL SPACE														
															1
						Tall	le Verd		Nam	e of Rea	istered Land	fill	1		1
Name of Registere	ed Waste Hauler			IJDEP V lauler ID			ic Yard /aste	۵	10000		ENTERP		SES		
TRI STATE TE			1000000	I/A		N/A			IVIII	IERVA	LIVILINE	INOLO			_
							osal D	ate	City,	State	RVA RD \	MVNI	FCB	URC	,
City, State 1199 RANDAL	L AVE BRONX NY					TBI			900	MINE	KVA KU I	-		0110	
		Title					Signa	ture					/201	6	
Completed by VICTOR ESPI		Title	OJEC.	T MAN	IEGER		Signa	ture				Date 11/02	/201	6	

Check#2638

MAY 11

Date of Notification (1)		î	Name o	f Building	Owner/Operator (2	2)					
11/04/16	_	N	lara G	lauberg							
Agencies Notified Type Notification		_		Address		1	NOV 10	201)		\neg
⊠ EPA ⊠ Initial											
□ DOLWD			City, St	ate, Zip Co	ode	***************************************			-		
☐ DCA ☐ Emergency (inc				Plains, N	J 07950						
(NJAC 5:23-8) justification)				f Contact			Telephone Number				
Cancellation		IN.		lauberg		2					
	D		FAC	ILITY INF	ORMATION	T	1				_
Name of Facility Where Abatement is Taking	Place (3)				Type of Facility (School (K-12)					
Private house Street Address						Subchapter 8	(Other than K-1 2)				
Street Address						Other (i.e., p homes, etc.)	rivate and commercia	al buil	dings		
City (5)						Square Feet	# of Floors	Bld	g. Ag	ė	-
Morris Plains, NJ 07950											
County (6)			County	Code (7) (STATE USE ONLY)	Current Use (Pr	or if being demolishe	ed)	2,100		
Morris											
Name of Monitoring Firm Hired by Building C	wner (8) A	SCM N	lo.	Name of Abateme	ent Contractor (9)					
					Gr Tech LLC						
Street Address					Street Address	10.00					
City, State, Zip Code					576 Valley Rd # City, State, Zip C				-		
Oity, Otate, 219 0000					Wayne, NJ 0747						
Project Manager for Monitoring Firm		Telep	phone N		Telephone No.	70	License No.				
					973-638-1777		01127				
	uled Co				Name of OSHA N	Monitor					
	1 /	15	_ / _	16	Envirovision Co	onsultants,Inc					
Occupancy Status During Abatement (Check					Street Address						
Facility Closed/Vacated During Entire Pe				arib o	20-21 Wagaraw		35E				
Abatement Performed Outside of Normal Time of Abatement:AMPI	radiity //	PM_	s - Desi	LM.A	City, State, Zip C						
Scope of Work (Check all that apply)					Fair Lawn, NJ 0		nation with negative	oress	ure		-
					Full Cor	tainment with Ne					
>3 sf or >3 If > 160 sf or >260 If	Rei	novatio molitio			Mini-End	closure	Tent with Negative F	Press	ure		
2					Non-Exe	empted (*) and No	on-Friable Procedure		1		
		Locati Iormal				29		Aba	ateme	ent Ty	/pe
Location of Asbestos-Containing Material (ACM)		d Sole		Ashes	Description stos Containing Ma		Amount	Re	Repair	Enc	Enc
TO BE ABATED	7,000,000	ntena			., thermal systems	insulation,	(Specify	Remova	paii	aps	Enclosure
IN Facility (13)	Cust	odial \$ (12)	stan /		surfacing, VAT other miscellane		SIF or LF)	val	_	Encapsulate	ure
(10)	Yes	No	N/A		other imposition.	,				æ	
First floor	П	П	\boxtimes	VAT flo	or tiles		350 SF	X	П	П	
		П					30 LF	\boxtimes	П		П
Crawl space				Pipe inst				X	H		
Basement	닏			VAT flo	or tiles		500 SF				
		Ц	CD West	Hauler 15 M	Double Visit 1921	to No.	stored Landfill	Ш	Ш	Ш	Ш
Name of Registered Waste Hauler		1			Cubic Yards of Was						
Gr Tech LLC		(003378	35	TBD	T.R.R.F. Inc					
City, State					Disposal Date	City, State					
Wayne, NJ 07470 Completed By (Print or Type) Titl					TBD	Tullytown, F	A Dat	e		-	
35					Signature	Al r			5)		
N.Jevtic Ow	ner				//	Yewic Wene	10/)4/16	,	3-0-0-0	

State of New Jersey

		N			OF ASBE				CI)	OR	B 1	5	79	4	-
Date of Notification (1) 11/4/16					Building (Pagani		erator	(2)				<u> </u>		-	
Agencies Notified	Type Notification			Street Ac	idress										
▼ EPA	Initial										WOV I	9 3	110		
DEP	Amended				te, Zip Co	de									
Ĭ DOL	Amendment Emergency			Clifton,	Water Comment										
□ DOH	justification)	•			Contact					Tele	ephone Num	ber			
DCA DCA	Cancellation)		Patrick						-					
Name of Facility Where	Ahatement is Takir	n Place (3	1	FACIL	ITY INFO	DRMATIC)N	Type	of Facility (4))					
rvanic or racinty vincio	Abatement to Tunn	19 1 1400 (0	/												
Street Address								H	School (K-12 Subchapter 8		er than K-12				
								×	Other (i.e. pri	vate 8	commercia commercia	build	lings,	home	es,
City (5)								Squ	etc.) are Feet	# of	Floors	В	ldg. A	ge	
Clifton								240		2		7	0		
County (6)				County C				Curr	ent Use (Prior	if bei	ng demolishe	ed)			
Passaic				STATE L	ISE ONLY)										
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				atement Cont						
							ABS	Env	ironmental	Serv	ices, LLC				
Street Address							Street			t- D					
									83, 4 E Ga	ite Di	rive				
City, State, Zip Code									Zip Code d, NJ 07418	R					
Desired Manager for Man	otal ord or misso			Talanhar	an Nin		Teleph				License No				
Project Manager for Mor	nitoring Firm			Telephor	ie ivo.		973-				703				
Start Date (10)		Schedule	ed Corr	noletion [Date (11)				SHA Monitor						
11/14/16		12/31/1		ipiotioi i	Julio (11)			0, 0							
Occupancy Status Durin	ng Abatement (Che	ck Only Or	ne)				Street	Addre	ess					110000	
Facility Closed/Vac	cated During Entire	Period of A	Abatem	ent		- 1									
Abatement Perforn	ned Outside of Nori					T	City, S	State,	Zip Code						
X Other - Describe:	pasement and attic		-			-									
Scope of Work (Check A	All That Apply)						_	_							
≥3 sf or ≥3 lf		PROPERTY.	Renova				-		ull Containme	nt with	Negative P	ressu	re		
× ≥160 sf or ≥260 lf			emolit	ion			>		ini-Enclosure lovebag Proce	edure					
								97 0000	on-Exempted		d Non-Friabl	e Pro	cedur	е	
		12	Locati										Abate	ement pe	
Locatio		4	Normal d Sole				cription		W 2012/800	727			Ι,	-	Ī
Asbestos-Containing TO BE AB			intenar			tos Conta thermal:					mount Specify	70	_	En	Ш
In Faci		Cus	todial S (12)	Staff?	(1.0.	surfac	ing, VA	T, or	2		or LF)	Remova	Repair	aps	Enclosure
(13)			(12)			other m	iscella	neous)			oval	air	Encapsulate	sure
		Yes	No	N/A										m m	
basem	nent			Х		pipe	insula	ation		8	O LF	х			
attio	3			Х	V	ermicul	lite ins	sulati	on	50	00 SF	x			
	5.														
Name of Registered Wa	ste Hauler		659	JDEP W auler ID		Cubic \ of Was			Transaction of	. 337	ered Landfill				
Freehold Cartage			200	5959	140.	TBD	ic.		Western	Berl	ks Landfill				
City, State			1			Dispos	al Date	:	City, State						
Freehold, NJ						TBD			Birdsbor	o, P/	Д				

Date 11/4/16

Signature

Completed by A. Scott Higgins

Title

President

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(1)	Λ	1/2	Mar
(tto	011	10)	(T)
10	11	1	

Date of Notification (1) 11/4/16					Building O DiGiuseu		oerator (2)							
Agencies Notified EPA	Type Notification X Initial			treet Ad	dress e, Zip Cod	lo.					140A	10	201	û	
DEP X DOL	Amended Amendment		_ [Denville	e, NJ 07								e e		4
DOH DCA	justification) Cancellation	no.com/g	11 622	lame of Diane	Contact					Tal	onhone Num	*			
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	ITY INFO	RMATIC		Туре	of Facility (4)					
home Street Address								S X	school (K-12 Subchapter 8 Other (i.e. pr tc.)	(Oth	er than K-12 & commercia) il build	ings,	home	s,
City (5) Denville								Squar 2200	e Feet	2	f Floors	70	dg. A	ge	
County (6) Morris				County C STATE U	ode (7) ISE ONLY)			Currer	nt Use (Prio	r if bei	ng demolish	ed)			
Name of Monitoring Firm	Hired by Building C	Owner (8)		ASCM	No.				ement Cont onmental		(9) rices, LLC				
Street Address							Street A		s 3, 4 E Ga	ate D	rive				
City, State, Zip Code							City, St Gleny		p Code NJ 0741	8					
Project Manager for Mor	nitoring Firm		Т	elephor	ne No.		Teleph 973-7	764-22	276		License No 703	ο.			
Start Date (10) 11/21/16		Scheduled 12/31/16		pletion [Date (11)		Name	of OSH	IA Monitor						
Occupancy Status Durin	g Abatement (Chec	k Only One)				Street	Addres	S						
	ated During Entire F ned Outside of Norm basement and attic			ent			City, St	tate, Zi	p Code						
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Security of	novat moliti				×	Min Glo	i-Enclosure vebag Proc	edure	n Negative P			9	
		1 2 1	ocatio	nn.					Zxomptos	17-41		T	Abate	ement	
Locatio Asbestos-Containing TO BE AB in Faci (13)	Material (ACM) ATED lity	No Used Mair	Solel Solel itenan idial S (12)	y y by ce/		os Cont thermal surfa	scription aining M systems cing, VA niscellan	laterial insula T, or		(Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A				1 4'		4	200 05			æ	
attio				X	V	ermicu	ilite ins	ulatio	n	1,.	200 SF	X			
attio	2	-	Seques-							-		-			
		1													
Name of Registered Wa	ste Hauler		N.	JDEP W	/aste	Cubic	Yards		Name of I	Regist	ered Landfill				
Freehold Cartage			100000	auler ID 1959	No.	of Wa			01/0.505.501/		ks Landfil				
City, State Freehold, NJ						Dispo: TBD	sal Date		City, State Birdsbo						
Completed by A. Scott Higgins		Title Presid	dent			S	Signature		p	_	Da	ite 1/4/16	3		

mo# 19607435313

Date of Notification (1) 11/03/2016					Building Control		perator ((2)	1917							
Agencies Notified	Type Notification			Street A	ddress					8	1401	/ 1	U	2016		
× EPA × DEP × DOL	X Initial Amended Amendment Emergency (_ [West (te, Zip Cod Drange, I		052								- X	
☑ DOH DCA	justification) Cancellation	g			Contact Schildine	r			14	Tele	ephone	Numi	oer -			
				FACI	LITY INFO	RMATI	ON					-	_			
Name of Facility Where House Street Address	Abatement is Taking	g Place (3))					S	of Facility (4 school (K-12 subchapter 8 other (i.e. pr	2) 8 (Oth				lings,	home	es,
City (5) West Orange								Square N/A	tc.) e Feet	# of N/A	f Floors		15000	ldg. A	ge	
County (6) Essex				County (Code (7) USE ONLY)			Currer	nt Use (Prio	r if bei	ng dem	olishe	ed)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCN	No.				ement Cont		(9)		2.511			
Street Address							Street A	Addres								
City, State, Zip Code							City, St	tate, Zij	o Code	ue		-				
Project Manager for Mo	nitoring Firm			Telepho	ne No.		Teleph	one No			Licens					
Start Date (10)		Schedule	ed Con	noletion	Date (11)		973-3 Name o		A Monitor		0131	1				
11/14/2016		11/15/2	2016				La constant		ement, Inc	D.						
Occupancy Status Durin	ng Abatement (Chec cated During Entire I			nent			Street A		s ren Aven	ue						
	ned Outside of Norn					_	City, St		D Code J 07512							
Scope of Work (Check /	All That Apply)						10101	, , , ,	0 01012	1100-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	4.1.4	The second second	enova				×	Min Glo	Containme i-Enclosure vebag Proc i-Exempted	edure					e	
		le le	Locat	ion		14								Abate	ement	t
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED illity	Use Mai	Normal d Sole intena odial S (12)	ly ly by nce/		os Cont thermal surfa	scription taining M systems cing, VA niscellan	laterial s insula T, or		(3	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Basen	nent		X			Pipe	Insula	tion		4	0 LF		X			
Loundrey	Room		X			Pipe	Insulat	tion			9 LF		х			
Name of Registered Wa	aste Hauler			JDEP W	Vaste	Cubic	Yards		Name of F	Reaiste	ered Lar	ndfill				L
D&S Abatement, In			F	lauler iD 0996		of Wa TBD			Waste N				PA			
City, State Totowa, NJ						Dispo TBD	sal Date		City, State Tullytow		4					
Completed by Ned Joksimovic		Title Proje	ct Ma	anager		5	Signature		FN			Date 11/		2016		

(10" 140	501010	40		i suarit to				· · · · · · · · · · · · · · · · · · ·	, -S	- 3					
Date of Notification (1) 11/03/2016				Name of E Ron Mis	100	wner/O	perator ((2)	1						
Agencies Notified	Type Notification		5	Street Add	dress						MOV 1	U 20	16		
EPA DEP DOL	Initial Amended Amendment	#		City, State Planfield								,÷			
III	Emergency (including		Name of 0						Tele	phone Num	ber			
DOH DCA	Cancellation			Ron Mis											
Name of Facility Where	Abatement is Taking	n Place (3)		FACIL	ITY INFO	RMATI	ON	Туре	of Facility (4	1)				-	\neg
House Street Address	, todatomort or talling							T S		8 (Othe	er than K-12 commercia		ings,	home	es,
								e e	tc.) e Feet		Floors		dg. A		
City (5) Plainfield								N/A		N/A	A	N	Α		
County (6) Union				County Co				Hous	se		ng demolish	ed)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCM	No.				ement Con ement, In		(9)				
Street Address								Addres	s Iren Aver	nue					
City, State, Zip Code									p Code J 07512						
Project Manager for Mo	nitoring Firm			Telephon	e No.		50.000,000	none No 345-8			License N 01311	0.			
Start Date (10) 11/16/2016		Scheduled		npletion D	Date (11)				IA Monitor ement, In	C.					
Occupancy Status Duri	ng Abatement (Chec				+			Addres							
Facility Closed/Va	cated During Entire	Period of Ab	aten	nent					ren Aver	nue				77/250	
Abatement Perform Other – Describe:	med Outside of Norr Occupied	nal Facility h	Hours	S		_			p Code J 07512						
Scope of Work (Check	All That Apply)							_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit				2	K Mir	ni-Enclosure	e cedure	n Negative F nd Non-Friat			e	
		Τ	ocat					1 140	II-LXeIIIpte	4 / 41	id Norri riac	1		emen	t
Location Asbestos-Containing TO BE A In Fact (13)	ng Material (ACM) BATED cility	No Used Mair Custo	orma Sole ntena odial (12)	lly ely by nce/ Staff?		tos Con therma surfa	escription taining I I system acing, V/ miscella	Material ns insula AT, or		(Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A						4	40.15				
baser	ment		Χ			pipe	insula	ation		1	10 LF	X			
													-		-
Name of Registered W	lasta Hauler		1	NJDEP W	laste	Cubic	Yards		Name of	Regist	ered Landfi	1			
D&S Abatement, Ir			11.78	Hauler ID 0996	No.	of Wa					agement o	of PA			
City, State Totowa, NJ						Dispo	sal Date	e / ^	City, Sta Tullyto		A				
Completed by Oliver Hegedis		Title Projec	ct M	anager			Signatur				100	ate 1/03/:	2016	3	
							1								

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

110						CD 11.11 C		-10	21					-		
Date of Notification (1)		40		N		tol Senio		r/Operator (2	<u>-)</u>							
/		16			Capit	oi Senioi	rs no	Justrig								
Agencies Notified EPA	Type Notificatio ☑ Initial	on		S		ddress Vest Geri	man	town Pike,	Sui	ite 400						
☑ DOLWD		-		0	City, Sta	ate, Zip Co	de									
□ DHSS	Amendment	Control of the Contro						, PA 19462	2							
☐ DCA	☐ Emergency		iing	P	-	f Contact		,,		-	Telephone Num	nber				
(NJAC 5:23-8)	justification) Cancellation			1.			e (O	wners Age	ent)		13 11					
								W-000000000000000000000000000000000000				-	-			
					FAC	LITY INF	UKI	MATION	T	6 Feellity (A)						
Name of Facility Where			ace (3)						be of Facility (4) School (K-12)	<i>y</i> .					
Former Colonial	Inn Banquet Ha	11								Subchapter 8 (Other than K-1	2)				
Street Address									\boxtimes	Other (i.e., priv			build	dings	1	
545 Tappan Road	i									homes, etc.)			-			
City (5)									1	uare Feet	# of Floors			. Age		
Norwood									1	23,000	2		100) yrs		
County (6)					Count	y Code (7)(STATI	E USE ONLY)	Си	rrent Use (Prior	r if being demo	lishe	d)			
Bergen									F	ormer Banq	uest Hall					
Name of Monitoring Fi	rm Hired by Buildir	ng Owr	ner (8) A	SCM N	lo.	Nam	e of Abateme	ent C	Contractor (9)						
N/A	•				N/A		Ea	st Coast H	laz l	Mat Removal	l, Inc.					
Street Address							Stree	et Address								
Oli GOL / Ida i GOO						77.	49	4 East 41s	t St	reet						
City, State, Zip Code		-						State, Zip C								
City, State, Zip Code								terson, N.		504						
Desired Manager for M	lanitarina Eism			Tolor	hone N	No.		phone No.			License No.					
Project Manager for M	ionitoring Film			reich	none i	v o.	100.00	3-345-0022	2		00507					
8: :8:: (18)	10-	chedule	- d C -	maloé	ion Dot	0 (11)	- F-5	ne of OSHA		tor					-	
Start Date (10)		TBI				97-27, 300		ame as abo		toi						
		+			_ ′ -		13.0		346							
Occupancy Status Du							Stre	et Address								
☐ Facility Closed/Vac	cated During Entire	Period	d of A	Abaten	nent	-3								-		
Abatement Perform	ned Outside of Nor	mal Fa	acility	Hours	s - Des	AM	City,	State, Zip C	ode							
Time of Abatemen	L															
Scope of Work (Check	k all that apply)							□ Eull Cor	ntoin	ment with Nega	etive Pressure					
☐ >3 sf or >3 lf			7 Rer	novatio	on			☐ Mini-En			alive i ressure					
≥3 si oi ≥5 ii ≥160 sf or ≥260 lf		-		molitio				Gloveba	ag P	rocedure	F : 1: D	al comme				
								⊠ Non-Ex	emp	ted (*) and Nor	I-Friable Proce	aure		4		
				Locat								- 1	Aba	ateme	ent i	Ť
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tion of			lormal d Sole		Ashe	etne (Description Containing M		ial (ACM)	Amount		Rer	Repair	Enc	Enc
Asbestos-Contain	ing Material (ACM) <u>ABATED</u>	1	Mai	intena	nce/			mal systems			(Specify		Removal	oair	Encapsulate	Enclosure
	acility		Cust	odial	Staff?			urfacing, VA			SF or LF)		<u>a</u>		sula	l e
(1	3)	+		(12)	NI/A		otr	ner miscellan	eous	5)					te	
			Yes	No	N/A								F-7			+
Front & Rear Root	f Area	[\boxtimes	Roof Ta	ar/Fla	ashing			800 SF		\boxtimes	Ш	Ш	1
		Г		П									\boxtimes			
													П	П	П	Tr
1.0				Ш										1	=	+-
		[Ш	Ш	Ш	1
Name of Registered \	Waste Hauler			1000	JDEP		100000000000000000000000000000000000000	oic Yards of		Name of Regis		1 11200				
East Coast Haz		nc.		1	lauler I	D No.	Wa:			G.R.O.W.S	., North W/M	of F	PΑ			
City, State					419			posal Date	1	City, State						
Paterson, NJ								1-15-16	4	Morrisville	PA					
		T:0	-				1	Signature		, //		Date	9	-		
Completed By (Print	or Type)	Title	pm			aa4 M		//		1 11				0	j	1
James Unger		Sr.	EST	imato	r/Proj	ect Mgr.		Mar	4	1 %		1	/ .	3-	/	6

ASB-41 MAY 11

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

* TRO = To Be DeTEAMING!

140 (Ks.					CD Hall-	- Owner/Operator (2)					
Date of Notification (1)	, 40					Owner/Operator (2 iors Housing	۷,					
10 / 24						ors riousing		W71/ 1	A 22	10		
Agencies Notified Type ☐ EPA ☐ Ir	Notification				Address West Ga	ermantown Pike,	Suite 400					
⊠ DOLWD □ A	mended				State, Zip C							
N DN33	mendment #			1000		eeting, PA 1946	2					
I DCA	mergency (ir ustification)	icidaling		Name	of Contac	t		Telephone Num	nber			
(143/10 3.23-0)	ancellation			Circ	Gambo	ne (Owners Age	ent)					
				FAC	CILITY IN	IFORMATION						
Name of Facility Where Abaten	nent is Takin	q Place (3)				Type of Facility	(4)				
Former Colonial Inn Bar		•					School (K-12)	6)			
Street Address							Subchapter 8	Other than K-12 rivate and comme	2) ercial bi	uilding	IS.	
545 Tappan Road							homes, etc.)				****	
City (5)							Square Feet	# of Floors	В	dg. A	ge	
Norwood							23,000	2		70 y	rs.	
County (6)				Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demol	ished)			
Bergen							Former Ban	quest Hall				
Name of Monitoring Firm Hired	by Building	Owner (8) [ASCM	No.	Name of Abateme	ent Contractor (9)					
N/A				N/A		East Coast H	az Mat Remov	al, inc.				
Street Address						Street Address			100-1-1-1			
						494 East 41s	t Street			76		
City, State, Zip Code						City, State, Zip C	ode					
						Paterson, NJ	07504					
Project Manager for Monitoring	Firm		Tele	phone	No.	Telephone No.		License No.				
						973-345-0022	2	00507	15555			
Start Date (10)	Sche	duled Co	mple	tion Da	te (11)	Name of OSHA N	Monitor					
11 / 3 / 16	_ _	11_ /	20	_ / _	16_	Same as abo	ve					-2-11124-1
Occupancy Status During Abat	ement (Chec	ck only or	ne)			Street Address						
☐ Facility Closed/Vacated Dur	ring Entire Pe	eriod of A	bate	ment				22			-	
Abatement Performed Outsi	ide of Norma	I Facility	Hou	s - Des	cribe AM	City, State, Zip C	ode		50			
Scope of Work (Check all that a	anniv)											
Scope of Work (offect all that t	2001)/					☐ Full Con ☐ Mini-End	tainment with Neg	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☐ Ren ☑ Den	ovat	on		☐ Gloveba	g Procedure					
≥ 160 St of ≥200 ft						⊠ Non-Exe	mpted (*) and No	n-Friable Proced				
		1	oca						Al	atem	ent T	ype
Location of	-1 (0 000)	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Sole	lly ely by	Ache	Description of stos Containing Ma		Amount	Rer	Repair	Enc	Enclosure
Asbestos-Containing Materi TO BE ABATED	iai (ACIVI)	Mair	itena	nce/		., thermal systems	insulation,	(Specify	Removal	air	aps	losu
IN Facility		Custo	(12)	Staff?	1	surfacing, VAT other miscellane	, or	SF or LF)	8		Encapsulate	Ire
(13)		Yes	No	N/A		Other miscenario	.045)				е	
Front & Rear Roof Area					Roof Ta	ar/Flashing		800 SF				
		П										
			П									
		+=-	<u> </u>		-			PRODUCTION OF THE PROPERTY OF			П	П
						O til Varia of	Name of Regis	torod Landfill				
Name of Registered Waste Hau			1 22	IJDEP \ lauler II		Cubic Yards of Waste		., North W/M o	f PA			
East Coast Haz Mat Rem	ioval, Inc.			419		5		., NOTELL AAVIEL O				
City, State						Disposal Date	City, State	D.4				
Paterson, NJ						11-15-16	Morrisville	2				
Completed By (Print or Type)	Titl					Signature	/ W)ate	6	2 1	
James Unger	5	er. Estin	nato	r/Proje	ect Mgr.	Line	y Die		10-	3 4	-/	6
						1 1	/					

ASB-41 MAY 11

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

NO CK

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		THE STATE OF THE S	N	lame of Richar	Building Ow d Regent	ner/O hal/G	perator ieneral	⁽²⁾ I Mana	ager						
Agencies Notified	Type Notification		1 ~	Street Ad 145-Ba	idress ackland A	ve.									
DEP DOL	Initial Amended Amendment	#		City, Stat	e, Zip Code away, NJ	0885	54								
DOH DCA	Emergency (justification) Cancellation	including		Name of Gina Z	Contact liegler					Tele	phone Nu	mber	ř		
				FACIL	ITY INFOR	MATI	ON								
Name of Facility Where Kinkishayro Intern Street Address								S	of Facility (4 chool (K-12 ubchapter	2) 8 (Othe	er than K-1	12)	di	h	
145-Backeland Av	e.								ther (i.e. p tc.)	rivate d	k commerc	nai bui	umgs	, non	165,
City (5) Piscataway								Square 3500		# of 2	Floors		3ldg. +65	Age	
County (6) Middlesex				County C	Code (7) ISE ONLY)			Currer	nt Use (Prio	or if bei	ng demolis	shed)			
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCM N/A	l No.		Name Dina	of Abat ago En	ement Con vironmer	tractor nt LLC	(9)).				
Street Address								Addres Lafay	s ette Stree	et					
City, State, Zip Code			110-12-12				City, S New	state, Zip rark, N	p Code IJ 07105	Į.					
Project Manager for Mo	nitoring Firm	1	Telephor	ne No.		Teleph 973-	none No -491-0	877		License 01240	No.				
Start Date (10) 11/14/16		Schedule		pletion (Date (11)				IA Monitor onmenta	Corp).				
Occupancy Status Durin	ng Abatement (Chec	k Only On	ie)					Addres 3-Rout	s te 22 We	st					
Facility Closed/Val Abatement Perform Other – Describe:	cated During Entire med Outside of Norr	Period of Anal Facility	Abatem Hours	ent		_	City, S	State, Zi							
Scope of Work (Check	All That Apply)		11.0120												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		1	lenova emolit				_	Min Glo	Containme i-Enclosure vebag Prod -Exempted	e cedure	3.37			ıre	
									- Exempto	1 /) (1)	4 (101) 1 1)			teme	nt
		1 22	Locati Normal			D-	escription	- of					_	ype	
Location Asbestos-Containin TO BE All In Fact (13	g Material (ACM) BATED cility	Use Ma Cust	d Sole intenar todial S (12)	ly by nce/ Staff?	(i.e. t	s Con herma surfa	itaining f il system acing, VA miscella	Material is insula AT, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		Dine	e insula	ation		7	00LF	x	+	-	+
Boiler room/Med				X		0.00		erene and			50LF	X	+	+	-
Second fl		X	**	Pipe	e insula	411011		,	30LI	^	-	+			
Name of Registered W. Newark Carting Inc	H	IJDEP V lauler ID 4509	10000000000000000000000000000000000000	Cubic of Wa	Yards aste		1		ered Land hem Lar						
City, State Po Box 5670, New	ark, NJ 07105					Dispo	osal Date	3	City, Stat 2335-A	te Applet	outter Ro	d.,Bet	hleh	em,	PA
Completed by Carlos Gomes		Title Pres	sident				Signatur	e //	1	-		Date 11/2/	16		

CK# 3023

Date of Notification (1)		Name	of Building Owner	/Operator	r (2)						
11/2/10			iura Disr	rey			NOV 1 (20	16		
Agenciès Notified Type Notification		Street	Address								
Z EPA Z tritial							0 y 0 1				
DOL Amendmen		City, Si	sie, 26 Code (1/ 1	3. 35.						
₩ Emergency	(including	Mame	of Contact	WKI 1	0000 12	1 to	1				
DOH justification	*	1	JiS				everadare vii	*****			
i famali	*		/1) XLITY INFORMAT	TION							
Name of Facility Where Abatement is Takin	ng Piace (3)				Type of Facility	s (4)		-			
Disney Residence					School (K	-12)					
Street Address							er than K-1				
					etc.)	private	& commerc	iai ou	unigs	, nom	æs.
City (5)				S. March	Square Feet	#0	Figers	1	Slaig. /	ige	
County (6)		_		Ş	1400) june	1		2)	Ť	
County (6) M. dd & Se X			Code (7) USE ONLY)		Current Use (P			ined)			
Name of Monitoring Firm Hired by Building	Ormor (9)		M No.	1 61	Tesic						
reant or morning rain theory printing	Owner (o)	i noc	26 140.		of Abatement Co Insulation Co		(8)				
Street Address		<u> </u>		1	Address	-, 1110					
				100000000000000000000000000000000000000	iontrose Rd						
City, State, Zip Code				City. S	tate, Zip Code						
				*	Neck, New J	lersey					
Project Manager for Monitoring Firm		Telepho	me No.	Teleph	rone No.		License N	la.			
		Ì		1	294 1757		00029				
Start Date (10)	Scheduled C		Date (11)	Name	of OSHA Monito	F					
11 \S 11 ♥ Occupancy Status During Abatement (Chec	11 11 1	6		1							
man.	3 101			STeet	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of Abati nal Facility Hor	ement us		City S	tate, Zip Code						
Other - Describe: 30M-7	ym,			Only, G	iale, Zip Goue						
Scope of Work (Check All That Apply)				1						-	-
☐ ≥3 sf or ≥3 H	X Renor	ration		5	Full Contains	nant with	blanefius E		***		1
2160 sf or ≥260 li	☐ Demo	lition			Mini-Enclosur	e	reoganies.	10-500			1
				D	Glovebag Pro Non-Exempte		d Non-Friat	de Pro	cedur	p.	1
	ls Loc	ation						1		ement	1
Location of	Norm		Da	scription	of	1			Ŧ	pe ,	1
Asbestos-Containing Material (ACM) TO BE ABATED	Used So Mainten		Asbestos Con			\$1 DO	mount	4.	Ī	त्व	
In Facility	Custodia		(i.e. thermal surfa	cing, VAT			ipecify or LF)	Tem	Repair	icap	inclo
(13)	(12	<i>]</i>	othern	niscelland	eous)			Removal	OGH!	Encapsulate	Enclosure
	Yes No	N/A						1001		to	0
living room, disingrooms	Constitution of the Consti	V	[bort:1	o who	96541C	RW	1	X			Total des
NIN WELL			F-1-U	J. W. T. F.	14)	00-	4	1/			-i
Ten body	1	1-		******				-			
			T		-			1			
Name of Registered Waste Hauler	1	NJDEP K	faste Cubic	Varda	Big	Deel of	d 6 1000	at ground		-	-
Ace Insulation Co., Inc.		Hauler (D					red Landfill				į
		12086			Chrins		11				į
City, State Colts Neck, New Jersey			1. 1	al Date	City, Stat	- 1).				The second
Completed by	Title		11/11	1.	Easton	111	F				
Bree McGuire	Secretary	Treasu		igneture 7	1		Dal	1	1,1	rı	1
	1)			100	1		5 1	110	111	9	1

2001/0		de me-	SLIGHT TO	NOAC 6.00 am			100	2 3			- 1-	3.5
Date of Notification (1)		Na	ame of B	uilding Owner/C	perator (2	2)	i Light			1-1-1		
Jate of Notification (1)		1 F	-100	K War	dzin	iski	III					
Agencies Notified Type Notification		Si	reet Add	ress				NOV 1	201	6		
		Confidence								·	in	
EPA Initial Amended		C	ty, State.	Zip Code		1						
Amendment #			Port	h Amh	104,10	(2) (2)	ery.	The second second				_
Emergency (in	cluding	N	ame of C	ontact	-/-/		- J T	elenhone Mun	per .		<u>a</u>	
DOH justification) Cancellation		1	116				-				- (
J BCA LI STATE				TY INFORMAT	ION							
Name of Facility Where Abatement is Taking	Place (3)				1	Type of Faci	Hy (4)					100
WardZinski Property	~					School	(K-12)					-
Street Address	Ĵ.				in to About a	Subcha	pter 8 (O	ther than K-12) e & commercia	l buildir	ras. h	omes	S. 1
OGCOL/120/000					17.0	etc.)	.c. p. 1801	0 00/////			100	
27					-	Square Feet	1 #	of Floors	\$1000000	g. Ag	8	-
City (5)					the world	1800	-		1 /	0+		
Derth Ambry		10	County Co	ode (7)				being demolish	ed)			
County (6)		6	STATE U	SE ONLY)	[of Abatemen	buil	d				
Middle Sex Name of Monitoring Firm Hired by Building O	umpr (R)		ASCM	No.	Name	of Abatemen	t Contrac	for (9)				
Name of Monitoring Fifth Indeed by Dustaling C	evitor tot					nsulation						
			<u> </u>		Street	Address						
Street Address					95 M	ontrose R	ď					
					City. St	ate, Zip Cod	9					
City, State, Zip Code						Neck, Ne		у				
		1 7	elephon	= Ma	1	one No.		License No	0.			
Project Manager for Monitoring Firm			elehitet	G **U.		294 1757		00029				
	Scheduled	t Com	nistion [Pata (11)		of OSHA Mo	mitor					
Start Date (10)	. 1	1		ere (11)	1							
11/4/16		110	f		Straat	Address						
Occupancy Status During Abatement (Chec					100000							
Facility Closed/Vacated During Entire F	eriod of Al	batem	ent		City S	tate, Zip Coo	ie					
Abatement Performed Outside of Norm Other – Describe: 7Am - 7	al racility i	Hours			Oicy, O	1010, Zip 001						
Name and Address a					1							
Scope of Work (Check All That Apply)	Amend						ain-mont	with Negative F	- - -	sa.		
≥3 sf or ≥3 lf	ALCOHOL:	SVOIS			A. Carrier	i Huli Com I Mini-Enc		Man Medianae .	100001			
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					78	1 Non-Exe	mpted (*) and Non-Friat			e emen	
	l Is	Locati	ion				rap describ		t e e e e e e e e e e e e e e e e e e e		me	
Location of	. ₩	lormal	lly	1	Description	n of	ì		1-	1	1	1
Asbestos-Containing Material (ACM)	4	d Sole ntena		Asbestos C	ontaining l	Vaterial (ACI	VI)	Amount (Specify	25	i _	E	m
TO BE ABATED	3	odial S		(i.e. them	nai system facing, VA	s insulation, T. or	1	SF or LF)	em	Repair	aps	lclos
In Facility (13)	and the state of t	(12)			r miscellar		1		Removal	air	Encapsulate	Enclosure
(10)	V-a	No	N/A						Action 2	Open to the control of the control o	6	
	Yes	MD	1494				1		11/	1		-
rw-f	and the same		1×	+195h	27		1	TWLF	1X	1	-	-
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A SOUTH A PORT OF THE PORT OF	and later and the second secon		4 P. W.					gistered Landil	l BS		<u></u>	-1
Name of Registered Waste Hauler			NUDEP V Hauler ID	1	bic Yards Naste	3			r.			
Ace Insulation Co., Inc.		1	18086	NO. 011	2	C	hrins La	natili				
		l.		Dis	posal Date	Cit	y. State	20				ACC 028 (1980)
City, State Colts Neck, New Jersey					Palli		aston	PA				
	Tiffe			111	Signatus	e i		10	ate	1		
Completed by	100000000000000000000000000000000000000	etaru	Treas	ırer	Bi	1/2			1115	11(0	
Bree McGuire	0001	- Stur	.7000		1	4						

LN-25346

Date of Notification (1)	16			Name	of Building	Owner/Operator	(2) Richardson	n NOV	10	201	6	
COLUMN TO THE PERSON OF THE PE	pe Notification			Street	Address		Telellareson	1				=
□ EPA □] Initial											_
DEP DOL	Amended Amendment #_ Emergency (inc	ludina		City, St	ate, Zip C		Jewark, NJ 07	7108				-
☑ DOH	justification)	Juding	F	Name	of Contact			Telephone Number	er			
DCA L	Cancellation				Ton	ya Richardso	<u>n</u>					_
				FAC	ILITY INF	ORMATION						
Name of Facility Where Abai							Type of Facility					
Street Address	Resid	lentia	1				School (K-1) Subchapter	8 (Other than K-12)				
							homes, etc.					
City (5)	Newa	wle N	т				Square Feet 2000	# of Floors	Bio	ig. Ag -08		
County (6)	Newa	IK, IN	J	Coun	tv Code (7) (STATE		rior if being demolisl	l — ned)	00		=
Ess	ex				ÓNLY)	80 10						
Name of Monitoring Firm Hir		wner		ASCM I	No.		ment Contractor (9		7			
	ECS						vens Environi	mental Service	s, In	С.		_
Street Address	PO Box 341					Street Address	PO I	3ox 322				
City, State, Zip Code	10 Box 311					City, State, Zip (Code		-			
Cross	swicks, NJ 0	8515					Allentow	n, NJ 08501				
Project Manager for Monitor	5			phone i	No. 0-4070	Telephone No.	59-9688	License Ne-	0493			
Bill Weisg		uled C	-	tion Dat		Name of OSHA			0173			_
11/9/16	Ochica		1/10/		(1.1)	Traine or our in		IECS				_
Occupancy Status During A	batement (Chec					Street Address		241				
Facility Closed/Vacated [30x 341				
☐ Abatement Performed Or ★ Other - Describe: 8 a		Facility	/ Hou	S		City, State, Zip		ks, NJ 08515				
Scope of Work (Check all th	nat apply)					□ Full Co	ontainment with Ne	egative Pressure				
≥3 sf or ≥3 lf			novat molitic			☐ Mini-Er	nclosure pag Procedure					
≥160 sf or ≥260 lf		Пре	HOHUC	и і		Non-E	xempted (*) and N	on-Friable Procedur	1			
			ocation of the company of the compan	201000					A	bater. Typ		
Location of	arial (ACM)	Used	Solei	y by	Aches	Description of tos Containing Ma		Amount		- 1		
Asbestos-Containing Mate		Cı	stodia			thermal systems	insulation,	(Specify	Re	Z.	Enca	Enc
IN Facility (13)	^/	٤	Staff? (12)			surfacing, VAT other miscellane	eous)	SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					<u>a</u>		ate	l e
Basement			X		Th	ermal Pipe ir	nsulation	180 lf	×			
					<u> </u>		I Nove of Dee	istered Landfill				
Name of Registered Waste Stevens Environme		s. Inc	1	NJDEP \ Hauler ID 1.81		Cubic Yards of Waste 2 CU	Name of Reg	GROWS Lan	dfill			
City; State			-].	102		Disposal Date	City, State	Morrisville,	DΛ			
Completed By	Allentown, N					11/11/16 Signature	h /	Date	IA		_	
Mahlon E. Steve	10.000		ojec	t Mar	nager	11/1	1/1/		11/7	7/16		

CKP25326 NOV 10 2016

State of New Jarsey
NOTIFICATION OF ASSESTOS ABATEMENT
(Purblent to NJAC 5:50 and 5:15)

		The second second	NAME OF TAXABLE PARTY.	The same				NOA			10
	1/7/16			N	ime of Build	eng Owner/Operati	The state of the s				_
Agencies Notified	Type Nothical	ion		SI	rest Addres	4	Richards	on			No contra
D EPA D DEP E DOL	☐ Initial			1	WAT LIGHT CS	•				1	7
DEP	Amended			CI	y, Slate, Zip	S-1				1	1
	Amendmen	M W	-	101	A' alaté' Sib					-	
© DOH □ DCA	Emergency justification	u) L (IUGIINC	ang .	-			Newark, NJ	07108	,		
□ DCA	Cancellation	n		Na	me of Conta			Telephone Nu	mber		
			_		THE RESERVE OF THE PERSON NAMED IN	nya Richards	on	_	a construction of	2 to approximate	and the l
Name of Facility Where	Abalumant is To	ules Di	78.7		FACILITY IN	FORMATION			- Company		
, , , , , ,		siden					Type of Facili	ty (d)	_	-	
Street Address	166	31101	LIGI	and the same			School (K-	12)			
							Subchapte	private & commen	12)		
Olly (5)							homes, et	private & commen	cial b	uilding	32
uny (o)							Square Feet	S OF Floors	_		
	No.	wark.	NJ					22.2		Bldg,	
County (6)				10	Middle Code	51 75 PA PR	2000	3	_	8	0+/
	Essax	_		U	SE ONLY	(i) GINIE	Current Use (rior if baing demo	(Ishe:	s)	8
Varne of Monitoring Film		Owne	1	ASC	M No.	Name of Ahere	nani Contractor (70)			-
	MECS				volu ve for				- 33		
Ireet Address				-		Step 1	VEHA ENVIEOR	mental Service	286,	Inc.	-
	PO Box 3	41				Street Address	-	D 44-			
ity. State, Zip Code			_				PO	Box 322			
	osswicks, NI	084	5			City, State, Zip C					The same of
rojed Manager for Mon	Monney Flor	000					Allenton	n, NJ 08501			
Bill Wei				lephon		Talaphone No.		License Na-		5	-
	the state of the s				40-4070	(609) 2:	59-9688		0049	FC	
left Date (10)	Sch	aduled	Comp	etion [Date (11)	Name of OSHA!			UT.		=
11/9/16			1/10	1/16				ECS			
ocupancy Status During	Abatement (Ch	edit on	V OFIG			Street Address	74.			_	-
Facility Closed/Vecate	d During Entire P	Pariod o	Abet	ement		- 1/ 1 / 100/ 028	PO T	30x 341			
Abeliament Performed	Quinkle of Name	al Faci	ity Ho	LIFE		City, State, Zip C	101	JVK 341	-		
Other - Describe: 8			40 		74,	-iti -waie, zip 0		a Mi onese			
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PAGE 83/84

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ains of Facility Where	Abatement is T	aking F	lace (3					Type of Fedility						
ivate house									School (K-1	2)					
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Occupancy Status Duri							Stree	Address							
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Abatement Performe	ed Outside of N	Kormal	Facility	Hour	s - Das	cribe	City.	State, Zip C	ode	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					
Time of Abstement:		PN	A?	-PM	-	AM	Pair :	Lawn, NJ	07410						
Scope of Work (Check	all that apply!		1. 1. 1. 1. 1.	(Chi-		-	1	Clean	ip and decentar	egen disk node	tve pr	DESHI	6		
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page 1

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

Date of Notification	n (1)		. N				er/Operator	(2)		=				
11/7/2016				Pau	l Fer	rnand	ez							-
Agencies Notified	Type Notifi	cation	S	treet	Addres	ss			117.1					
[]EPA	[X]Initial	L								NO\	1	1 0	201	6
[]DEP		ication		itv.	State,	Zip Coo	le			1,0				
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[]DCA	[]Cancell	lation		rau	T Ler	LIAIIG	C2							
	1 7 7 5 7 5 7		-11		FACILI	ITY INF	ORMATION							
Name of Facility Wh	nere Abatemen	t is Ta	kin	g Plac	ce (3)			Type of Faci	lity (4)					
Paul Fernand	dez							[]School						
								[] Subcha	pter 8 (Oth	er tha	n F	(-12) 	
Street Address		ı							(i.e., priv, homes, et		COI	mer	STAL	
								Square Feet	# of Flo		Bld	g. 2	.ge	
City (5)		Count	-y (6)		County	Code (7)	2900	2			95		
Bloomfield		Es	sse	X		(STATE	E USE ONLY)	Current Use	(Prior if b	eing d	lemo	olis	hed)	
Name of Monitoring	Firm hired b	y Builo	ding	ASC	M No.	Na	ame of Abate	ment Contract	or (9)					
Owner (8)							AZTECH M	ANAGEMEN'	r, Inc.					
N/A Street Address						S	treet Addres	S					1100	
							86 Chris	topher S	t.					
City, State, Zip Co	nde						ity, State,	Zip Code						
oreg, beace, brip of								r, NJ 070	042					
Project Manager for	r Monitoring	Firm	Tel	ephone	e Numbe	r Te	elephone Num	ber		Licens	se :	Numb	er	
riojece manager ro.	1101111 00111119		1000	/A			(973)744			003	373	L		
Scheduled Start Da	to (10) so	had Co			Date (11) N:	ame of OSHA	Monitor						
	2016	11		9	2016		N/A							
Month Day	Year	Month	D	ay	Year									
Occupancy Status Dr	uring Abateme	ent (Che	eck	only	one)	S	treet Addres	s						
[X]Facility Cl of Abateme		During	PIII	CITE E	erroa									
[]Abatement F		side of	No:	rmal F	acility	у С	ity, State,	Zip Code						
Hours - Des														
Scope of Work (Che		(vlaas												37
scope of work (one	CIE CELLE CELCE C							Containment v	with Negati	ve Pre	ssu	re		
[X]>3 sf o	r >3 lf or >260 lf		2012		vation		5	Enclosure bag Procedu	re					
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Name of Registered			1000	DEP W	aste ID No.		c Yards aste 1.5		gistered La a Enter		_	TN	~	
AZTECH MANA	GEMENT,	INC.		1704						Pris	_	-74/		
City, State							osal Date	City, State		L : .	A 4	60	0	
Montclair, N	J 07042					11	/21/2016	waynes	burg, 0	пто	실실	000	2	
Completed By (Prin	t or Time	Title			40		Signature		1	Da	te			
Dimitri G Te	**	Sale	es		-		illian	H-CAL	//	Park 100		201	6	
			0.000				1 11/1/11/15	10 00 1/10/	7 1	1				

NV#157	35	OTIFIC	CATIO	N OF AS	SBESTOS ABA	TEMENT 2:120-7)						
Date of Notification		Na	me of	Build	ding Owner/	perator	(2)	72 YE				
11/7/2016			Josh	ua (Ortiz							
	Type Notification	n St	reet	Addres	SS			NOV	102)15		
[]EPA	[X] Initial Notification	n ci	tv S	tate.	Zip Code		- X					
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[X]DOL	Notification	on	-	Conta	(8). (8		Telephone	Number				-
[X]DOH	[]EMERGENCY				Ortiz		10-					
[]DCA	[]Cancellation											
				FACIL	ITY INFORMA							
Name of Facility When Joshua Ortiz	re Abatement is	Taking	Plac	e (3)			Type of Facili []School ([]Subchapt	K-12)	er than	K-1	2)	
Street Address							[X]Other (i buildings,	.e., priva	ate & co	mme	rcia	1
					Caustin Co	do (7)	Square Feet	# of Floo	1	dg. 36	Age	
Lyndhurst	1	nty (6 Esse			County Co (STATE US	5.5 (0.00)	1494 Current Use (F				shed)
Name of Monitoring F. Owner (8) N/A	irm hired by Bui	lding	ASC	No.			ent Contractor					
Street Address						t Address Chris	topher St.					
City, State, Zip Cod	е					State, Z ntclai	r, NJ 0704	12				
Project Manager for	Monitoring Firm		phone A	Numbe	111	hone Numb 73)744			License		ber	
Scheduled Start Date	(10) Sched.	Comple 19		Date (of OSHA N	Monitor					70
Occupancy Status Dur [X]Facility Clos	sed/Vacated Duri	heck o	only o	Year one) eriod	Stree	t Address	S					
of Abatement []Abatement Per Hours - Descr []other - Descr	rformed Outside ribe:	of Nor	mal F	acilit	City,	State, 5	Zip Code					
Scope of Work (Check												
[X]≥3 sf or []≥160 sf o	≥3 lf	[X		vation lition		[]Mini-	Containment wi Enclosure bag Procedure riable Procedu		e Press	ure		
			Is			L JHOIL E.			Ab	atem	ent	
Location Asbestos-Con Material TO BE ABJ In Facil (13)	taining (ACM) ATED	S By Ma.	cation ormall Used Solely intenset of (1 No	y ance/	Asbe M (i.e. insulat:	escription estos-Constaterial (, thermal ton, surface mer misce	taining (ACM) systems acing, VAT,	Amount (Specif SF or LF)	У М	R E P A I R	A P S	S
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Name of Registered W AZTECH MANAG		Ha	DEP Waler	ID No.	Cubic Ya		Name of Regi			II	1C	
City, State Montclair, N			- 10-2		Disposal	Date 1/2016	City, State Waynesb	urg, Ol	nio 4	468	38	
Completed By (Print Dimitri G Te	The state of the s	les				Signature Dimu/	Las	1	Date 11/	è 7/20	16	

10 CK Name of Building Owner / Operator (2) Date of Notification (1) Lurch Demolition 11/7//2016 Street Address Agencies Notified Type Notification PO Box 42 EPA City, State & Zip Code Initial DEP Avon by the Sea, NJ 07717 Ø Amended DOL Telephone Number Name of Contact Emergency DOH Cancellation Frank Lurch DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Residence Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) Bldg. Age Square Feet # of Floors 80 1100 County (6) County Code (7) City (5) Current Use (Prior if being demolished) Monmouth Howel Residence Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Alpha Environmental Services Street Address Street Address PO Box 8297 City, State & Zip Code City, State & Zip Code Trenton, NJ License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 01222 609-847-2956 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) EMSL Analytical 11/11/2016 11/7/2016 Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 107 Haddon Ave. Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Westmont, NJ 08108 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ≥3 sf or ≥3 lf Glove Bag Procedures Demolition ≥160 sf ≥260 lf Non-Exempted and Non-Friable Procedure Abatement Type Amount Description of Is Location Location of (Specify Asbestos-Containing Normally Used Asbestos-Containing SF or LF) Encapsulate Material (ACM) Solely by Material (ACM) Remova Repair (i.e., thermal systems TO BE ABATED Maintenance or insulation, surfacing, VAT Custodial Staff? in Facility or other miscellaneous) (12)(13)No N/A Yes 800sf M Siding X Exterior 90lf Pipe Basement 96sf Sheeting 1st Floor Porch Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste Grows Landfill 00033330 ALPHA ENVIRONMENTAL City, State Disposal Date City, State Morrisville, PA Various Trenton, NJ Signature Title Completed By (Print or Type) Drainat Rilling Roule

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CK#5039

Date of Notification (1) 10/15/16			- 1	Name of Jeff Jol	Building Ov hnson	vner/O	perator	(2)			N	OV	1 0	20	16	
Agencies Notified	Type Notification			Street Ad	idress			1	- 27		-					
EPA DEP X DOL	Initial Amended Amendment #				te, Zip Code NJ 07066						A de		. 4		-	er i
DOH DCA	Emergency (in justification) Cancellation	ncluding	- 1	Name of Tracy 2	Contact Zawacki					Tele	ephone I	Numt	er			
				FACIL	ITY INFOR	RMATIC	NC									
Name of Facility Where Street Address	Abatement is Taking	Place (3)			- 3-3-1-1		S# 50	SSS	of Facility (4 chool (K-12 ubchapter other (i.e. pottc.)	2) 8 (Othe			build	ings,	home	s,
City (5) Clark NJ 07066								Square 1500		# of	Floors		BI	dg. A	ge	
County (6) Union				County C	Code (7) ISE ONLY)		_	Curren	nt Use (Prio E	r if bei	ng demo	olishe	d)			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM	I No.				PROFE							
Street Address								Address	s OOVE CC	URT						
City, State, Zip Code								State, Zip EWOC	Code D, NJ 08	3701						
Project Manager for Mon	nitoring Firm			Telephor	ne No.		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	hone No 668-90			Licens 1200	e No				
Start Date (10) 11/1 8 /16		Schedule 11/14/1		npletion (Date (11)				A Monitor PROFE	SSIO	NALS					
Occupancy Status Durin	ng Abatement (Check	Only On	e)					Addres								
Facility Closed/Vac Abatement Perform	cated During Entire P ned Outside of Norm	eriod of A	baten	nent				HITE D	OVE CC	DURT						
Other - Describe:						- 4			DD, NJ 08	8701						
Scope of Work (Check A	All That Apply)							_								
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Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Ma	intena iodial (12)	nce/		nermal surfa		ns insula AT, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
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	17.11															
		-		-												
				-											7.012	
Name of Registered Wa	ste Hauler		1	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered Lar	ndfill				<u> </u>
NEWARK CARTING			1000	Hauler ID 4509		of Wa			IESI							
City, State NEWARK, NJ						11/14			City, State BETHL		ЛРА				20.00.00	
Completed by JOSEPH PERLSTE	EIN	Title OWN	IER			5	Signatur	e	7.5			Dat	е			

CK# 5050

Date of Notification (1) 10/15/16				Building On nield Sol			(2)			MO1/	1 0		2016		
Agencies Notified Type Notificat EPA DEP Initial Amende	d	C		dress e, Zip Cod ourg NJ (1		7							
X DOL Amendn ☐ Emerger ☐ DOH justificat ☐ Cancella	ncy (including ion)	N	ame of (÷	Tele	phone Nu	ımber		- 185 -		
	aron,		FACIL	ITY INFO	RMATI	ON						_			
Name of Facility Where Abatement is T Street Address	aking Place (3)						S S X	f Facility (4 chool (K-12 ubchapter of other (i.e. pr	2) 8 (Othe			ldir	ngs, l	nome	S,
City (5) – Jamesburg	<u> </u>						Square 2000	tc.) e Feet	# of 3	Floors		Bld	g. Ag	je	
County (6) Middlesex			ounty C	ode (7) SE ONLY)			Currer	nt Use (Prio e	r if beir	ng demolis	shed)				
Name of Monitoring Firm Hired by Build	ling Owner (8)		ASCM	No.				ement Con PROFE							
Street Address			· · · · · · · · · · · · · · · · · · ·				Addres	s OOVE CC	DURT						
City, State, Zip Code						3000	itate, Zij EWOC	p Code DD, NJ 08	3701						
Project Manager for Monitoring Firm		T	elephon	e No.		- T(0) 2 00 0 0 0 0	none No 668-90			License 1200	No.				
Start Date (10) 11/17/16	Scheduled (11/17/16	Com	pletion D	Date (11)				A Monitor PROFE	SSIO	NALS					
Occupancy Status During Abatement (Check Only One)						Addres								
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe:	ntire Period of Aba Normal Facility Ho	teme	ent			City, S	State, Zi	p Code DD, NJ 0							
								55,110							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	X Ren	-					Min Glo	Containme i-Enclosure vebag Prod n-Exempted	e cedure					e	
			T	<u> </u>				LAGINATO	1,7,5,1					ment	
Location of Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)	M) Used S Mainte Custod	mall Solel enan	y y by ice/	Asbest (i.e.	os Cor therma surfa	escriptión ntaining I al system acing, V/ miscella	Material as insula AT, or	(ACM) ation,	(5	mount Specify F or LF)	Zellove		Repair	e Encapsulate	Enclosure
Basement						TSI			4	40LF	x				
		- 1/2													
Name of Degistered Wests Hauter		N	JDEP W	laste	Cubi	c Yards	1100-00-0	Name of	Registe	ered Land	dfill				
Name of Registered Waste Hauler NEWARK CARTING		Н	auler ID 4509		of W		Salar Sa	IESI	3.5						
City, State NEWARK, NJ						osal Date 7/16	е	City, Star BETHL		И РА					
Completed by JOSEPH PERLSTEIN	Title OWNE	R				Signatu	re				Date				

CK# 5048	N		ATION	OF ASBE	STOS A					7 22					
Date of Notification (1) 10/15/16			lame of Jim Bar	Building O nafato	wner/Op	perator (2	2)			NO.	V 1	0	201	6	
Agencies Notified Type Notification		5	Street Ad	dress											
☐ EPA 🕱 Initial													-		
DEP Amended X DOL Amendment #_				e, Zip Cod nville, N											
Emergency (inc	luding	-	Name of				-		Tele	phone N	lumbe	er			
DOH justification) DCA Cancellation			Jim Ba	nafato					,						
	No (2)		FACIL	ITY INFO	RMATIC		Tuno	of Facility (4	1)						
Name of Facility Where Abatement is Taking F	riace (3)							chool (K-1)							
Street Address							S × 0	ubchapter ther (i.e. p	8 (Othe	er than K	-12) rcial l	ouildi	ngs,	home	s,
City (5)							Square	and the same of th		Floors	7	Blo	dg. Ag	ge	
Harrisonville							3000		11						
County (6) Gloucester County			County C STATE U	ode (7) ISE ONLY)				t Use (Prid STATIC		ng demol	lished)			
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM	No.				ement Con PROFE							
Street Address						Street A		s OOVE CO	DURT	i.					
City, State, Zip Code	·					City, St LAKE		Code	8701						
Project Manager for Monitoring Firm			Telephor	ne No.		Telepho 732-6	10.70			License	e No.				
	chedule		pletion [Date (11)				A Monitor PROFE	SSIO	NALS					
Occupancy Status During Abatement (Check	Only On	e)				Street /								-	
Facility Closed/Vacated During Entire Pe	riod of A	batem	ent		į		ELONGOUS-CHANCE	OVE CO	DURT						
Abatement Performed Outside of Normal Other – Describe:	Facility	Hours				City, St LAKE		p Code DD, NJ 0	8701						
Scope of Work (Check All That Apply)											00-00				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				×	Min	Containm i-Enclosure vebag Pro n-Exempte	e cedure					e	
	ls	Locati	on										Abate	ement	t
Location of	1	Normal	ly	5	Des	scription	of	2					ТУ	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/		thermal surface	taining M systems cing, VA niscellan	s insula T, or		(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
-22	Yes	No	N/A											е	10.58
INTERIOR					В	OILER	3	-		30sf		X			
INTERIOR						TSI				30LF		X			
Name of Registered Waste Hauler NEWARK CARTING		. Н	JDEP W lauler ID 4509		of Wa	Yards ste		Name of IESI	Regist	ered Lan	dfill				
City, State _ NEWARK, NJ					1000	sal Date	757	City, Sta BETHL		и РА				(3)	
Completed by JOSEPH PERLSTEIN	Title OWN	IER	-			Signature) ii				Date)			

CK# 58060

X# 7806	(1			JAC 0.00 and			1.1 (4)			0.00	10		٦
ate of Notification (1) 1/7/16		Nan Jol	ne of Buil hn Schr	ding Owner/O	perator (vate Ho	(2) ome			NOV 1	0 20	10		_
gencies Notified Type Notification		Stre	et Addre	SS									
EPA Initial Amended		City	y, State, Z	Zip Code	50				28				
DOL Amendment # Emergency (inclu	ding	100000	me of Co					Tele	phone Number	er			
DOH justification) DCA justification		Jo	hn										_
			FACILIT	Y INFORMAT	ION	Type of F	acility (4)						
ame of Facility Where Abatement is Taking Pla John Schroeder Private Home	ce (3)					Sch Sub	ool (K-12)	(Othe	r than K-12) commercial	huildine	ıs. ho	mes.	
treet Address						Othe etc.							
City (5)						Square F	eet	# of 2	Floors	35+	. Age		
anahawkin NJ 08050						1000+	Ico /Drior	2555	ng demolishe				
County (6)		Co (S	ounty Coo TATE USE	ie (7) E ONLY)		Home							
Name of Monitoring Firm Hired by Building Own	er (8)		ASCM N	0.	Peri	of Abaten naco Inc.		actor	(9)				_
Street Address			(PO	t Address Box 329							
City, State, Zip Code	2 10 10 10				City, Wes	State, Zip st Berlin	Code NJ 0809	91					
Project Manager for Monitoring Firm		Т	elephone	No.		phone No. 3-753-980	00		License No 00727				
Start Date (10)	heduled		pletion Da	ate (11)	Nam	ne of OSHA	Monitor						
11/18/16 1 Occupancy Status During Abatement (Check C					Stree	et Address							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	iod of Ab	atem	ent		City,	, State, Zip	Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				Mini	-Enclosure	e cedur	th Negative F e and Non-Friab			e	
											Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ocati ormal i Sole ntena odial s (12)	ly by nce/ Staff?	S	mal syste urfacing.	tion of g Material ems insula VAT, or ellaneous)	(ACM) tion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
•	Yes	No	N/A		· de de d	Cidina		-	1500SF	x			T
Exterior Siding			Х	E	door	Siding		-	20 LF	×			1
Bathroom			Х					-	1700 SF	×	1		+
Throughout				Jo	oint cor	mpound		-	1700 01	+		-	+
Name of Registered Waste Hauler United Roll Off			NJDEP V Hauler ID 22459	No. 0			G.R.C).W.S	istered Landf	ill			_
City, State Elm NJ					1/25/16	5	City, St Morris	sville	PA 19067	Date			
Completed by Anthony T Perna	Title Pres	iden	t		Sign	eature	Water Street			11/7/1	6		

CHECK # 8898

Date of Notification (1)				Na	ame of	Building O	wner/Operator (2	2)		- E				-
	31 /	16			The T	ownship	of Ewing							
Agencies Notified EPA	Type Notificat	ion			reet Ad 2 Jak	ddress e Garzio	Drive			1	MUN	1 0	201	16
☑ DOLWD	☐ Amended			Ci	ty, Sta	te, Zip Coo	ie			1001				
☑ DHSS	Amendme						nip, New Jerse	y 0	8628					
☑ DCA	☐ Emergenc		3	1		Contact		-		Telephone Num	ber			
(NJAC 5:23-8)	justificatio						aro, RMC					4		
							ORMATION							
		Line Dive	(2)		FACI	LITIME	ORIVIATION	Tv	pe of Facility (4	1)				-2/-2/6
Name of Facility Where			(3)						School (K-12)					
Hollowbrook Con	nmunity Cente	er						M	Subchapter 8	(Other than K-12	2)			
Street Address										vate and comme	ercial bu	ilding	js,	
320 Hollowbrook	Drive				10.000 L			00	homes, etc.)	# of Floors	TBI	dg. A	ae	•
City (5)									60,000 SF	2	10.0	40+	90	
Ewing			-27-56			0 1 771	DEATE LIGE ONLY			or if being demol				
County (6)					County	/ Code (/)(3	STATE USE ONLY)		Community		ionica)			
Mercer						-				Center			_	
Name of Monitoring Fi	rm Hired by Build	ling Owner	(8)		SCM N	0.	Name of Abatem			al Inc				
RJB Environmen	tal, Inc.				149		East Coast H	Haz	Mat Remova	ai, inc.			_	-
Street Address							Street Address	-			×			
56 East Bridge S	treet						494 E. 41 Str		*					
City, State, Zip Code							City, State, Zip C							
Morrisville, PA	19067						Paterson, N.	J 07	7504					
Project Manager for M	Ionitoring Firm		Te	eleph	none N	0.	Telephone No.			License No.				
James Frisbee				267	-991-	9212	973-345-002			00507				
Start Date (10)	3	Scheduled	1,50				Name of OSHA							
11 / 21	/ _ 16 _	_12_	/ _:	30_	_ / _	16	East Coast I	Haz	Mat Remova	al, Inc.				
Occupancy Status Du	ring Abatement (Check only	one)	V CHESS I			Street Address							
☐ Facility Closed/Vac					ent		494 E. 41 St	ree	t					
☐ Abatement Perform	ned Outside of N	ormal Faci	ity Ho	ours	- Desc	ribe	City, State, Zip C	Code	3					
Time of Abatemen	t: <u>7:00</u> AM- <u>4:00</u> I	PM/P	M	_AN	Λ		Paterson, N	J 0.	7504					
Scope of Work (Check	k all that apply)		ä						To the second					
Secretaria con esta con esta esta esta esta esta esta esta esta	11.66		Renov	-11-			☐ Full Cor			gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			emov Demoi				☐ Gloveb	ag F	Procedure					
△ ≥100 Si 0i =200 ii							☐ Non-Ex	em	oted (*) and No	n-Friable Proced				
			Is Lo						4		A	-	-	Туре
	tion of	. 11	Norr sed S			Achor	Description stos Containing N	of	rial (ACM)	Amount	Rer	Repair	1 1	7 5
Asbestos-Contain	ing Material (ACI) ABAT <u>ED</u>	VIII	/lainte			(i.e.	, thermal system	s ins	sulation,	(Specify	Removal	Vall	Elicabanian	Encaperile
	acility	C	ustodi		taff?		surfacing, VA	Т, о	r	SF or LF)	<u>a</u>		ž	1 a
(1	3)	No.	- T	12)	NI/A		other miscellar	neou	IS)				7	5
		Ye		10	N/A					30.05		1	1	1
Boiler Room-Grou	and Floor					Rib Pa	cking Cement	8		39 SF		L	1 -	
			T	7			100							
							5					1	11	7/1
			L						Name of Danis	stared Landfill		4 _	- -	_ _
Name of Registered \ East Coast Haz		Inc.		Ha	JDEP \ auler II	D No.	Cubic Yards of Waste		GROWS V	stered Landfill VM/PA				
		METORYCK		1	18602	4	5 Disposal Date		City, State					220
City, State Paterson, NJ 07	504						11-28-2016	1	0.510	e, PA 1 9067				
Completed By (Print	or Type)	Title	7				Signature	1.11	11.1	- T	Date	a -		,
Leslie Olszewsk	ci	Proje	ect M	lana	ager			WW	I A CTAA	72	10-	31	- 1	6

10# 39	3				IJAC 8:60			2)							
Pate of Notification (1 11-04-2016)		C	Orville St	anford	Юпор			1] -						_
gencies Notified	Type Notification		St	treet Addr	ess					MUA	1 0 20	16			
EPA DEP DOL	Initial Amended			ity, State,	Zip Code inge NJ	0701	8		-*	10:1.11					
DOL	Amendment #_ Emergency (in	cluding		lame of Co		0101				Tele	phone Numb	per		-	
DOH DCA	justification) Cancellation			Orville S	tanford					1					
_		Di (2)		FACILIT	Y INFOR	MATIO	N	Type o	of Facility (4)					
Name of Facility Whe Private Dwelling	ere Abatement is Taking	Flace (5)						S	chool (K-12	2)					
Street Address									Subchapter 8 Other (i.e. pr	3 (Othe rivate &	er than K-12) commercia	l buildin	gs, h	mes,	
								u е	tc.) e Feet		Floors		g. Age		-
City (5)	07040							N/A	e r eet	N/A		N/A			
East Orange NJ	07018			County Co	de (7)						ng demolish	ed)			
County (6) Essex		1.09	(STATE US	E ONLY)		_		ate Dwell		(0)	1000			
Name of Monitoring Bioterra Solution	Firm Hired by Building C	wner (8)	Ì	ASCM N	No.		Ama	x Cor	tement Con ntracting l		(9)				_
Street Address								Addres							
1130 W Chestn City, State, Zip Code							City, S	State, Z	ip Code		1 07 10 1				
Union NJ 07083									AND PAI	RK N.	License N	0			_
Project Manager for				Telephone	e No.			hone N -692-6			01266	0.			
Rick Eustaquio		Scheduled	d Con	mpletion D	ate (11)	_	Name	of OS	HA Monitor						
Start Date (10) 11-05-2016		11-09-2							ntracting	LLC					
	During Abatement (Chec	k Only One	∍)				,,-	t Addre							
Facility Closed Abatement Pe	I/Vacated During Entire I	Period of Al	bater Hour	ment s					Zip Code						
Abatement Pe Other – Descr	ibe:	nai i aomity	, ,,,,,,,			-			Park NJ	07424	4				_
Scope of Work (Ch	eck All That Apply)							<u> </u>		1 4	u Nasativa	Droceur	Δ.		
≥3 sf or ≥3 lf ≥160 sf or ≥26	50 If		enova emoli					M X	ini-Enclosu	re ocedure	th Negative				
								L N	on-Exempte	ed (*) a	nd Non-Fria		Abate	ement	3
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Loca Vorma	7.000.00-000		Г	escripti	on of					Ту	ре	
Lo Ashestos-Cont	ocation of aining Material (ACM)	Use	d Sol	lely by ance/	Asbest	os Cor	ntaining	Materi	al (ACM)	0.00	Amount (Specify	Z.	77	Enc	-
TOE	BE ABATED n Facility		todial	Staff?	(i.e.	surf	al syste acing, \	/AT, or			SF or LF)	Remova	Repair	Encapsulate	Licitodala
	(13)		(12			other	miscel	aneous	5)			<u>a</u>	7	late	
		Yes	No					letion			40 LF	Х			T
Ва	asement			X		bib	e insu	liation							T
															T
															T
	-d Meete Heules		L	NJDEP V	Vaste	Cub	ic Yard	S	Name	of Regi	stered Land	fill			-
Name of Register				Hauler ID 36184	No.	of W	vaste Y		GRO	WS					
Amax Contract	ung			30 164			oosal D	ate	City, S		<u> </u>				
City, State Woodland Par	k NJ 07424					1 1	14-20	16	Morri	sville		Data			_
Completed by		Title		. ,			Signa	ture /	1/1-	1		Date 11-04	-201	6	
Tome Maslark	OV	Proj	ect l	Manage	Γ			FA	10	1		-74			

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



-1117/1	6			Name	of Building	Owner/Operator	(2) 100 Low	SHE					
Agency Notified		tification			t Address			THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	/ 1:0	201	G		
	-Da Initial						<u> </u>	710		201	0		
□ EPA □ DEP	☐ Amer			City,	State, Zip C	Code		1					
D DEP	Ame	ndment#			SEL	o groci	Lu.					27	72
Б ОН		gency (includin ication)	g	Name	e of Contac	t		Telephone Nu			-	25	
D DCA	□ Cano	110-110-110		1/	R. SC	kolows	3 W 13				-	-	
						ORMATION							
Name of Facility Where	Abatemer	t is Taking Plac	æ (3)				Type of Facility	(4)					
		SE NAC		وسما	Ki		☐ School (K-12)) I (Other than K-1	2) .				
Street Address	100		8				2 Other (i.e. pri	ivate & commerc	ial building				
City (5)		<u> </u>				*12	Square Feet	# of Floors	Bldg.				
· Cele	جم. °	Rock					.2100.		1	94	10	•	
County (6)				100		(STATE USE		rior if being demo					
BERG				ONL	1)			SIDENC		_			-
Name of Monitoring Fin	m Hired by	Building Owne	r AS	CM No.			ment Contractor (9						
(8)							moval In	<u>c</u>					_
Street Address						Street Address							
			12				th River	St				**	_
City, State, Zip Code						City, State, Zip		07601					
		14					ack, N.J					_	
Project Manager for Mo	onitoring Fi	ភាព	Telep	ohone No).	Telephone No.		License No.					
						201-329		00388	1	1.00			
Start Date (10)		Scheduled Co	-		1)	Name of OSHA				4			
14/18/16						A	T						
		1 1	/19	116	,		Environme	ental				_	_
Occupancy Status Duri		nent (Check onl	1) 1 9		Street Address		ental		X-10	_		
Occupancy Status Duri	ing Abaten	Entire Period of	one)	nent		Street Address 280 H	uyler St	en <mark>tal</mark>			_		_
Occupancy Status Duri	ing Abaten ited During ed Outside	Entire Period of Normal Faci	one) of Abatem	nent	•	Street Address 280 H City, State, Zip	uyler St		7606	*	_		
Occupancy Status Duri Facility Closed/Vaca Abatement Performs Other – Describe:	ing Abaten ited During ed Outside	Entire Period of Normal Facil	one) of Abatem	nent		Street Address 280 H City, State, Zip	uyler St		7606	*	` _		
Occupancy Status Duri	ing Abaten ited During ed Outside	Entire Period of Normal Facil	one) of Abatem	nent		Street Address 280 H City, State, Zip S. Ha	uyler St	,N.J. 0		*	`		
Occupancy Status Duri □ Facility Closed/Vaca □ Abatement Performs □ Other – Describe: □ Scope of Work (Check	ing Abaten ited During ed Outside	Entire Period of Normal Facil	one) of Abatem	nent :	enovation	Street Address 280 H City, State, Zip S. Ha	uyler St Code ckensack Containment with i-Enclosure	,N.J. 0		*	_		_
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Occupancy Status Duri □ Facility Closed/Vaca □ Abatement Performs □ Other – Describe: 3 Scope of Work (Check	ing Abaten ited During ed Outside	Entire Period of Normal Facil	of Abatem lity Hours	nent		Street Address 280 H City, State, Zip S. Ha	uyler St Code ckensack Containment with i-Enclosure	, N . J . O	ure	A	bate		nt
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Occupancy Status Duri □ Facility Closed/Vaca □ Abatement Performs □ Other – Describe: 3 Scope of Work (Check □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf	ing Abatem ited During ed Outside 8 100 Ad all that ap	Entire Period of Normal Faci	one) of Abatem lity Hours of M ls Lc Nor Used 3	nent R	emolition	Street Address 280 H City, State, Zip S. Ha Glo	uyler St Code ckensack Containment with i-Enclosure vebag ProcedureExempted (*) an	, N . J . O Negative Press d Non-Friable Pr	ure	A	Ту	oe_	
Occupancy Status Duri □ Facility Closed/Vaca □ Abatement Performs □ Other – Describe: □ Scope of Work (Check □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf Loca Asbestos-Contain	ing Abaten ited During ed Outside 8 100 AM all that ap	Entire Period of Normal Faci	one) of Abatem lity Hours of Maint	pent Docation mally Solely by penance/	emolition	Street Address 280 H City, State, Zip S. Ha Full Min Glo Nor	uyler St Code ckensack Containment with i-Enclosure vebag Procedure -Exempted (*) an	, N . J . 0 Negative Press d Non-Friable Pr	ocedure		Ту	oe_	
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Occupancy Status Duri Facility Closed/Vaca Abatement Performs Other – Describe: Scope of Work (Check 2 ≥ 3 sf or ≥ 3 lf 2 ≥ 160 sf or ≥ 260 lf Loca Asbestos-Contain TO BE IN F	ing Abaten ited During ed Outside Signal all that ap tion of ing Materi ABATED	Entire Period of Normal Faci	Is Lo Nor Used: Maintie	nent Docation mally Solely by enance/stodial	emolition	Street Address 280 H City, State, Zip S. Ha Glo Glo Description estos Containing M thermal system	uyler St Code ckensack Containment with i-Enclosure vebag Procedure -Exempted (*) an of Material (ACM) is insulation, iT, or	, N . J . 0 Negative Press d Non-Friable Pr	ocedure	Removal	Ту	oe_	
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Occupancy Status Duri □ Facility Closed/Vaca □ Abatement Performe □ Other – Describe: ② Scope of Work (Check □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf Loca Asbestos-Contain TO BE □ IN F	ing Abatem ited During ed Outside Signal all that ap tion of ing Materi ABATED acitty 13)	Entire Period of Normal Facility To 5:02	Is Lo Nor Used: Maint (pocation mally Solely by enance/ staff?	Asbe (i.e	Street Address 280 H City, State, Zip S. Ha Full Min Glo Nor Description estos Containing M thermal system surfacing, VA other miscellar	uyler St Code ckensack Containment with i-Enclosure vebag Procedure -Exempted (*) an of Material (ACM) is insulation, iT, or neous)	, N. J. 0 Negative Press d Non-Friable Pr Amoun (Specif	occedure tt y F)	Removal	Ту	oe_	Enclosure
Occupancy Status Duri □ Facility Closed/Vaca □ Abatement Performe □ Other – Describe: ② Scope of Work (Check □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf Loca Asbestos-Contain TO BE □ IN F	ing Abatem ited During ed Outside Signal all that ap tion of ing Materi ABATED acitty 13)	Entire Period of Normal Facility To 5:02	Is Lo Nor Used: Maint (pocation mally Solely by enance/ staff?	Asbe (i.e	Street Address 280 H City, State, Zip S. Ha Full Min Glo Nor Description estos Containing M thermal system surfacing, VA other miscellar	uyler St Code ckensack Containment with i-Enclosure vebag Procedure -Exempted (*) an of Material (ACM) is insulation, iT, or neous)	, N. J. 0 Negative Press d Non-Friable Pr Amoun (Specif	ocedure tt y F)	Removal	Ту	oe_	
Occupancy Status Duri Facility Closed/Vaca Abatement Performe Other – Describe: Scope of Work (Check ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf Loca Asbestos-Contain TO BE IN F	ing Abatentited During and Outside Signal American all that application of sing Materia ABATED racility 13)	Entire Period of Normal Facility To \$10.00	Is Lo Noon Used S Maint	pocation rmally Solely by enance/stodial taff?	Asbe	Street Address 280 H City, State, Zip S. Ha Full Min Glo Nor Description estos Containing M a. thermal system surfacing, VA other miscellar	uyler St Code ckensack Containment with i-Enclosure vebag Procedure -Exempted (*) an of Material (ACM) is insulation, iT, or neous)	, N. J. 0 Negative Press d Non-Friable Pr Amoun (Specif	occedure tt y F)	Removal	Ту	oe_	
Occupancy Status Duri □ Facility Closed/Vaca □ Abatement Performs □ Other – Describe: ② Scope of Work (Check □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf Loca Asbestos-Contain TO BE □ IN F	ing Abatem ited During ed Outside 8:22 Ad all that ap tion of ing Materi ABATED acility 13)	Entire Period of Normal Facility To \$100 phy)	Is Lo Nor Used S Mainten	nent in Docation rmally Solely by enance/stodial taff?	Asbe (i.e	Street Address 280 H City, State, Zip S. Ha Full Nim City Nor Description estos Containing N thermal system surfacing, VA other miscellar	uyler St Code ckensack Containment with i-Enclosure vebag Procedure -Exempted (*) an i of Material (ACM) is insulation, IT, or neous) MINSUMBA	, N.J. 0 Negative Press d Non-Friable Pr Amoun (Specif	occedure tt y F)	Removal	Repair	e Encapsulate	Enclosure
Occupancy Status Duri Facility Closed/Vaca Abatement Performe Other – Describe: Scope of Work (Check ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf Loca Asbestos-Contain TO BE IN F	ing Abatem ited During ed Outside 8:22 Ad all that ap tion of ing Materi ABATED acility 13)	Entire Period of Normal Facility To \$100 phy)	Is Lo Nor Used S Mainting (Cus S)	nent in Docation maily Solely by enance/stodial taff?	Asbe	Street Address 280 H City, State, Zip S. Ha Full Nim City Nor Description estos Containing N thermal system surfacing, VA other miscellar	uyler St Code ckensack Containment with i-Enclosure vebag Procedure -Exempted (*) an i of Material (ACM) is insulation, IT, or neous) MINSUMBA	, N.J. 0 Negative Press d Non-Friable Pr Amoun (Specif	occedure tt y F)	Removal	Repair	e Encapsulate	Enclosure
Occupancy Status Duri Facility Closed/Vaca Abatement Performs Other – Describe: Scope of Work (Check 223 sf or ≥ 3 lf 2 ≥ 160 sf or ≥ 260 lf Loca Asbestos-Contain TO BE IN F	ing Abatem ited During ed Outside 8:22 Ad all that ap tion of ing Materi ABATED acility 13)	Entire Period of Normal Facility To \$100 phy)	Is Lo Nor Used S Mainting (Cus S)	nent in Docation rmally Solely by enance/stodial taff?	Asbe	Street Address 280 H City, State, Zip S. Ha Pull Solo Nor Description estos Containing M a. thermal system surfacing, VA other miscellar	uyler St Code ckensack Containment with i-Enclosure vebag Procedure -Exempted (*) an i of Material (ACM) is insulation, IT, or neous) Name of Region	, N.J. 0 Negative Press d Non-Friable Pr Amoun (Specif	occedure tt y F)	Removal	Repair	e Encapsulate	Enclosure
Occupancy Status Duri □ Facility Closed/Vaca □ Abatement Performs □ Other – Describe: ② Scope of Work (Check □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf Loca Asbestos-Contain TO BE □ IN F	ted During ed Outside 8 100 Marie Haufe ABATED raciity 13)	Entire Period of Normal Facility To \$1.00 pty) al (ACM)	Is Lo North Maint Cus S No	nent in Docation maily Solely by enance/stodial taff?	Asbe	Street Address 280 H City, State, Zip S. Ha Pull Solo Nor Description estos Containing M a. thermal system surfacing, VA other miscellar Cubic Yards of Waste P 2 C Disposal Date	uyler St Code ckensack Containment with i-Enclosure vebag Procedure -Exempted (*) an of Material (ACM) is insulation, IT, or neous) Name of Region Minery and City, State	, N.J. O Negative Press d Non-Friable Pr Amount (Specif SF or L) stered Landfill a Enterp	occedure try F)	Removal	Repair	e Encapsulate	Enclosure
Occupancy Status Duri □ Facility Closed/Vaca □ Abatement Performs □ Other – Describe: 3 Scope of Work (Check □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf Loca Asbestos-Contain TO BE □ IN F	ted During ed Outside 8 100 Marie Haufe ABATED raciity 13)	Entire Period of Normal Facility To \$100 phy)	Is Lo North Maint Cus S No	nent in Docation maily Solely by enance/stodial taff?	Asbe	Street Address 280 H City, State, Zip S. Ha Pull Siglo Nor Description estos Containing M thermal system surfacing, VA other miscellar Cubic Yards of Waste 11/-/////	uyler St Code ckensack Containment with i-Enclosure vebag Procedure -Exempted (*) an of Material (ACM) is insulation, IT, or neous) Name of Region Minery and City, State	, N.J. 0 Negative Press d Non-Friable Pr Amoun (Specif	occedure try F)	Removal	Repair	e Encapsulate	Enclosure
Occupancy Status Duri □ Facility Closed/Vaca □ Abatement Performs □ Other – Describe: ② Scope of Work (Check □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf Loca Asbestos-Contain TO BE. □ IN F	tion of sing Materia ABATED acity 13)	Entire Period of Normal Facility To \$2.02 ply) al (ACM) To \$2.02 To \$2.0	Is Lo North Maint Cus S No	ocation mally Solely by enance/stodial taff? 12) No N/	Asbe	Street Address 280 H City, State, Zip S. Ha Pull Win City State, Zip S. Ha Description Stock Containing Me thermal system surfacing, VA other miscellar Cubic Yards of Waste VI Z Disposal Date 11/	uyler St Code ckensack Containment with i-Enclosure vebag Procedure -Exempted (*) an of Material (ACM) is insulation, IT, or neous) Name of Region Minery and City, State	, N.J. O Negative Press d Non-Friable Pr Amount (Specif SF or Li	orises	Removal	Repair	e Encapsulate	Enclosure

N# 5807

ate of Notification (1)		Name of Building Owner/Operator (2) Michael Kinane Private Home NOV 1 0 2016													
gencies Notified Type Notification			Street Address												
EPA Initial Amended		City, State, Zip Code Brant Beach NJ 08008													
Emergency (in	ntact Telephone Number														
DOH justification) DCA Cancellation		N	like	Y INFORM	ATION					[
ame of Facility Where Abatement is Taking	Place (3)		FACILIT	TINFORM	ATION	Type of F	acility (4)								
lichael Kinane Private Home					School (K-12) Subchapter 8 (Other than K-12)										
treet Address						Other (i.e. private & commercial buildings, nomes,									
						Square		# of Floors		Bldg. Age 35+					
City (5) Brant Beach NJ 08008						1000+	Llas (Dries	2 if heir	na demolishe						
County (6)	C	STATE US	de (7) E ONLY) _		Current Use (Prior if being demolished) Home										
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM N	No.		lame of Abatement Contractor (9) Pernaco Inc.									
N/A Street Address				Street Address PO Box 329											
City, State, Zip Code	City, We	City, State, Zip Code West Berlin NJ 08091													
Project Manager for Monitoring Firm		Telephone No.				Telephone No. License No. 856-753-9800 00727									
Start Date (10)	npletion D	ate (11)	Nam	e of OSHA			V.								
11/21/16	11/25/16					Same Street Address									
Occupancy Status During Abatement (Chec	k Only One	;)											_		
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:		City, State, Zip Code													
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
						Abatem Type							Š.		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	inten	ally lely by ance/ . Staff?	Asbesto (i.e. t	os Containir hermal syst surfacing,	Description of Containing Material (ACM) mal systems insulation, urfacing, VAT, or ner miscellaneous)			Amount (Specify SF or LF)		Repair	Encapsulate	Lilogodio		
- VSF R	Yes	No	N/A			0:4:=			2000SF	x	-		T		
Exterior Siding					Exterior	Siding	siairig 2000		200001				1		
		_											I		
		NJDEP V	Vaste	Cubic Yar	ds							17			
Name of Registered Waste Hauler United Roll Off			Hauler II 22459		of Waste				O.W.S.						
City, State					Disposal 11/25/10	6	Morri	sville	PA 19067	Date			_		
Completed by Anthony T Perna Title President						lature C		el Commission (Commission Commission Commiss		11/7/	16				



() () () () () () () () () ()	Name of Building Owner/Operator (2) Mohammed Elsankari & Sally Abdul Wahab							MC	N 1	0 1	016				
pate of Notification (1)						lat.	1.11								
encies Notified Type Notification	Stre	eet Addres	S					<u> </u>	17 11/2			1			
	City	y, State, Zi	n Code		1.124										
DEP Amended	ent #	R	selle Pa	ark NJ 070	24	52000,743			2-17-1				-		
Emergend	Na	me of Con	tact		Telephone Number										
DOH justification	M	ohamme	ed Elsanka					-							
DCA			FACILITY	INFORMAT	ION	Type of Fac	cility (4)								
ame of Facility Where Abatement is Ta	iking Place (3)					Coboo	1 (K-12)								
I/A·						Subch		(Other	than K-12) commercial t	ouilding	s, hor	nes,			
treet Address						etc.)							_		
						Square Fe	et	# of Floors		Bidg. Age 78					
ity (5) Roselle Park						1100	/Dries	2000	a demolished		-	_	_		
		County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Residential									
county (6) Jnion County		(5			Nome	at Abatament Contractor (9)									
- of Manitoring Firm Hired by Build		ASCM N	0.	Turr	Furningpoint Contracting Corporation										
Turningpoint Contracting Corpo	oration				Stree	Street Address									
Street Address					51 E	51 Berkeley Terrace									
51 Berkeley Terrace					City,	State, Zip C	ode								
City, State, Zip Code Irvington NJ 07111				The state of the s	ngton NJ 0	License No.									
Project Manager for Monitoring Firm	7	elephone	No.	Tele	Telephone No. 973-372-2177										
Emeka Okeke			201-927	- State of the same	100000000000000000000000000000000000000	Name of OSHA Monitor									
Start Date (10)	Scheduled	Completion Date (11)				JLC Environmental Inc									
11/17/16	11/20/16					Street Address									
Occupancy Status During Abatement)	- nt			30 west 25th Street										
Facility Closed/Vacated During E Abatement Performed Outside o	daten Hours	en.		City	City, State, Zip Code New York 10007										
Abatement Performed Outside o Other – Describe: Section of buil	ding where work i	s to ta	ake place i	s vacant	Ne	W YORK TO	1001								
Scope of Work (Check All That Apply)						П - по		ont wif	h Negative F	ressure	9				
	× R	enova				X Mini-E	nciosur	e							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			tion			X Glove	cedure	(*) and Non-Friable Procedure			9				
		52.5		+	Non-Exemples					Abatement Type					
	100	Loca	111000000000000000000000000000000000000		Description of					Type			Г		
Location of Use Asbestos-Containing Material (ACM)			ally ely by	Ashestos	Containir	Containing Material (ACM) mal systems insulation, urfacing, VAT, or			Amount (Specify SF or LF)			Enc	1		
			ance/ Staff?	(i.e. the	ermal syst						Repair	Encapsulate	Lindon		
In Facility	Cusi	(12)		0	her miscellaneous)						#	ulate			
(13)	Yes	No	N/A			4							1		
2	Tes	140	X		Pipe Ins	sulation			80	X			1		
Basement															
													1		
0.0								-							
-					Cubic Ya	rds	Name	of Rea	istered Land	fill					
Name of Registered Waste Hauler	Hauler ID No. of Wa				lub		vn Refacility								
Newark Carting Inc			4506		3				(c)				-		
					Disposal	Date	City, S	tate Towr	PA						
City, State					Tully Town PA										
Newark NJ 0/102		le resident				Cignoffurd /					/04/16				
Newark NJ 07102 Completed by	Title					Ikm	R	39		11/04	110				