CK# 4366								[=]	77 1	7 [- F
P		NOT	FICIAIT	ION OF AS	lew Jersey BESTOS ABATE C 8:60 and 12:12	MENT	DE G NOV	13	1 <u>V</u>	/ <u>E</u> 117	n n
Date of Notification (1)			Na	me of Build	ing Owner/Operato	USTRIC	End SAL				
Agencies Notified Type Notificat	ion		Str	eet Addres	s		ASBESTO	5 C	ONTH	TOL	8
☐ BPA			L	P. C		36	LIC	=NS	ING	pocularione	-
DOL Amendmen			City	, State, Zip	Code ORESTO	1) 4 (1 1	T 080°	>			
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☐ DCA ☐ Cancellatio	n			MIK	E						
			F	ACILITY IN	FORMATION			-			_
Name of Facility Where Abatement is Ta		ace (3)				Type of Facili		-			
Street Address	CE					School (K-	er 8 (Other than K-12	2			
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Name of Monitoring Firm Hired by Building	g Owne	H	ASC	d No.	Name of Abaten	nent Contractor					_
(8) N A Street Address					Street Address	100 E	NC.				_
Street Address						S. SPR	DCE AUE				1
City, State, Zip Code .					City, State, Zip C	ode		=	_		_
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Project Manager for Monitoring Firm		Tel	ephone	e No.	Telephone No.	- AU77	License No.	11			
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11-13-17	11-	21	-1-			N/A					_
Occupancy Status During Abatement (Ch					Street Address	86					
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Other - Describe:					o., o, 2p o		i i				
Scope of Work (Check all that apply)					. — Eull Con	toinment with No	anti a Dana				=
≥3 sf or ≥3 lf		enovat			☐ Mini-Enc	losure	egative Pressure				
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Name of Registered Waste Hauler			JDEP V		Cubic Yards	Name of Regi	stered Landfill				
KLEMCO INC.		_ 7	auler ID	о°4	of Waste	C.V	M.C. M.I).	A		
City, State MAPLE SHADE	МΙ.	7			Disposal Date-	City, State	DBINE		th:		
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MICHAEL CLOMM	Su	ρ,			Mul	10)(_	- 111-5	4	1		_

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CK# 4366	P	A	NOTE	FICA	State of I	New Jersey SBESTOS ABATE C 8:60 and 12:12	MEN T (0)	DE C Nov	[[]]	20	7 [3	The state of the s
Date of Notification (1)	3-17			Na	IA.	ing Owner/Operato	r (2)	ACT WASBEST	25 C	ONE	ROL	&
Agencies Notified	Type Notificati	on		Str	eet Addres	s	200	La company de la	F 15	HG		=
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City, State, Zip Code						City, State, Zip C	ode .		==			=
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Project Manager for Monito	ring Firm		1 86	ephone	e No.	SS6-77	9-0472	License No.	44		- 125-126	_
Start Date (10)	Sche	eduled (Comple		ate (11)	Name of OSHA N	Monitor ,					
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Facility Closed/Vacated	During Entire P	eriod of	f Abate	ment								
Abatement Performed O Other - Describe:	utside of Norma	al Facili	ty Hou	rs		City, State, Zip Co	ode .					
Scope of Work (Check all the	nat apply)					☐ Full Con	tainment with Ne	egative Pressure				
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Asbestos-Containing Mate TO BE ABATED		C	ntenano ustodia			os Containing Mate thermal systems in	sulation,	Amount (Specify	D	R	Enca	Enc
IN Facility (13)			Staff? (12)		**	surfacing, VAT, other miscellaneou		SF or LF)	Damain	Repair	Encapsulate	Enclosure
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KLUMCO IN			Ha	798	Ng.	of Waste	C.M.	C. M.U	. 4	1		
City, State		T	-1-			Disposal Date	City, State	DBINE				
Completed By	Title					Signature ()	A)/	Date	== > 1	7		
MICHAEL KUTA	M	SUP				Mull	y ju	<u> </u>	7.7			$=$ \rfloor

CKU 4366

State of New Jersey OFFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)
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M		NOV	1	3	2017	7	

			-17-	_		.C 8:60 and 12:12		11 N()V 13	3 20	17]]]
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DEP DEP	Amended Amendme	ot #		Cit	y, State, Zip								
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	APE MI				SE ÓNLY)	l Name of City		MACH	MI		_		
Name of Monitoring Firm (8)	Hirea by Buildin	g Owner		ASC	M No.	Name of Abatem	EM (O	(9) [N]	C				
Street Address	1			===		Street Address					-		
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City, State, Zip Code	*					City, State, Zip C	LE S	HADE	14.	TO	380	05	>
Project Manager for Mon	itoring Firm		Tele	phone	e No.	Telephone No. 856-77		Lice	nse to.	1.10	1		
Start Date (10)	T Sch	eduled (Complet	tion D	ate (11)	Name of OSHA M			000	790	1	_	_
11-13-17		11-	20	-1			N	10					
Occupancy Status During	70					Street Address		1					and Alexa
Facility Closed/Vacate Abatement Performed						City, State, Zip Co	vde -	-	==		_		=
Other - Describe:			.,			Gly, State, Ap Co	Ade .	* S. K					
Scope of Work (Check all	that apply)					Ü=							_
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≥160 sf or ≥260 lf			molition			Glovebag	Procedure						
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(13)			(12)			other miscellaneou	s)			Removal	Alr	Encapsulate	Enclosure
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Varine of Registered Waste	Dul			790		of Waste		C.M.C					
City, State	JALC,		17	170		Disposal Date	City State	C.141	-1 -				_
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Date of Notification (1) 11/6/17				Building C ej Kowal		perator	(2)		Ш	NO) \ '	1	201	1	-
Agencies Notified Type Notification			Street Ad	ddress	1-27					ASBES	TOS	C 2	NITRO	31 8	1
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DEP Amended X DOL Amendment				REST N		7						_			
DOH Emergency justification) DCA Cancellation			Name of	Contact ZEJ					1	hong	Mumh	er –			_
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Name of Facility Where Abatement is Takin	g Place (3))						f Facility							
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								ther (i.e. p	orivate (& comme	ercial l	b iuc	ings, h	ome	S
City (5) Demarest							Square 1344	Feet	# o 2	f Floors		310	dg. Age	9	_
County (6) Bergen			County C	Code (7) JSE ONLY)		1	Curren	t Use (Pri E	or if bei	ing demo	olished	i)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	l No.				PROF							
Street Address						Street /		OVE C	OURT	•					
City, State, Zip Code						City, St		Code	8701						Ī
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph	0			Licens 1200	e No.				
Start Date (10) 11/16/17	Schedule		npletion (Date (11)		Name o	of OSH	A Monito							
Occupancy Status During Abatement (Chec	k Only On	e)				Street	Address	3						_	-
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:						City, St	ate, Zip	OVE CODE		•					_
Scope of Work (Check All That Apply)						LAKE	VVOC	D, NJ	06/01						_
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	R X D	enova emolit				×	Mini Glov	Containm -Enclosur vebag Pro -Exempte	e cedure						
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Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by		tos Conta		aterial		A	Amount				ш	Ī
TO BE ABATED In Facility		intenai odial S		(i.e.	thermal :	systems		tion,		Specify F or LF)		Rem	Repair	ncap	
(13)	Yes	(12) No	N/A			iscellan				,		Removal	pair	Encapsulate	
EXTERIOR	110	18023		5	Siding			20	000SF	>	ς .				
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		-50XE-24-E-										_			12
Name of Registered Waste Hauler NEWARK CARTING		H	JDEP W lauler ID 4509		Cubic of Was		2	Name of IESI	Regist	ered Lan	ndfill				
City, State NEWARK, NJ					al Date		City, Sta		и РА						
Completed by	Title					ignature					Date	-		_	-
JOSEPH PERLSTEIN	OWN	IER				•									

Print Form

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Date of Notification (1) 10/31/2017				Name of Monto	of Building lair State	Owner/ Univer	Operator (2) sity	-) No	the ck	# 5904	2017	7
Agencies Notified	Type Notification				Address nal Ave									
□ EPA ☑ DEP ☑ DOL	☑ Initial☐ AmendedAmendment	t #		City, St	tate, Zip C lair, NJ 0					ASBE	ST OS L CE	S CO NSI	NTR(VG	DL &
⊠ DOH □ DCA	Emergency (i justification) Cancellation				of Contact Fernande				Tele	ohone Niii	nhar			
Nigrae of Facility AMbays A	batanant in Tabin	Di /		FAC	ILITY INF	ORMAT	And the last of th	-114 - 74	_					
Name of Facility Where A Montclair State Univers			3)				Type of Fa	15 (205)						
Street Address 1 Normal Ave		50014011100034404					☐ Subch	ool (K-12) apter 8 (Ot (i.e. private			ng , h	omes	, etc.)	
City (5) Montclair							Square Fe 30,000	et	# of	Floors		3ldg. <i>F</i> 50+	Age	
County (6) Essex					Code (7) USE ONLY)	Current Us	e (Prior if b Univ	eing demo	olished)				
Name of Monitoring Firm Detail Associates, Inc	Hired by Building	Owner (8)		ASC	M No.		Name of Ab Lilich Corp		ontractor (9)		11		
Street Address 300 Grand Ave							Street Addr 606 McBri							
City, State, Zip Code Englewood, NJ 07631			(6)				City, State, Woodland		v Jersey			u.c.		
Project Manager for Monit Nadine Bello	oring Firm			Telepho 201-56	one No 59-6078		Telephone I 973-225-8			License N 01104	0.		una i	
Start Date (10) 11/10/17		01/10/2	018	npletion	Date (11)		Name of OS Iris Enviro			es, LLC		13	Si E	
Occupancy Status During	\$7						Street Addre 2333 Rout	3000 (100) (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (100) (1000 (1000 (100) (1000 (1000 (100) (1000 (1000 (100) (1000 (100) (1000 (1000 (100) (1000 (100) (1000 (100) (1000 (1000 (100) (100) (1000 (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (100) (100) (1000 (100) (100) (100) (1000 (100) (100) (100) (100) (100) (1000 (100) (1100000	-
☐ Abatement Performe ☐ Other – Describe: st	d Outside of Norn						City, State, Union, N	Zip Code J 07083						The state of the s
Scope of Work (Check All	That Apply)						I.							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Renova Demoliti				□ M ⊠ Gl	ull Containn ini-Enclosu ovebag Pro	re cedure / L	imited Co	nte inn	nent&		
		Τ.					□ N	on-Exempt	ed (*) and	Non-Friab	le l'ro		e ement	
Location	of	ı	Locati Normal	ly		De	scription of						pe	
Asbestos-Containing N TO BE ABAT In Facility (13)	ED	Ma	ed Sole intenar todial S (12)	nce/	Asbes (i.e.	tos Con therma surfa	taining Materi systems insu cing, VAT, or niscellaneous	lation,	(Spe	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									te	
Exterior-Manhole				xx	Pipe In	sulatio	n		250 LF		×			
E)														
Name of Danish and Marke	IIII			IDEDIA		I o	V 1			11 100			1, 5	
Name of Registered Waste	Hauler		Н	JDEP W auler ID		of Wa	Yards ste		Registere					
City, State		18724	3-500 H		sal Date	G.R.O.V								
Woodland Park, New Completed by Adriana Olejarova	siden	t		01/10/	2018	())	IVIOITIS	oville, PA	te 0/: 1/:	2017				
ASB-41 (R-06-08)						1	* Do not use	this form fo	or asbesto	s licensure	e en	npted	activit	ies.

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CK 2833			CATION	tate of New Jerse N OF ASBESTOS to NJAC 8:60 an	ABATE) NO	/ 1	3 2	0 L 017
Date of Notification (1)	17/17		Name o	Building Owner/	Operator	er (2)	4	195			
Agencies Notified Type	Notification		Street A	Address		! 1	1000	ASBES	OS	CONT	ROL
	nitial	-	City Ct	ate, Zip Code		L. 1.	10110	Une	10	Alle	Δ_
DOL Z	Amended Amendment #		City, Sta	A DAL	BB	of many		303	30	\	
	mergency (including ustification)		Name o	f Contact	070	1000	Teleni	none Numb	r	4	
	Cancellation		Eric P			22.50	8				
Name of Facility Where Abatem	ent is Taking Place (3)	FAC	ILITY INFORMAT	ION	Type of Facili	v (4)		-		
Street Address				5		School (uildir	gs, hoi	mes,
City (5)	111586					Square Feet) # of El	oors		g. Age 56	
County (6)	20			Code (7) USE ONLY)		Current Use (Prior if being		1		
Name of Monitoring Firm Hired b	by Building Owner (8)		ASCN	Л No.		of Abatement (k Industries I	ontractor (9)				1, 110
Street Address					1	Address					
City, State, Zip Code						Box 915 State, Zip Code					
City, State, Zip Code					100000000000000000000000000000000000000	k, New Jerse	y 08723				
Project Manager for Monitoring F	irm		Telepho	ne No.	Teleph	none No.)899-7499	Li	icense No. 1196			
Start Date (10)	Schedule	ed Con	pletion 29	Date (11)		of OSHA Monit	or		-		
Occupancy Status During Abater	ment (Check Only Or	ne)	- 1		Street	Address	A				
Facility Closed/Vacated Dur Abatement Performed Outs Other – Describe:					City, S	State, Zip Code			-		
Scope of Work (Check All That A	apply)										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti				Mini-Enclos Glovebag P				dure	
Location of		Locatio		Do	scription				77777	ateme Type	nt
Asbestos-Containing Materia TO BE ABATED In Facility (13)	Ma Ma	d Solel intenan odial S (12)	ice/	Asbestos Cont (i.e. thermal surfa	taining N	faterial (ACM) insulation, T, or	Amo (Spe- SF or		3	Encapsulate	Enclosure
	Yes	No	N/A	M = - 1	710		7000	_	1	te	10
				40001	16		300 S	1			
Name of Registered Waste Haule	er	N.	JDEP W	aste Cubic	Yards	Name	f Registered	Landfill			
Brick Industries Inc.		100000	auler ID 602	No. of Was	ste 5		WS Inc.				
City, State	1-1000			Dispos	sal Date	City, St	ate				
Brick, New Jersey				9	19/1	PA			(
Completed by Eric Plackis	Title Presi	dent		S	Signature	6,110		Date	7	11	1

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A FARAS				Sta	ate of Nev	v Jerse	y				JE C			\mathbb{V}	G
CVIMES	7	N			OF ASBI				IT		3				and the same
Date of Notification (1)	U		T	Name of	f Building	Owner/0	Operator	(2)		+	H NO	√ —1	3	2017	1
11/3/2017					nan Lam		1	, ,		-					
Agencies Notified	Type Notification			Street A	ddress	-				\top	ASBES	108	CO	VTRO)L &
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terest 1	× Amended	# 1		0.7	ite, Zip Co										
	Amendment Emergency		-		na, NY	10970				-					
⊠ DOH □ DCA	justification) Cancellation				nan Lam	etein									
_ DCA	Caricellation		_1		LITY INFO		ON			_					
Name of Facility Where A	batement is Takin	g Place (3)	I AUI	CITT HAT	ZIXIIIATI	014	Ту	pe of Facility (4)					***************************************
Above & Beyond Ca	atering							П	School (K-12)					
Street Address									Subcharter 8	(Oth			r		
56-74 Courtland Ave	enue							X	Other (i.e. prietc.)	ivate i	& commercia	ווטכ וו	aings,	nome	es,
City (5) Dumont									uare Feet 0,300	# 0	f Floors		ldg. <i>F</i>		
County (6)				County (2nde (7)				rrent Use (Prior		na demolish		1000	-	
Bergen					USE ONLY)				atering Facil		ng comonon	,			
Name of Monitoring Firm I	Hired by Building	Owner (8)		ASCN	1 No.		10.550414.05000		batement Cont		(9)				
BioTerra Solutions							Street		Contracting,	Inc.					
Street Address 1130 West Chestnu	t Street								ifton Avenue	e. Un	it 365				
City, State, Zip Code									, Zip Code	-				310000	
Union, NJ 07083							Clifto	on,	NJ 07012			_			
Project Manager for Monit	oring Firm			Telepho			Teleph				License No) .			
Rick Eustaquio		Cabadula	4.000		94-3762				0-9500 SHA Monitor		01036				
Start Date (10) 11/6/2017	17	11/6/2			Date (11)		740,000,000		Contracting,	Inc.					
Occupancy Status During	Abatement (Chec			111	1111		Street								
Facility Closed/Vacat	ted During Entire	Period of A	baten	nent			1360) CI	ifton Avenue	, Un	it 365				
Abatement Performe X Other – Describe: M	d Outside of Norn	nal Facility	Hours	6					, Zip Code						
		01 111 1					Clift	on,	NJ 07012						
Scope of Work (Check All	глат Арріу)	.		12			Г	٦,	- " 0 . ' .	4 141	N		221		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit				×		Full Containmer Mini-Enclosure	nt With	Negative P	re ssu	re		
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Location of Asbestos-Containing N			d Sole			tos Con	taining N	/ate	rial (ACM)	Α	mount			▣	_
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(13)	у.		(12)				niscellar			Ů.	0. 2. /	Remova	Repair	Encapsulate	Enclosure
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Freezer Commiss	Χ	X		Pipe	Insula	tior	1	3	0 LF	X					
Name of Registered Waste	e Hauler		1000	JDEP W			Yards		Name of R	egiste	ered Landfill				
Atlantic Carting		1,333	lauler ID IJ641/J		of Wa	ste		Grand C	entr	anl Sanita	n La	andfi	II Co	rp.	
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Completed by	pleted by Title						Signature		III	1	Da				
Milena Zoric		tor					Λ	INY	1	11	/3/2	017			

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CK3/80)	1		ICATION	ate of Nev I OF ASB to NJAC	ESTOS	ABATE	333			D)_E	(;	E		\mathbb{V}	E
Date of Notification (1)				Name of	f Building	Owner/0	Operator	(2)		+	7).		wa zone		10x2 h x +1 = +1	- 1
Nov 02-2017 Chec	k #3080								holic Churc	ch 🛚	Ц	101	1 3	2	2017	
Agencies Notified T	ype Notification			Street A	ddress					T						
□ EPA □	Initial				North A						ASB	ES O	S C	NC	TRO	L &
DEP	Amended			-	ite, Zip Co					-		LIC	ENS	INC	3	
DOL	Amendment Emergency		_		eth, NJ	07201										
DOH DOA	justification)				f Contact erardo G	ollo				Te	lephone N	lun ber				
DCA L	Cancellation	1		and the same	LITY INFO	Description (A)	ION							į,		
Name of Facility Where Ab	atement is Takir	g Place (3	()	FACI	LITTINE	JRIVIAT	ION	Type	of Facility (4)			-	_		
Blessed Sacrament F				ectory					School (K-12	5).						
Street Address									Subchapter 8	(Oth	er than K-	-12				
1096 North Avenue								×	Other (i e. pretc.)	ivate	& comme	rcia bu	ildin	gs,	home	es,
City (5)						701		Squa	are Feet	# 0	f Floors		Bldg	j. A	ge	
Elizabeth								40,0	000	4			60-	۲		
County (6) UNION				County (Code (7) USE ONLY)			ent Use (Prior ctory Churc		ing demol	ish id)				
Name of Monitoring Firm H	ired by Building	Owner (8)		ASCN	1 No.		Name	of Aba	atement Cont	racto	(9)					
N/A							EA S	Servi	ces Corp							
Street Address							Street									
									Street							
City, State, Zip Code								Zip Code rg, NJ 0709	03							
Project Manager for Monito	ring Firm		Telephor	no No		Teleph		375163	95	License	N/c -		_			
71100 Personal and a conference personal persona	inig i iiii					201-	295-	1700		01074						
Start Date (10) 11/03/2017		Schedule 11/04/2			Date (11)				HA Mon tor							
Occupancy Status During A	hatament (Cha) 			Street		above					_		
							Sileet	Addre	55							
Facility Closed/Vacate Abatement Performed Other – Describe: Sta	Outside of Norr						City, S	state, Z	ip Code							
Scope of Work (Check All T	hat Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			lenova emoli					Mi Gl	II Containmer ni-Enclosure ovebag Proce on-Exempted	edure	_			dur		
								1140	II-LXeII pleu	() ai	IG NOTE TO	abi : Fi			ment	
Location of			Locat Iorma	S. S		Do	scription	of						Тур	ре	
Asbestos-Containing Ma	aterial (ACM)		d Sole			tos Con	taining N	/lateria	I (ACM)	P	mount				Ш	_
TO BE ABATI	<u>ED</u>	805-61		Staff?	(i.e.		system cing, VA		ation,		Specify F or LF)	Kemova	1 2	D.D.	Encapsulate	Enclosure
(13)		1115	(12)				niscellar			0	OI LI)	nova	200	Renair	sul	osur
		Yes	No	N/A								-			ate	9
kITCHEN AF	Х		Duc	t Insul	ation-v	vrap 8	& cut	1	6 SF	×	T					
						Pipe	Insula	tion		1	16 LF	х				
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		+											+	+	-	
Name of Registered Waste	Hauler		IN	JDEP W	aste	Cubic	Yards		Name of R	eaist	ered Land	fill				
Tri-State Transfer Asse			H	lauler ID 9551		of Wa			Minerva	30						
City, State					-1.1 102.04	Dispos	sal Date		City, State							
Bronx, NY						tbd			Waynes	burg	, OH					
Completed by		Title				S	Signature	All	1.0		3 1 2 2	Dat :	201	7		2007
Gina Betances		e Ma	nager			K	Y &	ull -			11 2/	201	1			

FALL		State of N	ew Je	rsey - Notif	ication of Asbestos	Aba	teme	DL I	- @	e n	nn	PP
CK 305	5		(Pur	suant to N.J.A.C	C. 8:60-7 and 12:120-7)			₹ <u></u>	E C			
Date of Notification (1) November 6, 2017					Name of Building Owne Victoria Tafaro	r/Opera	ator (2)	Ц	NOV	13	2017	
Agencies Notified		Notification	Туре		Street Address		-	+				-
X EPA				ification				AS	SBEST)S CO	NTROL	_&_
DCA		Amend		ification (including	City, State, Zip Code Bloomingdale, N.	I 074			L	ENSIN	IG.	-
xDOL XDEP		justific			Name of Contact	J U / +	03	Tele	nhone I	umber		
x DOH		□ Cance			Victoria Tufaro			100	priorie	UIIIUE		
Name of Facility Where Abate	ment is To	king Place (2)		FACILITY IN	FORMATION						8	
Residence	inentis ra	Killy Place (5)			Type of Facility (4) School (K-12)							
Street Address					Subchapter 8 (other that	an K-12	2)					
					Other (i.e. private	& comn	nercial b	uildings	s, home	etc.)		
City (5)	County (6	3)	Count	y Code (7)	Sq. Feet: Unknown	1 # (of Floo	<u>rs:</u> 2	Bldg. A	<u>ge:</u> 8	0 year	'S
Bloomingdale	Passai			Use Only)	Current Use (prior if beir	ng dern	olished):				
Name of Monitoring Firm Hire			ASCN		Name of Contractor (9)							
EnviroVision Const	ultants	inc.	000	79	GREENWOOD ABA	TEME	ENT C	ONSL	JLTAN	ITS. IN	C.	
Street Address	DI-1	044			Street Address			01100	/_ // (1)	10, 114		
20-21 Wagaraw Road	, Blag #	34A			511 MAIN STREET							
City, State, Zip Code					City State, ZipCode	-						
Fairlawn, NJ 07410 Project Manager for Monitoring	a Fiem	Talashas N			Butler, NJ 07405					-		
Fred Larson	<u>y FIIIII</u>	<u>Telephone N</u> 973-636-			Telephone Number			Licen	se Num	<u>er</u>		
Cahadulad Start Data (40)					973-492-0477			0084	10			
Scheduled Start Date (10) November 15, 2017		Scheduled C November			Name of OSHA Monitor							
				2017	EMSL inc.							
Occupancy Status During Ab Facility Closed/Vacate					Street Address							
Abatement Performed	Outside o	f Normal Faci	lity Hou	ment rs -	1056 Stelton Road							
Describe			•		City, State, Zip Code							
Other - Describe:					Piscataway, NJ 08	854						
					•	(7:5, N						
Source of Work (Check all that	apply)					22.00			20000000			
≥ 3 sf or ≥ 3 lf				Renovation			l Contai Mini-En			ative P	ressure	‡
$\square \ge 160 \text{ sf or } \ge 26$				Demolition			vebag					
Location of Asbestos-Containing	na lelo	cation Normall	Llead	Description of Act	nantas Cantainia - Matadal	Non				-Friable		dure
Material (ACM) in Facility (13)	Solel	y by Maint./Cu		(ACM) (i.e. therm	pestos Containing Material nal systems insulation, surfac	ing,	Amount (Specifi	100000000000000000000000000000000000000		ent Type		
	Staff*	? (12) NO	NA	VAT, or other mis	cell.)		or LF)	AVESTEE .	Remov	Repair	Encap E	Enclose
Basement			X	Pipe & Fittin	g Insulation		70'		X	Т .	T	
Attic			X	Vermiculite			500 s	f	X			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Wast See Below	e Hauler	<u>ID#</u>	Cubic Yards of Waste:					ered La	ndfill	
		CCC BCIOW			15				D.W.S	. andilli		
Hauler #1) Greenwood A NJ DEP # 125	bateme	nt Consulta	c. – Butler, NJ 0	7405		sal Dat			ity, Stat			
Hauler #2) Newark Cartin	NJ DEP # 19551		21,2	embe 017	r	-	l toute 2, l ridgepo : 04-842-	rt, WVA				
Completed by (Print or Type)	I		Signature			Date						
Marin Graure		ENIOR PR	OJEC	Т	Marin Grau	re		and the same of th	embe	6, 20	17	

				State	of New	Jersey	MENT ID	EGE		\mathbb{W}	5	U)	
AND THE DESCRIPTION	N	OTIFI	CATIO	ON OF	ASBE	STOS ABATE			-				
JULY.		(8:60 and 5:16				1047	- 11	H	h
Date of Notification (1)			Na	me of E	Building C)wner/Operator (2		NOV '	132	201/		ט	
11 /	3 / 17	_	1	Vew J	ersey So	chools Develop	ment Authority				1		-
Agencies Notified	Type Notification		Str	eet Ad	dress			ASBESTOS	CON	TRO	. &		1
⊠ EPA	☐ Initial		1	32 E. F	ront St.			LICE	VSIN	G	Personal Printers of	- Con	rest.
⊠ DOLWD			Cit	ty, State	e, Zip Coo	de							
☑ DHSS	Amendment #1		4.	Trento	n, NJ 0	8625-0991		Telenhono M					-
☐ DCA	☐ Emergency (inc justification)	luding	Na	ame of	Contact	5)		Telenhone M	mhor				
(NJAC 5:23-8)	☐ Cancellation			Andre	w Oakle	ey							-
	- Caricolation					ORMATION		and the second to	-				_
Name of Facility Where A	Shatement is Taking	Place (3					Type of Facility (4)					
Former Camden Hi	ah School		Ō				School (K-12)Subchapter 8	Other than K	(12)				
	girodiladi		-				Other (i.e., priv	ate and com	rercial	buildi	ngs,		
Street Address							homes, etc.)						_
1700 Park Blvd.							Square Feet	# of Floors		Bldg.			
City (5)							175,000	3			50		_
Camden				County	Code (7)(STATE USE ONLY)	Current Use (Price	r if being den	rolished	d)			
County (6)				•			Vacant						
Camden Name of Monitoring Firm	Hisad by Building	Wher (8)) AS	SCM No). T	Name of Abatem	ent Contractor (9)						
Name of Monitoring Fifth Brinkerhoff Enviro	nmental Services	s Inc.	'			USA Environ	mental Manage	ment, Inc.					-
	nmental Service.	3 11101				Street Address							
Street Address						8436 Enterpr	ise Avenue		-				_
1805 Atlantic Aven	lue					City, State, Zip C							
City, State, Zip Code Manasquan NJ 08	736					Philadelphia	, PA 19153		-				\dashv
Project Manager for Mon	nitoring Firm		Teleph	none No	0.	Telephone No.		License N					
1830	intolling i iiii			-223-2	tomorphic tomorphic to the control of the control o	215-365-581		001156	1				-
Gary Fleming	Scheo	duled Co	mpletio	on Date	(11)	Name of OSHA	Monitor						
Start Date (10) 10 / 05		01 /				USA Enviror	nmental Manage	ement, Inc.				1	
						Street Address							
Occupancy Status Durin Facility Closed/Vaca	ng Abatement (Chec	eriod of A	Abatem	ent		8436 Entper	prise Avenue						_
☐ Abatement Performe	ed Outside of Norma	I Facility	Hours	- Desc	ribe	City, State, Zip C	Code						
Time of Abatement:	7:00 AM-5:30 PM/	P	M	AM		Philadelphia	a, PA 19153						
Scope of Work (Check	all that apply)					П г.и Co	ntainment with Neg	native Pressu	1 e				Ì
70	an over opp y/		novatio			Mini-Er	closure	juure					
≥3 sf or ≥3 lf ≥3 sf or ≥3 lf			molition			M Clauch	an Drocedure	n Eriable Pro	n redure				
⊠ ≥160 sf or ≥260 lf		_				⊠ Non-E>	empted (*) and No	II-FIIable I I		Aha	teme	nt Ty	ре
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Location	on of		Normall d Sole		Ashe	Description estos Containing N	Naterial (ACM)	Amou		Removal	Repair	Encapsulate	Enclosure
Asbestos-Containin	ng Material (ACM)	Ma	intenar	nce/	(i.e	e., thermal system	s insulation,	(Speci SF or L		ova	=	psu	Sur
IN Fa		Cus	todial S (12)	Staff?		surfacing, VA other miscellar	neous)	0, 0, 5	. /			ate	O
(13	3)	Yes	No	N/A		Other Imodella							
	denace and	-		\boxtimes	Air Ce	II Insulation De	bris	40,000	SF	\boxtimes			
Main BuildingCraw	rispace and					Il Pipe insulatio		180 L	=				
Main Building Cha	se							79,670	SF	\boxtimes			
Throughout Buildi	ng					Tile and Mastic		1,900		П	П	П	
Room 127, 127 A,	128 B, 128 C&D			\boxtimes	No. of the last of	r Ceiling	Name of Reg						
Name of Registered V	Vaste Hauler			JDEP I		Cubic Yards of Waste	Minerva						
Service Transpo	rt Group			lauler ii		200	City, State						
City, State						Disposal Date	Minerva,	ОН					
New Castle, DE						1/26/18	. 1	,	- TD:	ate			
Completed By (Print of	or Type)	itle				Signature	Merch		0	ate	6.	1'	7
Kevin Meldrum		Projec	t Man	ager									

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) New Jersey Schools Development Authority 1 11 Type Notification Street Address Agencies Notified ASBESTOS CONTROL & LICENSING ☐ Initial 32 E. Front St. **⊠** EPA M Amended **⊠** DOLWD City, State, Zip Code Amendment # 2 **⊠** DHSS Trenton, NJ 08625-0991 ☐ Emergency (including ☐ DCA Tolophone Num sor Name of Contact justification) (NJAC 5:23-8) Andrew Oakley ☐ Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Former Camden High School ☐ Subchapter 8 (Other than K-12) Other (i.e., private and comme cial buildings, Street Address homes, etc.) 1700 Park Blvd. Bldg. Age Square Feet # of Floors City (5) +/- 50 3 175,000 Camden Current Use (Prior if being demoli shed) County Code (7)(STATE USE ONLY) County (6) Vacant Camden Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc. Brinkerhoff Environmental Services Inc. Street Address Street Address 8436 Enterprise Avenue 1805 Atlantic Avenue City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 Manasquan NJ 08736 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 001156 215-365-5810 732-223-2225 Gary Fleming Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) USA Environmental Management, Inc. 01 / 26 / 18 10 / 05 / 17 Street Address Occupancy Status During Abatement (Check only one) 8436 Entperprise Avenue Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00 AM-5:30 PM/____PM-___AM Philadelphia, PA 19153 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Mini-Enclosure □ Renovation >3 sf or ≥3 lf ☑ Demolition ≥ 160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Remova Encapsulate Enclosure Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) (Specify Maintenance/ (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility other miscellaneous) (12)(13)Yes No N/A \boxtimes 40,000 SF Air Cell Insulation Debris Main BuildingCrawlspace and M Chasa X П 180 LF \boxtimes Air Cell Pipe insulation Main Building Chase X 79,670 SF Floor Tile and Mastic X Throughout Building 1,900 SF Plaster Ceiling X Room 127, 127 A, 128 B, 128 C&D Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Hauler ID No. Waste Minerva Landfill Service Transport Group 200 City, State Disposal Date City, State Minerva, OH 1/26/18 New Castle, DE

ASB-41 MAY 11

Completed By (Print or Type)

Kevin Meldrum

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

Project Manager

Signature

PAGE 1

11-6-17

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) New Jersey Schools Development Authority 6 / 11 Type Notification Street Address ASBESTC S CONTROL & LICENSING Agencies Notified ☐ Initial 32 E. Front St. **⊠** EPA □ DOLWD City, State, Zip Code Amendment # 2 **⊠** DHSS Trenton, NJ 08625-0991 ☐ Emergency (including ☐ DCA Telephone Nur ther Name of Contact (NJAC 5:23-8) justification) Andrew Oakley ☐ Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Former Camden High School Subchapter 8 (Other than K-12) Street Address Other (i.e., private and comm ercial buildings, homes, etc.) 1700 Park Blvd. Square Feet # of Floors Bldg. Age City (5) +/- 50 175,000 Camden Current Use (Prior if being demo ished) County Code (7)(STATE USE ONLY) County (6) Vacant Camden Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. USA Environmental Management, Inc. Brinkerhoff Environmental Services Inc. Street Address Street Address 8436 Enterprise Avenue 1805 Atlantic Avenue City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 Manasquan NJ 08736 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 001156 215-365-5810 732-223-2225 Gary Fleming Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) USA Environmental Management, Inc. 01 / 26 / 18 10 / 05 / 17 Street Address Occupancy Status During Abatement (Check only one) 8436 Entperprise Avenue □ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00 AM-5:30 PM/_ PM-Philadelphia, PA 19153 Scope of Work (Check all that apply) ☐ Full Containment vith Negative Pressure Mini-Enclosure Renovation ≥3 sf or ≥3 lf ⊠ Glovebag Procedure □ Demolition ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Proce lure Abatement Type Is Location Normally Description of Encapsulate Enclosure Location of Remova Repair Used Solely by Amount Asbestos Containing Material (AC VI) Asbestos-Containing Material (ACM) (Specify Maintenance/ (i.e., thermal systems insulation TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A Interior Lining (Small & Large 800 SF X X П Boiler Room Boilers) 15 SF M \boxtimes Fire Stop Patch Boiler Room X 160 Each X Gaskets Boiler Room (Roof Top Mech. Rm) 600 SF П \boxtimes Transite Main Building Connector Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Waste Hauler ID No. Minerva Landfill Service Transport Group 200 Disposal Date City, State City, State Minerva, OH 1/26/18 New Castle, DE

ASB-41 MAY 11

Completed By (Print or Type)

Kevin Meldrum

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

Title

Project Manager

Signature

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Date of Notification (1)	1	17				Owner/Operator (2 Schools Develo		ity NOV	1 0 0	_017	CATALOGUE DE CATAL	
					Address	+		ASBEST	IS CON	ITRO	12	
Agencies Notified Type	Notification	on			E. Front S	S+			ENSIN			
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□ DCA □ En		(including	g		of Contact			Telephone Nur	iber			
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	ancellatio	11					-	-				-
			(0)	FAC	CILITY IN	FORMATION	Type of Facility	(4)				-
Name of Facility Where Abatem		king Place	e (3)				School (K-1)					
Former Camden High Sc	nool						Subchapter	8 (Other than K-1	2)			
Street Address								orivate and comm	ercial bui	ldings	5,	
1700 Park Blvd.							homes, etc.	# of Floors	RIG	lg. Ag	0	
City (5)							Square Feet	3	100000000000000000000000000000000000000	19. Ag		
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County (6)				Cour	ity Code (7)(STATE USE ONLY)		rior if being demo	sneu)			
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Name of Monitoring Firm Hired				ASCM	No.	Name of Abateme						
Brinkerhoff Environment	tal Servi	ices Inc.					mental Manag	gement, Inc.				
Street Address						Street Address						
1805 Atlantic Avenue						8436 Enterpr						
City, State, Zip Code						City, State, Zip C						
Manasquan NJ 08736						Philadelphia	, PA 19153	License No.		_		-
Project Manager for Monitoring	Firm		1 4372	lephone		Telephone No. 215-365-5810		001156				
Gary Fleming				732-223				001130				
Start Date (10) 10 / 05 / 17	200	heduled (letion Da 26 /		Name of OSHA N	vionitor imental Manag	gement, Inc.				
Occupancy Status During Abate		heck only	one)			Street Address						
☐ Facility Closed/Vacated Duri						8436 Entperp	orise Avenue					
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Time of Abatement: 7:00 Al	M- <u>5:30</u> P	M/	PM	AN	1	Philadelphia						
Scope of Work (Check all that a	apply)						totomont with Nie	active Proceure				
□ >2 of or >2 If		ПВ	enov	ation		☐ Full Con	itainment with Ne closure	egative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			emol			⊠ Gloveba	ag Procedure					
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		1	s Loc Norn	cation						ateme		
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Asbestos-Containing Materi TO BE ABATED	iai (ACIVI)	IVI		nance/		e., thermal systems	insulation,	(Specify	nova	air	aps	losu
IN Facility		Cu	stodia (1	al Staff?		surfacing, VAT other miscellane		SF or LF)	<u>m</u>		Encapsulate	Iге
(13)		Yes		To 14 was a series		Other miscelland	5003)				е	
Exteriro Doors & Windows	s				Caulkii	ng		25,760 LF				
Roof (302, parapet, coping					Caulkii	ng		3,162 LF	\boxtimes			
Sinks (102 & 104)			1		Mastic	Under Coating		10 Each				
011113 (102 & 101)			+=						П		П	П
	1			NJDEP	Masta	Cubic Yards of	Name of Rec	istered Landfill				
Name of Registered Waste Har Service Transport Group				Hauler I		Waste 200	Minerva					
City, State						Disposal Date	City, State					
New Castle, DE						1/26/18	Minerva,	ОН				
Completed By (Print or Type)		Title				Signature	1. 117		Date	-		
Kevin Meldrum			ct Ma	anager		KIN	uld_		11-	6-	17	7

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Date of Notification (1)	06 / 17	7	N	lame of	Building (Owner/Operator (2 chools Develor	oment Authorit	NO.	v 13	20	17	
Agencies Notified EPA DOLWD	Type Notification Initial Amended Amendment			City, Sta	Front State, Zip Co	de		ASBES	1 OS C CENS	ONTE	30L 8	<u>\$</u>
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A-Pod Thoroughout	Ruilding		П	⊠	Floor T	ile and Mastic		7,550 SF				
B-Pod Throughout						ile and Mastic		13,900 SF				
C-Pod Throughout					Floor T	ile and Mastic		46,900 SF				
Exterior					Caulk			14,700 LF				
Name of Registered Wa	aste Hauler		N	JDEP V	Waste	Cubic Yards of	And the state of t	istered Landfill				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) New Jersey Schools Development Authority 06 / 17 11 Street Address ASBESTOS CONTROL & Type Notification Agencies Notified LICEHS!NG 32 E. Front St. ☐ Initial **⊠** EPA **⊠** DOLWD City, State, Zip Code Amendment #001 **⊠** DHSS Trenton, NJ 08625-0991 ☐ Emergency (including □ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) Andrew Oakley ☐ Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Former Camden High School Subchapter 8 (Other than K-1:) ☐ Subchapter 8 (Other than K-1:) ☐ Other (i.e., private and commercial buildings, Street Address homes, etc.) 1700 Park Blvd. # of Floors Bldg. Age Square Feet City (5) +/- 50 72000 2 Camden Current Use (Prior if being demol shed) County Code (7)(STATE USE ONLY) County (6) Vacant Camden Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc. Brinkerhoff Environmental Services Inc. Street Address Street Address 8436 Enterprise Avenue 1805 Atlantic Avenue City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 Manasquan NJ 08736 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 001156 732-223-2225 215-365-5810 Gary Fleming Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) USA Environmental Management, Inc. 01 / 26 / 18 10 / 02 / 17 Occupancy Status During Abatement (Check only one) Street Address 8436 Entperprise Avenue □ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code ___PM-____AM Time of Abatement: 7:00 AM-5:30 PM/___ Philadelphia, PA 19153 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Mini-Enclosure Renovation ≥3 sf or ≥3 lf ☐ Glovebag Procedure □ Demolition Non-Exempted (*) and Non-Friable Procerure Abatement Type Is Location Normally Description of Remova Repair Encapsulate Location of Amount Asbestos Containing Material (ACM) Used Solely by Asbestos-Containing Material (ACM) (Specify Maintenance/ (i.e., thermal systems insulation, TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or IN Facility (12)other miscellaneous) (13)N/A Yes No 75 LF \boxtimes \boxtimes Roof Flashing Roofing П П Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Hauler ID No. Waste Minerva Landfill Service Transport Group 300 Disposal Date City, State City, State Minerva, OH 1/26/18 New Castle, DE Signature Title Completed By (Print or Type)

ASB-41 MAY 11

Kevin Meldrum

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

Project Manager

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GROWS Landfill/CCUA Site Enterprises Inc, 20 cy 0035220 City, State Disposal Date City, State 3/1/18 Morrisville, PA 19067/ Br dgeton, NJ Egg Harbor Township Date Completed by Title Signature OM 11/06/2017 Eric Keys

Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) 2017 NOV Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC) 11/06/2017 ASBESTOS CONTROL & LICE VSING Agencies Notified Type Notification Street Address 33 West State Street EPA Initial City, State, Zip Code × DEP Amended × DOL Amendment # Trenton, NJ 08625 Emergency (including Name of Contact Telephone Numbe DOH justification) William Byster DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Abandoned Flood House School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial billdings, homes, 520 Bay Point Rd etc.) # of Floors City (5) Square Feet Bldg. Age Cedarville Varies Varies 30+ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Cumberland Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services Site Enterprises, Inc. Street Address Street Address PO BOX 365 6626 Delilah Road City, State, Zip Code City, State, Zip Code Egg Harbor Township, NJ 08234 Berlin, NJ 08009 Telephone No. Telephone No. License No. Project Manager for Monitoring Firm 856-452-1311 609-567-1250 01172 James Proctor Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) Health & Safety Services, Inc. Street Address Occupancy Status During Abatement (Check Only One) PO BOX 365 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: vacant Berlin, NJ 08009 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Demolition Mini-Enclosure ≥160 sf or ≥260 lf Glovebag Procedure × Non-Exempted (*) and Non-Friable F ocedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify TO BE ABATED Verlina Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A Houses Deemed Unsafe 200 yd Houses Deemed Unsafe X

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Disposal Date

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NJDEP Waste

Hauler ID No.

0035220

Title OM Morrisville, PA 19067/ Br dgeton, NJ

Date

11/06/2017

Name of Registered Landfill

City, State

GROWS Landfill/CCUA

Completed by

Eric Keys

City, State

Name of Registered Waste Hauler

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Egg Harbor Township

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of Waste

Disposal Date

Signature

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Hauler ID No.

0035220

Title

OM

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

Morrisville, PA 19067/ Br dgeton, NJ

Date

11/03/2017

GROWS Landfill/CCUA

City, State

Completed by

Eric Keys

City, State

Site Enterprises Inc,

Egg Harbor Township

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NJDEP Waste

Hauler ID No.

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Title

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of Waste

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Name of Registered Landfill

GROWS Landfill/CCUA

Completed by

Eric Keys

City, State

Name of Registered Waste Hauler

Site Enterprises Inc,

Egg Harbor Township

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James Proctor			856-45	52-1311		609-	567-1	1250		()117	2				
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Health and Safety Services							Enterprises,		51 (5)					
Street Address PO BOX 365							^{Address} Delilah Roa	d		 .				
City, State, Zip Code						City, St	ate, Zip Code					-		
Berlin, NJ 08009 Project Manager for Monitoring Firm			Telepho	ne No.		Egg l	Harbor Town	ship,	NJ 082					
James Proctor			856-4	52-1311		609-5	67-1250		0117					
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						×	Non-Exempt			riable	p-translation.	cedur Abate	-	
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Name of Registered Waste Hauler		7076	JDEP W		Cubic Y		Name o	f Regist	ered Lan	dfill				
Site Enterprises Inc,	auler ID 035220		of Wast 20 cy	.e	GROV	VS La	ndfill/C	CUA						
City, State Egg Harbor Township					Disposa	al Date	City, Sta		PA 1906	67/ B	ida	etor	NI	
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	× Emergency	(including	g ·		on, NJ 08625			1 -					
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				TO SERVICE STATE	ILITY INFORMAT	ION						_	
Name of Facility Where A	Abatement is Takir	ng Place	(3)	1710	ILIT IN OKMAT	1014	Type of Facility	(4)			-		
Abandoned Flood F	louse						School (K	-12)					
Street Address 42 Paris Rd							Subchapte	er 8 (Othe	er than K-1 & commerc		ldings	, hom	ies,
City (5)							Square Feet	# of	Floors	1	Bldg.	Age	
Cedarville							Varies	Va	ries		30+		
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Name of Monitoring Firm		Owner (8	3)	ASC	ЛNo.	1000000	of Abatement Co		(9)				
Health and Safety S	services						Enterprises, I	nc.					
Street Address PO BOX 365							Address						
City, State, Zip Code							Delilah Road	1				5000	
Berlin, NJ 08009						100000	state, Zip Code Harbor Town	chio N	1 00001				
Project Manager for Moni	toring Firm		T	Telepho	ne No		none No.	5111P, 14	License N				
James Proctor	tornig i iiii			(9)	52-1311		567-1250		01172	IO.			
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Scope of Work (Check All	That Apply)						_						
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NJDEP Waste

Hauler ID No.

0035220

Title

OM

Cubic Yards

Disposal Date

Signature

of Waste

20 cy

Completed by

Eric Keys

City, State

Name of Registered Waste Hauler

Site Enterprises Inc,

Egg Harbor Township

Name of Registered Landfill

City, State

GROWS Landfill/CCUA

Morrisville, PA 19067/ Eridgeton, NJ

Date

11/06/2017

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	386		e, Zip Co n, NJ 0								- Marie Control	WOLLD COM	- Constitution	-
➤ DOH Emergency (including justification)	N	ame of	Contact				-	Tel	epho	ne Nu	rper	_		
DCA Cancellation	V		Bystei		ON									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House)					Туре	of Facility (4	.)						
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County (6)		ounty C	ode (7) SE ONLY	1		1000000	ent Use (Prior	1000						
Cumberland Name of Monitoring Firm Hired by Building Owner (8)		ASCM			Name	of Aba	atement Cont	ractor	(9)		-			
Health and Safety Services							rprises, Inc		(-)					
Street Address PO BOX 365					Street 6626		ss Iah Road							
City, State, Zip Code							Zip Code				-			
Berlin, NJ 08009 Project Manager for Monitoring Firm	Te	elephone	e No		Egg Teleph		or Townsh	ip, N		234 ense N				
James Proctor	8	56-452	2-1311		609-					172				
Start Date (10) Schedule	20	letion Da	ate (11)				HA Monitor Safety Ser	vices	. Inc					
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Facility Closed/Vacated During Entire Period of A Abatement Performed Outside of Normal Facility	batemer Hours	nt			PO E	1102/20020	365 lip Code							
Other - Describe: vacant	.,			-	32.5		08009							
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Name of Registered Waste Hauler	NJD	EP Was	ste	Cubic \	Yards		Name of R	egiste	red I	andfill				
Site Enterprises Inc,	Hau	iler ID N 35220	7.77003	of Was 20 cy	te		GROWS	.			Δ			
City, State				Dispos	al Date		City, State							
Egg Harbor Township Completed by Title				31	16 gnature	3	Morrisvil	ie, P	A 19	067/ Da		getor	ı, NJ	
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Date of Notification (1)				Building Owner/			75 TH 528	144					
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Agencies Notified	Type Notification		Street A	^{ddress} est State Stree	et				ASBEST(S C ENS	ONT	ROL	&
X EPA X DEP X DOL	Amended Amendment #		The second second second	te, Zip Code on, NJ 08625									
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Abandoned Flood I	House						School (K-						
Street Address	THE STATE OF THE S								er than K-12	م الديما		h	
60 Paris Rd						×	etc.)	private o	& commercia	Dulic	lings,	nome	35,
City (5)						Squ	are Feet	# 0	f Floors	В	ldg. A	ge	
Cedarville						Va	ries	Va	ries	3	0+		
County (6)	te of Notification (1) 1/06/2017 encies Notified EPA DEP DOL Amended Amendment # Emergency (including justification) DCA To accellation Ime of Facility Where Abatement is Taking Place (3) bandoned Flood House reet Address Dearis Rd y (5) edarville runty (6) umberland me of Monitoring Firm Hired by Building Owner (8) ealth and Safety Services reet Address DBOX 365 y, State, Zip Code erlin, NJ 08009 rect Manager for Monitoring Firm ames Proctor art Date (10) Cupancy Status During Abatement (Check Only Or Abatement Performed Outside of Normal Facility Other – Describe: vacant Decation of Asbestos-Containing Material (ACM) TO BE ABATED In Facility Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility Location of Loca			Code (7)	rent Use (Pri	or if bei	ng demolishe	d)	-11-17-17				
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11.5		wner (8)	ASCM	l No.			erprises, Ir		(9)				
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PO BOX 365					6626	6 Del	lilah Road						
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Project Manager for Mon	itoring Firm		Telepho	Teleph	none l	No.	License Nc						
James Proctor			856-45	52-1311	609-	567-	1250		01172				
Start Date (10)	5	Scheduled Co	mpletion I	Date (11)			SHA Monitor						
11/7/17		3/1	118		Heal	lth &	Safety Se	ervices	s, Inc.				
Occupancy Status During	g Abatement (Check	Only One)			Street								
Facility Closed/Vaca	ated During Entire Pe		PO	зох	365								
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Other – Describe: 1	/acant				Berl	in, N	J 08009						
Scope of Work (Check A	ll That Apply)												
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E -	, ciriona	511		l Non-Friable Procedure							
107		335		Description of			Abatement Type				
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- ACCOUNTAGE 1 (3)				Cubic Yards	Name of F	1					
Site Enterprises Inc,				of Waste 20 cy	GROW	/S Landfill/CCU/					
				Disposal Date	The state of the second st		/ Brid	getor	n, Nu	J	
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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×	DOH	Emergency justification			Name o	f Contact					Tel	enhone N	Iml er	SING	i	· u	
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Man		A L	DI (0)		FAC	ILITY INF	ORMATI	ION	_		-			_			
	e of Facility Where A		ng Place (3)						Туре	of Facility ((4)						
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	Paris Rd								×	Other (i.e. p				ilding	s, hom	ies,	
City	(5)									etc.) re Feet	# 01	Floors	— T	Bldg.	Age		
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	nty (6) mberland				County (Code (7) USE ONLY)		Curre	ent Use (Pri	or if bei	ng demolis	she i)				
Nam	e of Monitoring Firm	Hired by Building	Owner (8)		ASCN	л No.		Name	of Aba	itement Cor	ntractor	(9)					
0.000	alth and Safety S							1		prises, In		• •					
Stree	et Address					L-000-011-11-12-1		Street /	Addre	ss					-		
PO	BOX 365							6626	Deli	lah Road							
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	lin, NJ 08009									or Towns	hip, N	J 08234					
100	ct Manager for Mon	itoring Firm			Telepho 856-4	ne No. 52-1311		Telepho 609-5				License 01172	No.				
1000	Date (10)		Scheduled	- la						HA Monitor		01112					
1	117/17		15		18	()				Safety Se	rvices	, Inc.					
Occu	pancy Status During	Abatement (Che	ck Only One					Street A	Addres	ss		Med noutes an					
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DCA	Cancellation		Willia	m Byster									
			FAC	ILITY INFORMAT	TION		_						
		g Place (3)				Type of Facility	(4)						
Date of Notification (1) 11/06/2017 Agencies Notified						School (K-							
			Subchapte				dinaa	h					
70 Paris Rd						Other (i.e. etc.)	private & C	ommercia	ercia buildings, ho				
City (5)						Square Feet	# of FI	oors	В	Bldg. A	ge		
Cedarville						Varies	Varie	s	3	30+			
County (6)			Code (7)		Current Use (Pr	ior if being	demolish	d)					
Cumberland			(STATE	USE ONLY)									
Name of Monitoring Fire	m Hired by Building C	Owner (8)	ASCN	ЛNo.	Name	of Abatement Contractor (9)							
Health and Safety	Services				Site	Enterprises, Ir	nc.						
Street Address					Street	t Address			-				
PO BOX 365					662	6 Delilah Road							
City, State, Zip Code			110		City, S	State, Zip Code							
Berlin, NJ 08009					Egg	Harbor Towns	ship, NJ (08234					
Project Manager for Mo	nitoring Firm		Telepho	ne No.	Telep	hone No.	Li	License No					
James Proctor			856-4	52-1311	609-	-567-1250	0	1172					
Start Date (10)	T	Scheduled Co	mpletion	Date (11)	Name	of OSHA Monitor			-				
11/7/17		3/1/	10		Hea	Ith & Safety Se	ervices, li	nc.					
Occupancy Status Durin	ng Abatement (Check	k Only One)	10		Street	Address			-			_	
T Facility Closed Var	sated During Entire P	Pariod of Abata	mont		POI	BOX 365							
Abatement Perform					City, S	State, Zip Code			_				
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Scope of Work (Check A	All That Apply)					,							
≥3 sf or ≥3 lf	and (0.000) (0.000) (0.000)	Renov Demol			> _ >	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e		
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Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demolit				Mini-Enc <mark>los</mark> ure Blovebag Pro	Diameter and the second			e			
Lacadian of	1 87	s Locati Normal	7.0.1						Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)				Description of stos Containing Mater thermal systems insu- surfacing, VAT, or other miscellaneous	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A					_		ite	0		
Houses Deemed Unsafe			X	Н	ouses Deemed Ur	nsafe	200 yd	x					
Name of Registered Waste Hauler Site Enterprises Inc,	TO BE ABATED In Facility (13) Yes Sees Deemed Unsafe gistered Waste Hauler orises Inc,	Н	JDEP Waren ID I	No.	Cubic Yards of Waste 20 cy	The case of the second	 f Registered Landfill WS Landfill/CCU		1				
City, State Egg Harbor Township					Disposal Date	City, Stat Morrisv	e ville, PA 19067	7/ Erid	getor	n, N.	J		
Completed by	Title				Signature		0	ate		0			

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Eric Keys

11/06/2017

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Name of Facility Where Abatement is Taking	Place (3	3)					Type	of Facility (4)				
Abandoned Flood House								School (K-1	2)				
Street Address									8 (Other than K-1		at		
72 Paris Rd								other (f.e. p etc.)	rivate & commerc	ia buil	aings,	nome	es,
City (5)								re Feet	# of Floors	E	Bldg. A	ge	
Cedarville						Vari	es	Varies	3	30+			
County (6)				Code (7)		nt Use (Prid	or if being demolis	h∈ d)					
Cumberland			(STATE	USE ONLY	y)	_							
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	I No.		Name	of Aba	tement Con	tractor (9)				
Health and Safety Services						Site Enterprises, Inc.							
Street Address		1			Street Address								
PO BOX 365					6626	6 Delil	ah Road						
City, State, Zip Code		3.000,1223				ip Code							
Berlin, NJ 08009						Egg	Harbo	or Towns	nip, NJ 08234				
Project Manager for Monitoring Firm		11.7	Telepho				one N		License N	lo			
James Proctor				52-131		609-567-1250 01172							
Start Date (10)				Date (11)		Name of OSHA Monitor							
11717	31	1118	3	Health & Safety Services, Inc.									
Occupancy Status During Abatement (Check	Only Or	ne)					Addres						
Facility Closed/Vacated During Entire P							30X 3						
Abatement Performed Outside of Normal Other – Describe: vacant	al Facility	Hours	1				ity, State, Zip Cod∈ Berlin, NJ 08009						
						Berli	n, NJ	08009					
Scope of Work (Check All That Apply)	proved.					100	1						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova				×	1 1 11		ent with Negative F	ressu	re		
≥160 sf or ≥260 lf	×	emoliti	ion				Glo	i-Enclosure vebag Proc					
						×			(*) and Non-Friab	le Pro			
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Location of		Normall		90 04		ription				-	T	ре	
Asbestos-Containing Material (ACM)		d Solel intenar			stos Conta				Amount	-		En	Ш
TO BE ABATED In Facility		todial S	A 1000000000000000000000000000000000000	(i.e	thermal s. surfaci			uon,	(Specify SF or LF)	Rem	Re	ıcap	nck
(13)		(12)			other mi				,	Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		100000	JDEP W		Cubic Y			Name of F	Registered Landfill				
Site Enterprises Inc,			auler ID 035220		of Wast	е		GROW	S Landfill/CCU	А			
City, State	-	100	133220		20 cy Disposa	I Data		City, State					
Egg Harbor Township					3/1	10		52333	ille, PA 19067/	E rido	getor	ı. NJ	

Date

11/)6/2017

Completed by

Eric Keys

Title

OM



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

Name of Building Owner/Operator (2) Date of Notification (1) 11-6-17 CONNOLLY Agencies Notified Type Notification EPA Initial City, State, Zip Code DEP Amended St. DOL Amendment #_ Emergency (including 30L& justification) DOH CONNOCLY DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) CONNOLLY School (K-12) Subchapter 3 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors ildg. Age RIDGEWOOD Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) RESIDENCE BERGEN Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Best Removal Inc Street Address Street Address 450 South River Street City, State, Zip Code City, State, Zip Code Hackensack, NJ 07601 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 201-329-7444 00388 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) Omega Environmental 11-15-17 Occupancy Status During Abatement (Check Only One) Street Address 280 Huyler Street Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours

Other – Describe: 89 5 9 M City, State, Zip Code South Hackensack, NJ 07606 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Demolition Mini-Enclosure □ ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Proce lure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ TO BE ABATED (i.e. thermal systems insulation, surfacing, (Specify Custodial Staff? VAT, or SF or LF) In Facility (12)other miscellaneous) (13)No Yes N/A THERMAL INSULATION BASEMENT 60 LF Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. 1/2 40 Minverva Enterprises, LLC Best Removal Inc 17109 City, State Disposal Date City, State 11-16-17 Hackensack, NJ 07601 Waynesburg, OH 44688 Signature Title Completed by 11-16-17 R. Vollran Robert Veldran Estimator

w Jersey ESTOS ABATEME 8:60 and 12:120) Owner/Operator (2 sen		DY-	EG	[]	7	V [
	4)	 					
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	Type of Easility	(4)					
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——— -	School (K-	-12) er 8 (Othe	r than K-	12			
×	Other (i.e.	private &	commer	cia bu	uilding	s, ho	mes,
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Cı	urrent Use (Pr	ior if bein	g demolis	shed)			-
P	Private House	se					
Name of A	Abatement Co	ntractor (9)				
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EHW A	BATEMEN	T LLC					
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X N	Mini-Enclosure)	egative P	Pre ssu	ıre		
i c	Glovebag Proc Non-Exempted	edure	lon Eriah	ام کا	ood.	**	
The state of the s	- Indiapase	/ Janu I	Julia Hab	7 -10			t
Description of							
Containing Materi	rial (ACM)		5.000			ш	220
surfacing, VAT, or	r			Ran	Re	ncar	Enclosure
ther miscellaneous	s)		- /	SNOC	pair	suk	unso
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Cubic Yards	Name of R	100000					
Cubic Yards	Name of R	100000		EF.			
Cubic Yards f Waste I/A isposal Date	TRY ST.	ATE TR		EFI —			
Cubic Yards f Waste I/A	TRY ST.	ATE TR		F			
S	Name of EHW A Street Ad 89 FRA City, State PATER Telephon 973-33 Name of C EHW A Street Add 89 FRA City, State PATER City, State PATER	DRMATION Type of Facility School (K-Subchapte Other (i.e. etc.)) Square Feel N/A Current Use (Pr Private House Name of Abatement Co EHW ABATEMEN Street Address 89 FRANKLIN STI City, State, Zip Code PATERSON,NJ,07 Telephone No. 973-333-5144 Name of OSHA Monitor EHW ABATEMEN Street Address 89 FRANKLIN STE City, State, Zip Code PATERSON,NJ,07 Full Containment Mini-Enclosure Glovebag Prod Non-Exempted	Type of Facility (4) School (K-12) Subchapter 8 (Other (i.e. private & etc.) Square Feel # of N/A Current Use (Prior if bein Private House Name of Abatement Contractor (EHW ABATEMENT LLC Street Address 89 FRANKLIN STREET City, State, Zip Code PATERSON,NJ,07524 Telephone No. 973-333-5144 Name of OSHA Monitor EHW ABATEMENT LLC Street Address 89 FRANKLIN STREET City, State, Zip Code PATERSON,NJ,07524 Full Containment with N Mini-Enclosure Glovebag Procedure Non-Exempted (*) and N Containing Material (ACM) Description of s Containing Material (ACM)	Type of Facility (4) School (K-12) Subchapter 8 (Other than K-Other (i.e. private & commenter.) Square Fee! # of Floors N/A Current Use (Prior if being demolise Private House Name of Abatement Contractor (9) EHW ABATEMENT LLC Street Address 89 FRANKLIN STREET City, State, Zip Code PATERSON,NJ,07524 Telephone No. 973-333-5144 Name of OSHA Monitor EHW ABATEMENT LLC Street Address 89 FRANKLIN STREET City, State, Zip Code PATERSON,NJ,07524 Full Containment with Negative Foundation of Scontaining Material (ACM) Nermal systems insulation, Sepecify Subchapter 8 (Other than K-Other Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12 Other (i.e. private & commercia be etc.) Square Fee! # of Floors N/A Current Use (Prior if being demolished) Private House Name of Abatement Contractor (9) EHW ABATEMENT LLC Street Address 89 FRANKLIN STREET City, State, Zip Code PATERSON,NJ,07524 Telephone No. 973-333-5144 Name of OSHA Monitor EHW ABATEMENT LLC Street Address 89 FRANKLIN STREET City, State, Zip Code PATERSON,NJ,07524 Full Containment with Negative Pre 3st Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Stock of Scontaining Material (ACM) Description of Scontaining Material (ACM) D	Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12 Other (i.e. private & commercia building etc.) Square Feel # of Floors N/A N/A Current Use (Prior if being demolished) Private House Name of Abatement Contractor (9) EHW ABATEMIENT LLC Street Address 89 FRANKLIN STREET City, State, Zip Code PATERSON,NJ,07524 Telephone No. License No 01274 Name of OSHA Monitor EHW ABATEMENT LLC Street Address 89 FRANKLIN STREET City, State, Zip Code PATERSON,NJ,07524 Full Containment with Negative Pre saure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Description of s Containing Material (ACM) Amount	Sen DRMATION	



B & G proj. #:

2017-167

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

В & С ргој. #.		•				Check	# 86 8	34			_
Date of Notification (1)	I I Name	of Building Owi	ner/Operator (2))			6	e n	7.7	6	parama
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Agencies Notified Type Notifica	Street A	Address			_	IN					
DEP Initial		-t- 7:- Code				1111	NO /	1 1 3	2017		1
▼ DOL		ate, Zip Code ingfield, NJ	07081			100	DEO -		Market Lands	MICHIGAN .	
▼ DOH		f Contact				Telephon		OS COV		1 0	
☐ DCA ☐ Cance	llation Jer	ry Dotey, Ex	cecutor						THE REAL PROPERTY.	DESCRIPTION OF STREET	K-Thereseers.
		FAC	CILITY INFORM	IATION					II die		
Name of facility where abatement	t is taking place (3))			T	Type of Facility (40)	0.00		
Estate of Frederick Mills						Schoo	20	12) 3 (Other th	nan K.	-12)	
Street Address						X Other (Private	e/Comme		/	
						Bldgs./ Square Feet	# of		Blo	dg. Ag	ge
City (5)	County (6)	<i>I</i>			nty Code (7) e use only)		,		-11-1-	-11	
Springfield, NJ 07081	Union			(Stat	e use only)	Current Use (Presidential	nor it o	eing dem	olisne	a)	
Name of Monitoring Firm Hired by	y Bldg. Owner (8)		ASCM No.		Name of Abatement	Contractor (9)					
			n/a	_	B & G Restorati	on, Inc.					
Street Address					105 Ryerson R	oad					
City, State, Zip Code					City, State, Zip Code	11.07025					
D. J. J. Maritarias Fir		Phone Num	har		Lincoln Park, Namber	NJ 07035	Tig	nse Numb	ner .		
Project Manager for Monitoring Fir	m ·	Phone Num	ber		(973)696-6869			00378			
Scheduled Start Date (10)	Sched. Com	pletion Date (1	11)		Name of OSHA Mon B & G Restorati					ä.	
11/20/2017	11/21/20)17			Street Address	on, mo.	_				
Occupancy Status During Abatem					105 Ryerson Ro	oad					
Facility closed/vacated during Abatement performed outside					City, State, Zip Code						
Describe: Other-Describe:				-11	Lincoln Park, N	J 07035					
Scope of Work (check all that app	oly)										
☐ Demolition 🔀	Renovation			☐ F	ull Containment w/neg	ative pressure [G	ovebag pr	ocedu	re	
] ≥160 sf or ≥260	lf		X M	lini-enclosure	[No	n-friable p	proced	lure	
Location of	Is location norm					Amount		e	R	E n	E
asbestos-containing material to be	staff(12)		Descripti material		bestos-containing	(Specify S	F or	m o	p a	c a	n c
abated in facility (13)	Yes N	lo N/A				LF)		v e	i	р	L
crawl space		X	duct & ins	sulatio	n (wrap & cut)	45 sf		X			
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	+		-					ᆖ	H	H	
Registered Waste Hauler	NJDEP Ha		Cubic Yards of	Waste	Name of Registered						
B & G Restoration, Inc.	1956	3	1 Data		Professional Property and Company of the Company of	Resource & Re	ecov	ry Cent	er		
City, State Lincoln Park, NJ		Disposal 11/	Date /21/2017		City, State Tullytown,	PA			4-1	Υ	
Completed by (Print or Type)	Title	00011505	Signature	(Gordana Luna		Date	e 1/10/201	7		
Gordana Luna	Secretary/Tr	easurer					111	110/201	1		



B & G proj. #: 2017-163

State of NJ

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

Check # 86 36

						-									
Date of Notification		N	ame of Bui	lding Owne	er/Operator (2)				5	E (: E		\mathbb{V}		m
1 1 1 1/1 10			Rick Wils	son					IIUIr						
Agencies Notified EPA	Type Notification	on Si	reet Addre	ss						NC	V 1	3	2017	1	
☐ DEP	[A] IIIIIai	l c	ity, State, Z	ip Code					100			_			
X DOL	Amendm	1 1 2 2 2			J 07076					ASBE	TOS (COI	VTR	DL &	
X DOH		N	ame of Con	tact					Telepho	ne Nur	berEN	Silv	IG	MARK CT ANN	CONTRACTOR 1 TO
☐ DCA	Cancella	tion	Rick Wi	Ison											_
				FACI	LITY INFORM	ATION									
Name of facility wh	nere abatement is	taking pla	ice (3)				1	Туре	of Facility	(4) ool (K -	12)				
Rick Wilson										hapter		r tha	an K-	12)	
Street Address									X Othe	r (Priva	e/Comr			-/	
Oli Gott Addition								Sau	Bldgs are Feet	# of I		_	Bld	g. Ag	e
City (5)		Cour	ity (6)			Cour	nty Code (7)	Joqui	aro i cot	W 011	10010				
Scotch PLair	ns, NJ	Uni	0.40.000			100000000000000000000000000000000000000	e use only)	7-000-00	rent Use (idential	Prior if	peing de	emo	lishe	d)	
Name of Monitorin	g Firm Hired by E	Bldg. Owne	er (8)		ASCM No.	Щ	Name of Abatement	_							
					n/a		B & G Restorat	tion, Ir	IC.						
Street Address						_	Street Address 105 Ryerson F	oad							
1						_	City, State, Zip Code					_		-	
City, State, Zip Coo	le						Lincoln Park,		035						
Project Manager fo	r Monitoring Firm		Ph	one Numb	er	-1	Telephone Number			Lice	nse Nu		er		
,							(973)696-686				0037	8			
Scheduled Start Da	ate (10)	Sched	I. Completion	on Date (1	1)		Name of OSHA Mon B & G Restora		nc.						
11/22/2017		11/2	22/2017				Street Address								_
Occupancy Status	During Abatemen	t (Check o	only one)				105 Ryerson F								
Facility close	d/vacated during erformed outside	entire peri	od of abate	ment.			City, State, Zip Code								
Describe:		Official	racility flou				Lincoln Park,	NJ 070	35						
Other-Descri		/\				- 1								1.5	
Demolition	reck all that apply	Renovation	on			F	ull Containment w/ne	gative	oressure	X G	ovebag	pro	cedu	re	
>3 sf or >3 lf		>160 sf or				X	lini-enclosure			\square N	on-friab	le p	roceo	lure	
Location of		Is locatio	n normally	used solel	y						F	- I	R e	E	Е
asbestos-co		by mainted staff(12)	enance/cus	todial	Descripti material		sbestos-containing		Amount (Specify		- 1	n	р	C	n
material to b abated in fac		Yes	No	N/A	material	(ACIVI)			ĹF)		V	,	a i	a p	L
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					Cubic Yards of	Maete	Name of Registere	Landf	ill				Ц_	Ц.	
Registered Waste I B & G Restora			ÈP Hauler 19563	Disposal I	1	· vusic	Tullytown City, State			Recov	ery Co	ent	er		
City, State Lincoln Park,	NJ			11/2	24/2017		Tullytown	, PA						Y.	
Completed by (Prin	nt or Type)	Title Secreta	ary/Treas	urer	Signature	75	Gordana Luna				te 1/10/2	201	7		
Oordana Edite			, , , , , , , , ,				7.0					_			



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

Check # 8685

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Date of Notification (1)	LLNa	me of Building	Own	er/Operator (2)									
1 1 1 1 1 1 0 1 1 1 7 1	1.1	Ross Archer-						ME	C		\mathbb{V}	E	1
Agencies Notified Type Notificati		eet Address	ı ıa	y1103			_	1111					\mathbb{H}
EPA Initial		eet Address									0047		
DEP Initial	Cit	y, State, Zip Co	do					HUU	NOV	13	2017		10)
DOL Amenda		Maplewood,		07040									
X DOH	Nar	me of Contact	-					Telephon	men s	ENSIN	JG	12 00	
☐ DCA ☐ Cancella	ition	Ross Arche	r-Ha	aynes						, Sal (O)			
			FAC	ILITY INFORM	ATIO	N		=1					
Name of facility where abatement is	s taking plac	e (3)				T	Тур	e of Facility (
Ross Archer-Haynes								=	I (K - 1)			W4225	
Street Address			_				1		apter 8 (Private			-12)	
Street Address								Bldgs./	Homes	etc.	lGlai		
							Squ	uare Feet	# of Fl	ors	Ble	dg. A	ge
City (5)	County	y (6)				unty Code (7) ate use only)	-	rrent Use (P	rior if h	ing don		24/	
Maplewood, NJ07040	Esse	ex			(0.	ate use striff		sidential	HOL II DI	ing den	IOIISIIC	,u)	
Name of Monitoring Firm Hired by E	Bldg. Owner	(8)		ASCM No.		Name of Abatemen	t Contra	actor (9)					
				n/a		B & G Restora	iti <mark>o</mark> n, I	nc.					
Street Address						Street Address	Dead						
						105 Ryerson							
City, State, Zip Code						City, State, Zip Code Lincoln Park,		7035					
Project Manager for Monitoring Firm		Phone N	lumh	ner .	-	Telephone Number	113 0	7 0 0 0 0	Hicen	e Numi	per		
Project Manager for Monitoring 1 inn		I Holle I	unn	JCI		(973)696-686	69			0378			
Scheduled Start Date (10)	Sched.	Completion Date	e (1	1)	-	Name of OSHA Mor					20000		
11/20/2017	11/21	/2017				B & G Restora	ation, I	nc.					
Occupancy Status During Abatemen	t (Check onl	y one)			_	105 Ryerson F	Road						
Facility closed/vacated during						City, State, Zip Code							
Abatement performed outside Describe:	of normal fa	cility hours-			_		NI 07	005					
Other-Describe:					_	Lincoln Park, I	NJ 071	035				- 5	
Scope of Work (check all that apply													
	Renovation					Full Containment w/ne	egative	pressure	★ Glo	600000			
★ >3 sf or >3 lf ☐ 3	≥160 sf or ≥2				X	Mini-enclosure		L	Nor	-friable			
Location of		normally used s ance/custodial	solely	1	00000000 4 00			Amount		e	R	E n	E
asbestos-containing material to be	staff(12)			Description material (asbestos-containing		(Specify S	F or	m	p	c a	C
abated in facility (13)	Yes	No N	/A					LF)		v e	i	p	L
basement			X	pipe insula	ation			13 If		X			
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Registered Waste Hauler	INIDE	P Hauler ID#	TC	Subic Yards of \	Naste	Name of Registere	d Landf	All				Ш,	
B & G Restoration, Inc.		9563		1		Tullytown		urce & Re	ecove	y Cen	ter	i	
City, State Lincoln Park, NJ		Dispo		Date 21/2017		City, State Tullytown,	PΔ						
Completed by (Print or Type)	Title		1 1/2	Signature		1	, , , ,		Date			¥	
Gordana Luna	4 15 5 5	/Treasurer		-3		Gordana Luna				10/201	17		<u> </u>
				1									



State of NJ Notification of Asbestos Abatement

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

Check # 868 Date of Notification (1) Name of Building Owner/Operator (2) <u>| 1 | 1 | /| 1 | 0 | /| 1 | 7 |</u> James Greco Agencies Notified Type Notification Street Address ☐ EPA X Initial DEP City, State, Zip Code Amendment X DOL Bloomfield, NJ 07003 Telephone Num X DOH Name of Contact Cancellation ☐ DCA James Greco **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) James Greco Subchapter 8 (Other than K-12) Other (Private Commercial Street Address Bldgs./Homes etc. Square Feet | # of Floors Blda. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Bloomfield, NJ 07003 Essex residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number Licen :e Number Project Manager for Monitoring Firm Phone Number (973)696-6869)0378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 11/21/2017 11/22/2017 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Full Containment w/negative pressure ✗ Glo ebag procedure | Renovation Mini-enclosure Nor -friable procedure \times >3 sf or >3 lf ≥160 sf or ≥260 lf Is location normally used solely E E Location of by maintenance/custodial е n Amount asbestos-containing Description of asbestos-containing n m C staff(12) (Specify SF or material to be material (ACM) 0 а LF) abated in facility (13) Yes No N/A p X basement workshop room X pipe insulation 13 lf Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# 19563 B & G Restoration, Inc. Tullytown Resource & Recove y Center City, State Disposal Date City, State Lincoln Park, NJ 11/22/2017 Tullytown, PA Signature Date Completed by (Print or Type) Gordana Luna 11/10/2017 Gordana Luna Secretary/Treasurer

Date of Notification (1)

____10___/ ___13___/ ___17___

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

Group One Automotive

Name of Building Owner/Operator (2)

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	ASBESTO: LICE	S CO ENISIN	NTR IG	OL &	
	Telephone Numb	e ·			
of Facility	(4)				
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e Feet	# of Floors		dg. A		
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nt Use (P. ant	rior if being demolis	ne a)			
tractor (9)				7
	es, Corp.				
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	License No. 00862				
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dure	00862 gative Pressure	Ab	atem	ent T	
c. North B077 t with Nedure ") and No	00862 gative Pressure		ate Repair Repair	ent Encapsulate	e Enclosure
c. North 3077 t with Ne	gative Pressure on-Friable Procedur Amount (Specify	Ab	atem Repair		
c. North 8077 t with Ne	gative Pressure on-Friable Procedur Amount (Specify SF or LF)	A Removal	atem Repair		Enclosure
c. North 3077 t with Ne	gative Pressure on-Friable Procedur Amount (Specify SF or LF) 1,200 SF 2,800 SF	A Removal	atem Repair 🔲 🗎		Enclosure
36 North 8077 t with Ne	gative Pressure on-Friable Procedur Amount (Specify SF or LF)	A Removal	atem Repair		Enclosure

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Agencies Notified ⊠ EPA	Type Notification				Address			ASBESTOS	00	NTRO	DL &	_
☑ EPA ☑ DOLWD	☐ Initial ☐ Amended					r, Suite 500		LICE	1 SIN	VG	-	
☑ DHSS	Amendment #	94 9			State, Zip (
☐ DCA	☐ Emergency (in	cluding	ı		uston, T)			1		-		
(NJAC 5:23-8)	justification)			1000000	of Contac	5		Telephone Numb	3			
	☐ Cancellation				g Murph					_	et par	
				FAC	CILITY IN	IFORMATION	re					
Name of Facility Where A		Place	(3)				Type of Facility					
Former Golden Day	vn Diner						School (K-12	l) 3 (Other than K-12)				
Street Address								rivate and commerc	i I bı	iilding	S,	
570 Route 38							homes, e.c.)					
City (5)							Square Feet	# of Floors		dg. A		
Maple Shade							4800	1		unkr	own	1
County (6)				Cour	ity Code (7	()(STATE USE ONLY)	Current Use (Pri	ior if being demolish	ı (d)			
Burlington							Vacant			12.707.025		
Name of Monitoring Firm)wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Horizon Environme	ntal					Asbestos and	d Mold Service	s, Corp.				
Street Address						Street Address						
PO Box 316						3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip Co	ode					
Thorofare, NJ 0808						Hainesport, N	1J 08036					
Project Manager for Moni	toring Firm		10,00000	ephone		Telephone No.		License No.				
Dave Flanigan			8	56-848	-0800	609-702-0400	8	00862				
Start Date (10)				etion Da		Name of OSHA M	lonitor					
10 /23 /	17	1_/	6	/ _	17_	EMSL Analyti	ical, Inc.					
Occupancy Status During	Abatement (Check	only o	ne)			Street Address						
☐ Facility Closed/Vacate	_					200 U.S. Rout	te 130 North					
☐ Abatement Performed		3755	and the state of			City, State, Zip Co	ode					
Time of Abatement: _	AIVIPI	/1/	_PIVI		AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)						(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		_			
☐ >3 sf or >3 lf		□ Re	novat	ion			ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf		⊠ De				☐ Glovebag	g Procedure					
					1	⊠ Non-Exe	mpted (*) and No	n-Friable Procedure	; T ——			
			Loca	4.			e		Ab	atem	ent Ty	уре
Location Asbestos-Containing I			lorma d Sol	ely by	Acho	Description o stos Containing Ma		Amount	Re	Re	En	En
TO BE ABA			intena			., thermal systems i		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit	У	Cust	odial (12)	Staff?		surfacing, VAT,		SF or LF)	/al		sula	ure
(13)		Yes	No	N/A		other miscellane	ous)				é	
Front Soffit and Rear	Storage Area					ed Material over	NON ACM	1,200 SF				
Exterior					Tar Sea			2,800 SF	\boxtimes			
Exterior					Roof Fi	eld		5,600 SF				
Roof Duct Work			П		Tar Sea	lar		200 SF	\boxtimes			
Name of Registered Wast	e Hauler	ш_		JDEP V		Cubic Yards of	Name of Regis			ш	ш	
Champion	e i iaulei		100	lauler IE	No.	Waste	Grand Cen					
City, State				32707	<u> </u>	5 Disposal Date	City, State		-			
Hainesport, NJ						11/6/17	Penn Argy	le, PA				
Completed By (Print or Ty	rpe) Title					Signature /)	Date			W. Z.	
Kimberly A. Trumbe			Coor	dinator		Oigitature /	1 1	Date	14-		10	
ASB-41			-0011			LE S	11		1 2 200	1	1	
ЛАУ 11	* /	Do not	use ti	nis form	for asbest	os licensure exemp	ted activities.					

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



NO C	1	N	TON				BESTOS ABATAC 8:60 and 5:1		10	(14 	1-1		10000		
Date of Notification (1)	^				Name	e of Buildin	ng Owner/Operator	(2)	-	1					
	13 /	17			A8	H Partne	ership, LLC	973	Job#	1612-214	4	Ch	k. #1	NΑ	
Agencies Notified	Type Notific	cation			Stree	t Address				NE			W	F	
☑ EPA ☑ DOLWD	☐ Initial	al mercina			69	King Str	eet				9) [:1		U		
☑ DHSS				à	2,533	State, Zip									
□ DCA	☐ Emerger		uding	9		ver, NJ 0				LI NO) (3	20	7	11
(NJAC 5:23-8)	justificat	tion)				of Contac			Ta	lenhone N	lumber				
	☐ Cancella	ation			Kir	k Harpel	<u> </u>		_ <u> </u>						0
					FA	CILITY IN	NFORMATION			ASUL	LICE	VSI	NG	IOL	CL
Name of Facility Where A		Taking F	Place	(3)				Type of Fac	lity (4)		NUMBER OF STREET				
Commercial Proper	ty							School (I			(40)				
Street Address								- ☐ Subchap ☑ Other (i.e				l bu	ildin	is.	
69 King Street								homes,							
City (5)								Square Feet	#	of Floors		Ble	dg. A	ge	
Dover								217,800		4			107		
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use	(Prior if	being dem	nolish :	d)			
Morris							4	Warehou		177					
Name of Monitoring Firm		lding Ow	vner	(8)	ASCM	No.	Name of Abateme								
Criterion Laboratori	ies						Asbestos an	d Mold Sen	ices, C	orp.					
Street Address	0						Street Address								
3370 Progress Drive	e, Suite J						3859 Sylon B								
City, State, Zip Code	0						City, State, Zip Co								
Bensalem, PA 1902 Project Manager for Monit				T = 1			Hainesport, N	NJ 08036							
Mike Panepresso	toring Firm				phone		Telephone No.	8	L	icense No.					
Start Date (10)		C-b1-1	1 0			-1300	609-702-0400			00862					
10 /23 /	17		_ /	_ 15		ite (11)	Name of OSHA N EMSL Analyt								
Occupancy Status During							Street Address								
☐ Facility Closed/Vacate	d During Enti	ire Perio	d of	Abate	ment		200 U.S. Rou	te 130 Norti	1						
Abatement Performed Time of Abatement:	Outside of N	ormal Fa	acility	y Hour	s - Des	cribe	City, State, Zip Co	ode					3102		
				_, , ,,,,		, CIVI	Cinnaminson	, NJ 08077							
Scope of Work (Check all \(\geq 3 \) sf or \(\geq 3 \) If \(\geq 160 \) sf or \(\geq 260 \) If	that apply)	-		novati molitic	77 7 7 7		Mini-Enc Glovebag								
				Locat								Aba	teme	ent T	vpe
Location of Asbestos-Containing N		n>		lorma d Sole			Description o				-				
TO BE ABAT		100	Mai	intena	nce/		stos Containing Ma ., thermal systems i			Amount (Specify		Removal	Repair	nca	nclo
IN Facility	/		Cust	odial (12)	Staff?		surfacing, VAT,	or		SF or LF)		val	7	Encapsulate	Enclosure
(13)			r'es	No.	N/A	-	other miscellaned	ous)						ate	W
Basement Brick Boile	r					Boiler I	nsulation & Debi	ris	-	100 SF		X	П	П	
Basement						Transite	e Panels on Woo	den Chute	+	110 SF	-	<u> </u>			
		Ī	7						-			A			
			-	$\overline{}$					_			-			
Name of Registered Waste	Hauler			L NI		Masta	Cubio Varda af	Name of D	-1-1-	Lecien					Ш
Waste Management	, i laulei			650	JDEP V auler ID		Cubic Yards of Waste	Name of Re Grand C		Landfill					
City, State					17273		5		entrai						
Lafayette, NJ							Disposal Date 11/15/17	City, State Penn Ar	avle. P	A					
Completed By (Print or Typ	oe)	Title					Signature 1		33, .		Date				
Kimberly A. Trumbet	333	1000000	ce C	oord	inator		CAN					6-	15	12	

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

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hutill)		(Purs	suant	to NJAC	, 8:60 and 5.16	,	111 11: NOV	132	2017	1	_
Date of Notification (1)			I	lame of	f Building	Owner/Operator (2						
10 /	27 / 17			Jose	ph A. Cl	larke	/ Job #170	ASBES1	OS CON	ITRO	L&	
Agencies Notified	Type Notification		- 5	Street A	ddress		-	LI	CE ISIN	G	-	-
☐ EPA	☐ Initial											
□ DOLWD			(City, Sta	ate, Zip Co	ode						
☑ DHSS	Amendment #1			15.0	ry Hill, N							
□ DCA	Emergency (inc	luding	1		f Contact			Telephone Num	nhe			
(NJAC 5:23-8)	justification) Cancellation		- 1		Riggs			,				
	- Carrochation			16550		FORMATION		_	-			
N	A h atomost is Taking	Dlace /	3/	FACI	ILIII IIVI	OKWATION	Type of Facility	/ (4)				
Name of Facility Where		riace (3)			-	☐ School (K-1	2)				
Residential Proper	ty						Subchapter	8 (Other than K-1	2)	Idinaa		- 4
Street Address							Other (i.e., homes, e:c.)	private and comme	erci ii buli	ungs	C.	
			-				Square Feet	# of Floors	Bldg	g. Age	9	
City (5)							1700	2		nkno		
Collingswood				0	O-d- /7\	(STATE USE ONLY)		Prior if being demol	lish :d)			
County (6)				Count	y Code (7)	(STATE USE CIVET)	Residentia		,			
Camden						No. of Abatama						
Name of Monitoring Firm	n Hired by Building O	wner (8	B) A	SCM N	10.	Name of Abateme						
Tiger Environment	tal						d Mold Service	es, corp.				
Street Address						Street Address						
16 W Elizabeth Av	e # 2					3859 Sylon E						
City, State, Zip Code						City, State, Zip C						
Linden, NJ 07036						Hainesport,	NJ 08036	I I I I I I I I I I I I I I I I I I I				
Project Manager for Mo	nitoring Firm		la constant	phone N		Telephone No.		License No.				
Kelly Walton					2-4301	609-702-0400		00862				_
Start Date (10)				ion Dat		Name of OSHA N						
11 / _ 7 /	<u> 17 1 1</u>	1_ /	7	_ / _	17	EMSL Analyt	tical, Inc.					
Occupancy Status Durin	ng Abatement (Check	only o	ne)			Street Address						
☐ Facility Closed/Vaca						200 U.S. Rot	ite 130 North					
☐ Abatement Performe	ed Outside of Normal	Facility	Hours	s - Desc	cribe	City, State, Zip C	ode					
Time of Abatement:	AMPI	Λ/	_PM	/	AM	Cinnaminso	n, NJ 08077					
Scope of Work (Check and Scope of Work (Check	all that apply)	⊠ Re	novati	on		Mini-En	closure	legative Pressure				
☐ ≥160 sf or ≥260 lf		☐ De	molitio	n		☐ Gloveba	g Procedure	Non-Friable Proced	dure			
		1-	1	inn		□ Non-Ex	empted () and	110111111111111111111111111111111111111		ateme	nt Tv	pe
		75.70	Locat Vorma			Description	of			T		
Locatio Asbestos-Containing		Use	d Sole	ly by		stos Containing M	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE A	BATED	1	intena todial :		(i.e	e., thermal systems surfacing, VA		(Specify SF or LF)	ova	=-	psu	Sur
IN Fac		Ous	(12)	otan.		other miscellan	eous)	0, 0, 2, 7	-		late	Ф
(10.	<i>K</i> .	Yes	No	N/A			-15					
basement		П	П		asbest	os paper wrap		20 LF	\boxtimes			
Dasement		-		-	uobee.							П
		Ш	Ш						- -			
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	40		П									
Name of Degistered M.	acta Haular			JDEP \	Waste	Cubic Yards of	Name of Re	egistered Landfill				
Name of Registered Waste Manageme			1 250	lauler II	D No.	Waste	Grand C					
and the same of the same of the same of				17273	3	5 Disposal Date	City, State				-	
City, State						11/7/17		gyle, PA				
Lafayette, NJ							A	37,	Da :e			
Completed By (Print or			0	ello e to	_	Signature			1-1	-1	7	
Kimberly A. Trum	petti	office	Coor	dinato	ſ		Y-			1	-	-1-17-00
ASB-41		Do no	1100 +	his form	for ache	stos licensure exer	npted activities.					
MAY 11		00 1101	435 1	110 10111	, 101 43000							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 9 28 17 HealthSouth Corporation 1 / Jbb #1609-2116 _Chk. #NA ASBESTO: CONTROL & Agencies Notified Type Notification Street Address LICI:NSING **⊠** EPA ☐ Initial 3360 Grandview Parkway, Suite 200 ⊠ DOLWD City, State, Zip Code **⊠** DHSS Amendment #2 Birmingham, AL ☐ Emergency (including) □ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Elizabeth Mann **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) HealthSouth Rehab Hospital of Toms River School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 14 Hospital Drive homes, etc.) City (5) Square Feet # of Floors Bldg. Age Toms River 84.619 3 over 30 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Ocean Rehab Hospital Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Horizon Asbestos and Mold Services, Corp. Street Address Street Address PO Box 316 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Thorofare, NJ 08086 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Dave or Steve Flanigan 856-848-0800 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 17 / 17 11 / 10 / 17 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City. State, Zip Code Time of Abatement: ____AM-___PM/__ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ >3 sf or >3 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 Used Solely by Remova Encapsulate 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) No Yes N/A Ceiling - Two Areas \boxtimes Popcorn Ceiling 3.750 SF X \times 1st Area - 2250 X 2nd Area - 1500 Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management Grand Central 17273 5 City, State Disposal Date City, State Lafayette, NJ 11/10/17 Penn Argyle, PA Completed By (Print or Type) Title Sighatyré Kimberly A. Trumbetti Office Coordinator 0.31-111



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

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M		NOV	1	3	2017	'	

Date of Notification (1)			Name o	of Building (Owner/Operator (2	2)	10 0 110.				
10 /13 /	17		A&H	Partners	hip, LLC	/ Job	#1612-2144	-	#487	OFFICENSIA	•
Agencies Notified Type Notification	on		Street A	Address			ASBEST	(ENS	JIVIT ING	UL	X
⊠ EPA ☐ Initial			69 K	ing Stree	t			an montaneous		OL HOME	COMMUNICATION OF STREET
□ DOLWD □ Amended □		H		ate, Zip Co							
□ DHSS Amendment	t # <u>3</u>		2500	er, NJ 078							
□ DCA □ Emergency		-		of Contact			Telephone Numb	e .			
(NJAC 5:23-8) justification				Harpell			1				
, -			22.50%	22 A T A S T	ORMATION						
Name of Facility Where Abatement is Tal	king Place	(3)	1,2,00			Type of Facility (4)				
Commercial Property		1-7				☐ School (K-12)					
Street Address						Subchapter 8	(Other than K-12) ivate and commercial	rial bui	Idinas		
69 King Street						homes, etc.)	vate and commen	ol al Dul	lulliga	100	
City (5)						Square Feet	# of Floors	Bld	g. Age	9	
Dover						217,800	4	1	07		
County (6)			Count	tv Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolis	h id)			
Morris				,, //	pro-	Warehouse					
Name of Monitoring Firm Hired by Buildir	og Owner (8)	ASCM N	No.	Name of Abateme	ent Contractor (9)					
Criterion Laboratories	ig Owner (0)	NOOW 1	vo .		d Mold Service	s. Corp.				
					Street Address						
Street Address				1	3859 Sylon B	loulevard					
3370 Progress Drive, Suite J					City, State, Zip Co						
City, State, Zip Code					Hainesport, I						
Bensalem, PA 19020 Project Manager for Monitoring Firm		Tele	phone I	No	Telephone No.		License No.				
Mike Panepresso			5-244-	753565568	609-702-0400)	00862				
	heduled C	1		CONTRACTOR	Name of OSHA N						
	11_ /			- S	EMSL Analyt						
Occupancy Status During Abatement (C					Street Address						
☐ Facility Closed/Vacated During Entire			ment			ite 130 North					
☐ Abatement Performed Outside of Nor				cribe	City, State, Zip C	The state of the s					
Time of Abatement:AM	_PM/	_PM-		AM	Cinnaminson						
Scope of Work (Check all that apply)											
	(2 <u>—</u>)				F-12	tainment with Neg					
☐ ≥3 sf or ≥3 lf		enovat emolitic				ciosure la Procedure Wi	rup and cu				
≥160 sf or ≥260 lf		monus	211		⊠ Non-Exe	empted (*) and No	n-Friable Procedu	n:			
		Loca						Ab	ateme	nt Ty	уре
Location of	He	Norma		Asha	Description stos Containing Ma		Amount	Rei	Repair	Enc	Enc
Asbestos-Containing Material (ACM) TO BE ABATED	10000000	intena		(i.e.	, thermal systems	insulation,	(Specify	Removal	pair	aps	Enclosure
IN Facility	Cus		Staff?		surfacing, VAT	Γ, or	SF or LF)	<u>a</u>		Encapsulate	ure
(13)	Yes	(12) No	N/A		other miscellane	eous)				fe	
Basement Brick Boiler		П		Boiler I	nsulation & Del	oris	100 SF				
		+=		The state of the s	e Panels on Wo		110 SF		П	П	
Basement		무			STATE OF THE PARTY	oden chate	20 LF			_	
2 nd Floor - Book Store		Ш		Pipe Ins	sulation		20 LF	-			
			\boxtimes				1.1			Ц	
Name of Registered Waste Hauler			NJDEP '		Cubic Yards of Waste	8.	stered Landfill				
Waste Management			1727		5	Grand Cer	ntral				
City, State					Disposal Date	City, State	58-V 72-00/A				
Lafayette, NJ					11/15/17	Penn Argy	/le, PA				
Completed By (Print or Type)	Title				Signature		D	a :e	, ,	1	
Kimberly A. Trumbetti	Office	Coor	dinato	r	CAN			11-8	11		

ASB-41 MAY 11

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

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

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CP 10 10					Nama	of Building	Owner/Operator (2	2)	11 11 1404									
Date of Notification (1)									/ Job #1711-2255 Chk #4876									
/					Jaco	queime C	O'Connor	7000	ASBESTO 3 CONTROL &									
Agencies Notified Type Notification					Street	Address			LIC ENSING									
⊠ EPA					In water-constitution and a second													
□ DOLWD	☐ Amended				City, State, Zip Code													
□ DHSS □	Amendmer		li i alia a		Woo	oodbury, NJ 08096												
DCA (NJAC 5:23-8)	☐ Emergency justification		luaing		Name	Name of Contact Telephone Number												
(NJAC 5.25-6)	☐ Cancellation				Mar	y Carter			_									
FACILITY INFORMATION																		
		1.1	Disease	(2)	FAC	ALIII IN	FORWIATION	Type of Facility	(4)	-								
Name of Facility Where A		aking	Place	(3)			School (K-12)											
Residential Proper	ty						Subchapler 8 (Other than K-12)											
Street Address							Other (i.e., private and commerc al buildings,											
								homes, etc.		TDI								
City (5)								Square Feet	# of Floors		g. Ag							
Woodbury								3300	3		920'	S						
County (6)				277-12	Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demolis	h ∋d)								
Gloucester								Residential										
Name of Monitoring Firm	Hired by Buildi	ing O	wner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)									
Criterion Labs				07/27			Asbestos an	d Mold Service	es, Corp.									
Street Address				7			Street Address											
400 Street Road							3859 Sylon E	Boulevard										
							City, State, Zip C											
City, State, Zip Code							Hainesport, NJ 08036											
Bensalem, PA	Notes Figure			Tal		Na												
Project Manager for Mon	itoring Firm			1.11.0.00	ephone		609-702-0400 00862											
Mike Panepresso			15-244				00002				-							
Start Date (10)			etion Da		Name of OSHA N													
11 /20 /	_1/_	_1	1_/	_2	1_/_	/17 EMSL Analytical, Inc.												
Occupancy Status During	g Abatement (C	heck	only o	ne)			Street Address											
☐ Facility Closed/Vacate							200 U.S. Rou	ite 130 North										
☐ Abatement Performed							City, State, Zip C	ode										
Time of Abatement: _	AM	_PN	1/	_PN	1	AM	Cinnaminson	n, NJ 0807 <mark>7</mark>										
Scope of Work (Check a	Il that apply)									_								
								tainment with Ne	gative Pressure									
≥3 sf or ≥3 lf ≥160 of or >260 lf			Re De															
⊠ ≥160 sf or ≥260 lf			□ ре	HOIL	1011		☐ Non-Exempted (*) and Non-Friable Procedure											
			Is	Loca	ation		Abatement T						/ре					
Location	of			lorm			Description	of		D	R	ш	П					
Asbestos-Containing)			lely by ance/	Asbe	estos Containing Ma	aterial (ACM)	Amount	em	Repair	nca	nclo					
TO BE ABA					Staff?	(i.€	e., thermal systems surfacing, VAT	insulation,	(Specify SF or LF)	Remova	=	Encapsulate	Enclosure					
IN Facil	ity			(12			other miscellane	eous)	0. 0. 2. /	-		late	0					
(,			Yes	No	N/A	1												
Basement & Crawlsp	2200			П		Pine In	sulation		190 LF									
Dasement & Crawis	Jace			_		i ipe iii	Juliution			-								
			Ш	Ш	\boxtimes					- -	ш	ш	Ш					
										П	П	П	П					
	6 11 1			Щ	LUDED	Macta	Cubic Verde of	Name of Dec	istared Landfill		_	_	_					
На						Waste D No.	Cubic Yards of Waste	and the same of th	istered Landfill									
Waste Management						3	5	Grand Ce	iii(Tal									
City, State							Disposal Date	City, State										
Lafayette, NJ							11/10/17	Penn Arg	yle, PA									
Completed By (Print or Type) Title						Signature	1	Da	e e		77.2							
Kimberly A. Trumb		Office Coordinator					PALA	1 1-10-17										
Millipetty A. Trumbetti Office Cooldinator								11		1 1	0	100						

10 CK	NOTI		ATION	OF ASE	lew Jersey BESTOS ABATEMENT AC 8:60 and 5:16)									
Date of Notification (1) 11 / 09 /	17			Name of Building Owner/Operator (2) Seritage Growth Properties							9			
Agencies Notified Type Notificat	tion		1000 TO 100 TO 1	Street Address 489 Fifth Avenue, 18 th Floor ASBESTOS C										
☑ DOLWD ☑ Amended						E/R	MATERIAL MAT	eputersida	Charles Street Con-	DELCORENT	TANKS THE SAME			
□ DHSS Amendme	nt # <u>1</u>		ACCUST CONTROL	City, State, Zip Code New York , NY 10017										
☐ DCA ☐ Emergence							Telephone Numbe				_			
(NJAC 5:23-8) justificatio ☐ Cancellation				of Contact c Curcille		Telephone Milmhe								
FACILITY INFORMATION														
Name of Facility Where Abatement is Ta	aking Place	(3)		to the Harris of the Control of the	Type of Facility (4)									
Sears Store Unit - 1284 (Auto C						☐ School (K-1								
Street Address						Subchapter	8 (Other than K-12) private and commerci	Lhu	ildina	c				
1640 US Route 22						homes, e.c.		i bullarigs,						
City (5)						Square Feet	# of Floors	Bldg. Age						
Watchung						48,000	1	52						
County (6)			Coun	tv Code (7	(STATE USE ONLY)	Current Use P	rior if being demolish	. L						
Somerset				,		Vacant	50							
Name of Monitoring Firm Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	9)	-						
Omega Environmental Services						nental Service								
Street Address	,			Street Address										
280 Huyler St.					277 Fairfield Road, Suite 102									
City, State, Zip Code				City, State, Zip Code										
South Hackensack, NJ 07606				Fairfield, NJ 07004										
Project Manager for Monitoring Firm		Tel	ephone l	one No. Telephone No. License No.										
Alex Palets			01-489		(973) 852-344	14	01349							
	cheduled C	lamo	etion Da	te (11)	Name of OSHA M									
10 / 17 / 17	jarana u s ani	2 /		SAI Environn	nental Service	es, LLC								
Occupancy Status During Abatement (C	Check only	one)			Street Address									
□ Facility Closed/Vacated During Entir					277 Fairfield	road, Suite 10	02							
Abatement Performed Outside of No					City, State, Zip Co	ode								
Time of Abatement:AM	PM/	PIV	1	AM	Fairfield, NJ	field, NJ 07004								
Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	closure g Procedure	Negative Pressure												
				_	⊠ Non-Exe	empted (*) and N	lon-Friable Procedure							
V 220 0 14 0 20 20 20	1	S Loca Norm	alle Common		D			-	atem		уре			
Location of Asbestos-Containing Material (ACM	Use	ed So	lely by	Asbe	Description of stos Containing Ma		Amount	Remova	Repair	Encapsulate	Enc			
TO BE ABATED	Ma		ance/ I Staff?	(i.e	., thermal systems		(Specify	von	air	aps	Enclosure			
IN Facility (13)	Cus	(12			surfacing, VAT other miscellane		SF or LF)	<u>a</u>		ulat	лге			
(13)	Yes	No	N/A		ourer impodiance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				e				
Main Floor throughout				Pipe Fitting Insulation			430 EA	\boxtimes						
Main Floor				Floor T	ile/ Mastic		6,300 SF							
Roof			⊠ Roofing Material/Flashing 30,000		30,000 SF									
Room #13		\boxtimes	Jacket	on Vessel		1000 SF	\boxtimes							
Name of Registered Waste Hauler		0.17	NJDEP		Cubic Yards of	Name of Rag	istered Landfill	011						
Service Transport Group, Inc		Hauler II SW21		Waste 500	Minerval	Landfill								
City, State					Disposal Date	City, State								
New Castle, DE					12/22/2017	Waynesb	urgh, OH							
Completed By (Print or Type) Mary Petrovski	Title Manag	er			Signature	Manufacture Date 1/1/9/70								

.02 (1/		NOT		ATION	OF ASE	ow Jersey BESTOS ABAT		DECE		\mathbb{V}					
V10 UL	1		(P	ursuar	t to NJA	C 8:60 and 5:16	5)	III NOV 1	3 2	017		L			
Date of Notification (1)	05 /	17		1		Owner/Operator (2)			with the same will					
					Street Address ASBESTOS CONTROL & LICENS NG										
Agencies Notified EPA	Type Notifica	ation				enue, 18 th Floor		LICEN	2 141	J	grand_criti				
☑ DOLWD	☐ Amended	3			City, State, Zip Code										
⊠ DHSS	Amendm	ent#	_	1000	New York, NY 10017										
DCA	☐ Emergen justification		g		Name of Contact Telephone Number										
(NJAC 5:23-8)	Cancellat				Marc Curcillo										
				FA	OI ITY IN	FORMATION		- 2		_		\neg			
Name of Facility Where A	hatement is 7	Fakina Plan	e (3)	1 100	215ml # 1 11V	10170011011	Type of Facil	v (4)				\neg			
Sears Store Unit - 1			~ (°)				School (K-								
Street Address	207 (1000							r 8 (Other than K-12)	-1 L	71-11					
1640 US Route 22							homes, e	private and commerci	al Du	laing	s,				
City (5)							Square Feet	# of Floors	Blo	ig. Ag	je	\neg			
Watchung							48,000	1	5	52					
County (6)				Cour	ty Code (7	(STATE USE ONLY)	Current Use (Prior if being demolish	×)						
Somerset							Vacant					- 1			
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abatem									
Omega Environmen						SAI Environr	nental Servi	es, LLC							
Street Address						Street Address									
280 Huyler St.						277 Fairfield Road, Suite 102									
City, State, Zip Code						City, State, Zip Code									
South Hackensack,						Fairfield, NJ	07004								
Project Manager for Moni	toring Firm		1,7750,5	lephone		Telephone No.		License No.							
Alex Palets					01-489-8700 (973) 852-3444 01349 effon Date (11) Name of OSHA Monitor										
Start Date (10)		Scheduled				SAI Environt		ma 11.0							
10 / 17 /	A STATE OF THE STATE OF	_11_					Mental Servi	es, LaG				_			
Occupancy Status During					Street Address 277 Fairfield road, Suite 102										
☐ Abatement Performed	ed During Enti	re Period o	if Abai	tement De	enriha	City, State, Zip Code									
Time of Abatement: _	AM	PM/_	PI	VI	AM	Fairfield, NJ 07004									
Scope of Work (Check al			-		27 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					-					
>3 sf or ≥3 lf ≥3 sf or ≥260 lf	гинас арруу)	Bernal	Renovi Demoli			Mini-End Gloveba Gloveba Mini-End Gloveba Mini-End Mini-End	closure a Procedure	Negative Pressure Non-Friable Procedure							
			ls Loc	ation				Abatement Type							
Location		11	Nom	nally olely by		Description estos Containing Ma		Amount	D.	20	m	m			
Asbestos-Containing TO BE ABA		vi)	Nainte	nance/		estos Containing Mi e., thermal systems		(Specify	Bunnanal	Repair	Encapsulate	Enclosure			
IN Facili		Ci	ıstodi: (1)	al Staff?		surfacing, VAT other miscelland	r, or	SF or LF)	12/		sula	ure			
(13)		Ye	T	1		Outer miscendin	ours)				e				
Main Floor througho	ut					tting Insulation	430 EA		IZ						
Main Floor				X	Floor T	Tile/ Mastic		6,300 SF	I						
Roof DD					Roofin	g Material/Flash	ing	30,000 SF	B						
Room #13					Jacket	on Vessel		1000 SF							
Name of Registered Was	te Hauler	1	1-	NJDEP	Waste	Cubic Yards of	Name of R	egistered Landfill							
Service Transport				Hauter SW2		Waste 500	Minerv	Landfill							
City, State						Disposal Date	City, State								
New Castle, DE						11/10/2017	Waynesburgh, OH								
Completed By (Print or T Mary Petrovski	ype)	Title Mana	ger			Signature	u Peti	miles /	EI	15	//	7			

PAID

ASB-41

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NIAC 8:50-7 AND 12:120-7

	Alleria de la companya della companya della companya de la companya de la companya della company			(PURSUAI	ALN OT TN	C 8:60-7 AI	ND 12:120-7	7	(Ki	ella.	a	102		
Date of Notification (1)				Name of	Building O	wner / Ope	rator (2)						
11 /10	/17					Internation			BB		1 7/7	ED		
/ — /				Street Address					111111111111111111111111111111111111111		W	5111		
Agencies Notified	Type of N	otificat	ion		2211 Route 208 North				101					
EPA		Initial			City, State, Zip Code				This.			1111		
☐ DEP		Amen	ded			New Jersey				NOV 13	2017	IIUI		
☑ DOH		Amen	dment	#		Name of Contact				ne Number		1		
☑ DOL	V	Emer	gency w	// justification	DON KAI					701				
			lation							RESTOS CO	Noncommunication of	manual		
			1000	F	ACILITY IN	FORMATIC	N		A.S.	LICENS		- 0.		
				533				L		LICENS	NG			
Name of Facility Whe	re Abatem	nent is	Taking	Place (3)		Type of F	acility (4)	-						
Mondelez International		10111110	railing	1 1400 (0)		Trype of th	active (4)							
THE THE THE THE THE THE THE THE THE THE							School (K	-12)						
Street Address						1 %			than K 11) b				
2211 Route 208						☐ Subchapter 8 (Other than K-12)✓ Other (I.e., private & cmmercial								
EET TOOLS 200								mes, etc.)	Cillinercia	21		92		
City (5)	County (6	1		County Code	(7)	Square Fe		# Of Floo		Building A	_			
	Bergen	,		County Code	(1)	The second secon		# 011100	3	Building A	е			
, dilawii	Dorgon					1,000,000 Current Use (Prior if being d			olichod)	+	40 +			
							AREHOUSE		olistieu)		40 +			
Name of Manitarine F	lana Illan d	Lh. Did	- 0	(0)	TACOM NO		REHOUSE							
Name of Monitoring F	ırm Hirea	ву віа	g. Own	er (8)	ASCM NO	1								
A E-T						NODTUG	AD CONTE	A OTINIO C	DOLID IN	0				
AET						THE RESERVE OF THE PERSON NAMED IN	AR CONTE	RACTING	ROUP, IN	C.				
Street Address						Street Add	dress							
907 Doolittle Drive														
City, State, Zip Code						32 Williams Parkway								
Bridgewater, NJ 08807						City, State, Zip Code								
Project Mngr. For Mor	nitoring F	irm		Telephone Nu	mber							1		
Eric Houseknecth	557.			908-218-1108		East Hano	ver, NJ 079	36						
Sheduled Start Date (10)	Sched	. Comp	letetion Date (1	letetion Date (11) Telephone Number				License I	Number				
11//11/	17_		11	/12/	17				0.0-0-000000000000000000000000000000000					
// // /			_/			973-88	34-8682			0086)			
Occupancy Status Du	Check	Only 1)	Name of C	SHA Monit	or									
Facility Closed/Vacated During Entire Period of							AR CONTR	ACTING G	ROUP, IN	C.				
Abatement						Street Add	dress							
Abatement	Performe	d Outs	ide of N	Iormal Facility										
Hours - Des				,		32 Williams Parkway								
Other - Des		7:00AN	A - 3:30	PM		City, State, Zip Code								
	-						ver, NJ 079							
Scope of Work (Check	All That	Anniv)						7.77						
ocopo or morn (onco	· / · · · · · · · · · · ·	(Liddi)												
Demolition		Γ.	/	Renovation		Full Conta	inment wit	h Negative	Pressure	1				
≥3sf or ≥3lf					H	Mini - Enclosure								
>160 sf or >						Glovebag Procedure								
	-0.000000000000000000000000000000000000				П	Non-Exempted (*) and Non-Friable Procedure								
							p							
Location of			s	T	Descript	ion of			Abateme	nt Tyne				
Asbestos Contain	nina	No. 2-93	ation	Δο		Containing			R	E E	1	E		
riobbotto bontan	9	10000000	nally		Material			Amount	Ë	R N		N		
TO BE ABATE	D.		sed	1 /	e., therma				M	E C		c		
in Facility	_		lelv			facing, VAT		SF or LF)	0	P A		L		
(13)		37	lain-			ellaneous)	,	Of Of Lif	v	A P		0		
(13)		1000	ince/		other misc	enaneous)			Ā	î s		s		
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WAREHOUSE				DIDE & EITTIN				12 LF	- H		-	-		
VANEHOUSE				PIPE & FITTIN	9			IZ LF	<u> </u>	 	-	-		
											4			
				N. IDES W.	10.11	Iv c=		16						
Name of Registered W	aste Haul	er		NJDEP Waste			egistered l	.andfill						
NEWARK CARTING					Yards	I.E.S.I.								
21. 21.		-		4509	of Waste	000								
City, State					Disposal	City. State		0.5						
NEWARK, NJ					Date	RF LHFEHI	EM, PA 181	05						
							1		1		****			
Completed by (Print or	r Type)			Title			Signature		11 _	D:	te			
21 011							170		VIS.		(Language	0/47		
Steve Stiles				Project Manage	er		411	real ,-	Into	A)	11/1	0/17		