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A	SBESTO	S CO		*

		(P	ursuani	PAL JOB			)		MOV	14	20	16	
Date of Notification (1) 11/08/2016			of Building rgan Ch	Owner/0	Operator	(2)						-	
Agencies Notified Type Notificat    X   EPA   X   Initial	ion			Address Third Av	enue/		0	A	SBEST( LIC	OS C DENS			. &
DEP Amender  X DOL Amender	ent #			ate, Zip C g Lake, I		62							
□ Emerger     □ justificati     □ DCA     □ Cancella				of Contact of Borodi				Tel	lephone N	umber			
	72.52		FAC	ILITY INF	ORMAT	ION							
Name of Facility Where Abatement is Ta Chase Bank	king Place (	3)					Type of Facility  School (K- Subchapte	-12)	or than V	12)			
Street Address 1310 Third Avenue							Other (i.e. etc.)	private	& commer	cial bui			ies,
City (5) Spring Lake							Square Feet 15,000	2	f Floors		Bldg. 50+	Age	
County (6) Monmouth				Code (7) USE ONLY	)		Current Use (Pi Commercial		ing demoli	shed)			
Name of Monitoring Firm Hired by Buildi N/A	ng Owner (8)	)	ASC	И No.			of Abatement Co Environment						
Street Address							Address ! Queens Pla	za Sou	ıth				
City, State, Zip Code							ate, Zip Code Island City, N	NY 11	101	15000			
Project Manager for Monitoring Firm		Telepho	ne No.			one No. 49-0900		License 2867					
Start Date (10) 11/18/2016	Schedul 01/18/		npletion	Date (11)	-		of OSHA Moniton McRea	r					
Occupancy Status During Abatement (C	neck Only Or	ne)				- W. S. C. S	Address						
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe: Remote Mobile D	ormal Facility	V Hours	;	is perform	ed	City, St	ennedy Blvd ate, Zip Code						
on the roof	ооон ит ито р	ariang	iot, work	to periorit	<u></u>	Bayo	nne, NJ 0700	)2					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Continues	Renova Demolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
	le	Locati	on							T	Abat	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normalled Sole iintenar todial S (12)	ly ly by nce/		tos Cont thermal surfac		aterial (ACM) insulation, , or	(5	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A									(D	
Roof						er Flash			8 SF	X		_	
Roof						Membr			36 SF	X			
Roof		X			Roof I	Penetra	tion	1	2 SF	X		-	
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards	Name of	Registe	red Landfi	II			
ATC		Н	auler ID 1310		of Was	ste Irds	Minerv	a Ente	rprises				
City, State Shirley, NY 11967					Dispos 11/19	al Date /2016	City, Sta Wayne		OH 446	886			
Completed by Ann A. Ali	e Assis	stant	S	ignature	A.			ate 1/08/:	2016	ě			

		•				(2)	HP1 B 6	-6		-	1	7
Date of Notification (1)	•		Name	of Building	Owner/Operator	WILLI.	AMS					-
Agency Notified	Type Notification			Address		1	NO	V 1 4	2	116		
D FPA	D-Initial						had take		1871		-	-
D DEP	☐ Amended		City, S	tate, Zip C	ode						21	-
Z DOL	Amendment#			PAH	MAY	NI. O	7 0 6 ASBEST	TOS C	ON	TRO	JL	d
	☐ Emergency (including		Namo	of Contac	-		Telephone Numb	per ENS	SING	à_		+
р бон	justification)				WHUS							-
□ DCA	□ Cancellation		_						-		-	٦
- The 188	Abatement is Taking Place	(3)	FAC	LITY INFO	ORMATION	Type of Facility	(4)		_		_	1
<ul> <li>Internal properties of properties in the report of the properties of the properties of the properties.</li> </ul>						School (K-12						
	. WILLIAM	>_	*			☐ Subchapter 8	(Other than K-12)					
Street Address		2000		13 1		Dother (i.e. pri	vate & commercial	building	js,			
				- E		Square Feet		Bldg.	Age			1
City (5)	¥				102		•		94	0		
· RAH	ON NY					.1800.	2	1	19			
0:-4:(0)			Count	v Code (7	(STATE USE	Current Use (Pr	ior if being demolis	shed)				1
County (6)	~ ()		ONLY		, ,	1)=5	10EN Œ	•				
3									-			+
Control of the Contro	Hired by Building Owner	ASC	M No.			nent Contractor (9						
(8)						moval In	С					$\dashv$
Street Address			-		Street Address	. 1 . D	0.5					
					City, State, Zip	th River	St					$\dashv$
City, State, Zip Code						ack, N.J	07601					
		1 =	Company No.		Telephone No.	dek, 11.0	License No.					$\dashv$
Project Manager for Mo	nitoring Firm	I elepi	hone No			-7444 -						
Start Date (10)	Scheduled Con	nletion	Date (11	,	Name of OSHA							٦
Start Date (10)	til i	4	170.00	,		Environm	ental		*			
Occupancy Status Durin	ng Abatement (Check only		-		Street Address							
The state of the s	ed During Entire Period of		ent		280 H	uyler St				-		4
☐ Abatement Performe	d Outside of Normal Facility	/ Hours			City, State, Zip	Code	N. T. 0.7	(0)	8			
Other - Describe: 7	:00 M TO J:00	(M			S. Ha	ckensack	,N.J. 07	000	-			4
Scope of Work (Check	all that apply)			_	□ Full	Containment with	Negative Pressur	e				
ET≥3 sf or ≥3 lf			-ETRE	novation		j-Enclosure		4				1
□ ≥ 160 sf or ≥ 260 lf			□ De	molition	Glov	vebag Procedure	I M. Crichle Dree	noduro.				
					□ Non	-Exempted (") an	d Non-Friable Proc	Jedies e	I Al	ater	men	+
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TO BE A			todial aff?	(4-5	surfacing, VA	T, or	SF or LF)		18	Repair	180	80
0.00	3)		12)	1	other miscellar	neous)			18	=	Encapsulate	10
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Name of Registered W		ID No	P Waste	naujer	Waste				~	тт	C	
Best Rem	oval inc	1	L7109	9	3=7	Minerv	a Enterpr	ises	Ξ,	بلابل	J	- 1
City State		1 -	- , 10		Disposal Date	City, State						
City, State Hackensa	ck , N.J. 076	01			11/21/16	Wayne	sburg, Oh	1,446	688	,		
Completed by	Title				Signature /	7		Date		,		-
J.Maiorano	Esti	mato	r		1 Y 1	عسمهديق	3	11	18	16	0	
ASB-41	* Do not	use this	form for	asbestos l	icensure exempte	d activities.						

Nov 07 2016 04:40PM NJ Asbestos Control 609.633.0664

page 1

11/04/2016 04:23PM 2013297440

BEST REMOVAL INC

# PAGE 82/84 NOV 1 4 2016 ASBESTOS CONTROL &

Date of NetBoston (1)	Name of Builds	g Owner/Operator	(2)		- LISENIE
11/4/1/2		TAL ON		K	1/
Agency Notified Type Notification	Street Address	MASH	INGTON	STI	17
D SPA Jar Antical	_		1140 1014	, 3,	
O DEP Amended	City, State, Zip	Code .			
1	140	OOKEN	12	. 0 /0	30
BYDOH (sudination)  DCA Censellation	Name of Cynts	CAZQUE	1	Telephane Hust	per
	FACILITY IN	PORMATION			Carlo Company Company
Name of Facility Where Abatement is Taking Piece (5)	· ·		Type of Pacifity (	44	
CAPITAL ONE B	ANK.		Q School (K-12)		
301 WAZHINGTON	ST		El Subchapter 8	Other than K-12 ate & commercia	l buidings,
City (6)		.,	Square Fast	e of Floors	Mdg. Age
HOBOKEN			3000.	1	1955
CARRY (B)	County Code (7 ONLY)	(STATE USE	Current Use (Pric	CVIC	shedj
More of Maniforing Film Hited by Building Owner AS(	OM No.		neert Combactor (8)	-	
		Best Re	moval Inc		
Street Address		Birest Address			
		450 Sou	th River	St_	
City, States, Zip Code		City, State, Zip C	ods		
<u> </u>			ack, N.J.	07601	
Project Manager for Montaging Plans	ijone Ne.	Telephone No.		Liosopa No.	
		201-329		00388	
Street Date (19)		Name of OSHA			
11/9/16 11/10	116		Invironme:	ntal	
Occupancy Status During Abets mort (Check unity one)		Street Address			
☐ Facility Closed/Vension During Entire Period of Abeterns	nest a		yler St		
D Abditional Performed Cutting of Normal Facility House D Other - Describe: 5:00 PM TO Z:010	. ·	City, State, Zip C			
Scope of Work (Check of that sposy)		. S. HAC	kensack	, N.J. 0/	606
제 2 3 m or 2 3 분 다고 100 m er 2 200 H	S Renovation D Demoision	-In Mint-	Containment with N Enchoure Hough Procedure Exempted (*) and h		•
la Los	ation				Abalamant
Nam	sully.	_			Type
Asbests-Contriving Material (ACM)	hilly by	Description's size Containing Ma	of started (ACM)	Amount	m
TO RE ANATED Custo	edmit (i.m.	Charms ayatems	Insulation,	(S pacify	Enterpe Regio
(13) (13) (13)		estincing, VAT		SE or LF)	Registr
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Name of Registered Wissis Hauter Number	Weste Heafer	Cubic Yards of	Name of Register	and Landerij	
Best Removal Inc DNo.	7109	21/2 CY	Minerva	Enterpri	ises ,LLC
City, State		Dinognal Date	CRy, State		
Hackensack , N.J. 07601		11/10/16		urg, Oh.	44688
Completed by Title		Elgrature ()	1.00111630	- CO CO	Clarke
J.Maiorano Estimator	.	M. C.	مر مر و ده	2	14/4/16
ASS-41 * Do not use this to					

### State of New Jersey

40014	/ NO	TIFICA (Pursi	TION OF AS	New Jersey SBESTOS ABAT AC 8:60 and 12:1	EMENT 20)	侧静	CE.		<u> </u>	
Date of Notification (1)	16		Name of Buil	ding Owner/Operator	ECINT		07 12	4 20	116	
/1/8	Type Notification		Street Addre			A100 8.00.	1.0			
Agency Notified	-									1
□ EPA	☐ Initial ☐ Amended		City, State, Z	Tip Code			STOS C LICENS	NO.	I KU	4
DEP DOL	Amendment#		PLA	INFLECO.	NJ. D	7062		211/0	3	+
7504 (5056)	☐ Emergency (including	3	Name of Cor	ntact		Telephone Numb	xer	Kalifornia		
DOH DCA	justification)  □ Cancellation		MS.	FUNT						
U DOA				NFORMATION						
ii cr. iii. labor	Abatement is Taking Place	e (3)			Type of Facility (	4)				
	S. FLINT			1	School (K-12) Subchapter 8	(Other than K-12) rate & commercia	l buildings			
			45		homes, etc.)					4
City (5) .				1612	Square Feet		Bldg. Ag		$\sim$	
· 121	AINTIECO				2200.	2		5	<u> </u>	
County (6)	110710-0	<u> </u>	County Cod	e (7) (STATE USE	Current Use (Pri	or if being demolis	shed)			
County (6)	MINFIECD HION		ONLY)		TRE	5106W C	ی			
	rm Hired by Building Owne	r I ASC	M No.	Name of Abates	ment Contractor (9	)				
(8)	antitude by Donaing Time			Best Re	moval Ind	2				
305				Street Address						
Street Address				450 Sou	th River	St			4	
City, State, Zip Code				City, State, Zip						
City, State, Zip Code	¥			Hackens	ack, N.J.	07601				
Project Manager for M	Ionitoring Firm	Telep	hone No.	Telephone No.		License No.		Jan Salan Carana		
Project Manager for M	ionioning i am			201-329		00388				
Start Date (10)	Scheduled Co	mpletion	Date (11)	Name of OSHA						
11/20/10		23	116	Omega	Environme	ental				
	ring Abatement (Check onl			Street Address				1000		- 1
	•		nnt .		uyler St					_
□ Abatement Perform	ated During Entire Period oned Outside of Normal Faci フ: ッ ムハ てって:	lity Hours		City, State, Zip	Code ckensack	,N.J. 07	1606			
				D.E.	Containment with	Negative Pressul	re			
Scope of Work (Check	k all that apply)				COLUMNITIES IT AND	McGente :				
Scope of Work (Chec	k all that apply)		-E Renovati	ion u mir	i-Enclosure		*			
□≥3.sfor≥3 lf			■ Renovati	on II Gir	vehag Procedure		*			
				on II Gir			*	Abat	emen	t
☐ ≥ 3.sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf  Loc Asbestos-Contai	ation of ining Material (ACM)	Nor Used S	□ Demolition	Description	vebag Procedure n-Exempted (*) and n of Material (ACM)	d Non-Friable Pro	cedure	7	уре	
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Date of Notification (1)					Name	of Buildin	g Owner/Operator (	2)		101	1 4	201	6
11 /	09 /	16	_		AP	Constru	ction		I led L				
Agencies Notified	Type Notific	cation			Street	Address							
⊠ EPA					915	Sout BI	ack Horse Pike		ASBE	STOS			IOL
DEP	☐ Amende				City, S	State, Zip (	Code			LIVE	4211	V1.7	
☐ DCA (NJAC 5:16) ☐ DHSS	Amendm  Emerger		ludina		Bla	ckwood,	NJ 08012						
☐ DCA	justificat	ion)	iddiiig		Name	of Contac	et		Telephone Nun	nber			
(NJAC 5:23-8)	☐ Cancella	ation			Ste	ve Martii	n		-		1		
					FA	CILITY IN	FORMATION			_			
Name of Facility Where	Abatement is	Taking	Place	(3)		01211111	ti OttinATIOIT	Type of Facility (4	4)		0017270		
153 Lakeland Road		•		1-1				☐ School (K-12)					
Street Address								Subchapter 8		2)			
153 Lakeland Road	Н							Other (i.e., pri	vate & commerc	cial build	dings		
City (5)								homes, etc.) Square Feet	# of Floors	RI	dg. A	ne.	
Blackwood								1800	2		50+	ge	
County (6)					Cour	aty Code (7	7)(STATE USE ONLY)	Current Use (Price			30.		
Camden					Joodi	ny oodo (i	NOTATE BOE ONE TY	Vacant Hous		isilou)			
Name of Monitoring Firm	Hired by Buil	lding Ov	vner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					-
West Chester Envi	ronmental L	LC			0268	3	Diamond Hui	ntbach Constru	ction Corpora	ation			
Street Address							Street Address						
307 N Walnut Stree	et						500 East Luz	erne Street					
City, State, Zip Code		-					City, State, Zip Co	ode					-
West Chester, PA	19380						Philadelphia,						
Project Manager for Mon				Tele	phone	No.	Telephone No.		License No.				
Matt Abraham					0.431		215-739-8166	00646	TENNESS AND THE STATE OF THE ST				
Start Date (10)		Schedu	led Co	omple	tion Da	te (11)	Name of OSHA M	lonitor				_7	-
11 / 22 /	500000				/		SAME AS AB	OVE					
Occupancy Status During	g Abatement (	Check	only o	ne)			Street Address						
	_		- 5		ment								
☐ Abatement Performed						cribe	City, State, Zip Co	ode					
Time of Abatement: 7	ZAM- <u>5</u> PM/	PM-		_AM									
Scope of Work (Check a	Il that apply)						1						
		_						ainment with Nega	ative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			☐ Rer ☑ Der				☐ Mini-Enc ☐ Glovebag						
23 - 100 01 01 - 1200 11			3 001					mpted (*) and Non	-Friable Procedu	ure			
				Locat Iorma						Ab	atem	ent T	уре
Location		A)		d Sole		Acho	Description o stos Containing Ma		Amount	D	R	П	П
Asbestos-Containing TO BE ABA		")		ntena		(i.e., the	rmal systems insula	ation, surfacing,	(Specify	Remova	Repair	nca	Enclosure
IN Facil	ity		Cust	odiai ( (12)	Staff?		VAT, or		SF or LF)	oval	=	Encapsulate	Sur
(13)		30	Yes	No	N/A	1	other miscellane	ous)				late	G.
Exterior		-				Transit	e Siding		2,000 SF				
								n <del>é</del>					
Throughout				-			ed joint compour	IL .	1,000 SF				
Kitchen, Pump room	, water heat	ter				Floor T	ile		386 SF		Ш	Ш	Ш
			Ш										
Name of Registered Was				1 120	JDEP V		Cubic Yards of	Name of Registe		2 126			
Diamond Huntbach	or Service	Trans	port	П	auler II 19689	) No. 9/20990	Waste 30	Republic/Qu	uickway Servi	ces In	С		
City, State							Disposal Date	City, State					
Philadelphia, PA 19	124							Philadelphia	a, PA 19137				
Completed By (Print or T	ype)	Title					Signature		D	ate			-
Wayne Huntbach		Pro	oject	Mana	ager		TILL	AN		11-9	1	10	

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

			NO				AC 8:60 and 5:		hoch=	# 1	2	2 j	Δ
Date of Notification (1)					Nan	ne of Buildi	ng Owner/Operator	(2)	Turge,		<u></u>	)/	
	8 /	16	_		10.7463	rconic	9	\ <del>-</del> /	ME	GE	3	W	F
Agencies Notified	Type Notif	fication			Stre	et Address			1111		J. LI	1/	13
⊠ EPA					9	Roy Stre	et						
☑ DOLWD	☐ Amend					State, Zip				HOY !	4	2016	
☑ DOH		lment#_		-		over, NJ			from here			2010	
DCA (NJAC 5:23-8)	☐ Emerge justifica		ludir	g		ne of Conta			I	- transcon			
(1407/0 0.25-0)	☐ Cancel				100000000000000000000000000000000000000	narlie Pre			Telephone 1	/nubet	CO		OL 8
					F	ACILITY I	NFORMATION			-	-		
Name of Facility Where A	Abatement is	s Taking	Plac	e (3)		70-		Type of Facility (	11				
Arconic				8.8				School (K-12					
Street Address								Subchapter 8	) (Other than k	(-12)			
9 Roy Street								Other (i.e., pr	ivate and com	mercial	buildi	ngs.	
City (5)								homes, etc.)					
Dover								Square Feet	# of Floors		Bldg.	Age	
								10,000	2		50		
County (6)					Cou	inty Code (	7)(STATE USE ONLY)	Current Use (Prid	or if being den	nolished	)		
Morris								industrial					
Name of Monitoring Firm	Hired by Bu	ilding Ov	vner	(8)	ASCN	1 No.	Name of Abatem	ent Contractor (9)					
EHS Environmental	Co., Inc.							nvironmental Co	Inc				
Street Address							Street Address	.vii oiiiiiciitai oo	., 1110.				
411 Southgate Cour	rt						923 Haws Av	10					
City, State, Zip Code							City, State, Zip C						
Mickleton, NJ 08056	5						Norristown,						
Project Manager for Monit	toring Firm			Tal	ephone	No		PA 19401					
Jack Carney	g ,					1-0080	Telephone No.		License No				
Start Date (10)		Cahadul	-40				610-239-9920		00398				
11 /28  /		Schedul				\$40,000 (15%) (150) Att	Name of OSHA N	10.T15.1107.76.700					
					/	16	EHS Environ	mental Co., Inc.					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacated	d During Ent	tire Perio	d of	Abate	ment		411 Southga	te Court					
Abatement Performed	Outside of N	lormal F	acility	/ Hou	rs - Des	scribe	City, State, Zip Co				-		-
Time of Abatement: 7:	00AM- <u>3:30</u>	PM/	PI	VI	AM		Mickleton, N.						
Scope of Work (Check all	that apply)						oniotoni, ru						
100 mar								tainment with Nega	tive Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>				novat molitic				losure					
			1 De	monue	)[]		☐ Gloveba	g Procedure mpted (*) and Non-	Eriable Dress	ol			
			ls	Locat	ion			mpted ( ) and Non-	-Friable Proce			_	
Location o	f		N	lorma	lly		Description of	f		A	1	ent T	1
Asbestos-Containing M		Л)	Use	d Sole	ely by	Asbe	stos Containing Ma		Amount	Te e	Repair	E	Enclosure
TO BE ABAT				ntena	nce/ Staff?	(i.e	., thermal systems	insulation,	(Specify	Removal	pai	cap	Coo
IN Facility (13)			Cust	(12)	otali !		surfacing, VAT,		SF or LF)	va	~	Encapsulate	sure
(10)			es	No	N/A		other miscellane	ous)				ate	CD
1st floor office		-	7	100,000	100000000000000000000000000000000000000	£1			To applicate about the control of				
1 Hoor office		L				floor tile	and mastic		1,859SF				
		L											
											ĪП	П	П
			7		П						+=		
Name of Registered Waste	Hauler				JDEP V	Vaste T	Cubic Yards of	Name of Registe	red Landell				
Newark Carting	2000			1 27	auler I		Waste		red Landilli				
City, State					4509		1CY	GROWS					
The state of the s							Disposal Date	City, State					
Newark, NJ							12/12/16	Morrisville, F	PA				
Completed By (Print or Type	e)	Title					Signature	///		Date	1	1	
James M. Kelly		Vice	Pre	side	nt					11	18)	16	

Chadyo				ICATION	ate of Nev OF ASB to NJAC	ESTOS	ABATE		т	The state of the s	DE C	} [		W	
Date of Notification (1) 11-4-2016	1,				f Building a Hill Ce		perator	(2)	· · · · · · · · · · · · · · · · · · ·	No. (A) of the late of the lat	100	V 1	4	2016	
Agencies Notified	Type Notification  Initial			Street A 225 W	ddress est Jers	sey Stre	eet			The state of the s	ASBES	TOS	100	JTRO	)L&
DEP	Amended			37510	ite, Zip Co						1,0000	ICE	VSIN	G	
▼ DOL	Amendment Emergency		_	Elizab	eth, NJ	07202									
⊠ DOH □ DCA	justification)  Cancellation				f Contact to Lande	ers				Tel	ephone Num	ber			
_ box	Cancellation	I.		1000-5000-500	LITY INFO	T4.17 62 T666.	ON								-
Name of Facility Where A	Abatement is Takir	ng Place (3	3)	TAG	LITT HAT	JINMATI	ON	Тур	e of Facility (4)						
Street Address					-3			H	School (K-12) Subchapter 8		orthon V 13	V			
225 West Jersey St	treet							×	Other (i.e. pri				dings,	home	es,
City (5) Elizabeth, NJ		H							uare Feet 000	# o	f Floors		lldg. A 5+	ge	
County (6) Essex	50				Code (7) USE ONLY	)		Cur	rent Use (Prior	if bei	ng demolish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	I No.				patement Control						
Street Address							Street	Addr	norses is assessment of all the ances of the		***************************************				
City, State, Zip Code		City, Sta							Zip Code	14					
Project Manager for Mon	nager for Monitoring Firm Telephone No. Teleph							none		)4	License No	).			
Start Date (10)		Schedul	ed Co	mpletion I	Date (11)				-8855 SHA Monitor		01174				
11-5-2016		11-5-2	016				Sam	e as	above						
Occupancy Status During							Street	Addr	ess						
Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of a	Abater y Hour	ment 's			City, S	tate,	Zip Code			1000			
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renovi Demoli					l N	Full Containmer Mini-Enclosure Blovebag Proce	dure	Ē				
							×	ע ני	lon-Exempted	(*) an	d Non-Friab	e Pro	0.00	e ement	
	751		Local Norma											еттетт ре	1
Location Asbestos-Containing		Use	ed Sole	ely by	Asbes		scription taining N		ial (ACM)	Д	mount			m	
TO BE AB	ATED		aintena todial	ance/ Staff?		thermal	system	s inst	ulation,	(5	Specify	Re	R	nca	Enc
In Facil	ity		(12)			surfa other r	cing, VA niscellar	T, or	s)	SI	or LF)	Remova	Repair	Encapsulate	Enclosure
3.6		Yes	No	N/A								<u>a</u>	7	late	re
Basem	ent		Х				VAT			32	20 SF	х			
N- 75						1									
Name of Registered Was Green Environmenta			}	NJDEP W Hauler ID	No.	of Wa	Yards ste		100000000000000000000000000000000000000		ered Landfill em Landfi	н			
	ai Gei VICES		C	034889	9	3				Herr	eni Lanuil	11			
City, State Jersey City, NJ						Disposal Date City, State 11-5-2016 Bethlehem, PA									
Completed by		Title					ignature	9	0	, 1	, Da	te			

Office Manager

Liliana Serrano

ASB-41 (R-06-08)

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

#### NOTIFICATION OF ASBESTOS ABATEMENT Check#2639 (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 08 \_ / \_ 16 11 Michael Epstein Type Notification Street Address Agencies Notified ASBESTOS CONTROL & X EPA Initial LICENSING **⊠** DOLWD City, State, Zip Code Amendment # 1 X DHSS Maplewood, NJ 07040 Emergency (including □ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) Cancellation Michael Epstein FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) # of Floors Blda. Age Square Feet City (5) Maplewood, NJ 07040 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 01127 973-638-1777 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 11 / 12 / 16 11 / 02 / 16 Envirovision Consultants, Inc Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-\_\_\_PM/\_\_\_ Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation >3 sf or >3 lf > 160 sf or >260 lf Mini-Enclosure Demolition Abatement Type Is Location Normaliy Description of Location of Encapsulate Enclosure Remova Repair Used Solely by Amount Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SIF or LF) IN Facility surfacing, VAT, or (12)other miscellaneous) (13)Yes No N/A X 250 SF VAT floor tiles Basement NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler 0033785 TBD T.R.R.F. Inc Gr Tech LLC City, State Disposal Date City, State TBD Tullytown, PA Wayne, NJ 07470 Date Signature Completed By (Print or Type) Title 11/08/16 ente wena Owner N.Jevtic ASB-41

State of New Jersey

Ch5812	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)										W Mar		<u>u</u>	<u>V</u> 2016	
Date of Notification (1) 11/10/16				Building C r Egg Ha				h School	L.	lease .				Eala	
Agencies Notified Type Notification			Street Ad 1824 D	ldress Ir. Denn	is Fore	eman [	Orive			ASBI			COI		OL 8
EPA   X Initial   Amended   Amendment #				e, Zip Coo anding N		30			-						
Emergency (i justification)  DCA  Emergency (i justification)  Cancellation	ncluding	1 122	Name of Thoma	Contact s Gross	i				Tele	ephone N	lumb	er			
			FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Abatement is Taking Oakcrest High School	Place (3)	)					× s	of Facility (4 chool (K-12	2)						
Street Address 1824 Dr. Dennis Foreman Drive			i				Ħ º	ubchapter ( other (i.e. pr tc.)				build	ings,	home	s,
City (5) Mays landing NJ 08330							Square 1000-		# of	Floors			dg. A	ge	
County (6) Atlantic			County C	ode (7) ISE ONLY)			Curren	nt Use (Prio	r if bei	ng demo	lished	d)			
Name of Monitoring Firm Hired by Building C Health & Safety Services Inc.	wner (8)		ASCM 117	No.			of Abate	ement Cont	tractor	(9)					
Street Address PO Box 365							Address Box 32								
City, State, Zip Code Berlin NJ 08009	Firm Telephone No.						state, Zip t Berlir	Code NJ 0809	91						
Project Manager for Monitoring Firm James Proctor	856-452-1311 856-753-9800									License 00727					
Start Date (10) 11/25/16	Scheduled Completion Date (11)   Name of OSHA   11/27/16   Same														
Occupancy Status During Abatement (Check			Street Address					S							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	batem Hours	ent		_	City, S	State, Zip	Code							
Scope of Work (Check All That Apply)							_								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enova emoliti				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	1 2	Locati												ment pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	of Norm Used So Material (ACM) TED Custodia				Description of estos Containing Material (ACM) e. thermal systems insulation, surfacing, VAT, or other miscellaneous)				(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											rD.	
Gym Mezzanine HVAC	х	Duct Insulat					ation		30	00 SF	-	K			
											-				
Name of Registered Waste Hauler Pernaco Inc.	JDEP W auler ID		of Wa	Yards ste		Name of F	Registe	ered Land	dfill						
City, State		2	1787		Disposal Date City, State 11/29/16 Egg Harbor TWP NJN 08234										
West Berlin NJ  Completed by Anthony T Perna	Title President						Signature Date 11/10/16								

Print Form

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#### State of New Jersey

0110611	NO			OF ASBES						MOV	4 /	2011	ñ
Date of Notification (1) 11/10/16				Building Ov agnota P						12-2-1			
Agencies Notified Type Notification		5	Street Ad	dress					ASB	ESTO:	S OC ENSI	NTF	IOL
EPA Initial Amended Amendment #				e, Zip Code Haven N		008				LIU	_1 4 0 1	1.00	
Emergency (in justification)  DCA  Cancellation	cluding		Name of O	Contact					Telephone Nu	mber			
			FACIL	ITY INFOR	RMAT	ION							
Name of Facility Where Abatement is Taking Mike Pagnota Private Home	Place (3)						× Sc	Facility (4)	)				
Street Address							Ot et	her (i.e. pri	(Other than K-1 ivate & commerc	2) ial build	ings, l	nomes	<b>5</b> ,
City (5) Beach Haven NJ 08008							Square 1000+	Feet	# of Floors	100000	dg. Aq 5+	je	
County (6) Ocean			County C	ode (7) ISE ONLY)			il	t Use (Prior	r if being demolis	hed)			
Name of Monitoring Firm Hired by Building On N/A	vner (8)		ASCM	No.			of Abate	ment Cont	ractor (9)				
Street Address				110			Address Box 329						
City, State, Zip Code							State, Zip	Code NJ 0809	91				
Project Manager for Monitoring Firm		Telephone No.					hone No. 753-98		License 00727	No.			
Otali Dalo (10)	Schedule	ed Completion Date (11)  Name of OSHA N Same					A Monitor						
Occupancy Status During Abatement (Check		764.				Street	t Address	3					
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:	eriod of A	Abatem	nent		_	City, S	State, Zip	Code					
Scope of Work (Check All That Apply)					-31								
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Renova Demolit					Mini	-Enclosure				۵	
	Τ.						_ Non	-Exempled	( ) and Non-i in	abic i io	Abate	ement	ĝ.
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal Normal ed Sole iintena todial (12)	lly ely by nce/ Staff?	Asbest (i.e.	os Co therm sur	escription ntaining al system facing, V	Material ns insula AT, or	(ACM) tion,	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A						2000 SF		-		
Exterior Siding	Х				Ex	terior S	iding		2000 SF	X			
Name of Registered Waste Hauler United Roll Off		1	NJDEP V Hauler ID 2459		275.00000	ic Yards /aste		Name of G.R.O.	Regi <mark>st</mark> ered Land W.S.	fill			
City, State Elm NJ		Disposal Da 12/2/16											
Completed by Anthony T Perna	sident				Signature			16					

162529	1		CATION	ate of New Jerse I OF ASBESTOS to NJAC 8:60 and	ABATE		20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	) E	G E		V	E
Date of Notification (1)	116		Name o	F,Building Owner/C	Operator Sel	(2) (S	To the state of th		VOV 1	4 1	2016	1
DOL Ame	I nded ndment # rgency (including		Def	ate, Zip Code	VJ	080	1. 096	ASBE	LICE			)L &
	ication) cellation	11 1	Eric P		ON							
Name of Facility Where Abatement	is Taking Place (3	3)	FACI	LITTINFORMATI	OIN	Type of Fa	ol (K-12)					
Street Address						Subc Othe etc.)	hapter 8 (Oth r (i.e. private	& commer	cial build	1000	200	es,
City (5) CEPT FOI	9					Square Fe	7	f Floors		Ildg. A	Ž_	
County (6) Hay (RS)	C		(STATE I	Code (7) USE ONLY)		Y	e (Prior if be		shed)			
Name of Monitoring Firm Hired by B	uilding Owner (8)		ASCN	Л No.	Brick	k Industrie	nt Contractor es Inc.	(9)				
Street Address						Address Box 915						
City, State, Zip Code					870.00	State, Zip Co k, New Je	ode rsey 087 <mark>2</mark> 3	3				
Project Manager for Monitoring Firm			Telepho	ne No.		none No. )899-749	9	License 01196	No.			
Start Date (10)	//	11~	pletion	Date (11)		of OSHA M	onitor					
Occupancy Status During Abatemer Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	Entire Period of	Abatem				Address State, Zip Co	de					
Scope of Work (Check All That Appl	y) 🖌											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti		.0		Mini-En	itainment with closure ig Procedure empted (*) an				е	
Location of	1 20	Locatio	-	De	scription	of					ment pe	
Asbestos-Containing Material (A  TO BE ABATED  In Facility  (13)	Ma Cus	d Solel intenar todial S (12)	ice/ taff?	Asbestos Cont (i.e. thermal surfa	aining N	Material (AC s insulation, T, or	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	ashestos	Nico	(tile	30	OSE	1			
				02 0000	(0 -			ال ح				
									-			
Name of Registered Waste Hauler		1.000	JDEP W auler ID	- National Control of the Control of	Yards	) Na	me of Registe	ered Landf	Till .			
Brick Industries Inc.		1.0505	1602	30 Table 13. State 1			ROWS Inc					
City, State Brick, New Jersey				Dispos	sal Date	O Cit	y, State A					
Completed by Eric Plackis	Title Pres	ident		S	Signature	Ell			Date	3/1/	2	

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Ch 2518		NC		CATION	ate of New Jer OF ASBESTO to NJAC 8:60	SABATE		Г	To an annual character and the second	DE	G [		W	
Date of Notification (1)	11/9/16			1	Building Owner	r/Operato	<sup>[</sup> /2]	most	0	M Control	lov	4 4	201	6
Agencies Notified Ty	pe Notification			Street A	ddress	W	f	,		į.				
☐ EPA ☐	Initial			0.1	7: 0 1				_	ASBE				OL
DEP .	Amended Amendment #		1	City, Sta	te, Zip Code	nel III	11	AIT (	757	7/	LIGE	IND.	Via.	
X DOL	Emergency (in		-	100	Contact	nswi	MI	107	Tol	ephone Num	her			-
DOH DOA	justification) Cancellation		31 6	Eric Pl					_ /_	ephone Man	ibei			
DCA L	Cancellation			And the same of the same	LITY INFORMA	TION						_		
Name of Facility Where Aba	tement is Taking	Place (3)		I AUI	LITT IN OIGH	TION	Тур	e of Facility (	4)			2 10 92		
	_							School (K-1	2)					
Street Address		· · ·						Subchapter	8 (Oth	er than K-12 & commercia	) al build	lings,	home	s,
City (5) 1 10		0 1 /					Squ	are Feet	# 0	f Floors	В	dg. A	ge	
WYW K	runs In	1(lh						300	2	_		33		
County (6)	OS X				Code (7) USE ONLY)		Curi	rent Use (Pri	or if bei	ng demolish	ed)			
Name of Monitoring Firm Hir	ed by Building O	wner (8)		ASCN	1 No.			atement Cor ustries Inc		(9)				
Street Address			20 B			Street P.O	t Addr							
City, State, Zip Code						1		Zip Code ew Jersey	08723	3				
Project Manager for Monitor	ing Firm		T	Telephor	ne No.	4 (4.50a, co. 5)	hone 1	No. 0-7499		License No	0.			
Start Date (10)	0	Scheduled	Com	pletion I	Date (11)			SHA Monitor						
Occupancy Status During Al	patement (Check	Only One	0	1 /0		Street	t Addr	ess						
Facility Closed/Vacated Abatement Performed Other – Describe:	During Entire Pe Outside of Norma	eriod of Ab Il Facility H	atem lours	ent		City, S	State,	Zip Code						
Scope of Work (Check All TI	nat Apply)	4				Г	7			- 20				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti				l M	ull Containm lini-Enclosure lovebag Pro- lon-Exempte	cedure				0	
							_i N	on-Exemple	u ( ) an	u Non-Fliab	1		ment	
M 10 10 10 10 10 10 10 10 10 10 10 10 10		100,000	ocation rmall			_						Ту	ре	
Location of Asbestos-Containing Ma	terial (ACM)	Used	Solel	y by	Asbestos C	Description Ontaining I		al (ACM)	Α	mount			т	
TO BE ABATE		Main Custo			(i.e. therr	nal system	ns inst	ılation,		Specify	Rei	Re	Encapsulate	Enclosure
In Facility (13)		# 1000 DECEMBER 1000	(12)	itan:		rfacing, V/ er miscella			Si	F or LF)	Remova	Repair	nsd	losu
(10)		V	N.I.	NI/A				,			<u>a</u>		ate	-G
		Yes	No	N/A	100 -01	- 01		( )) =	700	215	+		_	-
					HSBEST	DSTU	305	file	SU	201	8			
Name of Registered Waste I	Hauler		N	JDEP W	/aste Cul	oic Yards		Name of	Registe	ered Landfill				-
Brick Industries Inc.			1000	auler ID 1602		Vaste (	1	GROW						
City, State Brick, New Jersey					Dis	posal Date	6	City, Stat	е					
Completed by		Title				Signatur	e/,	011		Dą	te /	11 8	,	
Eric Plackis		Presid	ent				4/14	ll			. 11	111	6	

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MANOI	NO	(Purs	uant to	NJAC 8:6	0 and 12:	120)		Prince of the second	NOV	11	20	16	4
Date of Notification (1) Nov 2-2016 Check# 2931		Na C	me of Bu	uilding Ow of the Sa	ner/Opera	ator (2) eart			****		er of		
Agencies Notified Type Notification			reet Add					ASB	ESTO			ROL	&
FPA Initial				dolph A				***************************************	LIO	ENS	iivo	A SHEET SHEET SHEET	
DEP Amended				, Zip Code andolph		080							
Emergency (inch	uding		ame of C					Telephone	Numb	er			
DOH justification)  DCA Cancellation		P	aul Lor								_		_
E	222 /2)		FACILI	TY INFOR	MATION	Tv	oe of Facility (4)						
Name of Facility Where Abatement is Taking Pl Church of the Sacred Heart -Convent	ace (s)						School (K-12)	)					
Street Address							Subchapter 8 Other (i.e. pri	(Other than	n K-12) mercial	buildin	gs, h	omes,	
200 Randolph Avenue						×	etc.)				g. Age		_
City (5)						So	uare Feet	# of Floor	S	Did	y. Ay		
South Randolph		10	ounty Co	de (7)		CL	rrent Use (Prior	if being der	nolishe	d)			
County (6) MORRIS				SE ONLY)		- C	onvent			-			
Name of Monitoring Firm Hired by Building Own	ner (8)	$\vdash$	ASCM	No.			Abatement Cont						
N/A	8% 8%						vices Corpor	ation					-
Street Address						treet Add	ress h Street						
					100		e, Zip Code						
City, State, Zip Code							perg, NJ 070	93					
Project Manager for Monitoring Firm		Т	elephon	e No.		elephon		Lice 010	nse No	e.			
9000 P 9000 0000				1 (44)			5-1700 OSHA Monitor	010	774				
Start Date (10)	chedule Vov 19		pletion D	ate (11)			as above						
Nov 18-2016 Noccupancy Status During Abatement (Check C					S	treet Ad	dress						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	riod of A	batem	ent		C	City, Stat	e, Zip Code						-
Other – Describe:	, doing					20							
Scope of Work (Check All That Apply)											200		
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		enovat emoliti					Full Containme Mini-Enclosure		ative Pi	essur	Е		
≥160 sf or ≥260 lf		emonu	1011			×	Glovebag Prod Non-Exempted	edure (*) and No	n-Friabl	e Proc	edure	)	
							Tron Exemple	3.7			Abate	ment	
	1	Locati Normal	ly		Desc	ription o	f				Ту	pe	
Location of Asbestos-Containing Material (ACM)		d Sole		Asbest	tos Contai	ning Ma	terial (ACM) nsulation,	Amou (Spec		Re	ZI	Enca	Enc
TO BE ABATED In Facility	Cus	todial S (12)	Staff?	(1.6.	surfacir other mis	ng, VAT,	or	SF or l	_F)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)			otner mis	scellarie	ous)			<u>a</u>		ate	re
	Yes	No	N/A				4.014	12 L		-	Х		
Convent & Rectory Laundry Room		Х		P	Patch & I	Repair	ACIVI	12 L	1	-	, ,		
Storage Rectory & Church Garage		X											
								Dagiston	Londell				
Name of Registered Waste Hauler			NJDEP V Hauler ID		Cubic Y of Wast			Registered erland Lai					
Freehold Carting		9.5	15939		tbd				IGIII				
City, State					Disposa	al Date	City, Sta	ite urg, PA					
Freehold, NJ	Tial.					gnature	20	0	D	ate			
Completed by Gina M Betances	Title Office	се Ма	anager		31	E	Heur)	)	1	1/2/2	016		
Gilla IVI Detalloes	- 1.11		-										

CHRCBD

### State of New Jersey

Date of Notification (1) Nov 10-2016 Check #2932  Agencies Notified  Type Notification  EPA DEP Amended Amendment # Emergency (including justification)  DOH DCA  DOA  DOA  Amended Amendment # Emergency (including justification) Cancellation  FACILITY INFORMATION  Type of Facility (4)  School (K-12)	ITROL
Agencies Notified  Type Notification  EPA  Initial  DEP  Amended  Amendment #  Emergency (including justification)  DCA  DOA  Cancellation  Name of Facility Where Abatement is Taking Place (3)  St Anthony High School  Street Address  175- 8th Street  City, State, Zip Code  Jersey City, NJ 07302  Name of Contact  Jimmy Magliulo  FACILITY INFORMATION  Type of Facility (4)  School (K-12)	ITROL G
DEP DOL Amended Amendment # City, State, Zip Code Jersey City, NJ 07302  DOH DCA Cancellation Jimmy Magliulo  FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  St Anthony High School City, State, Zip Code Jersey City, NJ 07302  Name of Contact Jimmy Magliulo  FACILITY INFORMATION  Type of Facility (4)  School (K-12)	
DOH Justification Jimmy Magliulo  Cancellation Jimmy Magliulo  FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  St Anthony High School Type of Facility (4)  School (K-12)	
Name of Facility Where Abatement is Taking Place (3) St Anthony High School  FACILITY INFORMATION  Type of Facility (4)  School (K-12)	
Name of Facility Where Abatement is Taking Place (3)  St Anthony High School  Type of Facility (4)  School (K-12)	
0 1 - 1 - 1 - 1 - 1 (12)	
Street Address  175 8th Street  Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, etc.)	nomes,
City (5)         Square Feet         # of Floors         Bldg. A           Jersey City, NJ         60+         4         50+	je
County (6) County Code (7) Current Use (Prior if being demolished)  HUDSON Convent	
Name of Monitoring Firm Hired by Building Owner (8)  N/A  ASCM No.  Name of Abatement Contractor (9)  EA Services Corporation	
Street Address Street Address 426 69th Street	
City, State, Zip Code City, State, Zip Code Guttenberg, NJ 07093	
Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-295-1700 01074	
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Nov 23-2016 Nov 24-2016 Same as above	
Occupancy Status During Abatement (Check Only One)  Street Address	
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Starting 9 AM City, State, Zip Code	ja j
Scope of Work (Check All That Apply)	
Is Location Ty Normally Description of	ment pe
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Used Solely by Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)	Enclosure Encapsulate
Yes No N/A  Roiler Room x Re-wrap pipe run, Elbow & Seam 5 LF x	
Boiler Room x Re-wrap pipe run, Elbow & Seam 5 LF x	
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No. 15939  Name of Registered Landfill Cumberland Landfill	
City, State  Disposal Date City, State  Freehold, NJ  Disposal Date Newburg, PA	
Completed by Gina M Betances  Title Office Manager  Signature  Date 11/2/2016	

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					St	tate	of New Jersey		process [	2 (8) [2	0.00	1,-7		
MCK	)		NO			4	ASBESTOS ABA AC 8:60-7 and 12:12					E		The state of the s
Date of Notification (1)	11/10/16				875.00		<sup>Operator (2)</sup> elopment Auth	ority		NOV 12	2016	3000	) here	
Agencies Notified [x] EPA	Type of Not	tification		Address est St	ate S	St.			AS	BESTOS C		OL	8	
[] DEP [X] DOL	Notific [x] Amen	90 (A)		tate, Zip			5-0990		L	LIOLIA	211 11 11			
[X] DOH [X] DCA	5.0 (5.0) ACTION OF THE REAL PROPERTY.	ation #1		of Conta	~	20			Telephone	Number				
	[] Cancel	lation	Janie	S Sale		11.55	Y INFORMATION				-			
Name of Facility When Building 691 Street Address	e Abatement	is Taking F	Place (3)						cility (4) chool (K-12) Subchapter 8 (C ther (i.e. private omes, etc.)	Other than K-12 and commerc	2) cial build	ings		
691 Highway 1								Square Fe		loors	Bldg. A	de.		
City (5) North Brunswick	, NJ 0890	Coun 2 Mid	ty (6) dlese)	<			nty Code (7) ATE USE ONLY)	20000	1 e (Prior if being	35555	~50			
Name of Monitoring Fi			CONTRACTOR OF THE PARTY OF THE	ASCM N 00098			Name of Abatem	ent Contracto	501.0090.002.950.0000	l Services,	Inc.			
Street Address 3 Terri Lane, Su	ite 4						Street Address	23 Chan	gebridge Ro	oad. Suite	100			
City, State, Zip Code Burlington, NJ 08							City, State, Zip C	ode	k, NJ 0705					
Project Manager for Modern Lutz	onitoring Firm	2.0		Numbe 9-8512			Telephone Numb	er 973-575-8	3700	Licens	e Numb	er 008	52	
Scheduled Start Date (		Sched. Cor		Date (1			Name of OSHA N	Monitor	nmental La	boratories		700	02	
Occupancy Status Dur [x] Facility Close [] Abatement Pe	d/Vacated Du	uring Entire	Period	of Abate			Street Address	333 Rout	e 22W					
Descr [] Other – Descr	ribe:		1011 001	nty 110ui	3		City, State, Zip C	<sup>ode</sup> Jnion, NJ	07083					
Scope of Work (Check  [] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥2		)		[]	Rer	nova	tion	[x] [] []	Full Containm Mini – Enclosu Glovebag Prod Non – Friable	ire cedure	tive Pres	sure	9	
			Is Loca				Descr	iption of			1000	bate	mer	nt
Locatior Asbestos – Co Material (A TO BE AB, In Facil	ontaining ACM) ATED	Ma	Solely intenan	by ce/Cus			Asbestos - Materia (i.e., thern insulation, s	- Containing al (ACM) nal systems urfacing, VAT scellaneous)	T.	Amoun (Specif SF or LI	t F	REPA	N	N
(13)	ity	Ye	s No	N/A			or other mi	scellarieous)			A	R	1	S
Main floor			X		Dry	wal	I joint compound,	duct insula	tion, VAT	2100 SF	X	+		
Name of Registered W			NJDEP				bic Yards		Registered Land	Ifill				
Jupiter Environm	iental Ser	vices	Hauler I 04782				Waste 30	1	e Landfill					
City, State Pine Brook, NJ							posal Date 1/15/16	City, State Taylor,						
Completed By (Print or Pane Renic	Type)	Title		Mana	ner		Signature	/	L	Date	10/16			

ASB-41

Amendment #1, 11/10/16: Project start date is being postponed. Awaiting permit issuance.

				Ctat	a of Name Income					and the second second	main is an a state for the second of the second
110 CK			(Pursuar	ON O	e of New Jersey F ASBESTOS AB IJAC 8:60-7 and 12:					neck#	<u>₩ E</u> ,
Date of Notification (1		0.10	ne of Building C						NUY	6 1	2016
Associate Natified	11/10/16		ntclair Stat	e Ur	niversity						
Agencies Notified [ ] EPA [ ] DEP	Type of Notific	On	e Normal A		ue			AS		CON	NTROL &
[X] DOL [X] DOH	[] Emergend [x] Amende Notification	up on #1	, State, Zip Coo per Montcla		NJ 07043						
[] DCA	[] Canadlat	(	ne of Contact				Tele	phone Numb	ber		
	[] Cancellat	on Am	ny Ferdinan	ıd			4				
				CILIT	Y INFORMATION						
Name of Facility Wher Life Hall, Montol Street Address 1 Normal Avenu	air State Un		(3)				chool (K-	er 8 (Other the private and	nan K-12) commercia	l buildi	ngs,
i Nomiai Avenu	C					Square Fe	et	# of Floors	В	ldg. Ag	ie .
City (5)		County (6)	)		inty Code (7)	80000		2	~	50	(5)
Upper Montclair		Essex		(ST	ATE USE ONLY)	Current Us educational		if being dem	olished)		
Name of Monitoring Fi	rm Hired by Buil	ding Owner	ASCM No.		Name of Abatem	(					
Detail Associate	s, Inc.		00		J	upiter En	vironm	nental Se	rvices, I	nc.	
Street Address					Street Address						
300 Grand Ave.			Telesco			23 Chang	gebrid	ge Road,	Suite 10	)()	
City, State, Zip Code Englewood, NJ	07631				City, State, Zip C	oge Pine Broo	k NI	07058			
Project Manager for M		Telephi	one Number	-	Telephone Numb		π, 140	01000	License I	Numbe	ar .
Anthony Valentii			69-6708			973-575-8	3700				0852
Scheduled Start Date	(10) Sch	ed. Complet	ion Date (11)		Name of OSHA N						
5/31/16		12/3			1	ris Enviro	nmen	tal Labor	atories,	LLC	
	ring Abatement ( d/Vacated Durin erformed Outside	g Entire Perio	od of Abatemer		Street Address 2	333 Rout	e 22 V	V			
Desc			**************************************		City, State, Zip C	<sub>ode</sub> Jnion, NJ	0708	3			
Scope of Work (Check	all that apply)					W					
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥2			[X] F	Renova	ation	[ ] [x] [x]	Mini – Gloveb	ontainment w Enclosure pag Procedu Friable Proc	ге	e Pres	sure
Location Asbestos – C Material (A TO BE AB	ontaining ACM)	Norma Sol Mainter	ocation ally Used ely by nance/Cus Staff (12)		Asbestos - Materia (i.e., them	iption of  Containing al (ACM) nal systems urfacing, VA	г,		Amount (Specify SF or LF)	0.000	E N N I P C C

In Facility I P R S or other miscellaneous) N/A (13)Yes No Α S 11000 SF Χ X Various areas – in phases VAT X 80 LF Various Areas - in phases TSI X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Of Waste Jupiter Environmental Services Alliance Landfill 30 04782 City, State Disposal Date City, State Pine Brook, NJ 6/14/16 + Taylor, PA Completed By (Print or Type) Title Date Signature

ASB-41

Pane Repic

Note: Work to be done in phases. First phase is to start on 5/31/16 with expected completion on/about 6/10/16. Some 8000 SF of VAT. Amendments will be sent for other phases. Amendment #1, 11/10/16: Phase 2 is scheduled for 11/16/16 to 11/22/16. VAT at Room 190 is scheduled for abatement.

General Manager

11/10/16

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) ate of Notification (1) Brian Connaughton 11/9/2016 Street Address Type Notification gencies Notified [X] Initial ASBESTOS CONTROL & [ ]EPA Notification City, State, Zip Code LICENSING [ ]DEP Maplewood, NJ, 07040 [ ]Amended [X]DOL Notification Telephone Number Name of Contact [X] DOH [ ]EMERGENCY Brian Connaughton [ ]DCA [ ]Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) [ ]School (K-12) Brian Connaughton [ ]Subchapter 8 (Other than K-12) [X]Other (i.e., private & commercial Street Address buildings, homes, etc.) Bldg. Age # of Floors Square Feet 86 2 County Code (7) 1700 County (6) City (5) (STATE USE ONLY) Current Use (Prior if being demolished) Essex Maplewood Name of Abatement Contractor (9) Name of Monitoring Firm hired by Building ASCM No. AZTECH MANAGEMENT, Inc. Owner (8) Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00371 (973) 744-8800 N/A Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) 19 2016 N/A 11 2016 18 11 Year Month Day Year Occupancy Status During Abatement (Check only one) Month Day Street Address [X] Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code [ ]Abatement Performed Outside of Normal Facility Hours - Describe: [ ]other - Describe: Scope of Work (Check all that apply) [ ]Full Containment with Negative Pressure ]Mini-Enclosure [X] Renovation  $[X] \ge 3$  sf or  $\ge 3$  lf [X] Glove bag Procedure [ ]Demolition [ ]>160 sf or >260 lf [ ]Non-Friable Procedure Abatement Type

		-				ADa	сеше	nt 1	YP
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	By Ma	Is ocation ormall Used Solely ainten istodi aff (	ly Y lance/ .al 12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M O V A L	REPAIR	EZCAPSUL	
(13)	Yes	No	N/A	of other masses.	100				1
	_	-	77	Pipe Insulation	110 LF	X	1	1	1
Basement			X	Pipe Insulation					T
	1					-	-		-
								_	1
Name of Registered Waste Hauler		JDEP V			istered Landfi Enterpri	11	TN	C	
TN	C H	auler	ID No.	of Waste 1.5 Minerva	r rucerbra	.50		_	

AZTECH MANAGEMENT, INC. 17040 City, State Disposal Date Waynesburg, Ohio 44688 City, State 11/21/2016 Montclair, NJ 07042 Date Signature Title

Completed By (Print or Type) Dimitri G. Temidis

Sales

11/9/2016

GL16-031

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

Page 1 of 1

Agencies Notified Agencies Notified DEP Agencies Notified DEP Agencies Notified DEP DEP Agencies Notified Amencied Amencied Agencies Notified DEP DEP Agencies Notified DEP DEP Agencies Notified DEP DEP Agencies Notified Amencied Another Adencies DOH Name of Facility Where Abatement is Taking Place (3) Bergen County Health Care Center (BCHCC) Street Address 3SB Piermont Road City (3) Bergen County Health Care Center (BCHCC) Street Address Size Address Size Address Agencies Address Agencies Address Address Address Address Address Address Address Andress Address Andress Size Address Bloomingdale, NJ 07403 Project Manage for Monitoring Firm Andresy Competition Date (11) 11-22-2016 Coupy, State, Zip Code Englewood, NJ 07831 Project Manage for Monitoring Firm Andresy Competition Andresy Competition Andress Andress Andress Andress Size Address Bloomingdale, NJ 07403 Project Manage for Monitoring Firm Andresy Competition Date (11) 11-22-2016 Coupy, State, Zip Code Bloomingdale, NJ 07403  Bright Charles Andress Andre	Elena Solakov	Preside	nt			Sign	nature	Elem !	Sulla	) Dai	te -8-20	16		
Agencies Notified Type Notification     Agencies Notified   Type Notification		Title		popular rain		BD								
11-8-2016   Agencies Notified   Type Notification   Street Address   One Bergen County Plaza, Room 501   Nov 1 4 2016   Nov 1 4 2016   One Bergen County Plaza, Room 501   Nov 1 4 2016	GL Group, Inc		На	uler ID N	No.	of Waste BD	9	GRO	NS	red Landfill				
11-8-2016   Agencies Notified   Type Notification   Street Address   One Bergen County Plaza, Room 501   Nov 1 4 2016   Nov 1 4 2016   One Bergen County Plaza, Room 501   Nov 1 4 2016														
11-8-2016   Agencies Notified   Type Notification   Street Address   One Bergen County Plaza, Room 501   NOV 1 4 2016   Nov 1 4 2016   Agencies Notified   Type Notification   Name of County Plaza, Room 501   Nov 1 4 2016   Anended Amended Hackensack, NJ 07601   ASBESTOS CONTRO   Cliy, State, Zip Code Hackensack, NJ 07601   ASBESTOS CONTRO   Name of Facility Where Abstement is Taking Place (3)   Name of Contact	Compost Room		Χ		VA	AT – D	ouble	Layer	18	37 SF	Х			
Agencies Notified  Agencies Notified  DEP  DEP  Amendment #  Emergency (including)  DDH  DCA  DCA  Name of Facility Where Abatement is Taking Place (3)  Bergen County Health Care Center (BCHCC)  Street Address  35B Piermont Road  City (5)  Rockleigh  County (6)  Bergen County Health Care Center (BCHCC)  Subchapter 8 (Other than K-12)  Other (1e, private & commercial buildings, homes, etc.)  City (5)  Rockleigh  County (6)  Bergen Monitoring Firm Hired by Building Owner (8)  Detail Associates  Street Address  300 Grand Avenue  City (5)  State Laddress  300 Grand Avenue  City (5)  Street Address  300 Grand Avenue  City (5)  Street Address  300 Grand Avenue  Street Address  300 Grand Avenue  City State, Zip Code  Englewood, NJ 07631  Project Manager for Monitoring Firm  Anthony Valentine  Street Address  11-21-2016  Scheduled Completion Date (11)  11-22-2016  Cocupancy Status During Abatement (Check Only One)  Facility (10)  Facility (10)  Scheduled Completion Date (11)  11-22-2016  City, State, Zip Code  Bloomingdale, NJ 07403  Scope of Work (Check All That Apply)  Street Address  140 Hamburg Tpke  City, State, Zip Code  Bloomingdale, NJ 07403  Scope of Work (Check All That Apply)  Street Address  140 Hamburg Tpke  City, State, Zip Code  Bloomingdale, NJ 07403  Scope of Work (Check All That Apply)  Street Address  140 Hamburg Tpke  City, State, Zip Code  Bloomingdale, NJ 07403  Scope of Work (Check All That Apply)  Street Address  140 Hamburg Tpke  City, State, Zip Code  Bloomingdale, NJ 07403  Scope of Work (Check All That Apply)  Street Address  Abatement Trype  Abatement the former with Negative Pressure  Mint-Enclosure  City, State, Zip Code  Bloomingdale, NJ 07403		Yes	No	N/A							=		ate	e.
Agencies Notified  Agencies Notified  Agencies Notified  Type Notification  Type Notification  Type Notification  Type Notification  Nov 1 4 2016  Street Address  One Bergen County Plaza, Room 501  City, State, Zip Code Hackensack, NJ 07601  Name of Facility Where Abatement is Taking Place (3)  FACILITY INFORMATION  Type of Facility (4)  School (K-12)  School (K-	Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	Used Maint Custoo	Solel tenan dial S	y by nce/	(i.e. th	s Conta nermal s surfaci	ining Ma systems ng, VAT	aterial (ACM) insulation, , or	(5	Specify	Remova			Enclosu
Agencies Notified    Agencies Notified   Type Notification   Type Notification   Street Address   One Bergen County Plaza, Room 501   NOV 1 4 2016	Location of											Abate	emen	
Agencies Notified	≥3 sf or ≥3 lf						×	Mini-Enclos Glovebag F	sure Procedure				re	
Agencies Notified  Type Notification  DEP DEP DEP Amended Amendment # DOL DEP	X Other - Describe: Facility Occupied	riai i aciiity i	Tours			-				3				
Agencies Notified	Facility Closed/Vacated During Entire	Period of Ah	atem	nent			140 F	lamburg Tp						
Title-2016	11-21-2016	11-24-20	016	npletion I	Date (11)				tor					
Agencies Notified  Agencies Notified  Type Notification  Street Address One Bergen County Plaza, Room 501  City, State, Zip Code Hackensack, NJ 07601  Name of Facility Where Abatement is Taking Place (3) Bergen County Health Care Center (BCHCC)  Street Address 35B Piermont Road  City (5) Rockleigh  County (6) Bergen  Name of Monitoring Firm Hired by Building Owner (8) Detail Associates  Street Address 300 Grand Avenue  County of Bergen DPW  Street Address One Bergen County Plaza, Room 501  Nov 1 4 2016  City, State, Zip Code Hackensack, NJ 07601  ASBESTOS CONTRO  Name of Contact John Cascone  FACILITY INFORMATION  Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Tother (i.e. private & commercial buildings, homes, etc.)  County (6) Bergen  Name of Monitoring Firm Hired by Building Owner (8) Detail Associates  Street Address 300 Grand Avenue  City, State, Zip Code Englewood, NJ 07631	Anthony Valentine			201-56	69-6708						Vo.			
Agencies Notified  Agencies Notified  Type Notification  Street Address One Bergen County Plaza, Room 501  City, State, Zip Code Hackensack, NJ 07601  Name of Contact John Cascone  FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3) Bergen County Health Care Center (BCHCC)  Street Address 35B Piermont Road  City (5) Rockleigh  County (6) Bergen  Name of Monitoring Firm Hired by Building Owner (8) Detail Associates  County of Bergen DPW  Street Address One Bergen County Plaza, Room 501  NOV 1 4 2016  City, State, Zip Code Hackensack, NJ 07601  ASBESTOS CONTRO  Name of Contact John Cascone  FACILITY INFORMATION  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)  County (6) Bergen  Name of Monitoring Firm Hired by Building Owner (8) Detail Associates  Street Address 300 Grand Avenue	Englewood, NJ 07631						City, S	tate, Zip Code		3				
Agencies Notified    Street Address	300 Grand Avenue								oke					
Agencies Notified    Type Notification	Detail Associates	Owner (8)							Contracto	or (9)				
Agencies Notified  Type Notification  Street Address One Bergen County Plaza, Room 501  City, State, Zip Code Hackensack, NJ 07601  Name of Contact John Cascone  FACILITY INFORMATION  Street Address 35B Piermont Road  City (5) Rockleigh  County of Bergen DPW  Street Address One Bergen County Plaza, Room 501  City, State, Zip Code Hackensack, NJ 07601  Name of Contact John Cascone  FACILITY INFORMATION  Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)  Square Feet 10,000 + 1	Bergen			County (STATE	Code (7) USE ONLY)			Current Use Health Ca	(Prior if be re Cente	eing demoli	shed)			
Agencies Notified  Agencies Notified  Type Notification  Street Address One Bergen County Plaza, Room 501  City, State, Zip Code Hackensack, NJ 07601  Name of Contact John Cascone  FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3) Bergen County Health Care Center (BCHCC)  Street Address 35B Piermont Road  County of Bergen DPW  Street Address One Bergen County Plaza, Room 501  City, State, Zip Code Hackensack, NJ 07601  ASBESTOS CONTRO  Name of Contact John Cascone  Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,								Square Feet	11.5	of Floors			Age	
Agencies Notified  Agencies Notified  Type Notification  Street Address One Bergen County Plaza, Room 501  City, State, Zip Code Hackensack, NJ 07601  Name of Facility Where Abatement is Taking Place (3) Bergen County Health Care Center (BCHCC)  Agencies Notified  Type Notification  Street Address One Bergen County Plaza, Room 501  City, State, Zip Code Hackensack, NJ 07601  ASBESTOS CONTRO  Name of Contact John Cascone  FACILITY INFORMATION  Type of Facility (4)	Street Address	3. (20110		15				Subcha X Other (	pter 8 (Ot	ther than K- & commer	12) cial bu	ıilding	s, hon	nes,
Agencies Notified  Agencies Notified  Type Notification  Street Address One Bergen County Plaza, Room 501  City, State, Zip Code Hackensack, NJ 07601  ASBESTOS CONTRO  Name of Contact John Cascone  FACILITY INFORMATION	Name of Facility Where Abatement is Tak Bergen County Health Care Cent	ing Place (3)	) (C)					Type of Fac	ility (4)					
Agencies Notified  Agencies Notified  Type Notification  Street Address One Bergen County Plaza, Room 501  NOV 1 4 2016  City, State, Zip Code Hackensack, NJ 07601  ASBESTOS CONTRO				100000000000000000000000000000000000000		8	ION							
Agencies Notified  Agencies Notified  Type Notification  Street Address One Bergen County Plaza, Room 501  DEP  NOV 1 4 2016  City, State, Zip Code	Emergence	y (including	_	-	200	NJ 076	501		TIT					
Agencies Notified Type Notification Street Address One Person County Plans Page 504 NOV 1 4 2016	EPA Initial Amended			City, St	tate, Zip Co	ode		, 100111 30 1	and the same	And Service				
11-8-2016 County of Bergen DPW		n				Cunty	Plaza	Poom 501	1		NOV	1 4	20	16
Date of Notification (1)  Name of Building Owner/Operator (2)	11-8-2016							r (2)			(J)	<u> </u>	u i	

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 11/10/16 Roi LLC MANGGEMENT Agencies Notified Type Notification 130 WEST Irvital DEP Amended City, State, Zip Code **ASBESTOS CONTROL &** Amendment# LICENSING Emergency (including Name of Contact Sal Car DOH justification) elephone Number DCA Cancellation FACILITY INFORMATIO Name of Facility Where Abatement is Taking Place (3) Type of Facelty (4) COMMERCIAL THE ASSEY School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.a. private & commercial buildings, homes, auE etc.t City (5) Square Feet # of Floors 9,500 3. +50 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolshed) COMMONCIAL Name of Monitoring Firm Hired by Suilding Owner (8) ASCM No. Name of Abstement Contractor (9) A.MAC Contracting Inc. Street Address Street Address 185 Vreeland Ave. City, State, Zip Code City, State, Zip Code Midland Park, NJ Project Manager for Monitoring Firm Felephone No. Telephone No. License No. (201)262-5841 00156 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Omega Environmental Services 30/16

Facility Closed/Vacated During Entire	Period of	Abater	ment			Street Ad 280 Hu						
Abatement Performed Outside of Non- Other – Describe:	nal Facili	ty Hour	\$				e. Zip Code nsack, NJ 01	7606	and the same of the same	and produce against	Jack Control Services	
Scope of Work (Check All That Apply)  23 sf or 23 lf  2180 sf or 2280 lf	K	Renova Demoli				The state of the s	Mini-Enclosure Glovebag Pro-				re	Nillian (Ywata)
Location of	The state of the s	s Locat Normal	lly		De:	scription of	e deprendiciona del socialista de la constantina del socialista de			Abat	emen ype	i
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	NA:	ed Sole aintena stodial 5 (12)	nce/	Asbe (i.e	stos Cont thermal surfac	aining Mate systems in cing. VAT, o sscellaneor	sulation.	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
The state of the s	Yes	No	N/A						12		late	3
Basemon		1	/	u	ATEX	PWO	E ING	120 86				
	To the second se											
Name of Registered Waste Hauter Newark Carting , Inc.		H	JDEP Wa Juler ID 1 1509		Cubic of Was		1	Registered Landfill Bethlehem La		Соп	).	
City State Newark, NJ				MOST of the surplement	Dispos	al Date	City, State Bethlehe					
Completed by Joseph Vocaturo	Title Vice	Presio	ient	THE COLUMN TWO IS NOT THE COLUMN TWO		gnature	1/2	○ I Da	uli			
ASB-41 (R-06-08)	and an exercise service and an exercise		*************	- School of Land of Paris	man Luce	· Do Oi us	e this form for i	asbestos licensure			<i>lb</i>	ies.

CLL 6864

D&S Proj. #: 16-338

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

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	NOV	4	4	2016		Ш

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Date of Notification (1)	Name of Building Owner	er/Operator (2)			1					
1 1 / 0 4 / 1 6	chris hale				ASBE	STOS C			Lă	
Agencies Notified   Type Notificati										
☐ EPA ☐ Initial	S. Gott Address									
☐ DEP ☐ Amended								_		
Amendment #:	City, State, Zip Code									
DOL	WESTFIELD, NJ	07090								
DOH (including justification)	Name of Contact				Telephone	Number				
	chris hale				4					
Cancellation		LITYINEODMA	TION							
	55.07,700,000	LITY INFORMA	ATION		Type of Facility (4)	\				
Name of facility where abatement is	s taking place (3)				School	(K - 12)				
chris hale					Subchar	pter 8 (Oth	her th	an K-	12)	
Street Address					Other (P	rivate/Cor	mmer			
Street Address					Bldgs./H	lomes, etc				
					Square Feet #	of Floors		Bld	g. Ag	е
City (5)	County (6)			y Code (7)						
		1	(State	use only)	Current Use (Price	or if being	demo	olishe	d)	
WESTFIELD	UNION									
Name of Monitoring Firm Hired by I	Bldg. Owner (8)	ASCM No.	110	lame of Abatement						
				D & S RESTORA	ATION, INC.					
Street Address	,		- 3	treet Address						
				20 California Av	/e.					
City, State, Zip Code			<u> </u>	ity, State, Zip Code						
				Paterson, NJ 07	503					
Project Manager for Monitoring Firm	Phone Numb	per	_   T	elephone Number		License N	Numb <sup>4</sup>	er		
1 Toject Wanager to: Me.me.mg				973-345-8020		01	169			
		-	[	Name of OSHA Moni	tor	T-1-1				
Start Date (10)	Sched. Completion Date (11	1)		D & S Restorati	on, Inc.					
11/15/16	11/30/16		3	Street Address						
Occupancy Status During Abatemer	nt (Check only one)			20 California Av	renue					
Facility closed/vacated during	entire period of abatement.			City, State, Zip Code						
Abatement performed outside	of normal facility hours-									
Describe: NORMAL F	IOURS		_11	Paterson, NJ 07	503					
Scope of Work (check all that apply					Full Containment w/	/negative	press	ure		
				The state of the s	Mini-enclosure	20				
	Renovation			$\boxtimes$	Glovebag procedure	е			10	
≥160 sf or ≥260 lf	Demolition				Non-Exempted (*)	and Non-f	riable			_
Location of	Is location normally used solely	~1			# 0202000000000		e	R	E n	E
asbestos-containing	by maintenance/custodial staff(12)			bestos-containing	Amount (Specify S	F or	m	р	С	n
material (acm) to be abated in facility (13)		material (	(ACM)		LF)		0 V	a	a	L
abated in facility (10)	Yes No N/A						е	r	Р	
basement	X	PIPE INSU	JLATI(	N	165 l ft					
BASEMENT BOILER		BOILER IN	NSULA	TION (fire box)	45 sq ft		$\boxtimes$			
are also addressed to the Control of		1								
		1	NAME OF STREET							
		1								
Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of	Waste	Name of Registered	d Landfill					1
D & S RESTORATION, INC.		3 yds		TULLYTOWN,	RESOURCE RE	COVER	Y			
City, State	Disposal I	The second secon		City, State						
PATERSON, NJ 07503	11/16/1			TULLYTOWN	, PA					
Completed by (Print or Type)	Title	Signature				Date				
BOGDAN JOLDZIC	PRESIDENT					11/04/	2016			
ACD 44	* Do not use this form for asbest	tos licensure ex	kempted	activities.						

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1 114			
00	V.		

	NOTT	Pursua	nt to	NJAC	8:60 and 1	2:120)		Mel	<u> </u>		$\sim$	-	7	
te of Notification (1)		Name	e of E	Building	Owner/Ope ard of Edu	erator (2 acation	)							
1/8/16		Stree	at Ado	dress	Street				145	) <del>V -1</del>	1	2016	5_	
EPA Initial Amended		City	Stat	e. Zip (	Code									
DEP Amendmen	(including	Nan	ne of	Contac	J 07208			Tele	phone Numb	er_				
DOH justification	)	Lui	is M	ilanes	S DAMATIC	N.							-	
Don		F	FACI	LITY IN	NFORMATIO	JIV	Type of Facil							
ame of Facility Where Abatement is Tak erence C. Reilly School #7	ing Place (3)						School Subcha	(K-12) pter 8 (Oth i.e. private	er than K-12) & commercial	) I buildi	ngs, t	nome	s,	
treet Address 136 First Avenue							Square Fee		of Floors		dg. Ag			
City (5)							4000		eing demolish	ned)				
Elizabeth		Co	ounty	Code	(7) (NLY)		Current Use	(Pilor ir b	omig 4-	(362)				-
County (6) Union		(S				Name	e of Abatemer	nt Contracti	or (9)					1
Union Name of Monitoring Firm Hired by Buildi	ng Owner (8)		ASC	CM No.		ABS	S Environm	ental Se	rvices, LLC					-
Street Address						PO	et Address Box 483, 4		Drive		_			-
55.5.50 X 55.5 V 0 10						City,	State, Zip Co enwood, NJ	ode   07418						
City, State, Zip Code			Tolor	hone N	No.	Tele	ephone No.		License 703	No.				
Project Manager for Monitoring Firm			Leich	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_		3-764-2276 ne of OSHA N		100					-
	Schedu	led Con	npleti	ion Dat	e (11)	Nar	ne of OSHA N	AGIIIIO:						
Start Date (10) 11/11/16	12/31/					Str	eet Address							
Ctatus During Abatement	(Check Only C	)ne) (Abstor	ment				Tip (	ode						-
Facility Closed/Vacated During E     Abatement Performed Outside o     Other – Describe:			S			Cit	y, State, Zip C							
Scope of Work (Check All That Apply	)						☐ Full C	ontainmen	t with Negativ	ve Pres	ssure			
Scope of votal (Sharing Scope	×	Renov	ation	1			☐ Mini-	Enclosure	4					
≥160 sf or ≥260 lf		Demo					Non-	Exempted	dure (*) and Non-F	riable	Proce	bater	ment	
		Is Loc	ation							-	—т	Typ	oe T	
Location of Asbestos-Containing Material (A TO BE ABATED In Facility	CM)	Norm Used So Mainte Custodia	nally olely nanc	by e/	(i.e. th	ermal sy	iption of ning Material ( ystems insulating, VAT, or scellaneous)	(ACM)	Amount (Specify SF or LF)	)	Removal	Repair	Encapsulate	Elicinadio
(13)	Y	es N	10	N/A		nine i	nsulation		20 LF		x			-
Room 121				X		pipo .						_	-	+
											-	-	-	+
		-		-				_	f Registered L	andfill	1			1
Wasta Haule			N	JDEP I lauler II	Waste	Cubic of Was		Weste	rn Berks Li	andfil	11			
Name of Registered Waste Hauler Freehold Cartage			1	5959	D 1101	TBD	sal Date	City, Sta	ate					53300
City, State						TBD		Birdst	ooro, PA		ate	16		
Freehold, NJ		Title .					Signature	/		_ 1	1/8/	10		
Completed by A. Scott Higgins		Presid	dent						for asbestos	l'agna:	110 0V	emnt	ed ac	tiv

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CK	lek	1	1	51	0
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		172			

Agencies Notified  Type Notification    Street Address   City, State, Zip Code   Union, NJ 07834	
DEP Amended Amendment # City, State, Zip Code Union, NJ 07834    DOH Emergency (including justification) Cancellation   DCA   Cancellation   DCA   Cancellation   DCA   Doh Niemczyk   Telephone Number   John Niemczyk   Telephone Number   John Niemczyk   Type of Facility (4)	homes,
Name of Contact    DOH   DCA	
School (K-12)   Street Address   Subchapter 8 (Other than K-12)   Subchapter 8 (Other (i.e. private & commercial buildings, etc.)	
Name of Facility Where Abatement is Taking Place (3) home  Street Address  Street Address  City (5) Linden  County (6) Union  Name of Monitoring Firm Hired by Building Owner (8)  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, etc.)  Square Feet # of Floors Bldg. A 71  Current Use (Prior if being demolished)  Current Use (Prior if being demolished)	
City (5) Linden  County (6) Union  County (8)  Name of Monitoring Firm Hired by Building Owner (8)  City (5) Square Feet # of Floors 2400 A 71  County Code (7) (STATE USE ONLY)  Name of Abatement Contractor (9)	
Linden  County (6) Union  County Code (7) (STATE USE ONLY)  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)	
Union (STATE USE ONLY)  Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)	
Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703	
Start Date (10)         Scheduled Completion Date (11)         Name of OSHA Monitor           11/21/16         12/31/16	
Occupancy Status During Abatement (Check Only One) Street Address	
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: exterior siding  City, State, Zip Code	
Scope of Work (Check All That Apply)	
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Employed by Structure Single Structure Structure Structure Single Structure Struc	e
Is Location Abate	ement
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Repair	Enclosure e Encapsulate
Yes No N/A	· O
exterior x siding 1,000 SF x	
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No. of Waste TBD  Name of Registered Landfill Western Berks Landfill	
City, State Freehold, NJ  Disposal Date TBD  City, State Birdsboro, PA	
Completed by A. Scott Higgins  Title President  Signature  11/8/16	

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) 11/8/16				ame of t	Building Ov Torre	wner/Op	perator (2	2)				0-1		***	
Agencies Notified	Type Notification		S	treet Ad	dress						1	10V	1 4	201	6
EPA DEP DOL	Initial Amended Amendment				e, Zip Cod igton, No		32				4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
× DOH DCA	justification) Cancellation	1	51 333	lame of l						Tele	phone Nur	mber			
Name of Facility Where home Street Address	Abatement is Takin	g Place (3)		FACIL	ITY INFO	RMATIO		s s x	of Facility (4 chool (K-12 ubchapter ( other (i.e. pr	2) 8 (Othe	er than K-1	2) al build	ings,	home	S.
City (5) Plainfield							1.5	Square 2300		# of	Floors	BI 68	dg. A	ge	
County (6) Union				County C	ode (7) SE ONLY)			Curren	nt Use (Prio	r if bei	ng demolis	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				ement Con onmental			2			
Street Address							Street A		s 3, 4 E Ga	ate D	rive			INCOME.	
City, State, Zip Code							City, St Glenv		p Code NJ 0741	8					
Project Manager for Mor	nitoring Firm		1	Telephor	ne No.		Teleph 973-7				License N 703	10.			
Start Date (10) 11/17/16		Scheduled		pletion [	Date (11)		Name	of OSH	A Monitor						
Occupancy Status Durin	ig Abatement (Che	ck Only One	)				Street	Addres	S						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Nor	Period of Atmal Facility F	atem	ent	*	_	City, St	tate, Zij	p Code	-					
Scope of Work (Check /	All That Apply)														
≥3 sf or ≥3 If ≥160 sf or ≥260 If			novai moliti				×	Min Glo	Containme il-Enclosure vebag Prod n-Exempted	e cedure				e	
		le I	.ocati	on				1101	Lincollipto	1 / 4.	111111111111111111111111111111111111111		Abat	ement	
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	No Used	ormall Solel itenar	ly ly by nce/		os Cont thermal surfa	scription taining M systems cing, VA miscellar	laterial s insula T, or		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
gara	ge			Х		pipe	insula	tion			15 LF	х			
Name of Registered Wa	aste Hauler		100	JDEP W			Yards		Name of	Regist	ered Landf	ill			terries :
Freehold Cartage		W e	100	lauler ID 5959	No.	of Wa					ks Landf	ill			
City, State Freehold, NJ						TBD	sal Date		City, Stat Birdsbo						
Completed by A. Scott Higgins		Title Presid	lent			Š	Signature	a	_			)ate   1/8/1	6		

W#93401806-2	IA			o NJAC 8				The second secon		F.M.				
Date of Notification (1) 11/07/2016				Building C I Engeln		perator	(2)			NOV	14	201	F.	
Agencies Notified Type Notification  EPA Initial			Street Ad					1	7					
X DEP Amended X DOL Amendment				e, Zip Cod Fange, I		)52		77 =0			n ig.			
Emergency (in pustification)  DCA  Emergency (in pustification)  Cancellation	nciuaing		Name of Mitchel	Contact I Engeln	neyer				Tele	phone N	umber			
			FACIL	ITY INFO	RMATI	ON								
Name of Facility Where Abatement is Taking House	Place (3)	)					☐ s	of Facility (4 School (K-12	2)					
Street Address							×	Subchapter Other (i.e. pr tc.)				dings	home	es,
City (5) West Orange							Square N/A		# of N/A	Floors	1000	ldg. /	Age	
County (6)			County C	Code (7)				nt Use (Prio	r if beir	ng demoli	ished)		-22/	
Essex  Name of Monitoring Firm Hired by Building (	Owner (8)		ASCM				of Abat	ement Con		(9)				
N/A Street Address						Street	Addres							
City, State, Zip Code							oseng State, Zij	ren Aver	iue					
Project Manager for Monitoring Firm			Telephor	ne No			wa, No	J 07512		License	No.			
			•			973-	345-86			01311				
Start Date (10) 11/18/2016	11/19/2	2016	npletion i	Date (11)		D&S	Abate	ement, In	C.					
Occupancy Status During Abatement (Chec			nent			-5.5	: Addres Roseng	s gren Aver	nue					
Abatement Performed Outside of Norm  Other – Describe: occupied	nal Facility	Hours	5		_	100000000000000000000000000000000000000	State, Zi owa, N	p Code J 07512						
Scope of Work (Check All That Apply)	50.55													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli					Min Glo	Containme ni-Enclosure nvebag Prod n-Exempted	edure				re	
	lo lo	Locat	ion				1401	I-Exempted	. ( )	a receive	lable i i	Aba	temen	t
Location of	1	Vorma	lly		De	scriptio	n of	Water States			-	T -	ype	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole iintena todial (12)	nce/ Staff?		therma surfa				(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
basement		X			pipe	insula	ation		7	5 LF	x			
paces.							4							
Name of Registered Waste Hauler		170	NJDEP W Hauler ID		Cubic of Wa	Yards		Name of						
D&S Abatement, Inc.			10996	110.	TBD		Α	Waste City, Stat		nageme	ent			
City, State Totowa, NJ					TBD			Tullyto		Α	Date			
Completed by Ned Joksimovic	PM		is erectioners			Signatu	7	70			11/07	/201	6	

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

	1-60(11.0							(0)		100						
Date of Notification (1) 11/07/2016					Building Ov s Institut						NOV	1 4	2	016		· a
Agencies Notified	Type Notification		1 2	Street Ad 1 Castle	<sub>dress</sub> e Point c	n Hud	son									
× EPA × DEP × DOL	initial Amended Amendment	#			e, Zip Cod en, NJ 07									N <sub>2</sub>	13	
ĭ DOH	Emergency ( justification)		_ N	Name of	2- B	-				Tele	phone N	ımhər	0.			
DCA	Cancellation		1		ITY INFO		M			1					-	
Name of Facility Where A		Place (3)		FACIL	ITT INFO	RIVIATIO	N.	× S	f Facility (4 chool (K-12	2)						
Street Address 1 Castle Point On F	Hudson							一〇	ubchapter : ther (i.e. pr tc.)	rivate 8	commer	12) cial bu				s,
City (5) Hoboken								Square N/A		N/A			BIO N/.	lg. Aq A	ge	
County (6) Hudson				County C STATE U	ode (7) SE ONLY)			Scho	nt Use (Prio Ol	r if bei	ng demoli	ished)				
Name of Monitoring Firm Briggs Associates	Hired by Building	Owner (8)		ASCM 0004	No.				ement Con ement, Inc		(9)					
Street Address 3 Crosswicks Stree	et .							Addres	s ren Aver	iue						
City, State, Zip Code Bordentown, NJ 08								State, Zip	Code J 07512							
Project Manager for Mor Michael Hoodak				Telephor	ne No. 7-2958		Teleph	none No 345-86	i.		License 01311	No.				
Start Date (10)		Schedule	d Com				Name	of OSH	A Monitor ement, In	C						
11/18/2016 Occupancy Status Durin	og Ahatement (Chec							Addres	Action to the second second	· .						
	cated During Entire			ent			11 R	oseng	ren Aver	nue			Yes			
Abatement Perform  Other – Describe:	ned Outside of Norn	nal Facility	Hours			_ [	N. 10 No. 10 April 1997	State, Zij wa, N	p Code J 07512							
Scope of Work (Check A	All That Apply)					8										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	enova emoliti				2	Min Glo	Containme i-Enclosure vebag Prod i-Exempted	e cedure					ė	
			1	202				1401	LXCIIIptot	1 ( ) 4.	0 11011 111			Abate	ement	
Locatio	n of	N	Locati Iormal	ly		Des	cription	n of				16	_	Ту	pe	
Asbestos-Containing TO BE AE In Fac (13)	g Material (ACM) BATED ility	Mai Cust	d Sole intenar odial S (12)	nce/ Staff?		os Conta thermal surfac other m	system sing, VA	is insula AT, or		(	Amount Specify F or LF)	20110	Removal	Repair	Encapsulate	Enclosure
2nd floor	east aids	Yes	No X	N/A	fitti	ing (elb	ow) i	nsulati	ion		4 LF	2	7	-		
3rd floor w 4th floor w			×			ing (elb	00//00/00/-				4 LF	2		_		
4th 11001 W	est side				1100	ing (oil										
					7.000											
Name of Registered Wa	aste Hauler		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JDEP W		Cubic			Name of	Regist	ered Land	dfill				
D&S Abatement, In	C.		1000	lauler ID 0996	No.	of Was	374585				nageme	ent				
City, State Totowa, NJ		11		1		TBD		FI ^	City, Stat		A	<u> </u>				
Completed by Oliver Hegedis		Title Proje	ect Ma	anager		S	Signatur	# U	/			Date 11/0	7/2	016		

7/4 (104)		(Pu	rsuant t	o NJAC 8:	:60 and	12:120	)								
Date of Notification (1) 11/07/2016		1	Name of Mercer	Building O County	wner/O Impro	perator vemer	(2) nt Autho	ority		NOV	1	1 2	2016		
Agencies Notified Type Notification  FPA Initial		1 7	Street Ad 30 Han	ldress nilton Av	enue										
DEP         ☐ Amended           X         DOL         _ Amendment #_				e, Zip Cod n, NJ 086				*-	-	- 101		/h1 -	NE NE		-
Emergency (in justification)  DCA    Cancellation	cluding	1000	Name of Al Colli	Contact					Tele	ephone N	Vumbe	r			
			FACIL	ITY INFO	RMATI	ON				/SEASTAINES					
Name of Facility Where Abatement is Taking R Mercer County Courthouse (Old Cou							☐ Sc	Facility (-chool (K-1	2)						
Street Address 209 South Broad Street						-		ibchapter her (i.e. p c.)				uild	ings,	nome	s,
City (5) Trenton							Square ~ 40,0		# of 4	Floors		35000	dg. Ag )+	je	
County (6) Mercer			County C	Code (7) ISE ONLY)				Use (Prio		-0.	lished	)			
Name of Monitoring Firm Hired by Building Ov Pennoni Associates Inc.	vner (8)		ASCM 0010					ment Cor vironme		A STATE OF THE STA	s, Inc				
Street Address 515 Grove Street Suite 1B							Address idge Ro		-						
City, State, Zip Code Haddon Heights, NJ 08035						1 100 TO	State, Zip enixville	Code e, PA 19	460		OH I COM				
Project Manager for Monitoring Firm Thomas Adams			Telephor 856 65	ne No. 6-2912		5.00 Sept. 100	none No. 933-43			License 00836					
- TABLE D. MARKET MARKET MARKET	chedule		pletion [	Date (11)		125-230-00-2		Monitor vironme	ntal S	ervices	s, Inc				
Occupancy Status During Abatement (Check	Only On	e)				100000000000000000000000000000000000000	Address								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	Facility	batem Hours	ent			City, S	idge Ro State, Zip	Code	-101-						-
Other – Describe: Construction Personne	il Offiy					Phoe	enixville	e, PA 19	9460						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enovat emoliti	335000			×	Mini- Glov	Containm Enclosure ebag Pro Exempte	e cedure					)	
	ls	Location	on										Abate		
Location of		lormall d Solel				scription					-		Ту		
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mai	intenar odial S (12)	nce/		thermal surfa				(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Ground Floor Switch Gear Room	100	110	X	FI	loor Ti	le and	Mastic	,	2	35 SF	2				
Ground Floor Switch Gear Room					1001 11	ilo di la	ividotic	,		-					
Name of Registered Waste Hauler		- N	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered Lan	ndfill				
Horizon Disposal		Н	auler ID 0416		of Wa			GROW	'S/Tul			fill			
City, State Trenton, NJ					Dispo 11/20	sal Date )16		City, Stat Morrisv		Α					
Completed by Patrick Larney	Title Proje	ct Ma	nager		4	Signatur	Mu	Jo	2~	1	Date 11/0		016		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

No or.		NOTIF	Pursua	nt to N	ASBESTOS JAC 8:60 a JOB# 16-	nd 12:120) 1640 New	Start Da	ate						
Date of Notification (1)			Name	e of Buil	lding Owner Chase E	Operator (	2)		N	OV 1	4 20	16		
Agencies Notified	Type Notification		Stree	et Addre	ess st Avenue	1st Floo	г	1	1.					
EPA DEP DOL	Initial  X Amended  Amendment #_	1	City,	State, Z amus,	Zip Code NJ 0765	2		(G) (S)	Carrier				r the x	-
DOH	Emergency (incipustification) Cancellation	luding	1	ne of Co ert Fo				100	Telepho	one Nun	iber			
DCA	LI Cancellation		F	ACILIT	Y INFORMA	ATION								
Chase Bank	Abatement is Taking P	Place (3)	3.53				Subo	acility (4) ool (K-12) chapter 8 er (i.e. pri	(Other th	nan K-12	2) al buildi	nas.	nomes,	
Street Address 566 Bloomfield Av	enue						Othe etc.)  Square Fe		# of Flo		BI	dg. A		-
City (5)							15,000		2			)+		
Verona County (6)			Coi (ST	unty Co	de (7) E ONLY)		Current C	ercial/B	ank		hed)			
Name of Monitoring Fire	m Hired by Building Ov	wner (8)	1.3	ASCM N	10.	Name PAL	e of Abatem Environt	ent Cont nental	ractor (9) Service	es				
Apex Companies, Street Address						Stree 11-0	t Address 02 Queer	ns Plaza	a South					
120-D Wilbur Plac City, State, Zip Code						City, Lon	State, Zip ( g Island )	Code City, N	Y 1110	1				
Bohemia, NY 117 Project Manager for M				elephone	e No. 7-1777		phone No. 3-349-090	00	I	icense 2867				
Daniel Haug Start Date (10)		Scheduled 01/08/20	Comp	letion D			e of OSHA			21				
11/10/2016 Occupancy Status Du	ring Abatement (Check			-	-		et Address 4 Kenned	y Blvd.						
Facility ClosedA  Abatement Perfo Other – Describe	/acated During Entire Pormed Outside of Norme:	Period of Al al Facility	oateme Hours	ent		City	, State, Zip Iyonne, N	Code						
Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260			enovati emolitio				Mini-	Containm Enclosur ebag Pro Exempte	e				ure	
							14011	Exemple				Ab	atemen	Ĺ
Asbestos-Contai	ation of ning Material (ACM) ABATED Facility (13)	Use Ma Cusi	Location Loc	y y by nce/ staff?	(i.e. t	Descrip os Containir hermal syst surfacing, other misce	ng Material ems insulat VAT, or	(ACM)	(S	mount specify or LF)	Kelliova		Encapsulate	Enclosure
		Yes	No	N/A		Paga Flac	shing Tar		4	2 SF	X			
F	Roof		X		1		one Join			0 SF	X			T
I	Roof		X			Coping St		`		4 SF	X			
	Roof		.X			- 1 6	al							1
Name of Registered	d Waste Hauler		H	NJDEP N Hauler II 24310		Cubic Yar of Waste 10 Yard	S	Miner	of Registrate	erprise	S		1	
City, State Shirley, NY 119	967	Title				11/09/2		Wayr	nesburg	g, OH	Date	8/20	116	
Completed by Ann A. Ali			nplian	ice Ass	sistant						11/0	1012		

PAL JOB# 16-1640 Name of Building Owner/Operator (2) Date of Notification (1) JPMorgan Chase Bank NA 10/25/2016 Agencies Notified Type Notification Street Address 312 Forest Avenue 1st Floor FPA X Initial City, State, Zip Code Amended DEP 2016 14 NOV X Amendment # Paramus, NJ 07652 DOL Emergency (including Telephone Number Name of Contact iustification) DOH Albert Fonti NTROL & X DCA Cancellation LICENSING FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Chase Bank School (K-12) Subchapter 8 (Other than K-12) × Street Address Other (i.e. private & commercial buildings, homes, 566 Bloomfield Avenue etc.) # of Floors Bldg. Age Square Feet City (5) 50÷ 15.000 2 Verona County Code (7) Current Use (Prior if being demolished) County (6) (STATE USE ONLY) Commercial/Bank Essex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. PAL Environmental Services N/A Apex Companies, LLC Street Address Street Address 11-02 Queens Plaza South 120-D Wilbur Place City, State, Zip Code City, State, Zip Code Long Island City, NY 11101 Bohemia, NY 11716 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 28675 718-349-0900 631-567-1777 Daniel Haug Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Martin McRea 11/08/2016 01/08/2017 Street Address Occupancy Status During Abatement (Check Only One) 714 Kennedy Blvd. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Bayonne, NJ 07002 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure × Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Amount Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Encapsulate Maintenance/ (Specify TO BE ABATED (i.e. thermal systems insulation, Removal Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes N/A No 42 SF X X Base Flashing Tar Roof Coping Stone Joint 20 SF X X Roof 4 SF X X Tar Roof Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. Minerva Enterprises ATC 10 Yards 24310 Disposal Date City, State City, State Waynesburg, OH 44688 11/09/2016 Shirley, NY 11967 Date Completed by Signatur 10/25/2016 Compliance Assistant Ann A. Ali

Ch# 3827

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

Date of Notification (1)		Name o	of Building Owner/C		latez	205				
Agencies Notified Type Notification		Street A	Address			NOV 1 4 20	16			
☐ EPA ☐ Initial ☐ Amended ☐ Amendment # ☐ Emergency (ii ☐ DOH		Name o	ate, Zip Code of Contact		<u> </u>	Tolomber 41				1
DCA Cancellation		FAC	ILITY INFORMATI	T. LUGIC ON	ZUK	7				
Name of Facility Where Abatement is Taking	Place (3)			Type o	of Facility (					
Street Address			3		chool (K-1 ubchapter other (i.e. p tc.)	12) r 8 (Other than K-12 private & commercia	d build			es,
City (5) FANWOOD 1	J.D.				100	# of Floors		ldg. A		
County (6)			Code (7) USE ONLY)	Curren	nt Use (Pri	ior if being demolish	ed)			
Name of Monitoring Firm Hired by Building O	wner (8)	ASC	M No.	Name of Abate	ement Con	ntractor (9)				
Street Address				Street Address	s DUX	214				
City, State, Zip Code				City, State, Zip	Code	ND 08	286	57.		
Project Manager for Monitoring Firm	-	Telepho	one No.	Telephone No	38x7	SCO License No	8 (	06		
Start Date (10)	Scheduled C	ompletion	Date (11)	Name of OSH	A Monitor	inc	4			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:	eriod of Abat	ement urs		Street Address City, State, Zip	X XOC	814 E NO C	188	357	<b>-</b>	
Scope of Work (Check All That Apply)										
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	/ /	vation olition		E Mini	-Enclosure				e	
	Is Loc	ation	1	LI NOI	LACTIBLE	u ( ) unu mon r mass			ment	į.
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Norm Used So Mainter Custodia (12	nally blely by nance/ nl Staff?	Asbestos Cont (i.e. thermal surface	scription of aining Material ( systems insulat sing, VAT, or niscellaneous)		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes N	o N/A							Ф	_
DACCHE DE		+	100 - in	SULATIO	CA)	<100 UF	X			-
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						14 150				
Name of Registered Waste Hauler  NOURIECO IN		NJDEP W	No. of Was		G (	Registered Landfill	<u> </u>			
City, State BRIDGE NO.	0889	57	/ 12	al Date	City, Stat	soille t	1/-	1	+	
CANOS AMEDA	Title	SDE		gnature )	Do	Dat	11	08	116	2_

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

	()	Pursuan	t to 1	NUAC 0:	00-1 a	na 12.120 17					-	
Date of Notification 11/8/2016	on (1)				ing Own <b>umar</b>	ner/Operator Shah	(2)				****	
Agencies Notified	Type Notification	on Ist	treet	Addres	S			111111	NOV	11	201	6
			02000					1	1401		201	0
[ ]EPA	[X]Initial Notificati	Lon		26-6-	Zip Coo	30						17-5
[ ]DEP	[ ]Amended	l C:	-			J,07003						
[X]DOL	Notificati							35				
[X]DOH	[ ] EMERGENCY	N:		Conta		Ch - h	Telephone	e Number				
[ ]DCA	[]Cancellatio	on	Prac	dipku	ımar	Snan			_			
				FACILI	ITY INF	ORMATION						
Name of Facility W	here Abatement is	Taking	Plac	e (3)			Type of Facili	Lty (4)				
Pradipkumar Street Address	Shah						[]School []Subchapt [X]Other (i buildings,	ter 8 (Othe i.e., priva	te & co	K-12	) Cial	
							Square Feet	# of Floo		lg. I	rae	
	Co	unty (6	51		Count	y Code (7)	1650	2		8	190	
Bloomfield		Esse			100000000000000000000000000000000000000	E USE ONLY)	Current Use (				hed)	
Name of Monitoring Owner (8)	Firm hired by Bu	ilding	ASC	M No.	N		ment Contractor					
N/A						treet Addres						
Street Address						86 Chris	topher St	•				
City, State, Zip C	ode	-			c	ity, State, <b>Montclai</b>	zip Code r, NJ 070			7.5		
Project Manager fo	r Monitoring Firm	- 1	ephone /A	Numbe	er T	elephone Num (973)744			0037		er	
Scheduled Start Da	te (10) Sched.	Compl	etion	Date (	(11) N	ame of OSHA	Monitor					
11 19	2016 11		21	2016	i	N/A						
Month Day Occupancy Status I	Year Mont During Abatement losed/Vacated Dur	(Check	ay only o tire F	Year one) Period	S	treet Addres	s					
of Abatem	ent Performed Outside scribe:				у С	City, State,	Zip Code					
Scope of Work (Che [X] >3 sf [ ]>160 s		[3	_	vation lition		[ ]Mini- [X]Glove	Containment wi	è	e Pressi	ire		
		_	Is			[ ]NON-	Friable Procedu	1	Aba	teme	nt I	ype
Asbestos- Materia TO BE In Fa	ion of Containing L (ACM) ABATED cility 3)	By Ma	ocation ormalized Solely sintensisted aff (: No	ly Mance/	inst	Descripti Asbestos-Cor Material i.e., therma ulation, suri r other misce	ntaining (ACM) 1 systems facing, VAT,	Amount (Specif SF or LF)	у м	REPAIR	ENCAPSUL .	ENCHOSDRE
Basement				X	Pipe	a Insulat	cion	35 LI	FX			
Dasement												1
		-	-									
Name of Registere	d Waste Hauler AGEMENT, INC	→ Ha	DEP Wauler	ID No.		ic Yards Waste 1.0		a Enterp		IN	С	
City, State Montclair,	NJ 07042				1 7	posal Date 1/22/201	6 Waynesh	ourg, Ol	nio 4	168	8	
Completed By (Pri Dimitri G.		le ales				Signatur	mt 6/	11	Date		.6	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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	NONDY 1 4002016	4
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IA.	ASBESTOS CONTROL &	

N	OTIFICA	TION mant t	OF ASBES	60 and 12:120)		IMI NO	Why! 1 4226	16	1	-
	(1 013	Name	in Haling	Owner/Operator (	2)	PUILDE	R		_	1
te of Notification (1) 8-16	-	Street	Address	m wee		MINASB	ESTOS CONT LIGENSINO	TROL 8	<u> </u>	1
encies Notified Type Notification				xde	-1.0	N.T	08033			_
BA Amended Amendment #_ BOL Emergency (includ	ing		1+6	ANDON FI	ECD	Tele	phone Number			
DOH justification			of Contact	M						
DCA		FA	CILITY INF	ORMATION		Facility (4)				
ame of Facility Where Abatement is Taking Pk	ace (3)				Sch	ool (K-12) chapter 8 (Ot	her than K-12) a & commercial bu	uildings,		
treet Address	-				hor	nes, etc.)	of Floors	Bldg. Ag		-
treet Address	1				Square	0	1 _	50 1	_	=
ity (5) AUALON		T Co	unty Code	7) (STATE	Curren	VA CA	being demolishe	<u> </u>		_
COUNTY (6) CAPE MAY		US	SE ONL 1)	Name of Abate	ment Cor	ntractor (9)				
Name of Monitoring Firm Hired by Building Ow	mer	ASC	M No.	KLEN	ICO	INIC				
8) N/A				Street Addres	2 3	PRUCE				
Street Address				City, State, Zin	Code	HADE	1 0	805	2	=
City, State, Zip Code		alanhr	one No.	Telephone No			License No.	14		
Project Manager for Monitoring Firm				856-7 Name of OSH						
3: + Data (10)	uled Com	pletion	Date (11)			NA				
11-18-16	k onty or	ne)		Street Addre	:SS				===	=
Occupancy Status During Abatement (Cried  Facility Closed/Vacated During Entire Pe	riod of Al	oateme Hours	ent	City, State, Z	ip Code	1				=
Facility Closed/Vacated During Entire Fe  Abatement Performed Outside of Normal  Other - Describe:						nent with Neo	pative Pressure			
Scope of Work (Check all that apply)		tio		N. Air	Finclosu	re		IFO.		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ Ren	notition	1	∑ No	n-Exemp	ed (*) and No	n-Friable Procedu	At	atem	
∑≥160 sf or ≥260 ii	ls L	ocation mally	1		of			-	17	
Location of	Used	Solely itenance	by A	Descripi sbestos Containin (i.e., thermal sys	snatella	I (ACM) lation.	Amount (Specify SF or LF)	Ren	Repair	Encapsulate
Ashastos-Containing Material (ACIVI)	Ci	stodia Staff?		(i.e., thermal sys surfacing other misc	VAT. OF		SFORLE	Removal	bair	sulate
TO BE BOATED		(12)		00161 11200			-	-		_
IN Facility										1
TO BE ADATES	Yes	No	N/A	TRAR	ISITE		25005	FX		
IN Facility	-	No	X.	TRAA	13178		23605	FIX		
IN Facility (13)	-	No	X _	TRAN	13178			FX		
IN Facility (13)  SIDING	-		X	te Cubic Ya	ırds		25005		A_	
IN Facility (13)  SIDING  Name of Registered Waste Hauler	-		N/A  X  NIDEP Washer D No.	te Cubic Ya	ırds	Name of Re	egistered Landfill	<u>U_0</u>	<u>A</u>	
Name of Registered Waste Hauler  KLEMCO INC	-		X	te Cubic Ya	ırds	Name of Re	egistered Landfill  A. ( M.	U_6	<u>A</u>	
Name of Registered Waste Hauler  KLEMCO INC  City, State	Yes	,5	NJDEP Was Hauler D N	te Cubic Ya of Waste Disposal	ırds	Name of Re	egistered Landfill	U_6	A 8-	
Name of Registered Waste Hauler  KLEMCO INC  City, State	Yes Al	5	NJDEP Was Hauler D N	te Cubic Ya of Waste Disposal	Date	Name of Re  C, M  City, State  W  City	egistered Landfill  A. ( M.  DOD BINI  Dat	U_6	A 8-	

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PRO   Property Indicating   Property Indin		(*			AC 0.00		and substitution of the	-	Name and Address of the Owner, where the Owner, which is the O				-	-		
Spending	Date of Notification (1)	11	Nar	ne of Bui	ilding Ov	mer/Operator (	s ca	DALST	RUCT	104	201	6				
Special Studies   Special St	11-8	-11 0		ASBEST	OS CC	MG NG	OL	à								
Amendment   Amendment   Select   Select	Agericles redsilve		00,		3	20 77	7		1-1/			diameter 1				
DOH	455	Amended	City, State, Zip Code  CITY N.J. 08243													
Name of Codada   Dock		Amendment #	1_			70CE		1	Telephone N	umber						
Section   Sect	E 5011	iustification)	Name of Contact													
Name of Facility Where Abatement is Taking Place (3)    C   SIDEALCE   Since Address   Since Address   Since Address   Since Address   For Floors   Side, Age   Since Address   For Floors   Side, Age   For Floors   Floors   For Floors   Floors   For Floors   Floors   For Floors   Floors   Floors   Floors   Floors   Floors	DCA	Cancellation														
School (K-12)   School (K-12)   School (K-12)   Strote (Inc.), private & commercial buildings, homes, etc.)   Substantial buildings, homes, etc.		4		ACILIT	Y INFOR	MATION	Type of F	acility (4	.)							
Street Address  City (6)  SCH ISCCITY  County Code (7) (STATE   Soft Fictors   Start Age   Start Feet   Start	Name of Facility Where Abat	ement is Taking Place (3	3)				- Caba	1 (K-12)								
Sireer Address  City (5)  SCA ISCC CTY  County (6)  CAPE MAY  County Code (7) (STATE  Current Use (Prior if being demokshed)  CACLAULT  Name of Monitoring Firm Highed by Building Owner  ASDM No.  Name of Abatement Contractor (3)  City, State, Zip Code	RES	SIDENCE					i i outschapter 8 (Other than N-14)									
County (6)  County (7)  County (8)  County (8)  County (9)  County (10)  County (10	Street Address						home	s, etc.)				_		1		
City (5)  SEA ISEE CITY  County (6)  CAPE MAY  County Code (7) (STATE USE ONLY)  Name of Monitoring Firm Hijed by Building Owner (8)  Name of Monitoring Firm Hijed by Building Owner (8)  Street Address  Street Address  CRy, State, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Street Address  CRy, State, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Street Address  CRy, State, Zip Code  WAPLE SHADE NIT OSOSZ  CRy, State, Zip Code  WAPLE SHADE NIT OSOSZ  Telephone No.  SSEPRUCE AWC.  CRy, State, Zip Code  WAPLE SHADE NIT OSOSZ  Telephone No.  SSEPRUCE AWC.  CRy, State, Zip Code  WAPLE SHADE NIT OSOSZ  Telephone No.  SSEPRUCE AWC.  Name of OSHA Monitor  Name of OSHA Monitor  Name of OSHA Monitor  Name of OSHA Monitor  Street Address  Cry, State, Zip Code  Cry, State, Zip Code  Cry, State, Zip Code  Cry, State, Zip Code  Non-Exempted (1) and Non-Friable Procedure  Non-Exempted (1) and Non-Friable Procedure  Non-Exempted (1) and Non-Friable Procedure  Asbestos-Containing Material (ACM)  Non-Exempted (1) and Non-Friable Procedure  Non-									# of Floors			4ge +				
County (6)  CAPE MAY  SERONLY  Name of Monitoring Firm Hired by Building Owner (8)  (8)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  MAPLE  HADE ADJ OSOS2  License No.  Street Address  Street Address  City, State, Zip Code  Name of OSHA Monitor  Street Address  City, State, Zip Code  City, State, Zip Code  Name of Containing Address Address  City, State, Zip Code  Non-Exempted (f) and Non-Friable Procedure  Asbestos-Containing Material (ACM)  To BE ABATED  Non-Exempted (f) and Non-Friable Procedure  Abatement, Type  Asbestos-Containing Material (ACM)  State Address  City, State  Non-Exempted (f) and Non-Friable Procedure  Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  (i.e., hermal systems insulation, (Specify Custodial Indian Material (ACM) (I.e., hermal systems insulation, (Specify Custodial Indian Material (ACM) (I.e., hermal systems insulation, (Specify Custodial Indian Material (ACM) (I.e., hermal systems insulation, (Specify Custodial Indian Material (ACM) (I.e., hermal systems insulation, (Specify Custodial Indian Material (ACM) (I.e., hermal systems insulation, (Specify Custodial Indian Material (ACM) (I.e., hermal systems insulation, (I.e., hermal systems insulation, (I.e., hermal systems insulation, (I.e., hermal systems	City (5)	TSIF CI	TY				1200	2	- L	molisher		_	_	+		
Name of Monitoring Firm Hyred by Building Owner   ASCM No.   Name of Abatement Contractor (9)		1300	7	County C	ode (7)	(STATE	Current	Use (Pno	r n being de	-	-,					
Name of Monitoring Firm Hyred by Building Owner (8)	County (6) (IADF	MAY	_ (	JSE ONL	_Y)									1		
Street Address  City, State, Zip Code  WAPLE SHADE ALT OSOSZ  Project Manager for Monitoring Firm  Telephone No.  Start Date (10)  Start	Name of Monitoring Firm Hir	ed by Building Owner	AS	CM No.	1	lame of Abater	F JAA C	(a)	INC							
Street Address  City, State, Zip Code  License No.  SCG-77, G-0472  License No.  SCG-77, G-0472  License No.  SCG-77, G-0472  Cicupsary Status During Abatement (Check only one)  Street Address  City, State, Zip Code  Street Address  City, State, Zip Code  Street Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Street Address  City, State, Zip Code  City, State  Ci		Δ	_   _		=+;				- Banking							
City, State, Zip Code    City, State, Zip Code					1		5.	SPR	UCE	406			_	-		
City, State, Zip Code	0,,00				-	City, State, Zip	Code	011		1 T	08	705	- >			
Start Date (10)	City, State, Zip Code .					WAL	PLE	SH		4.1	00	30	_	4		
Start Date (10)    Scheduled Completion Date (11)   Name of OSHA Monitor			Teleph	one No.	=	Telephone No.	0 01	122	License	04	14			1		
Start Date (10)  Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Scope of Work (Check all that apply)    33 sf or 23 lf	Project Manager for Monitor	ring Firm				856-7		110					-	7		
Occupancy Status During Abatement (Check only one)    Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours   Other - Describe:   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   State - Disposal Procedure   Street Address		Scheduled Co	mpletic	n Date (	11)	Name of OSHA	Monitor	11/	(1					_		
Occupancy Status During Abatement (Check only one)    Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours   Other - Describe:   Scope of Work (Check all that apply)     State	Start Date (10)	The second secon	7 1	-16				84 1	4							
Material Closed/Vacated During Entire Period of National Facility Hours    Abatement Performed Outside of Normal Facility Hours	Otatus During	Abatement (Check only	one)			Street Addres	5							_		
Abatement Performed Outside of Norman Tobus		During Entire Penou of	Modicin	ent	-	City State 7in	Code									
Scope of Work (Check all that apply)    Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Says of or ≥360 if   Renovation   Mini-Enclosure   Glovebag Procedure   Mon-Exampted (*) and Non-Friable Procedure   Non-Exampted (*) and Non-Friable Procedure   Abatement   Type	Abatement Performed C	outside of Normal Facilit	y Hours			City, Outro, —		Ū.	1.70			_		=		
Scope of Windows   Renovation   Renovatio	Other - Describe:							: '45 N.	antive Dres	sure						
Salid of significant   Salid of significan	Scope of Work (Check all					☐ Mini-	Enclosure		gauverroo	+						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Name of Registered Waste Hauler  VEM CO DUC  Title  Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  NIDEP Waste Cubic Yards of Waste  Cubic Yards of Waste  City, State  WARRED  Title  Completed By  Is Location Normally Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Remouse (Specify SF or LF)  Remouse (Specify SF or LF)  Name of Registered Landfill  Cubic Yards of Waste  Cubic Yards of Waste  Cubic Yards Of Waste  City, State  WARRED  Disposal Date  City, State  Completed By  Title  Completed By  Title  Title  Title  Signature  Date	□>3 sf or >3 lf							edure	on-Friable P	rocedur	е					
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) IN Facility (13)  Ves No N/A  Name of Registered Waste Hauler  Name of Registered Landfill  Name of Registered Lan	≥160 sf or ≥260 lf					Non-	Exempleo	) and is			At					
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Yes No N/A  Name of Registered Waste Hauler  VUEMCO DUC.  City, State  WASTE  Signature  Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF)  Republic Maintenance/ Custodial Staff? (12)  Yes No N/A  TIZIAM SITE  ZSCO SF  Name of Registered Landfill CM, C, MU-A  City, State  WASTE  Signature  Date  Signature				)								1 yp	- T			
Yes No N/A  TRANSITE ZSOOSE X  Name of Registered Waste Hauler  Number Waste Hauler D No. 17904  City, State  WAPLE SHADE MI. T 08052  Signature Date  Completed By  No N/A  TRANSITE ZSOOSE X  Disposal Date  City, State  WOODBINGE N. T  Date  Date		Solely	by		Description	n of Material (A	CM)				- 1	E	m			
Yes No N/A  SIDING  Yes No N/A  TRANSITE  ZSOOSE X  Name of Registered Waste Hauler  NUDEP Waste Hauler ID No. 17904  Disposal Date  City, State  WAPLE SHADE MI. TO 8052  Signature  Date  Date	Ashestos-Containing Ma	ntenano	ce/	Asbesi (i.e.,	thermal syster	ns insulation	m,			Rem	Rep	caps	nclo			
Yes No N/A  SIDING  Yes No N/A  TRANSITE  ZSOOSE X  Name of Registered Waste Hauler  NUDEP Waste Hauler ID No. 17904  Disposal Date  City, State  WAPLE SHADE MI. TO 8052  Signature  Date  Date	TO BE ABATED Staff?					eurfacing. V	AI, OI		5, 5, 2, 7		lova	air	sulai	sure		
SIDING  X TRANSITE ZSOOSE X  Name of Registered Waste Hauler  NUDEP Waste Hauler ID No. 17904  City, State  MAPLE SHADE M. T 08052  Signature Date  Signature Date  Completed By  It Title  SULP  WALLSTE  ZSOOSE X  Cubic Yards of Waste  CM. C. M. D. A.  Disposal Date  Signature Date  Date  Date  Date  Date  Date  Date  Signature Date  D	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(12)			Oliter Tribooms							е	0.8			
SIDING  X TRANSTE  Education  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Landfill  Of Waste  O		Yes	No	N/A					7500	150	X					
Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler ID No. 17904  Disposal Date  City, State  WASTE  Signature  Date  D	C 1:01:11	^		X		TRANS	ITE		Coll	-	1/					
Name of Registered Waste Hauler    Completed By   C	2 IN IM		1						-		+	-				
Name of Registered Waste Hauler    CUEMCO DUC,   Total											+-	-		1		
Name of Registered Waste Hauler    CUEMCO DUC,   Told			+					- (5)		ndfill			1	1		
City, State  WAPLE SHIADE MI. T 08052  Signature Date Date Date Date Date Date Date Dat		to Hauter	1	UDEP W	Vaste		Na			A						
City, State  WAPLE SHADE M. I 08052  Disposal Date— City, State  WOODBIWE N. I  Signature - WoodBiwe N. I  Completed By  Wall  Date  - 8-16	T	Diff	ŀ	tauler ID	No.				. C. M.C	1-17-			-			
Completed By 16 Title SUL Would Date 1-8-16		) JAL				Disposal Da	te Ci	ty, State	DIR III	15	N -	7				
Completed By 1/ Title Sulla Wull W		STIMUE AL	.T	080	025			W 00	NUUNU	Date.		7 1	1			
Completed by		Title		)		Signatu	re -	De			1-5	5-	10	_		
MICHAU CLOMM SUP. WILLIAM SUP.	Completed DV	/	51)16	1		1										

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ECEIVE Print Form	
NOV 1 4 2016	
ASBESTOS CONTROL & LICENSING	

			(PL	irsuant	TO NJAG	8:60 and 12	2:120)				1101/ 1	A 0	016	111	111		
Date of Notification (1) November 10, 2016		Name of Building Owner/Operator (2) American Tower Corporation															
Agencies Notified  X EPA	Type Notification	- 1	Street Ad 10 Pre	<sup>ddress</sup> sidentia	l Way	ASBESTOS CONTROL & LICENSING											
DEP X DOL	Amended Amendment	City, State, Zip Code Woburn, MA 01801															
™ DOH DCA	Emergency justification) Cancellation	- 1	Name of Contact  Charmayne Eriacho														
				FACI	LITY INFO	DRMATION											
Name of Facility Where Cell Tower Equipm		ng Place (3)							of Facility ( School (K-1	M.							
Street Address 4 Far View Avenue					20,000			×	Subchapter Other (i.e. p	8 (Oth			dings,	home	s,		
City (5) Atlantic Highlands	35555100 EV - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1								etc.) ire Feet 10	# 0	f Floors		Bldg. Age				
County (6) Monmouth				County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Equipment Shelter									
Name of Monitoring Firm Vertex	Hired by Building	Owner (8)						me of Abatement Contractor (9) coservices, LLC									
Street Address PO Box 83068	-			Street Addre 407 Wesi					dress est Lincoln Highway, suite 500								
City, State, Zip Code Chicago, IL 60691							City, State, Zip Code Exton, PA 19341										
Project Manager for Mor Dave Turotsy		Telephone No. 610-322-0076			elepho			License No. 01161									
Start Date (10) 11/28/16		Scheduled 12/9/16	Com	mpletion Date (11) Name of OSHA II					HA Monitor	Monitor							
Occupancy Status During Abatement (Check Only One)						Street Address 200 Route 130 North											
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou Other – Describe:									. Zip Code								
Scope of Work (Check A	All That Apply)																
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		-	Renovation Demolition					Full Containment with Negative Pressure  Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		0000		Description of						Abatement							
1	ocati		Г							Туре							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Used S Maint Custod				ly by nce/	tos Containi thermal sys surfacing	attaining Material (ACM) if systems insulation, acing, VAT, or miscellaneous)			(S	Removal	Repair	Encapsulate	Enclosure				
0		Yes	No	N/A		NAID ( · ·			ı		00.05	X		0			
Control F		X		GWB/joint compound				600 SF 200 SF									
Control Room Control Room				-	X Floor tile and floor tile mastic  X Transite conduit panel												
Control F	Koom			X	11	ransite co	nauit	pai	nei		6 SF	X					
Name of Registered Wa	ste Hauler		N	JDEP W	/aste	Cubic Yar	rds .		Name of	Regist	ered Landfi	II .					
ecoservices, LLC			Н	auler ID	No.	of Waste			GROW	0.000							
City, State Exton, PA						Disposal I	Date		City, Stat		A						
Completed by Jack Bally		Title Sr. Pro	ject	Mana	ger	Signa	ature	_/2	sally_	(I)	0 00	ate 1/10/	16				
							140		()			100000000000000000000000000000000000000					