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Date of Notification (1)	0 00 0			Name	of Building	Owner/Operator	A STATE OF THE PARTY OF THE PAR	7	2	001		1
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Agencies Notified	Type Notifica	tion		Street	Address			ASBEST)La
□ EPA	Initial								CEM			_
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M DOH □ DCA	justification Justification			Name	of Contac			Telenhone Numb	er -	0		
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				FAC	ILITY INF	ORMATION		ហ		=		
Name of Facility Where							Type of Facility	(4)				
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Street Address							Other (i.e., p	8 (Other than K-12 rivate & commercia) I build	lings,		
							homes, etc.)				
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	Merc	chantville	e, NJ				2000			80	+/-	
County (6)					ty Code (7 ONLY)	7) (STATE	Current Use (P	rior if being demolis	hed)			
	amden											_
Name of Monitoring Firm		ing Owner	/	ASCM	No.		nent Contractor (9		- Т	_		
(8)	MECS		_				ens Environi	mental Service	s, In	c.	_	_
Street Address						Street Address	DO I	222				
	PO Box	341				(-		30x 322				_
City, State, Zip Code		TT 00.71	•00			City, State, Zip C		NII 00501				
	rosswicks, l	NJ 08513			-		Allentow	n, NJ 08501				
Project Manager for Mor			1100000	ohone I		Telephone No.	0.000	License No.	0493	2		
	eisgarber		- mark	_	0-4070	(609) 25		0	0493)		_
Start Date (10)	S	Scheduled C			te (11)	Name of OSHA		ECC				
10/31/16			1/3/1	6			IV	ECS				_
Occupancy Status Durin	72					Street Address	DO I	3ox 341				
☐ Facility Closed/Vacat								30X 341				_
Abatement Performe			y Hour	S		City, State, Zip C		ks, NJ 08515				
Other - Describe:		11					Closswich	(S, NJ 00313			_	=
Scope of Work (Check a	all that apply)					Full Co	ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf			novati			Mini-En	closure					
≥160 sf or ≥260 lf		□ De	emolitio	n		Gloveb	ag Procedure empted (*) and No	on-Friable Procedu	e			
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		N	omally			1722A7 BR70A7 S				Тур	е	
Location Asbestos-Containing I			Solely ntenan		Ashes	Description o tos Containing Ma		Amount				
TO BE ABA	TED	C	ustodia			thermal systems	insulation,	(Specify	R.	ת	nc	E
IN Facility			Staff?			surfacing, VAT other miscellane		SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)			Other miscenarie	ous)		val	=	ulati	ure
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Name of Devistored W.	acto Haulor		IN	JDEP \	∆/aste	Cubic Yards	Name of Reg	istered Landfill				\dashv
Name of Registered Wa		-74 0000 A	Н	lauler ID	No.	of Waste	Thank of rieg		16.11			
Stevens Environ	mental Serv	rices, Inc		182	292	1 CU	-	GROWS Lan	ufill			_
City- State						Disposal Date	City, State	Vs	DA			
	Allentow					11/3/16		Morrisville,	ra_			_
Completed By		Title		. 7.1.		Signature	1/	/ Date	10/2	1/14		
Mahlon E. St	evens	P	rojec	t Mar	lager	_//	1		10/2	1/10		

Ch 3504

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

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Agencies Notified	Date of Notification (1)	Name / Inc.	mas .			20-40-71-0-20-70-0-10-0-10-0-10-0-1		2)	III I NO) V 1 /	20	16	
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DOLVD			n		Street /	Address			ASBES	TOS C	ONT	ROI	_&_
DOA				+	City St	tate. Zip Co	de			LIULIVE	21140		
Date		Amendment	#		578								
Melissa Mulderig School (K-12) School (K-12) School (K-12) School (K-12) Subchapter (Other than K-12) State (Other than K-12) Sta						-	, ,,,,		Telephone Nur	mber			
Name of Facility Where Abatement is Taking Place (3) Mulderig Residence Street Address Street Addres	(NJAC 5:23-8)						eria			-			
Name of Facility Where Abatement is Taking Place (3) Mulderig Residence Street Address Street Addres		Cancellation											
School (K-12) School (K-12) Street Address Stree				(0)	FAC	ILIIY INF	ORIVIATION	Type of English	(4)	110-210-310-32			
Subchapter 8 (Other than N-12) Signature Subchapter 8 (Other than N-12) Signature Subchapter 8 (Other than N-12) Signature S			ing Place	(3)									
County (S) County (Code (7)/STATE USE ONLY) Cournert Use (Prior if being demolished) County (S) Cou								Subchapter 8	Other than K-1	12)			
County (6)	Street Address							Other (i.e., pr	rivate and comm	ercial bu	lding	5,	
Country (6)	City (5)							Square Feet	# of Floors	Blo	lg. Ag	е	
County (6) Camed Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Environmental Consulting Services Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Start Date (10) 1 1 / 28 / 16 1 1 / 30 / 16 Cocupancy Status During Abatement (Check only one) Effective Freihold Cutside of Normal Facility Hours - Describe Time of Abatement — AM— PM— PM— AM Scope of Work (Check all that apply) East To ≥3 if Senderial (ACM) To E ABATEOU IN Facility (13) Sender In Visual Services City, State, Zip Code Maple Shade, NJ 08052 City, State Address Street Address Street Address 20 Route 130 North City, State Address 20 Route 130 North City, State, Zip Code City, State Address 20 Route 130 North City, State Address 20 Route 130	Account to the contract of the							1,000	2	7	0		
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Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Environmental Consulting Services								Residence					
Street Address Stre		Hired by Building	g Owner (8) /	ASCM I	No.	Name of Abateme	ent Contractor (9)					
Street Address PO Box 341													
City, State, Zip Code	•	intai oonsaitii	ig corri	300									
City, State, Zip Code								venue					
Chesterfield, NJ 08515													
Project Manager for Monitoring Firm Bill Weisgarber	The state of the s	515											
Start Date (10)				Tele	nhone I	No			License No.		-0077725	-	
Start Date (10)		torning i min		1)	00842				
11		Sch	reduled Co			378722	Name of OSHA N	Monitor	-				
Occupancy Status During Abatement (Check only one) Sacreet Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Scope of Work (Check all that apply) Satisfied Sat		A190.900-0											
Security Closed/Vacated During Entire Period of Abatement 200 Route 130 North									÷ +	-			
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM Abatement with Negative Pressure Mini-Enclosure					ment			80 North					
Time of Abatement:AMPM/PMAM						cribe							
Scope of Work (Check all that apply) Sope of Work (Check all that apply)	Time of Abatement: _	AM	PM/	_PM-		AM							
≥3 sf or ≥3 lf							Oli iliani	., .,					
Second Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Normally Used Solely by Maintenance Custodial Staff? (12) Yes No N/A Normally Vest Normally Used Solely by Maintenance Custodial Staff? (12) Yes No N/A Normally Normally Used Solely by Maintenance Custodial Staff? (12) Yes No N/A Normally Normally Used Solely by Maintenance Custodial Staff? (12) Yes No N/A Normally Security Secu	Scope of Work (Check all	тпат арріу)							gative Pressure				
Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Specify SF or LF)	≥3 sf or ≥3 lf												
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement Description of Asbestos Containing Material (ACM) Maintenance Custodial Staff? (12) Yes No N/A	\(\geq \geq 160 \) st or \geq 260 lf		□ De	molitic)[]		☐ Non-Exe	empted (*) and No	n-Friable Proce	dure			
Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Is	Locat	ion					Ab	atem	ent T	уре
Custodial Staff? (12) SF or LF) Second Paper on Ductwork SF or LF) SECOND Paper on Duc	Location	of					Description	of		R	R	Щ	Щ
Custodial Staff? (12) SF or LF) Second Paper on Ductwork SF or LF) SECOND Paper on Duc						Asbes	tos Containing Ma	aterial (ACM)		omo	pai	ıcap	Clos
Completed By (Print or Type) Title Signature Cubic Yards of Newburg, PA Cother miscellaneous Cother mi						(i.e.,				\ <u>xa</u>	_	lusc	sure
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Freehold Cartage City, State Freehold, NJ Completed By (Print or Type) Hauler ID No. 15939 Disposal Date City, State Newburg, PA Completed By (Print or Type) Date	Name of Pagistared Was	te Hauler			LIDEP 1	Waste	Cubic Yards of	Name of Regi	stered Landfill				
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Freehold, NJ Completed By (Print or Type) Title Signature Date	City, State						Disposal Date	The state of the s					
Completed By (Print or Type) Title Signature Date							11/30/2016	Newburg,	PA				
Official by (limbs 1) per		vpe)	Title				Signature			Date			
	Christina Lynch			reside	ent of	Operation	is (Mito	Cla		11/1	11	Q	



Date of Notification (1)

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

Christine Waldron

Name of Building Owner/Operator (2)

To a second seco	NOV	1 7 2	2016		
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T	elephone Number				-
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ty (4)					
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,	# of Floors	Bldg.	Age		7
	3	70			
	if being demolished	ed)			
(9)				-11	-
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	License No.				
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gencies Notified EPA	⊠ Initial								LIC	ENSIN	l'G		-
DOLWD	☐ Amended		City	, State,	, Zip Code	9							
☑ DOH	Amendment #		Н	laddor	1 Towns	hip, NJ 08108	3						_
□ DCA	☐ Emergency (inclu	uding		me of C				T	elephone Numbe	er			
(NJAC 5:23-8)	justification)				ne Wald	ron		1					-
	Cariocilation					RMATION							
111 1011-11	Abetement is Taking F	Place (3)	•	7,012.			Туре	of Facility (4)					
Name of Facility Where		1400 (0)					☐ S	chool (K-12)	Other than V 12)				
Waldron Residenc	e				10.5-0		IJ Si	ubchapter 8 (C	Other than K-12) ate and commerc	ial build	ings,		
Street Address							h	omes, etc.)					
							Squa	are Feet	# of Floors	Bldg.	Age		
City (5)							59	500	3	70			
Haddon Township				aunti C	20de (7)/S	TATE USE ONLY)	Curre	ent Use (Prior	if being demolis	hed)			
County (6)				ounty C	Jode (7)(5	TATE OOL ONE !		esidence					
Camden		(0)	100	ON A NIO	N	lame of Abatem	ent Co	ontractor (9)					
Name of Monitoring Firm	n Hired by Building O	wner (8)	100000000000000000000000000000000000000	CM No.	. "	Shade Enviro							
Mgmt. & Environm	ental Consulting	Services	S			Street Address	-						
Street Address						623 Cutler A	venu	e					
PO Box 341						City, State, Zip C							
City, State, Zip Code					1	Maple Shade		08052					
Chesterfield, NJ 0	8515					775	e, 140	00002	License No.				
Project Manager for Mo	nitoring Firm	1		one No.		Telephone No.			00842				
Bill Weisgarber				298-40		856-755-009			00012				
Start Date (10)		uled Com			1	Name of OSHA							
11 / 28	/ 161	2 / _	2	. / _1		EMSL Analy	ticai,	, inc.					
						Street Address							
Occupancy Status Duri	ing Abatement (Check	conly one	e)		1			Mac S					
M Facility Closed/Vaca	ing Abatement (Check ated During Entire Pe	riod of Ab	ateme	ent		200 Route 1		orth					
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Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locati Asbestos-Containi TO BE A 1 N Fa (1) Attic	ated During Entire Pered Outside of Normal AMP! all that apply) fon of	Rend Dem	ovation ovatio	AN A	Asbes (i.e.	200 Route 1 City, State, Zip C Cinnaminso State, Zip C Cinnaminso Full Co Mini-Er Gloveb Non-Ex Description tos Containing N, thermal system surfacing, VA other miscella	on, Nontainn nclosu pag Proxemption of Materians insurant, or ineous	ment with Negure rocedure red (*) and Nor all (ACM) ulation,	Amount (Specify SF or LF)	Aba Removal			Enclosure
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Scope of Work (Check Scope of Work (Check Sa sf or ≥3 If 160 sf or ≥260 If Locati Asbestos-Containing IO BE A IN Fa IN Fa (1) Attic Name of Registered V Freehold Cartag City, State Freehold, NJ	ated During Entire Pered Outside of Normal AM-Present Americal (ACM) ABATED ACCIDING ACCIDINA	Rend Dem	ovation ovatio	AN on // // by ce/ taff? N/A D JDEP W auler ID	Asbes (i.e.	200 Route 1 City, State, Zip C Cinnaminso State, Zip C Cinnaminso Full Co Mini-Er Gloveb Non-Ex Description Stos Containing N thermal system surfacing, V other miscella Uiite Cubic Yards of Waste 10 Disposal Date 12/2/2016	ontainn nclosu pag Proxemption of Materians insurant, or ineous	ment with Negure occedure ed (*) and Nor al (ACM) ulation, s) Name of Regis Cumberla City, State	Amount (Specify SF or LF) 500 SF	Aba Removal			Enclosure
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Type Notification

Initial

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours

Bob Burgess Private Home

Forked River NJ 08731

Amended

Amendment # Emergency (including

justification)

Cancellation

Date of Notification (1)

Agencies Notified

EPA

DEP

DOL

DOH

DCA

Street Address

City (5)

County (6)

Street Address

Start Date (10)

11/23/16

×

City, State, Zip Code

Project Manager for Monitoring Firm

Other - Describe:

≥3 sf or ≥3 lf

≥160 sf or ≥260 lf

Scope of Work (Check All That Apply)

Location of

Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Exterior Siding

Name of Registered Waste Hauler

United Roll Off

City, State Elm NJ

Completed by

Anthony T Perna

Ocean

×

11/14/16

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

Name of Building Owner/Operator (2)

Bob Burgess Private Home

Street Address

City, State, Zip Code

Name of Contact

County Code (7) (STATE USE ONLY)

ASCM No.

Telephone No.

Scheduled Completion Date (11)

Renovation

Demolition

Is Location Normally

Used Solely by

Maintenance/

Custodial Staff?

(12)

No

N/A

X

NJDEP Waste

Hauler ID No.

22459

Yes

Title

President

11/30/16

Bob

Forked River NJ 08731

FACILITY INFORMATION

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Zip C	ode NJ 08731			-						
ontac				Tel	ephone	Numb	er	8		
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ie (7) ONL		Curre	ent Use (Pri	or if bei	ng den	nolished	i)			
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	F	treet Addre PO Box 3	29							
		ity, State, z Vest Berl	ip Code in NJ 080	91						
No.	14 925	elephone N 356-753-9			Licen 0072	se No.				
e (11	6 1 100	ame of OS Same	HA Monitor							
	S	treet Addre	SS							
	C	ity, State, Z	ip Code							
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e	Cubic Yar of Waste	rds	Name of G.R.O.		ered La	ndfill				
	Disposal 11/30/16		City, Stat		1906	 37				
	- UPCOSTONICO DE SEC	ature)				Date				
		16				11/1	4/1	6		



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Date of Notification (1)	12 11 11 11 11 11 11 11			Building Overkins F					-	- 14	() V		- (,1,1)		
Agencies Notified Type Notification			reet Ado	sanaanaa s						ASBES	STOS	S CC	TAC	ROL	8
EPA Initial Amended Amendment #	<u> </u>			e, Zip Coderanch No)					LICE	INO	NO		
Emergency (ii DOH DCA Emergency (ii justification) Cancellation	ncluding	1000	ame of G	Contact					Tele	ephone N	lumbe	r			
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFO	RMATION	4	Type	e of Facility (4)			-			-
Curtis Perkins Private Home	1 1200 (0)							School (K-12	2)	×.					
Street Address							×	Subchapter 8 Other (i.e. pretc.)	3 (Other ivate 8	er than K- k comme	-12) rcial b	uildir	ngs, h	omes,	
City (5) Long Branch NJ 07740							100	are Feet 00+	`1	Floors		35	g. Ag +	e	
County (6) Monmouth			ounty C	ode (7) SE ONLY)		_	Curr	rent Use (Prio	r if bei	ng demol	lished))	*		
Name of Monitoring Firm Hired by Building ${\sf CN/A}$	wner (8)		ASCM	No.	11.753		of Ab	atement Cont Inc.	tractor	(9)					
Street Address							Addre Box 3								
City, State, Zip Code								Zip Code rlin NJ 0809	91						
Project Manager for Monitoring Firm		Т	elephon	e No.			none 1 753-	No. 9800		License 00727					
Start Date (10) 11/28/16	Scheduled 12/2/16	Comp	oletion D	ate (11)		Name Sam		SHA Monitor	- 1						
Occupancy Status During Abatement (Chec	k Only One)				3	Street	Addr	ess							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Ab nal Facility H	ateme lours	ent			City, S	State,	Zip Code							
Scope of Work (Check All That Apply)							71								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Summer of the last	novati molitic	1000000				N	ull Containme lini-Enclosure Blovebag Prod	e cedure					5	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Main Custo	tenan	y by ce/			ystem ng, V	Mater ns inso AT, or		(Amount Specify F or LF)		Remova	Ty	e Encapsulate	Enclosure
	Yes	No	N/A							200.0=				O	_
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Dinning Room											-				
Name of Registered Waste Hauler United Roll Off		H	JDEP W auler ID 2459		Cubic Y of Wast			Name of G.R.O.	- X		ndfill				
City, State					Disposa 12/2/10		е	City, Stat Morrisv		A 1906	67				
Completed by Anthony T Perna	Title Presid	lent			Sig	gnátu	re		19		Date 11/	e '14/	16		

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Date of Notification (1)				Building Own					_	=	4	ICEN	ISING
Agencies Notified Type Notifies	tion	^	Col	Will TUR	BO PUI	MP, Id	10	-	1	1			
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Name of Monstoring Firm Hired by Buildin	g Owner (8)		ASC	M No.	Name	of Abetemen	Contractor	NE PLAS	<u> </u>				
Street Address					Be	st Remo							
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City, State, Zip Cods					City, S	O South me, Zip Cod kensack	8				_		
Project Manager for Mornitoring Firm	Vanadul	ad Case	Telapho			one No. 201-329-		License No	388	_			
11-18-16	1114	19-		ara (1)		ofosha Mo nega Env	1500 <u>00</u> 0	ntal					
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Facility Closed/Variated During Entire Abatement Performed Opticide of Nort Other - Describe: 7744	Period of Ab.	element ours				Huyler							
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Location of Asbestos-Containing Material (ACM)	Ur	Normel ed Sole	hy by		Description	of Starial (ACM	,		-	T	ype	\dashv	
ID BE ABATED In Facility (13)	Cu	laintena Modia) 3 (12)	501F7	(i.e tharmal s		ern, surfect	ng.	Amount (Specify SP or LF)	KEROWA	Reputer	5-acapsulate	Enclosure	
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HAUTE MOUNT			1	THERMA	s insul	ATION		130 SF	×	-	-	\vdash	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:60 and 12:120)

			(F	Pursuan	t to NJAC	8:60 an	d 12:12	0)	,		11-15	10	9 1	= L	V/
Date of Notification (1) 11/07/16		77-			of Building			r (2)		7 Page 1		The state of the s	DV :	17	201
Agencies Notified	Type Notification				Address					- I had	Les.	654	9.4		-01
X EPA	× Initial			E. B. A. S. 10.5	Clifton A					-					
DEP DOL	Amended Amendment	ш			ate, Zip C						ASE			S CC ENSI	
	Emergency (100 E 500 E	rk, NJ 0					L_		-	LIUI	IVO	iva
DOH DCA	justification) Cancellation				of Contact Conboy					Telephor	ne Numi	oer			
DOA L	_ Caricellation				ILITY INF	OPMAT	ION			-			4		
Name of Facility Where Ab	atement is Taking	Place (3)	FAC	ILIT IN	UNIMAT	ION	Ту	pe of Facility (4	1)					
Sacred Heart Church	1							П	School (K-12	2)					
Street Address									Subchapter	8 (Other tha			-12UM01000	creoner v.	
499 Belgrove Dr.								×	Other (i.e. pretc.)	rivate & com	mercial	buil	dings	, hom	es,
City (5)						107-1-			uare Feet	# of Floo	rs	В	Bldg. /	Age	
Kearny								10	0,000	2		1	100+		
County (6) Hudson					Code (7) USE ONLY)			rrent Use (Prio hurch	r if being de	molishe	d)			
Name of Monitoring Firm H	ired by Building C	wner (8)	ASCI	M No.		Name		batement Cont	tractor (9)		_			_
N/A	, ,	,							ervices Inc.						
Street Address	treet Address						Street								
City State 7in Code									ole Ave.						
City, State, Zip Code						8383		, Zip Code on,NJ 0705	7						
Project Manager for Monito	ring Firm			Telepho	ne No.		Teleph	- 75	11577		nse No.				_
							862-	221	-9092	1000000					
Start Date (10)		Schedul	ed Cor	mpletion	Date (11)		Name	of O	SHA Monitor						
11/21/16		11/26/	13.35				Lesla	aw I	Valodka						
Occupancy Status During A	Abatement (Check	Only O	ne)				Street								
× Facility Closed/Vacate									ole Ave.						
Abatement Performed Other – Describe:	Outside of Norma	ai Facilit	y Hour	S		_			Zip Code on, NJ 0705	57					
Scope of Work (Check All T	hat Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoli				×	1	Full Containme Mini-Enclosure Glovebag Proce Non-Exempted	edure				e	
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Asbestos-Containing Ma			ed Sole intena		Asbes	tos Cont	aining M	later	ial (ACM)	Amount		_		Щ	m
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basemen		*		pipe	insulat	tion		60lf.	3	k					
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Name of Registered Waste	Hauler		7.75	IJDEP W lauler ID		Cubic of Was			07300077740000770	egistered La	andfill				
Newark Carting Inc.			4 - 000	5409		30			GROWS	5					
City, State		7.7				Dispos	al Date		City, State						
Newark,NJ						11/26	/16		Morrisvil	le,PA					
Completed by		Title	0.000			S	ignature		111		Date				
Leslaw Nalodka		Pres	ident				/		1/0/1 -	-	11/0	7/1	6		

Print Form

PHEEL 1253

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

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Date of Notification	(1)				Building				S CORP.	THE RESIDENCE OF THE PARTY OF T		NOV	1	7 2	016
Agencies Notified	Type Notification			Street A	ddress							7			
X EPA	× Initial			3900-	SOUTH	CLIN.	TON AV	/E.		and the same	A C F	EST	00/	ON	TRO
× DEP	Amended				te, Zip Co					- Contraction	AOL	LI	CEN	SIN	3
× DOL	Amendmen Emergency				H PLAI	NFIEL	D, NJ 0	7080)						
☐ DOH	justification)				Contact					Telep	hone Nu	mber	_		
X DCA	Cancellation	1			iE MEJI								5		
Name of Facility Wh	nere Abatement is Takir	ng Place (3)		FACI	LITY INFO	ORMAT	ION	Type	of Facility (4))					_
	CED MATERIALS									50					
Street Address	OLD WINTERWALE								School (K-12 Subchapter 8		than K-1	2)			
	CLINTON AVE.							×	Other (i.e. pri				dings	home	es,
City (5)	DENTION AVE.								etc.) re Feet	# of F	loors	T	Bldg. A	ne	
[20] 일어(1) [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]	FIELD, NJ 07080							480		2	10013		+50	igo	
County (6)	1 1225, 140 07 000		- 1	County (Code (7)			1000	ent Use (Prior	1000	demolis		.00		-
MIDDLESEX					JSE ONLY				EMICAL F						
	Firm Hired by Building	Owner (8)		ASCN	1 No.		Name		tement Contr						
The state of the s	g	······· (0)		1.00			1		nvironmen	0.7	1				
Street Address				1			Street								
						339-1	Lafay	ette Stree	t						
City, State, Zip Code	e						City, St	ate, Z	ip Code						
							Newa	ark, 1	NJ 07105						
Project Manager for	Monitoring Firm		Π.	Telephor	ne No.		Teleph	one N	0.	L	icense N	No.			
				N/A			973-4	491-0	0877	(01240				
Start Date (10)		Schedule	d Com	pletion [Date (11)		Name o	of OSI	HA Monitor						
11/25/16		11/30/1	6				J&S	Envi	ronment Co	orp.	- 25				
Occupancy Status D	During Abatement (Che	ck Only One	e)				Street /								
Facility Closed	Vacated During Entire	Period of A	batem	ent				THE SEC	ite 22 Wes	it					
	formed Outside of Norr be: IN OPERATION	nal Facility	Hours				100000000000000000000000000000000000000		ip Code						
						_	Unio	n, N	J 07083						
Scope of Work (Che	eck All That Apply)						V	ı							
≥3 sf or ≥3 lf × ≥160 sf or ≥260	n If	participated in the last of th	enoval emoliti				Ê		II Containmer ni-Enclosure	nt with N	egative	Pressu	ire		
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	ation of		ormali i Solei				scription				W-710-1	-	Τ.,		
	ining Material (ACM) ABATED	Mair	ntenar	nce/			taining M I systems				ount ecify	Z	_	Enc	m.
	Facility	Custo	odial S (12)	Staff?	(1.0.	surfa	cing, VA7	Γ, or	20011		rLF)	Remova	Repair	aps	Enclosure
	(13)		(12)			other	miscellan	eous)				oval	ai.	Encapsulate	sure
		Yes	No	N/A										Ф	
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Name of Registered	Waste Hauler		1000	JDEP W auler ID		Cubic of Wa	Yards		Name of R	egistere	d Landfi	ļ.			
Newark Carting	Inc.			4509	HU.	OI VVS	1310		ISES Be	ethlehe	m land	lfill			
City, State				.000		Dispo	sal Date		City, State						
5500	wark, NJ 07105								2335-Ap	plebut	ter Ro	ad,Be	thleh	nem,	PA
Completed by		Title	-			1	Signature	1	/		D	ate			
Carlos Gomes		Presi	dent				1	/			7 1	1/8/1	6		
					-75-		10	//							
ASB-41 (R-06-08)							Do no	t use t	his form for a	asbestos	licensu	e exer	npted	activi	ties

Ch252		NC	TIFIC (Pur	ATION C	e of New J OF ASBES NJAC 8:6	TOS AE	BATEMI 12:120)	ENT			EG	G I		E	
Date of Notification (1)	11/10/16		N	ame of E	Building Ov	vner/Ope	erator (2	D(١	,	101	1 1 7	20	16	-
Agencies Notified	Type Notification		S	treet Ad	dress		C 3								1
EPA DEP DOL	Initial Amended Amendment #		C	city, State	e, Zip Code	ina	too	7 ,	NJ	101	ASBEST	OS C ICENS	ONI SING	ROL	. či
	Emergency (in		_ N	lame of 0	Contact	(11))	1)	0 0	Tele	ohone Nun	nber			
DOH DCA	justification) Cancellation			Eric Pla	ackis	~									_
		(0)		FACIL	ITY INFOR	RMATIO	N	Type of	f Facility (4))					\neg
Name of Facility Where A	Abatement is Taking	Place (3)						☐ Sc	chool (K-12 ubchapter 8 ther (i.e. pr) 3 (Othe	r than K-12	2)	nas h	nmes	
		d							c.)		Floors		dg. Ag		-
City (5) Pen	lington)						14	Use (Prior	r if hain	2 a demolish		21	Sandy Specificant	-
County (6)	2016			County C STATE U	ode (7) SE ONLY)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	Curren	DAAR	i ii beni	g derrions	icaj			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM	No.		Name o	of Abate	ement Cont	ractor	9)				
Name of Monitoring 1 in	77 mod by Danamy	***				1	Brick	Indus	stries Inc.						
Street Address							Street A	Address Box 9							
City, State, Zip Code							City, St Brick		Code Jersey 0	8723					
Project Manager for Mor	nitoring Firm		1	Telephor	ne No.		Telepho	one No 899-7			License N 01196	lo.			
Start Date (10)	1116	Schedule	d Com	pletion [Date (11)				A Monitor						
Occupancy Status Durin	ng Abatement (Check	Only On	e)				Street	Addres	S						
☐ Facility Closed/Vac	cated During Entire P	eriod of A	batem	ent			City, St	tate, Ziŗ	o Code						
Scope of Work (Check /															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	, , , , , , , , , , , , , , , , , , , ,		lenova emolit					Min	Containme i-Enclosure vebag Prod i-Exempted	edure				Э	
		la la	Locati	on									Abate	ment	
Locatio	en of	1	Vormal	ly		Des	scription	of					T y	pe	
Asbestos-Containing TO BE AB In Fac (13	g Material (ACM) BATED illity	Ma	d Sole intena todial S (12)	nce/		os Conta thermal surfac other m		s insula T, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
A re-common		Yes	No	N/A					.1	1~	10	1			
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							350 								
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	anta Marilan		l N	NJDEP V	Vaste	Cubic	Yards		Name of	Registe	ered Landf	iii			L
Name of Registered War			F	Hauler ID		of Was	ste (4	GROW	/S Inc					
City, State Brick, New Jersey						Dispos	sal Date	16	City, Stat	e					15-2
Completed by Eric Plackis		Title Pres	sident			S	Signatur	e 4	ill			Date	10	1/6)

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

CK# 7528	N		CATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATEN					G I		—Pri	nt Fo
Date of Notification (1)			Name o	f Building	Owner/C	Operator	(2)			100	10V	17	201	6
Agencies Notified Type Notification			Street A	ddress	/ POAI	D				ASBE				ROL
EPA Initial Amended			0.3005000000000000000000000000000000000	ite, Zip Co							LICE	ENSI	NG	
X DOL Amendment #		_ [SOUT	H PLAII		D, NJ 0	7068	<u> </u>						
DOH justification) Cancellation	noidanig		^	f Contact HARI	S.F	AME	ULAR	0	Telepho	one Nur	mber	-		
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITY INF	ORMATI	ON	Type of	Facility (4)					
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1801 TONNEL	IE,	AV	E.				etc.	.)	rivate & co					3S,
NORTH BER	CGE	·u)					Square F		# of Flo	ors /		ldg. A		2 11/
County (6)			County	Code (7)	n		Current I	Use (Prid	or if being o	-	ned)	17-	0	7
HUDSON Name of Monitoring Firm Hired by Building O			ASCN			Nome			BSTA	Tio	3 N			
ENVIRONMENTAL TACTICS	wilei (o)		0045						S OF AM	ERIC	A			
Street Address 64 BROAD STREET			1				Address VHITEH	HEAD A	AVE.					
City, State, Zip Code MATAWAN, NJ 07747					2	City, St	ate, Zip (Code						
Project Manager for Monitoring Firm TOM GEIGER			Telepho	ne No. 90-2217		Teleph	one No.		Lic	ense N	lo.	re II		
Start Date (10)	Schedule	d Com	pletion	Date (11)		Name (of OSHA	Monitor	S OF AM					
Occupancy Status During Abatement (Check		/ /	2/	16			Address		7 01 7 1101		•	-		
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma Other – Describe:	al Facility	Hours		nles		City, St	VHITEH ate, Zip C TH RIVI	Code						
Scope of Work (Check All That Apply)	./		120-111-11	/		300	HHIVI	LIX, INJ	00002					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emoliti				×	Mini-E Glovei	nclosure bag Prod					2	
Location of	270	Locati	7.77		Dec	scription						Abate Ty	ment	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solel ntenar odial S (12)	nce/		tos Cont thermal surfa	taining M	aterial (A insulation F, or		Amou (Spec SF or	ify	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										te	(b)
N.E. OF CONTROL House		\propto		TRAN			13		32	9	X			
CONTROL HOUSE		×		ACM	CAL	UK			40	- 7.00	X			
Roof		X		KOOF	Ng M	MATER			300	SF	X			
RooF		×	IDEC 11	Roo			Ngs	Jan	300	SF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		H	JDEP W auler ID 125		Oubic of Was		10		Registered S NORTH					
City, State ELIZABETH, NJ					- Marie	sal Date	C	ity, State	SVILLE,	PA		S. 100-		
Completed by CAROL RAIMO	Title OFFI	CE M	GR			ignature	08	,	4.0	Da	te /	/,	,	

		(Purs	want	to NJA	C 8:60 and 12:	120)	THE E	# 13	8	#	d
Date of Notification (1)	01/			Nam	e of Build	ing Owner/Operato	N (2)			4	U	
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Agency Notified 1	ype Notification			Street	et Address	5		THE NU)∀. }	1	201	6
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御 DOH 口 DCA	justification) Cancellation			<		DOVAR			ery			-
				FAC		FORMATION				10	V	
Name of Facility Where Aba		Tace (3	9				Type of Facil	ity (4)				
LS. SUDOVA	R.						School (K-	.42)				
Street Address						18	☐ Subchapte	er 8 (Other than K-12)	8			
*Pro-Astrona					09.8			private & commercial	building	5,		
City (5)			-	,			Square Feet		Bidg. A	loe.		
MONTCLA	7.1e				***		7,000	4		· Yr	25	
County (6)	10			Coun	ty Code (7) (STATE USE		(Prior if being demolish			_	
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Name of Monitoring Firm His (8)	ted by Building Own	ner	ASC	M No.		Name of Abaten				-		
						Best Re	moval I	nc				
Street Address						Street Address						
City, State, Zip Code			-			450 Sou	th Rive	r St				
						City, State, Zip C		J. 07601				
Project Manager for Monitor	ing Firm	T	elepho	one No.		Telephone No.	ack, N.	License No.			_	
· .						201-329-	-7444	00388				
Start Date (10)	Scheduled (omple	tion Da	ate (11)	,	Name of OSHA		1 00300				
11-28-2016	111-	30	-20	016		Omega I	Environ	mental				
Occupancy Status During Al		8 5				Street Address						
☐ Facility Closed/Vacated D ☐ Abatement Performed Out	uring Entire Period	of Aba	temen	ŧ			ıyler St					
Other - Describe: 8	AM - 5PM	amy Ho	. ÷	• *		City. State, Zip C		,N.J. 076	06			
Scope of Work (Check all the	nt apply)							v	00		_	
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-@ ≥ 160 af or ≥ 260 lf					nolition	獨 Glove	ebag Procedure					
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Location of		P	Locati	By							pe	310
Asbestos-Containing Ma			d Sole		Ashe	Description o stos Containing Ma	of toriol (ACM)	Amount	1		_	
TO BE ABATE IN Facility		(botas	ial		, thermal systems i	insulation,	(Specify	10	T D	nos	Enc
(13)	tt.		Staff? (12)			surfacing, VAT, other miscellane		SF or LF)	Kemova	Rephir	Encapaulate	ใจยน
0.		Yes	No	N/A	1				2		ate	6
BASEMENT ROO	mS			K	TII	224.01 124	1 45.	20-	+	-	_	Н
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Name of Registered Waste H				Vaste H	auler	Cubic Yards of	Name of Regis	stered Landfill	1			\dashv
Best Removal	I Inc	ID	No.	100		Waste		a Enterpris	AC	тт	0	de transporte
City, State			1/.	109		21/2 405		- zuccibits		الما و	10	
Hackensack	N.J. 07	601				Disposal Date	City, State	-h	110	,		
Completed by	Title					11-30-16 Signature	waynes	sburg, Oh, 4		3	_	-
R.VELDRAN.	Esti	mat	or			R. Voldra	и	1	-10	-16	0	
ASB-41				for as	bestos lic	ensure exempted a	ctivities.			, ,	_	

B & G proj. #: 201

2016-150

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

*** NON Sub 8 ***

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Date of Notification (1)		1	Name of	Building Ov	vner/Operator (2	2)		T U	-	101	• /	ÉÜ	10				
111/11/1	1 6			tic Health	And the second of the second o	-/											
	pe Notifica	tion	Street Ac			-			ASRE		THE REAL PROPERTY.	-	BOL 8				
☐ EPA ☐	Initial			Madison A	venue					LIC	ENS	ING					
☐ DEP	1 1111101	1		e, Zip Code													
X DOL X	Amend	ment		stown, N.													
▼ DOH			Name of	Contact				Telepho	one Numb	per							
□ DCA □	Cancell	ation	Pete	r Palmer				ξ									
- I				FA	CILITY INFORM	/ATIO	ON										
Name of facility where a	batement i	s taking p	place (3)					Type of Facility	(4)		-						
Morristown Medica	al Center	r, Frank	lin wing	exterior				Scho	ool (K - 1	20							
Street Address									hapter 8 r (Private								
100 Madison Aver	nue							Bldgs	./Homes,	etc.							
City (5)		l Co	unty (6)			T C.	ounty Code (7)	Square Feet	# of Flo	ors	1	3ldg. A	Age				
Morristown						10.35	tate use only)	Current Use (I	Prior if be	ing de	molis!	ned)					
			orris					Hospital (no									
Name of Monitoring Firm T&M Associates	1 Hired by E	Blag. Ow	ner (8)		ASCM No.		Name of Abatement C	ontractor (9)									
					0145		B & G Restoration	on, Inc.									
Street Address 11 Tindall Road							Street Address 105 Ryerson Ro	ad									
City, State, Zip Code						-	City, State, Zip Code				-						
Middletown, NJ 0	7748						Lincoln Park, N	J 07035									
Project Manager for Monit	toring Firm			Phone Numb	ber		Telephone Number		Licens	e Num	ber						
Kevin Burns			7	732-676-4	000		(973)696-6869		0	0378							
Scheduled Start Date (10)		Sche	d. Comple	tion Date (1	1)		Name of OSHA Monito						-				
10/17/2016		01/	17/2016				B & G Restoration	on, inc.					and the same				
Occupancy Status During	Abatement	(Check	only one)	ALL LANGUE CONTRACTOR	(i. b)	-	105 Ryerson Roa	ad									
Facility closed/vacate							City, State, Zip Code										
Abatement performe Describe:																	
Other-Describe: WO			- 12:30a	im		-1	LincolnPark, NJ	07035									
Scope of Work (check all						_					-						
Demolition	X F	Renovation	on				Full Containment w/negat	tive pressure	✗ Glove	bag pr	oced	ure					
>3 sf or >3 lf		160 sf or	_				Mini-enclosure	[¥ Non-f	riable	огосе	dure					
Location of			n normally enance/cu	used solely						R	R	E	E				
asbestos-containing material to be		staff(12)	,		Description material (A		asbestos-containing	Amount (Specify S	E or	m	e p	n	n				
abated in facility (13))	Yes	No	N/A	material (F	(CIVI)		LF)	. 01	O V	a	a	L				
xterior window curtain	n wall	1		X	black asph	altic	folt nones	100 - 6		e	r	р	1				
eskovick 5				X	fittings	aitic	Tell papel	120 sf 44 fittings		X	H	-	H-				
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Deskovick B								32 If	S.Leannes Cor.	X	Ħ	ᆔ	一				
Registered Waste Hauler NJDEP Hauler ID# Cubic Yard State Cubic Yard Cubi						aste	Name of Registered La	ndfill esource & Re	COVER	1	ar I						
City, State Disposal Date Lincoln Park, NJ 10/17/16 - 01/17						6	City, State Tullytown, PA		COVERY	Jent	-1	-					
10/11/10 01/11/10								1	Dota			1					
Gordana Luna Title Secretary/Treasurer Signature						Gordana Luna Date 11/11/2016											

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) 2016-150 B & G proj. #: Check # 8046 *** NON Sub 8 *** Date of Notification (1) Name of Building Owner/Operator (2) Atlantic Health System 1 10 1/10 16 1/11 16 1 Type Notification Agencies Notified Street Address ☐ EPA 100 Madison Avenue Initial ASBESTOS CONTROL & DEP City, State, Zip Code LICENSING Morristown, NJ 07960 Amendment DOL Telephone Number Name of Contact X DOH Cancellation Peter Palmer T DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Morristown Medical Center, Franklin wing exterior Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors 100 Madison Avenue Square Feet County Code (7) County (6) City (5) (State use only) Current Use (Prior if being demolished) Hospital (non sub 8) Morris Morristown Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. T&M Associates 0145 B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 11 Tindall Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Middletown, NJ 07748 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 00378 (973)696-6869 732-676-4000 Kevin Burns Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 10/17/2016 01/17/2017 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Work shift 4:00pm - 12:30am Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure Renovation Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf >3 sf or >3 lf Is location normally used solely E e e Location of n by maintenance/custodial Amount n Description of asbestos-containing m p C asbestos-containing (Specify SF or staff(12) C material (ACM) 0 material to be a a i abated in facility (13) N/A Yes No X 120 sf black asphaltic felt paper exterior window curtain wall

Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. Disposal Date City, State Tullytown, PA 10/17/16 - 01/17/17 Lincoln Park, NJ Signature Gordana Luna Completed by (Print or Type) 10/06/2016 Secretary/Treasurer Gordana Luna

Print Form

Date of Notification (1) 11/14/2016			Name of Building Owner/Operator (2) International Flavors&Fragrances							2016	L					
Agencies Notified EPA DEP DOL	Type Notificatio			Street 1515 City, S	Address State Hi	ighway ^{ode}	/ 36	grances	THE REAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY ADDR	ASBI	ESTOS LICE	CON	MTRC G)L &	171	
DOH DCA	Amendmer Emergence justification Cancellation	y (including 1)	_	Name Gary	nBeach, of Contact Stapper	fenne/	Constr	.Mngr		Tel	ephone f	Numbe	<u> </u>			
Name of Facility Where International Flavo Street Address	Abatement is Tak rs&Fragrances	ing Place (3	3)	FAC	CILITY INF	ORMAT	ION	☐ Sc	Facility	12)		The substitute of the substitu				
1515 State Highwa	у 36							X Oti etc Square	her (i.e. :.)	private 8	er than K & comme	-12) rcial bu	uilding Bldg.		mes,	
County (6) Monmouth				County (STATE	Code (7))		Current factory	Use (Pr	ior if beir	ng demol	ished)				
Name of Monitoring Firm Garden State Envir	n Hired by Building Conmental	Owner (8)		ASC	M No.			of Abater Corpor		ntractor	(9)					
555 South Broad S	treet				Address McBride											
Project Manager for Mor	len Rock, NJ 07452 oject Manager for Monitoring Firm						Woo	City, State, Zip Code Woodland Park, NJ 07424 Telephone No. License					N			
Bruce Wolf Start Date (10) 11/23/2016	Date (10) Scheduled Co						973-	225-840 of OSHA			01104	INO.			Treation in	
Occupancy Status During X Facility Closed/Vaca Abatement Perform	ated During Entire	Period of A	e) baten	nont.			Street 2333	Address Route 2	22 Wes		tories,L	LC				
Scope of Work (Check Al	start 1:00 pm and re	egular hours	3			_		tate, Zip C n, NJ 07								
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Section 2	enova emoliti	55,000				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure/limited CO Non-Exempted (*) and Non-Friable Procedu								
Location Asbestos-Containing	of	. No	ocationall Solel	У		Des	cription	of		· () unu	11011-1112		Abat	emen /pe		
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City, State Woodlamd park, NJ						Disposa	al Date		y, State orrisvil					***************************************		
Completed by Momo Glavatovic Title vice preside					sident				Date 11/14/2016							

Check# 13335

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Date of Notification (1)					of Building	Owner/	Operator	(2)		Francis	P	<i>D</i> L	2 0	7.7	P			
Agencies Notified	Type Notification				Address nestnu	F Did	go Po	500	***************************************		E (ם	5	$-\mathbb{W}$	E			
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□ DCA -	□ Cancellation										ASBES				ROL			
Name of Facility Where		ng Place	(3)	FAC	ILITY INF	ORMAT	ION	Туре о	f Facility (4)	LICENSING							
75 Chestnut Ri	.dge Road								chool (K-1									
Street Address 75 Chestnut Ri	.dge Road							X 0		8 (Other the rivate & co			dings	, hom	es,			
City (5) Montvale								Square 35,0		# of Flo	ors		81dg. / 60yi					
County (6) Bergen				County (STATE	Code (7) USE ONLY)		Current		Prior if being demolished)								
Name of Monitoring Firm		0.0000000000000000000000000000000000000)	ASGN	И No.					tractor (9)	I		T					
Whitestone Ass Street Address	ociates, i	nc.	-					Address		LOIMEN	LdI (0.,	Inc					
1600 Manor Dri	.ve			923 Haws Avenu						ue								
City, State, Zip Code Chalfont, PA	1001/						1	State, Zip Code										
Project Manager for Moni		Telepho	ne No			one No.	- 50	A 1940	I ense No									
Jeremy Hassett				- 2	712–27	00	4 50)-239-		00398								
Start Date (10) 11/28/16		Schedu 12/30		npletion	Date (11)		54.534.535.634.555		Monitor									
Occupancy Status During	Abatement (Chec			Plymouth Envi						ronmen	tal C	0.,	Inc					
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☐ Abatement Performe ☐ Other – Describe:	ed Outside of Norn	nal Facilit	y Hours	City, State, Zip Code Norristown, PA						A 1940	1							
Scope of Work (Check All	That Apply)										. Marine Marine							
 ≥3 sf or ≥3 If ≥160 sf or ≥260 If 			Renova Demolit					l Mini-l Glove	ull Containment with Negative Pressure fini-Enclosure Blovebag Procedure Ion-Exempted (*) and Non-Friable Procedure									
		1.00	s Locati										Abate	ement				
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City, State New Castle, DE						Dispos 12/3	o/16	(City, State Wayne:	sburg,	ОН							
Completed by James Kelly Title President				dent	Signature \ \ \ \ \				Date 11-		-16							

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1	7 1	(A	_	11	/

Ch2040	N		State of New Jersey PTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)								<u>U</u>	<u>L</u>	<u> </u>	
Date of Notification (1) 11/14/16				f Building Gartla		Operator	(2)				NOV	-pres	7 21	116
Agencies Notified Type Notif	cation		Street A	ddress					1	100			01.17	
☐ EPA ☒ Initial									Î	ASBI			SING	
DEP Amer				ite, Zip Co					L			-		
☐ Emer	dment # gency (including	- [ell, NJ (07006									
DOH justifi	cation)			Contact					Tel	ephone Nu	nber	_		
DCA Canc	ellation			Gartla										
Name of Facility Where Abatement is	Taking Place (2)		FACI	LITY INF	ORMATI	ON	Т	e of Facility (4	11					
Private House	raking Flace (5)	,					Тур							
Street Address							H	School (K-12 Subchapter		er than K-1	21			
							×	Other (i.e. pr				dings	home	es,
City (5)							_	etc.)	1 44 -	£ =1	1 6			
Caldwell							Squ	are Feet	# 0	f Floors	-	Bldg. A	\ge	
County (6)			County	Codo (7)			C	ent Han /Drin	r if hai	na dansalial				90/15/5
Essex			County ((STATE)	JSE ONLY)		Curi	ent Use (Prio	r II bei	ng aemolisi	nea)			
Name of Monitoring Firm Hired by Bu	ilding Owner (8)		ASCM	1 No		Nama	-£ ^ L	atement Conf		(0)				
Competent Supervisor	iliding Owner (8)		ASCIV	I NO.				Construct						
Street Address						Street			1011 11	10.				
Street Address								ess 6 West Su	ita 1/	1				
City, State, Zip Code								Zip Code	110 1-	r ₀				
Oity, Otate, Zip Gode								NJ 07512						
Project Manager for Monitoring Firm	and the same of th		Telephor	no No		Teleph				License N	0			
			Completion Date (11)				973-832-4244				0,			
Start Date (10)			npletion [Date (11)			of OSHA Monitor							
11/26/16	12/3/16			Same as above										
Occupancy Status During Abatement	(Check Only One	e)				Street /	Addre	ess						
Facility Closed/Vacated During Abatement Performed Outside of Other – Describe:	Entire Period of A of Normal Facility	batem Hours	ent			City, St	tate, 2	Zip Code						
Scope of Work (Check All That Apply)			-										_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× R	enova emoliti				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure							
							IN	on-Exempted	(*) an	d Non-Friad	T Pro			-
	100.000	Location ormall											ement pe	
Location of Asbestos-Containing Material (AC	Lloor	i Solei		Achoo		scription		al (ACM)	۸	mount				
TO BE ABATED	iviaii	ntenar	20000000			aining ivi systems				mount Specify	Z	-	Encapsulate	ш
In Facility	Custo	odial S (12)	staff?	13813220	surfa	cing, VA	T, or	ALI TALLOCTOR II		or LF)	Remova	Repair	aps	Enclosure
(13)					other n	niscellan	eous)			val	굨.	ulat	sure
	Yes	No	N/A										Ф	
Basement			X Pipe II				ion		9	5 LF	Х		Χ	
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Yards		Name of R	Registe	red Landfill				
Academy Construction Inc.		Н	auler ID 34422		of Was			GROWS						
City, State Totowa, NJ		Disposal Date City, State TBD Tullytown, PA						-						

Completed by

Filip Geleski

Title

Supervisor

Date

11/14/16

Signature

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		0V-	17	201	6
Corp	/ Job #1502-1	959	Chk.	451	5
	ASBES		S CC NSI		ROL
	Telephone Num	ber			7167
Facility	(4)			111-5-5-	
ol (K-1 hapter	2) 8 (Other than K-12)			
	private and commer		uildin	gs,	
eet	# of Floors	В	ldg. A	Age	
llee (D	1	1	40		
Jse (P	rior if being demolis	hed)			
ctor (9)				
ervic	es, Corp.	F			
d					
i	License No.				
	00862				
orth					
77					
ith Ne	gative Pressure				
re					
and No	on-Friable Procedur	_			
			atem	ent T	
N)	Amount (Specify	Removal	Repair	ncapsulate	Enclosure
	SF or LF)	val	-	sula	sure
				te	
nit)	approx. 5 SF				
nit)	140 SF				
	stered Landfill	-			
	andfill				
ite	DA 40007				

Date of Notification (1)			Ma	(D. 111)	0 10 1			31/	47	004	6	
11 / 15	16		100		ig Owner/Operator	51905	Job #1502-1959 Chk. 4515					
Agencies Notified Type Not ⊠ EPA ⊠ Initial			Str	eet Address	nede Drive	nymede oorp	ASBES	TOS		NTF		
□ Amen	2000 Miles			y, State, Zip	at all years over groups, alves, 14 to				1011	101		
	dment # gency (includ	ina		Vayne, NJ								
	gency (includ cation)	ing	-	me of Contac	300 HULESON		Telephone Numi	oer				
☐ Cance			V	incy Brund	0		Tologhoric Humber					
			F	ACILITY IN	NFORMATION							
Name of Facility Where Abatement	is Taking Pla	ce (3)				Type of Facility	(4)			11111111111		
Edward Sisco Sr. Citizens V	illage					2)						
Street Address						8 (Other than K-12)						
100 Runnymede Drive						homes, etc.)	rivate and commer	cial b	uildin	gs,		
City (5)						Square Feet	# of Floors	В	ldg. A	\ae		
Wayne						9000	1		40	-		
County (6)			Co	ounty Code (7	7)(STATE USE ONLY)	ior if being demolis	hed)					
Passaic						R-2						
Name of Monitoring Firm Hired by B	uilding Owne	er (8)	ASC	M No.	Name of Abateme							
Criterion Laboratories					Asbestos an	d Mold Service	es, Corp.					
Street Address					Street Address		• • • • • • • • • • • • • • • • • • • •	100				
3370 Progress Drive, Suite J					3859 Sylon B	oulevard						
City, State, Zip Code					City, State, Zip Co	ode						
Bensalem, PA					Hainesport, N	NJ 08036						
Project Manager for Monitoring Firm		Tel	lephor	ne No.	Telephone No.		License No.					
Mike Panepresso				44-1300	609-702-0400	P	00862					
Start Date (10)11 /25 /16	Scheduled 11			Date (11) 16	Name of OSHA N EMSL Analyt							
Occupancy Status During Abatemen	t (Check only	y one)			Street Address							
☐ Facility Closed/Vacated During E	ntire Period	of Abate	ement		200 U.S. Rou	te 130 North						
Abatement Performed Outside of Time of Abatement; AM-					City, State, Zip Co	ode					_	
POSSI DIE aduble 3 Hift	PM/	PIV	1	AM	Cinnaminson	, NJ 08077						
Scope of Work (Check all that apply)						281	90.00 4000					
≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demoliti			☐ Mini-Enc ☐ Glovebag	Procedure	ative Pressure n-Friable Procedure	a				
		Is Loca	tion			mptod () dild i tol	T Habie T Toocaan	_	atem	ent T	vno	
Location of	11	Norma			Description of			71000		T		
Asbestos-Containing Material (A) TO BE ABATED		sed Sol Iaintena		ASDE	stos Containing Ma ., thermal systems i	terial (ACM)	Amount	(em	Repair	inca	ncl	
IN Facility	Cı	stodial) (surfacing, VAT,		(Specify SF or LF)	Removal	=	Encapsulate	Enclosure	
(13)	Yes	(12) No	1	_	other miscellane	ous)				late	е	
Units 907, 807, 908, 808, 915, 8			N//		n Ceiling (1 " st	rin ner unit)	approx. 5 SF		П			
916, 816, 917, 817				Сороси	Tooming (1 St	ip per unit)	ner unit					
SAME UNITS AS ABOVE				Floor Ti	le & Mastic (14 S	SF per unit)	140 SF					
		П	П		•							
Name of Registered Waste Hauler				P Waste	Cubic Yards of	Name of Regist	orod Landell		Ш	Ш	Ш	
Carnevale Disposal		1.00	Hauler	ID No.	Waste	GROWS La						
City, State			1729	97	5 Disposal Data		IIIIII					
					Disposal Date 11/26/16	City, State Morrisville,	DA 40007					
Hamilton, NJ						IVIORRIGIVIIIA	FA 1906/					
Hamilton, NJ	Tale					Wornsvine,						
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office	Ca	J! '		Signature	wornsvine,	Date		-11	_		

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

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Date of Notification (1) 11/16/16		Name of Building Owner/Operator (2) The Langfan Company						UIU	But								
Agencies Notified	Type Notification				Address N. 57th	Street.	#906				ASBEST	OS)L &		
EPA DEP DOL	Initial Amended Amendmen			City, S	tate, Zip C York, N	ode											
DOH DCA	Emergency justification Cancellation		1		of Contact ifer Gabo					Tel	ephone Nu	mber					
				FAC	CILITY INF	ORMAT	ION										
Name of Facility Where Former Marshall's	Abatement is Takii Store	ng Place (3)					_	of Facility (School (K-1								
Street Address 1139 - 1151 Hamb	urg Turnpike							X		ter 8 (Other than K-12) p. private & commercial buildings, homes					ies,		
City (5) Wayne								-	re Feet	# o 2	f Floors	111 3	Bldg.	Age			
County (6) Passaic					Code (7)	n			nt Use (Pric	Prior if being demolished)							
Name of Monitoring Firm Acer Associates	n Hired by Building	Owner (8)	ASC	M No.				tement Cor	tractor	(9)						
Street Address 1012 Industrial Driv	/e			Street Address 407 West Lincoln						liahwa	av Suite	500					
City, State, Zip Code West Berlin, NJ 08	City, State, Zip Code West Berlin, NJ 08091						City, S	state, Zi	ip Code 19341		29, 00.10						
Project Manager for Mor Matt DePalma		Telephone No. Tel				Telephone No. License No. 484-872-8884 01161											
Start Date (10) 11/30/16		Schedul 12/31/		ompletion Date (11) Name of OSH					andrew to the		01101						
Occupancy Status Durin	g Abatement (Che			Street Address					e								
➤ Facility Closed/Vac				ment	nent 200 Route 130 No					th							
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	y Hour	City, State, Zip Code Cinnaminson, NJ													
Scope of Work (Check A	II That Apply)			Cirilaniiison, No													
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if 		-	Renova Demoli	lition X Mini-End Gloveba					i-Enclosure vebag Prod	ntainment with Negative Pressure closure og Procedure empted (*) and Non-Friable Procedure							
		1	Locat	ion				1 1401	I-Exempled	() all	u Non-Filat	T		emen	t		
Location	n of		Norma	lly		Des	scription	of					T	/ре			
Asbestos-Containing TO BE ABA In Facil (13)	ATED	Ma	ed Sole intena todial (12)	ince/		stos Cont thermal surfac	aining M	faterial s insula T, or		(8	mount Specify For LF)	Remova	Repair	Encapsulate	Enclosure		
		Yes	No	N/A								1000		te	1		
Retail A	rea			X		Ce	iling Ti	le		28,0	000 SF	X					
Retail A	rea			X		Floor	tile ma	astic		31,0	000 SF	X					
Back Off	ices			X		Floor	tile ma	astic		2	3 SF	X					
7.				IJDEP V lauler IC		of Was					red Landfill Mercer S				1112000		
City, State Trenton, NJ							al Date		City, State Morrisvi		Α						
Completed by Jack Bally		Title Sr. P	rojec	t Mana	ager		ignature	h /2	~ \\ \	(D)	Da	ite 1/16/	16				
or Project							ful	11/	well o								

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Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1) 11-16-16	- 1	Name of Building Owner/Operator (2) RABBI AVROHOM RAPOPORT							NUV	1	1 2	J10			
Agencies Notified Type Notification X EPA Initial	Type Notification			Street Address 6605 ATLANTIC AVENUE						ASBESTOS CONTROL & LICENSING					
X DEP Amended Amendment		- 1	City, State, Zip Code VENTNOR, NJ 08406												
DOH justification)	Emergency (including justification) Cancellation			Name of Contact RABBI RAPOPORT				Telephone Number							
			FACI	LITY INFO	RMATI	ON									
Name of Facility Where Abatement is Takin CHAI CENTER-CHABAD AT THE								Facility (4)							
Street Address 6605 ATLANTIC AVENUE							Sub Sub	ochapter 8 er (i.e. pri	(Other th			dings,	home	ıs,	
City (5) VENTNOR							etc.) Square Feet # of Floors Bldg. Age +/-100								
County (6) ATLANTIC		County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) SYNAGOGUE									
Name of Monitoring Firm Hired by Building HEALTH AND SAFETY SERVICE	nitoring Firm Hired by Building Owner (8)				ASCM No. Name of			of Abatement Contractor (9) PPER ENVIRONMENTAL SERVICES, INC.							
Street Address 318 N. 12TH STREET						Street	Street Address 2251 FRALEY STREET								
City, State, Zip Code HAMMONTON, NJ 08037						City, State, Zip Code PHILADELPHIA, PA 19137									
Project Manager for Monitoring Firm Telephone No. AL OSWALD 609-704-85						Teleph	elephone No. License No. 01166								
Start Date (10) 11-28-16	Scheduled	uled Completion Date (11) Name					of OSHA	Monitor			S			0.000	
								HEALTH AND SAFETY SERVICES Street Address							
Facility Closed/Vacated During Entire Period of Abatement							18 N. 12TH STREET								
							City, State, Zip Code HAMMONTON, NJ 08037								
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	X Re	nova	tion			Г	1 Eull C	ontainmen	nt with Ne	agative P	raceu	ro			
≥160 sf or ≥260 lf		Demolition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	Τ						INON-E	xempted (d () and Non-i hable i			Abatement			
Location of		Location Normally			Description of				Amount (Specify SF or LF)		Туре				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)			(i.e. thermal systems			s insulation, AT, or				Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A		720020020		2001 000				1000		le l		
1ST FLOOR MEETING ROOM			X	5	9X9 FI	LOOR	TILE		5,000	SF	X				
Name of Registered Waste Hauler	NJDEP Waste Cubic Yards					s Name of Registered Landfill									
SERVICE TRANSPORT GROUP Hauler ID No.				of Was											
City, State Disp MORRISVILLE, PA					Dispos	sal Date	1000	ity, State IBSON,	, ОН						
Completed by JENNIFER NIVEN	Title DIR. C	Title DIR. OF OPERATIONS				Signature			-	Da	te /. //	10-1	1/2		
					_	1.0					1-15	- 1	4		