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

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	NO	<b>TIFICATION</b>	tate of New Je N OF ASBEST to NJAC 8:60	OS ABATE		D 框 9	Q.	47	$\mathbb{V}$	
Date of Notification (1)	16	Name o	of Building Own	0	der	No.	1 1	8 2	016	100
Agencies Notified Type Notification  □ EPA Initial □ Amended	G.	Street A	Address ate, zip Code		1	SEST	-		ITRC	)L.&.
DOL Amendment Emergency (justification)		Name o	Flen	ningt	ren N	Telephone Nur	32	SIN	<u>G</u>	PRODUCTION AND ADDRESS.
□ DCA □ Cancellation		-	ハ しい		۷		201100000			-
Name of Facility Where Abatement is Takin	- ~	-11-			Type of Facility	_	8			
Street Address	Dw	elling		8		-12) er 8 (Other than K-12 private & commerci		dings	, חסת	es
City (5)	NT	700	,822	:3:	Square Feet	# of Floors	В	ildg. A	Age ∂≁•	_
County (6) Hunterdon	102	County	Code (7) USE ONLY)		Current Use (P	rior if being demolish	ned)	9	) r	
Name of Monitoring Firm Hired by Building C	owner (8)	ASCN	N/A	E	of Abatement Co	entractor (9)	ies	6	In	
Ro. Box 3.	37			P	Address O. Box tate, Zip Code	337	,	<b></b>	190 MB	-
Project Manager for Month right Firm	N2	08 Telepho	533 ne No.	N	none No.	License N	0.			R orth
Start Date (10)	Scheduled C		758-336		758-33 of OSHA Monito	300000	3.			
Occupancy Status During Abatement (Check	11	- 28-	/6			hnologies	I.	nc		
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Abat			City, S	tate, Zip Code	337		~ ~		
Scope of Work (Check All That Apply)		<del></del>		140	w zgypt	NJ C	185	2	2	
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		ovation olition			Mini-Enclosur Glovebag Pro	ocedure				THE PERSON NAMED IN COLUMN
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Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mainter Custodia (12	al Staff?	(i.e. then	mal systems urfacing, VA er miscellan	insulation, T, or	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes N	o N/A							te	в
Basement	X		Pipe	Insu	lation "	40 LF	X			
		,			Service And Service					
Name of Registered Waste Hauler  EPC Technologies	>	NJDEP W Hauler ID	No. of	bic Yards Waste	Was	Registered Landfill	nent	· a (	2 9	A
City, State  New Equat	NJ.		Dis 1	posal Date		te uisville F	A			
Steve Schenner	Presi	dent		Signature St.	we) Sch	ah la	- Carrier Control	-10	) 1	6

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Name of Build	ing Owner	- 4	(2) +0~	ne I	mpred	dene	84	2018	)	
Street Address			14			1			130	
City, State, Zi		Box	incl		OK ASBE	2100	<del>100</del>	4111	OL 8	×
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Name of Cont		i Son			Telephone	Number	ON ARTH		1_	
Bab FACILITY						557				
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	1	1	6	etc.) re Feet	# of Floors			j. Age		
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ASCM No.	/A	Name	of Aba	tement Con		0916	15	100	2 E (1)	
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mpletion Date	(11)	Name	FP	HA Monitor	hnolog	ies :	Σn	<u>_</u>		
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ally	S	Description Descri	Materians insured (AT, or	ilation,	Amoun (Specif SF or L	fy	Removal	Repair	Encapsulate	Enclosure
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NJDEP Was Hauler ID No	o. of	ubic Yards f Waste	2		ste Man		ent	f 5	<u>e_</u> [	1/2

Date of Notification (1)

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Date of Notification (1)	11-15	-10	0	Name	of Building Owne	r/Operator		struction	10	11	-	-
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□ EPA □ DEP	Initial  Amended			City, S	State, Zip Code	70	Dutr	) HUC	0-	7		
DOL DOH	Amendment  Emergency	(includin	ıg		of Contact	Pla	uins 1	1 01	0 ,	6		
D DCA	justification)  □ Cancellation			Do	on Vi	lla	ne	Telephone I	Viimhe	r,		
Name of Facility Where	f A			_	CILITY INFORMA	TION	Type of Facility	y (4)	324			
Street Address	ly Apar	ctr	ient		)wellin	9	☐ School (K	(-12)	202529			
					2	ا ، ر	Other (i.e	er 8 (Other than k . private & comme	-12) ercial bu	uilding	s, hor	nes
City (5)	Cid 1	11	- /	17	10n		etc.) Square Feet	# of Floors		Bldg.	Age	-
County (6)	riela 1	VU			Code (7)		Current Use (P	rior if being demo	lished)	S	) t	gar 
Name of Monitoring Firm	Mirod by Puilding	Numar /6		-53	USE ONLY)		2 famil	y Dwell		Af	) f.	
EPC TE	the by building to	Sic	) S	ASC	M No.	Name	of Abatement C	chnole	e in	Œ.	tans E s	m. II
Street Address	30 2:	37	}			Street /	Address		7	1 1999	राज्येको छ	# 135
City, State, Zip Code	AAN A	11"	7	10	522	City, St	ate, Zip Code	7 00			ALLE CO	ih ose en
Project Manager for More	VOT.	N	7	Telepho	00 No.		one No.	pt M	0			
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Occupancy Status During		Only O	ne)		. ~	Street A	Address	~	5 4	-15		
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Other - Describe: _ Scope of Work (Check Al	Their Apply						w Egypt	TU	08	53	3	
Scope of Work (Check Ar	тпат Арргу)	Д	Renova	tion			Full Containm	nent with Negative	Proces	uro.		
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Name of Registered Waste	Hauler		1000000	IDEP Waller ID				Registered Landfi		L		
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City, State New Eq	1 tav	J	N			al Date	City, Stat	e	PA			
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#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Check#2642 Name of Building Owner/Operator (2) Date of Notification (1) 1 8 2016 14 / 16 11 Peyton Bryant Street Address Type Notification Agencies Notified M Initial ASBESTOS CONTROL & ☐ EPA ☐ Amended City, State, Zip Code **⊠** DOLWD LICENSING Amendment # X DHSS Montclair, NJ 07042 Emergency (including Telephone Number ☐ DCA Name of Contact justification) (NJAC 5:23-8) Cancellation Peyton Bryant FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-1 2) Private house Other (i.e., private and commercial buildings. Street Address homes, etc.) Bldg. Age # of Floors Square Feet City (5) Montclair, NJ 07042 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) Essex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01127 973-638-1777 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 11 / 24 / 16 16 11 / 23 / Envirovision Consultants,Inc Street Address Occupancy Status During Abatement (Check only one) 20-21 Wagaraw Road, Bldg .# 35E ☑ Facility Closed/Vacated During Entire Period of Abatement 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 Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Renovation >3 sf or >3 lf 2 160 sf or 2260 lf Demolition Abatement Type Is Location Normally Description of Encapsulate Repair Remova Location of Amount Asbestos Containing Material (ACM) Used Solely by Asbestos-Containing Material (ACM) (Specify Maintenance/ (i.e., thermal systems insulation, TO BE ABATED SIF or LF) Custodial Staff? surfacing, VAT, or IN Facility (12)other miscellaneous) (13)N/A No Yes X 150 LF $\boxtimes$ Pipe-wrap&cut Basement П NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler T.R.R.F. Inc TBD 0033785 Gr Tech LLC City, State Disposal Date City, State Tullytown, PA TBD Wayne, NJ 07470 Date Signature Completed By (Print or Type) Title Teutic Wenad 11/14/16 Owner N.Jevtic

State of New Jersey

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Date of Notification (1) 11/7/2016			of Building ( RA HAM				TORAGE	co.				162		a second	
Agencies Notified Type Notification   EPA Initial			Street A 87 WI	Address EST PAS	SAIC	STRE	ET		AS	SBES	TOS LIGE				_&
DEP Amended Amendment				ate, Zip Co HELLE P		NEW .	JERS	EY 0766	2						
	including			of Contact					Telep	ohone N	Numb	er			
	-		FAC	ILITY INFO	RMATI	ON		<u> </u>	_						
Name of Facility Where Abatement is Taking TOTOWA BUSINESS CENTER #		3)						of Facility School (K-							
Street Address 930 NORTH RIVERVIEW DRIVE						ý	X	Subchapte Other (i.e. etc.)				ouile	dings	hom	es,
City (5)							Squa	re Feet	# of F	Floors		В	ldg. A	ge	
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County (6) PASSAIC				Code (7) USE ONLY)			S-1/	ent Use (Pri B	ior if being	g demo	lished	1)			
Name of Monitoring Firm Hired by Building O BIOTERRA ENVIRONMENTAL SO			ASCN	M No.				tement Co CONTRA							
Street Address 1030 CHESTNUT STREET # 1224							Addres	ss TON AV	/ENUE,	UNIT	365				
City, State, Zip Code						City, S	tate, Z	ip Code							
UNION, NEW JERSEY 07083 Project Manager for Monitoring Firm	-	Telepho	no No			none No	, NEW JE		License				-		
RICK EUSTAQUIO			94-3762		11	450-9			01036						
Start Date (10) 11/28/2016	Schedul 12/16/		npletion	Date (11)				HA Monitor CONTRA		INC.					
Occupancy Status During Abatement (Check	k Only O	ne)	Street Address					VENUE LIMIT OCC							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: M-F, 7 AM - 5 PM								ip Code							
						CLIF	TON	, NEW J	JERSEY 07012						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if  ≥160 sf or ≥260 if	-	Renova Demolit				×	Mir Glo	I Containm ni-Enclosur ovebag Pro n-Exempte	e cedure					е	
	81	Locati												ement pe	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		Achect		scription		(ACM)	Δm	ount					111-2-5-1
TO BE ABATED In Facility (13)	Cus	intenar todial S (12)	staff?	(i.e. 1	thermal surfac	containing Material (ACM) mal systems insulation, irfacing, VAT, or er miscellaneous)			(Sp	ecify or LF)		Removal	Repair	Encapsulate	Enclosure
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1ST FLOOR OFFICE Name of Registered Waste Hauler		N	X	/aste	Cubic `	T - TA	IN	Name of	200 Registere		X				
ATLANTIC CARTING		Н			of Was				A BETH			AN	DFIL	L C	ORI
City, State WAYNE, NEW JERSEY 07470		Disposal Date City,			City, Stat BETHL	y, State ETHLEHEM, PA									
Completed by MILENA ZORIC	CUTI	JTIVE DIRECTOR			ignature	L				Date 11/7	/20	16			

Location of Asbestos- Containing Material (ACM)  TO BE ABATED In Facility (13)	Noi M	Locat rmally Solely aintenatodial (12)	Used by ance	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or 1.F)	EST	batem	121	
	Yes	No	N/A			val	=	ite	ure
1st Floor – Foyer		X		VAT, Blue	300 SF	X			
2 <sup>nd</sup> Floor		X		VAT and associated Mastic	40,000 SF				

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Date of Notification (1)			Na	ame of B	uilding Owner/C	perator	(2)	1	HOV 1	8 20	116		1	
	mber 15, 2016		Ph	oenix	l.			111	L.	-	1000	1		
Agencies Notified	Type Notification		1075/02346	reet Add										
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EPA	X Initial		* \$10:55F\$198	position Whitelern	, Zip Code			1	LICEN	Sing	1			
DEP	Amended Amendment #				k, NJ 07701									
	Emergency (in			ame of C	-20				TelephoneNum	ber				
DOH	justification) Cancellation			25 0.00				<b>‡</b>						
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Name of Facility Where	Abatement is Taking	Place (3)		FACILI	TT IN ORMATI	011	Тур	e of Facility (4)						
les see a Se	s Abatement to Taking	000 (0)						School (K-12)						
former Cardolite		-					Н	Subchapter 8	(Other than K-12)	1				
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County (6)				ounty Co	ode (7) SE ONLY)		Cur	rent Use (Prior		eu)				
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Name of Monitoring Fire	rm Hired by Building O	wner (8)		ASCM	No.	220000000000000000000000000000000000000		atement Contr						
AET, Inc.								K Group, LL	C					
Street Address						Stree								
907 Doolittle Drive					1500	King	s HWY N, S	STE 209		in the				
City, State, Zip Code						City,	State,	Zip Code						
Bridgewater, NJ 08	807					Cherry Hill, NJ 08034								
Project Manager for M			Т	elephon	e No.	Telep	hone	No	License N	cense No.				
Eric Houseknecht	Tarrie Sala de Carlos		(9	08) 21	8-1108	(973)	759	- 5000	00781					
Start Date (10)		Scheduled				Name	of O	SHA Monitor						
10/30				1/30/17		The N	ИАС	K Group, LL	.C.					
Occupancy Status Dur		Only One		1700711		Stree							-0.50	
The state of the s						1500	Kind	s HWY N, S	STE 209					
Facility Closed/V	acated During Entire P rmed Outside of Norma	eriod of A al Facility	batem Hours	ent				, Zip Code		T				
Other - Describe	:					C. C.		II, NJ 08034						
_						Onci	y							
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l			Renovation Demolition				Full Containment with Negative Pressure  Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
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	tion of ing Material (ACM)	F100 100 100 100 100 100 100 100 100 100	d Solel	300000000000000000000000000000000000000	Asbestos Co	ntaining	Mate		Amount	_		En	ш	
TO BE	ABATED		aintenance/ stodial Staff? (i.e. therma						(Specify SF or LF)	Removal	Re	Encapsulate	Enclosure	
	acility		Suriac			surfacing, VAT, or SF or LF) other miscellaneous)					Repair	sula	JSUI	
	13)			1				**		<u>a</u>	7	ate	o.	
		Yes	No	N/A	-					\		-		
BI	Roofing 4150 s/f													
DI	<b>4</b> ,					VOCC	70		300 s/f	X				

405 If pipe Bld 2 35 s/f vessel \_"1\_ Name of Registered Landfill Cubic Yards NJ DEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. Cumberland Co./ BFI / GROWS / TRRF TBD Newark Carting / Spartan Environmental 22253 City, State Disposal Date City, State Newburg / Imperial / Morrisville, PA 4/30/17 Newark, NJ Date Signature Title Completed by 11/15/16 President Michael Cooper

Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	Normall Normall ed Solel aintenar todial S (12)	y y by ice/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Spechtoly SF or LF)	Remo	Abate Ty  2916	pe	1
	Yes	No	N/A		ASBESTO	S CO	NTR	JE 8	ure
Bld 2	X			roofing	6500 s/f	X	#G		
_"_	X			transite	3160 s/f	$\Rightarrow$			
Bld 3	X			transite	880 s/f	$\Rightarrow$			
_11_	X			roofing	2900 s/f	$\langle \rangle$			-
Bld 4	X			duct insul	850 s/f	$\langle \rangle$			
_"_	X			roofing	2500 s/f	$\langle \rangle$			
Bld 5	X			transite	480 s/f	$\Diamond$			
_"_	X			pipe	220 l/f	$\langle \rangle$			
Bld 6A	X			roofing	1715 s/f	$\langle \rangle$			
Bld 7	X			pipe	100 l/f	$\Diamond$		+	
Bld 10	X			galbestos	3500 s/f	$\langle \rangle$			
Bld 12	X	0	9	transite	1075 s/f	$\Diamond$			-
_"_	X			vessel	200 s/f	$\langle \rangle$		-	
_"_	X			pipe	215 l/f	$\langle \rangle$		-	
Bld 21	X			pipe	230 l/f	$\Diamond$		-	
_"_	X			Vat/Mastic	200 s/f	$\Diamond$		-	_
_"_	X			transite	100 s/f	$\Diamond$		+	
pipe rack	X			pipe	915 I/f	$\Diamond$		+	
misc	X			vessel	300 s/f	$\Diamond$			-
misc structures	X			transite	880 s/f	$\Diamond$		-	_
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# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Chara	(Pursuant to N.J.A.C. 8:60 and 12:120)								Ġ	la ne				
Date of Notification (1)	Na	ame c	f Bu	ilding	Ovi	ner / Operator (2	2)	Sad to						
11-11-2016						lospital		1				1	-	
		reet A						ASE	SESTO	SU	JIVIT	104	CC	
Agencies Notified Type Notification				Road	d				LiQ	ENS	ing:		-	
⊠ EPA								The state of the s						
☐ DEP ☐ ☐ Initial				Zip (		е								
□ Amended				J 080					T= :		21		-	
□ DOH	N	ame o	of Co	ntact					I elep	phone	Nun	nber		
☐ DCA ☐ Cancellation	M	r. Jan	nes E	Barth					u <del>-m</del> erometera					
_ DOA Cancendation									Г				-	
		FA	CILI	TY IN	FOF	RMATION				2021200			_	
Name of Facility Where Abatement is Taking Place	ce (3)			300000000000000000000000000000000000000		Type of Facility	(4)						1	
Kennedy University Hospital- MRI Renovation are	a					School (K-	12)							
					-	Subchapte	The state of the s	K-12)					-	
Street Address							private & comm		inas ha	mes	etc.)			
18 E. Laurel Road							# of Floor		Bldg.		000.7			
						Square Feet	# 01 F1001:	5	Diug.	1000	F0		- 1	
City (5) County (6)	Cou	nty C	ode	(7)		250,000		2			52	0.00		
Stratford, NJ Camden						Current Use (Pr	rior if being dem	nolished)					- 1	
Offatiola, 140						Hospital								
and the St. Divides Owner	- (0)		IASI	CM N	^	Name of Abate	ment Contracto	r (9)						
Name of Monitoring Firm Hired by Building Owne	1 (0)		AS	OIAI IA	0.	Resource Mana							1	
Criterion Laboratories								LLO					-	
Street Address						Street Address								
3370 Progress Drive, Suite J						2115 Hamilton	Ave, Suite 202				VI. 10 10 10 10 10 10 10 10 10 10 10 10 10			
City, State & Zip Code						City, State & Zi	p Code							
						Trenton, NJ 08								
Bensalem, PA, 19020								11.1	e Numb				-	
Project Manager for Monitoring Firm	Teleph	none	Num	ber		Telephone Nun	nber	Licens					-	
Mr. Mike Panepresso	215-24	4-130	0			609-914-4279			Ĺ	1185	)			
	pletion	Data	(11	1	demonst El	Name of OSHA	Monitor							
	11-21-2		. (	,			ental Laboratori	es Inc					Ì	
11 10 20 10		2010	-		-			00 1110						
Occupancy Status During Abatement (Check onl	y one)					Street Address							1	
☐ Facility Closed/Vacated During Entire Pe	eriod of	Abat	eme	nt		2333 Route 22								
Abatement Performed Outside of Norma	1 Hours					City, State & Zi	ip Code							
Describe: Project to be conducted 2 <sup>nd</sup>	shift 4:	00pm	to 1	2:30	am	Union, NJ 070	83							
						Total Control of the								
Facility Occupied During Abatement		-			-									
Scope of Work (Check all that apply)														
	57	D					☐ Mini-Enc							
≥3 sf or ≥3 lf	$\boxtimes$		ovat					g Procedur	20					
≥160 sf ≥260 If		Der	noliti	On			Non Eve	mpted and	Non-Fri	ahla	Proce	dure	2	
						Description		Amour			teme			
Location of	1	Locat				Description		(Speci		Auc	Terric	11111	PC	
Asbestos-Containing		nally				Asbestos-Cont		SF or L				m	-	
Material (ACM)		olely				Material (AC		Si Ui L	-1 /	Re	N	nc	17	
TO BE ABATED		tenan				(i.e., thermal sy				3	ep	리	0	
in Facility	Custo		Staff	?		nsulation, surfaci				Removal	Repair	Encapsula	Enclosure	
(13)		(12)				or other miscella	ineous)			<u>m</u>		100	ō	
9275.507	Yes	No	N/	4										
MRI Renovation area	ITT	X	IT	ISD	rav	on fire proofing		25 SF						
IVIRI Renovation area	+=	Ħ	1=	1							П		П	
	1=	무		1						Ħ	F	F	T	
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	In					Probability of the Control of the Co						Ш		
Name of Registered Waste Hauler		IN.	IDEF	Was	ste I	Cubic Yards of	Name of Regis	stered Land	fill					
Name of Registered Waste Hadren	Hauler ID No.													
Deserves Management Group 11 C	11001011				TBD Grows Landfill									
Resource Management Group, LLC		03032.1												
City, State						Disposal Date			100					
Trenton, NJ			LIST IN TURN			TBD /	Morrisville, PA							
Completed By (Print or Type)						Signattye / 1 Date								
Mr. Brian J. Haney		President				nt / 11/11/20				/2016	)			
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Resource Management

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State of New Jersey
NOTIFICATION OF ASSESTOS ABATEMENT:

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Date of Notification							ner / Operator (2	2)	ASBES	LICENSING	) C Q				
	11-11-2018						Hospital	HOW							
Agencies Notified	Type Notifice	tion		treet A		_		lix.	/ 1						
₩ EPA				BE. La		-			-						
EPA DEP DOL DOH		ded				Zip Coc 08040	ie	(							
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DCA		ellation	1000	r. Jen	0.0000000000000000000000000000000000000		1840 1853	• • • • • • • • • • • • • • • • • • •	1	200 <b>1</b>	1				
				FA	CILIT	V INFO	RMATION		~		-				
Name of Facility Wh	nera Abatemer	nt la Taking Plac	<b>(3)</b>		0.01	1 11 11	Type of Facility				$\neg$				
Kennedy University	Hospital- MRI	Ranovation are	8				School (K-1				1				
Street Address							Subchapter	B (Other than	1 K-12)						
18 E. Laurel Road							Square Feet	# of Floo	nercial buildings	dg. Age	-				
Ola (TI)		(A	TCan	mity Co	-d- 19	,	250.000	4 Ot 1-100	2	52					
City (5)		County (6)	COL	anty Ct	DETAIL (1	,	Current Use (Pr	in if bains de		94	-				
Stratford, NJ		Camden					Hospital	tot it beitig de	molisied)						
Name of Monitoring	Firm Hired by	Building Owner	r (8)		ASC	M No.	Name of Abates								
Criterion Leborator							Resource Mana	gement Grou	D, LLC						
Street Address			V				Street Address								
3370 Progress Drive,	Suite J						2115 Hamilton	the state of the s	2						
City, State & Zip Co Bensalom, PA, 19020	od 9						City, State & Zig Tranton, NJ 086								
Project Menager fo	Monitoring F		Talep			D?	Telephone Num	nedr	License N	umber 01185					
Mr. Mike Panepresso			215-2	-	-		Name of OSHA Monitor								
Scheduled Start De 11-16-20		Scheduled Com	ipletio: 11-21-		(11)		J&S Environme		ries Inc						
Occupancy Status		nent (Check only	v one)				Street Address								
Facility Clo	sed/Vacated [	Judng Entire Pa	rlod of	Abate	ment		2333 Route 22 West								
■ Abatement	Performed Ou	atalde of Normal	Hour:	3			City, State & Zi	p Code							
		conducted 2°°	shift 4	:00 pm	to 12	:30am	Union, NJ 0708	33							
Scope of Work (Ch	cupled During														
acobe or each (or	16CV DII II ION OF	%) Y					ı	Full Cor	risinment with Ne	egative Pressure					
≥3 sf or ≥3	If		$\boxtimes$	Ran	ovatio	ก		Mini-En	closure	.=					
☐ ≥160 sf 32				Den	tolitlo	1		Glove B	ag Procedures	D-1-1-1 D	_				
			-	Locati			Description		Amoun!	-Friable Procedure Abalament	Tuna				
	Location of atoa-Containing			nally (	OTO WORK I		Asbestos-Conta		(Specify	715415111671	1				
	aterial (ACM)	Ŋ		olely t			Material (AC		SF or LF)	20 - 5	n In				
TO	BE ABATED			tenen		}	(l.e., thermal sy	stems	1		ğ				
	In Facility		Cust	edial 8	Staff?		insulation, surfect			Repair	ndosure				
	(13)		3/11	(12)	1 21/2		or other miscella	neous)		E 7 E	1 70				
Lab. m			Yea		N/A	0	on fire proofing		25 SF	800	1				
MRI Renovation as	183		<del></del>	X	H	obia)	ON III A DICOURING		20 01	181818	latered.				
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Name of Registers	d Weste Haul	87			DEP I	Wasta	Cubic Yards of	Name of Reg	Istered Land®						
Resource Manage			35218		TBD Grows Land®!										
City, State Trenton, NJ							Disposal Date TBD	City, State Morrisville, P.	Α						
Completed By (Pri	int or Type)				le		Signature,	11		Date 11/11/2016					
Mr. Brian J. Haney				Pr	esider	nt	9) A HAVIL								

L905198	C	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)										21 1	
Date of Notification (1) 11/11/2016				of Building oh Collin		Operator	(2)		1 800	/		Alb-	
	Notification		Street A	Address					ASBEST				L &
	nitial Amended		City, St	ate, Zip C	ode				LI	CEN	SINC	ì	
DOL	Amendment # Emergency (includ	ing		Caldwe		7006							
× DOH	ustification)	irig		of Contact oh Collin				T	elenhone N	gents -			
DCA C	Cancellation			ILITY INF		ION					F		
Name of Facility Where Abatem House	ent is Taking Plac	e (3)					Type of Fa	cility (4)					
Street Address								ol (K-12)	ther than K-	12\			
Street Flagress							× Other	(i.e. private	e & commer	cial bui	ldings	, hom	nes,
City (5) West Caldwell							Square Fee		of Floors		Bldg. N/A	Age	
County (6) Essex				Code (7) USE ONLY	)		Current Us House	e (Prior if b	eing demoli	shed)			
Name of Monitoring Firm Hired to N/A	by Building Owner	(8)	ASCM	M No.			of Abatemer Abatemer		or (9)				
Street Address							Address osengren	Avenue					
City, State, Zip Code							tate, Zip Coo wa, NJ 07:						
Project Manager for Monitoring F	irm		Telepho	ne No.			none No. 345-8685		License 01311	Vo.			
Start Date (10) 11/21/2016		duled Co 2/2016	mpletion	Date (11)		100000000000000000000000000000000000000	of OSHA Mo Abatemer					- 11	
Occupancy Status During Abater  Facility Closed/Vacated During	SS 32	- 8	ment			2002.20	Address osengren	Avenue					
Abatement Performed Outs Other – Describe: occupied	ide of Normal Fac	ility Hou	Ours City, State, Zip Code Totowa, NJ 075										
Scope of Work (Check All That A	apply)												
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	×	Renov Demol				B.A.A.	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
		Is Loca	tion								Abat	ement	t
Location of Asbestos-Containing Material	I (ACM)	Norma Ised Sol		Achoo		scription			A	-	T	/pe	
TO BE ABATED In Facility	208.000.0004	Maintena ustodial			thermal	systems	aterial (ACM insulation,		Amount Specify	Re	R	Enca	Enc
(13)		(12)				cing, VA niscellan		5	F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	s No	N/A							=		ate	e,
1st floor kitchen	X			pipe	insulat	ion		7 LF	Х				
Basement		X			pipe	insulat	ion	1	20 LF	Х			
No. of Device and Automatical		1,											
Name of Registered Waste Haule D&S Abatement, Inc.	1		NJDEP Waste Hauler ID No.  20996  Cubic Yards of Waste TBD				100000000		ered Landfil Inagemen				
City, State Totowa, NJ			Disposal Date TBD					State ytown, P.	A				
Completed by Oliver Hegedis	Title Pro		anager	100 pm (1)	Si	Signature Date 11/11/2016							

N/I Print Form

Mr	127	240	23	70
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Date of Notification (1)			Nome	of Duilding (	Oumas!	Onerete	- (2)			0.7 0.7	fiv	15	- 95	0.00	
11/11/2016				of Building ( Corvino		Operator	(2)			8.4	U¥	1 0	C	1 (1)	10.00
Agencies Notified Type Notification			Street A	Address						L ASBES	OTO	9.0	OMI	POI	8.
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X EPA X Initial Amended Amendment :	#			ate, Zip Co Orange,		052			Dominion of the						
Emergency (i	ncluding	-	300000000000000000000000000000000000000	of Contact					Tel	enhone	Num	ber			
DOH justification)  DCA Cancellation			Frank	Corvino					I.						
N	DI //		FAC	ILITY INFO	RMAT	ION									
Name of Facility Where Abatement is Taking House	Place (	3)						of Facility	5045 4346						
Street Address								School (K-1 Subchapter		er than k	K-12)				
							×	Other (i.e. petc.)	orivate a	& comm		build	2750.0		es,
City (5) West Orange							Squa N/A	re Feet	# o	f Floors A			ldg. A I/A	ge	
County (6) Essex				Code (7) USE ONLY)			Curre	ent Use (Pri Ise	or if bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCI	M No.				itement Coi ement, Ir		(9)					
Street Address							Addre	ss gren Ave	nue						
City, State, Zip Code								ip Code							
							at-research acres	IJ 07512							
Project Manager for Monitoring Firm			Telepho			10.5	none N 345-8			Licens 0131					
	Schedule 11/23/2		npletion	Date (11)		200000000000000000000000000000000000000		HA Monitor ement, In	ıc.						
Occupancy Status During Abatement (Check	Only Or	ne)				100000000000000000000000000000000000000	Addre								
Facility Closed/Vacated During Entire P. Abatement Performed Outside of Normal						City, S	state, Z	gren Avei ip Code	nue						
X Other – Describe: occupied					_	Toto	wa, N	IJ 07512							
Scope of Work (Check All That Apply)							7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of	Renova Demolit				×	Mir Glo	II Containm ni-Enclosure ovebag Pro	e cedure						
	1	1	1000				<u> </u>	n-Exempted	u (*) and	u Non-F	паріє		Abate		
Location of	1985	Locati Normal		-	Dec	scription	of						Ту		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	d Sole intenar todial S (12)	nce/ Staff?		os Cont thermal surfa	taining N systems cing, VA niscellar	Materia s insula T, or		(5	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
Dana	Yes	No	N/A		•				, i	501 5	-				
Basement		X			pipe	insula	tion		1:	50LF		X			
Name of Registered Waste Hauler		1,000	JDEP W	172155555 P	Cubic			Name of	Registe	red Lan	dfill				
D&S Abatement, Inc.			auler ID 0996	No.	of Was	ste		Waste	of Mar	nagem	ent				
City, State Totowa, NJ		-			Dispos TBD	sal Date		City, State Tullytov			1.7				
Completed by Ned Joksimovic	Title Proje	nager		S	ignature	7	Signature Date 11/11/2016					016			

Print Form.



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Date of Notification (1) 11/11/2016				Name of E	Building O eeker	wner/Op	perator	(2)	A - Continuent		110				
Agencies Notified	Type Notification		3	Street Add	dress					Ä	SBESTO	SCC	NTI	ROL	&
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× DEP	Amended				e, Zip Cod nd. NJ 0										
x DOL	Amendment Emergency			Name of (		7000				Tele	ephone Num	her			-
DOH DCA	justification) Cancellation		200	Joan M						101	priorie				
DCA	Cancellation				ITY INFO	RMATIC	DN	-				2.00			
Name of Facility Where	Abatement is Takin	g Place (3)						Туре	of Facility (4)	) -					
House									chool (K-12		orthon K 12)				
Street Address								× C	ubchapter o ther (i.e. pri	vate 8	er than K-12) & commercia	l buildi	ngs, l	nome	ŝ,
								e	tc.)		Floors		dg. Ag		
City (5)								Square N/A	e reet	W/A		N/		30	
Roseland				County Co	ode (7)			(C) (C) (C) (C)	nt Use (Prior	if bei	ng demolishe	ed)			-
County (6) Essex					SE ONLY)			Hous			3				
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		Name	of Abat	ement Cont	ractor	(9)				
N/A		. ,					D&S	Abate	ement, Inc	<b>:</b> .					
Street Address								Addres							
		12 10					ren Aven	ue							
City, State, Zip Code								state, Zij wa, N	p Code J 07512						
Project Manager for Mo	nitoring Firm			Telephone No. Telephone					).	License No	).				
1 Tojour managar in	3			973-345-8685							01311				
Start Date (10) 11/23/2016		Schedule		npletion D	ate (11)				IA Monitor ement, Inc	).					
Occupancy Status Durir	na Abatement (Che	10.00					105080000	Addres	erode N						
	cated During Entire			nent			11 R	oseng	ren Aven	ue					
Abatement Perform  Other – Describe:	ned Outside of Non	mal Facility	Hours	3		_		State, Zi wa, N	p Code J 07512						
Scope of Work (Check															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ш т.т.,		enova emoli				>	< NAin	i-Enclosure		n Negative P	ressur	e e		
_								Nor	vebag Proc n-Exempted	(*) ar	nd Non-Friab	le Pro	cedur	е	
		Is	Locat	ion										ement pe	
Locatio	on of	1	Norma	lly		De	scription	n of					1 9	pe	
Asbestos-Containin	g Material (ACM)		d Sole		Asbes	tos Cont	taining I	Material	(ACM)	-	Amount Specify	Z.	-	Enc	En
TO BE AS		Cus		Staff?	(1.6.	surfa	cing, VA	AT, or	20011,		F or LF)	Remova	Repair	Encapsulate	Enclosure
(13			(12)	- i		other r	niscella	neous)				val	=	ılate	ure
		Yes	No	N/A											_
Basen	nent		Х			pipe	insula	ation			55 LF	X			
												-			-
				-			-					-			
Name of Registered Wa	aste Hauler			NJDEP W		Cubic	Yards		Name of	Regis	tered Landfill				
D&S Abatement, In				Hauler ID	No.	of Wa	iste		Waste	of Ma	anagemen	t			
City, State						100000000000000000000000000000000000000	sal Dat	е	City, Stat		ο Δ				
Totowa, NJ						TBD			Tullytov	VII, F		ate			
Completed by		Title	act MA	ananer			Signatu	re	TH)			ate 1/11/	2016	ò	

Project Manager

NA Print Form

Ned Joksimovic

CK1097

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

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	MAN	10	2016

Print Form

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Date of Notification (1) 11/14/2016					Building Ov archionne		perator	(2)	The second second second	100	ESTO	2 002	JTP	N 8	
Agencies Notified	Type Notification			Street A	ddress				and the same of th	AUD	LOTO	ENSIN	13	J 64	
× EPA × DEP × DOL	Initial Amended Amendment		_	City, Sta Hobok	te, Zip Code en	е			- Intervention		AND THE PERSON NAMED IN COLUMN				
DOH DCA	Emergency justification) Cancellation				Contact archionne					Telep	ohone N	umber			
				FACI	LITY INFOR	RMATIC	NC								
Name of Facility Where Al Residential	batement is Takin	g Place (3	)						l (K-12)			4.0\			
Street Address											than K- commer		dings,	home	es,
City (5) Hoboken								Square Fee 281		1	Floors		ldg. A	ge	
County (6) Bergen				County (	Code (7) JSE ONLY)		_	Current Use Resident		if being	g demoli	shed)			
Name of Monitoring Firm I	Hired by Building	Owner (8)		ASCN	1 No.			of Abatemen num Envir				s			
Street Address								Address Linwood	Road						
City, State, Zip Code							City, S Unior	tate, Zip Coo า	de						
Project Manager for Monit		Telepho	ne No.		Telephone No. License No. 908-418-2737 01227										
Start Date (10) 11/18/2016		Schedule 11/21/2		npletion I	Date (11)			of OSHA Mo num Envir		ntal S	olution	s			
Occupancy Status During	Abatement (Chec	k Only Or	e)				Street	Address	024 19						
Facility Closed/Vacat Abatement Performe Other – Describe: Re	d Outside of Norn						City, S	Linwood I tate, Zip Coo n, NJ 0708	de						
Scope of Work (Check All	That Apply)						OHIO	1, 145 07 00	00						
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	тас Арруу		enova emolit				×	Full Cont Mini-Encl Glovebag	losure g Proce	dure			ssure Procedure		
		3,000	Locati Iormal	1000000						Juna	11011111		Abate	ement pe	
Location ( Asbestos-Containing N  TO BE ABA' In Facility  (13)	Material (ACM) TED	Use Ma	d Sole intenal odial S (12)	ly by nce/	(i.e. th	s Conta nermal : surfac		aterial (ACN insulation, T, or	1)	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
Floor Tile	es	Yes	No X	N/A			VAT		+	2	81	X		τυ	
TIGGI TILES															
Name of Registered Waste	e Hauler	'		JDEP W		Cubic `of Was		Nan	ne of Re	egistere	ed Landf	ill		/	
Tri-State				lauler ID A456		7.10.20.20.2				Enter	prise, I	nc			
City, State 1199 Randall Avenue	, Bronx, NY 10	0474				Dispos	al Date		, State ynesb	ourg, (	Ohio 4	4688			
Completed by Emmanuel Chiobi		Title Oper	ations	s Mana	ger		ignáture envice		C	lue	Y	Date 1/14/2	2016		

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	NOV	1	8	2016	
CP.	ESTO	18 (	20	NTROL	2

Date of Notification (1	)			Mar	no of D	10.0				NOV	18	20	16
11-14-2016				Su	mmit P	lding Owne laza Ass	r/Operato	or (2)					
Agencies Notified	Type Notificati	on			et Addre		Julaies		ASBE	STO	500	TIME	BUI
☐ EPA	☐ Initial					ss rk Avenu	10		ASSE		ENS		
DEP	Amended				State, Z				lesson and the same of the sam				
× DOL	Amendme	ent #		Jer	sev Cit	y, NJ 07:	306						
≥ DOH	× Emergeno	cy (includ	ing		ne of Con								
DCA	Cancellati	on				ordasco			Telephone	Mumh	-		
N									1				
Name of Facility Where Residential	e Abatement is Tal	king Place	e (3)		ACILITY	INFORMA	TION	Tons of E. W.					
								Type of Facility					
Street Address								School (K-1	12)				
								Subchapter  Subchapter  Other (i.e. p	8 (Other than k private & comme	(-12)			
City (5)								etc.)	orvate a committe	i ciai D	ullain	js, no	mes,
Jersey City, NJ 07	306							Square Feet	# of Floors		Bldg	. Age	
County (6)			-	T Cour	ty Code	(3)		20000	10		70+		
Hudson				(STAT	TE USE O	(/) NLY)		Current Use (Pric	or if being demo	lished)			
Name of Monitoring Fire	m Hired by Building	Owner (	(8)	1	CM No.								
		, chiler (	0)	AS	CM No.		Name	of Abatement Con	tractor (9)				
Street Address							Gree	n Environment	al Services,	LLC			
								Address					
City, State, Zip Code							Commence of the commence of	/irginia Avenue	9				
							City, S	tate, Zip Code				DEEP CO	
Project Manager for Mor	nitoring Firm			Toloni	none No.			y City, NJ 073	04				
				relepi	ione No.			one No.	License	No.			
Start Date (10)		Schedu	iled Co	mnlotio	n Date (1	4)	1	33-8855	01174				
11-15-2016		111-17	-2016	hipiello	n Date (1	1)	Name o	of OSHA Monitor					
Occupancy Status Durin	g Abatement (Che-	ck Only C	)ne)		-			as above					
★ Facility Closed/Vac.	ated During Entire	David					Street A	Address					
	ed Outside of Norr	nal Facili	Abatei tv Hour	ment 's									
			,				City, St.	ate, Zip Code					
Scope of Work (Check A	ll That Apply)												
× ≥3 sf or ≥3 lf		×	Dana										
≥160 sf or ≥260 lf		=	Renov: Demoli				×	Full Containmer	nt with Negative	Pressi	ıre		
		_					×	Mini-Enclosure Glovebag Proce					
					_			Non-Exempted	dure (*) and Non-Fria	hle Pro	ncedu	10	
		l:	s Locat	ion						1		emen	t
Location Asbestos-Containing	Of Material (ACM)		Norma ed Sole			Des	cription o	f		-		/pe	C.
10 BE ABA	TED	Ma	aintena	nce/	Asb	estos Conta	aining Ma	terial (ACM)	Amount				
In Facilit	ty	Cus	todial ( (12)	Staff?	(1.	e. thermal	systems i ing, VAT,	nsulation,	(Specify	Re	70	l C	Ē
(13)			(12)			other m	iscellane	ous)	SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A						val	=	ulat	ure
Boiler ro	om		X	-	-	D:						Ф	
		+		-	-	Pipe	insulatio	on	180 LF	X			
		-											
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ame of Registered Waste	e Hauler		N	JDEP V	Vasto	Cukini	and and						
reen Environmental			H.	auler ID	No.	Cubic Y of Wast	ards e		gistered Landfill				
			00	34889	9	3		Grows No	orth Landfill				
City, State ersey City, NJ						Disposa	I Date	City, State					
ompleted by						11-17-		Morrisville	PA				
ompleted by Iiana Serrano		Title					nature	(1)	,				
- GITA DETIANO		Office	Man	ager			5 3 5-	or along	) a Da	te -14-2	010		
						- 17	1111	MAKKI	ull 11	-14-2	010		



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Date of Notification (1) 11-11-2016					g Owner/ Avenue		r (2)			543.2	Yu		71110	i i
Agencies Notified  Type Notification  EPA  DEP  Amended  Amended	n		100 (		ger Roa	d, Suit	e 4	01		ASBES	TOS	CO NSII	NTR VG	OL 8
X DOL Amendme				tate, Zip o efield Pa	Code ark, NJ (	07660								
□ DOH     □ DCA     □ Cancellation	1)	g	Name	of Contac	t				Tele	phone Nu	mber			
				A CONTRACTOR OF THE PROPERTY O	FORMAT	ION				interact	-	- Total		-
Name of Facility Where Abatement is Tak Residential	ing Place	(3)					Ty	pe of Facility (4	1)					
Street Address							×	School (K-12 Subchapter of Other (i.e. pr	8 (Other	r than K-1: commerci	2) al bui	ildings	s, hom	ies,
City (5) Jersey City, NJ 07304								etc.) quare Feet 2000	# of I	Floors		Bldg. 75+	Age	
County (6) Hudson				Code (7)			Cı	urrent Use (Prio	r if bein	g demolish	ned)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.				Abatement Cont Environmenta			.C			
Street Address						Street 235 \		ress ginia Avenue						
City, State, Zip Code								, Zip Code City, NJ 073(	)4					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 201-3		No. 3-8855	1100	License N	0.			
Start Date (10) 11-11-2016	Schedu 11-11-			Date (11)	)	22		SHA Monitor s above						
Occupancy Status During Abatement (Che  Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of	Abater	ment s			Street A	20000000	ress , Zip Code						
Scope of Work (Check All That Apply)														
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Renova Demoli				×		Full Containmen Mini-Enclosure Glovebag Proce Non-Exempted (	dure					
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Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial ( (12)	nce/		stos Conta thermal surfac	aining M	ater ins T, or		(Spe	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A		D:		** 7827						te	, D
Dasement	-	X			Pipe	insulat	ion		255	5 LF	X			
Name of Registered Waste Hauler			IDEC:	loot-	10111	, .								
Green Environmental Services, LLC		H	IJDEP W lauler ID 034889	No.	of Was			Name of Re Grows No						
City, State ersey City, NJ 07304					Disposa 11-11-			City, State Morrisville	e, PA					
Completed by iliana Serrano	Title Office	e Mar	nager		Sig	gnature	Q	LITSO	PPA	Date 11-		2016		



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Date of Notification (1)				uilding Ow nstructio	ner/Operat on	or (2)		The state of the s	and Barri			0	
gencies Notified Type Notification		32.33	reet Addr 723 Po	ress rter Ave				- Comment	ASB		S C ENS		
EPA Initial Amended Amendment #_		Ci	ty, State,	Zip Code iken, NJ	088110								
Emergency (including justification)	cluding	10000	ame of C					Telep	hone Numl	oer			
DCA Cancellation		1		TY INFOR	MATION								
lame of Facility Where Abatement is Taking F	Place (3)		1710.00			Type of	Facility (4)						
treet Address						Su	nool (K-12) bchapter 8 ner (i.e. pri	Other	than K-12)	buildir	ngs, h	omes.	¥.
6723 Porter Ave.						Square		# of l	Floors	Bld	g. Age	e	
City (5) Pennsauken, NJ 088110						5000		2					
County (6)		(5	County Co	ode (7) SE ONLY)		GARA	GE.		g demolish	eu)			
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM I	No.	Na A/	me of Abate AA LEAD	ment Contr PROFES	ractor ( SSION	9) NALS				
Street Address					Str 6	Street Address 6 WHITE DOVE COURT							
City, State, Zip Code	- P				Cit	y, State, Zip AKEWOO	Code D, NJ 08	8701					
Project Manager for Monitoring Firm		Т	elephone	e No.		Telephone No. License No. 1200							
Start Date (10)	Scheduled		pletion D	ate (11)	Na A	me of OSHA	Monitor PROFES	SSIOI	NALS				
11/25/16 Occupancy Status During Abatement (Check					Sti	reet Address WHITE D	,						
Facility Closed/Vacated During Entire Ponting Abatement Performed Outside of Normal	eriod of Ab al Facility H	atem Hours	ent		Ci	ty, State, Zip	Code						
× Other – Describe:						AKEWOC	, NJ 00	3701		-			
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enova emolit				Mini	-Enclosure	e edure	Negative F			e	
	T					L INOI	LACHIPIO				Abate	ement	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Mair Custo	(12)	ly by nce/ Staff?	Asbest (i.e.	os Contain thermal sys surfacing	ption of ing Material stems insula g, VAT, or cellaneous)	(ACM) tion,	(:	Amount Specify F or LF)	Removal	Repair	e Encapsulate	Licioadio
	Yes	No	N/A		Tile on	d Masice			156sf	x			1
1st floor							und		296sf	x			-
2nd Floor			Ceil		nt Compo	unu		36sf	X	-		+	
2nd Floor	2nd Floor					oring			5031	-	-	-	+
-						<u> </u>	Name of	Degic	tered Landf	ill			
Name of Registered Waste Hauler				Vaste No.	Cubic Ya of Waste		IESI	Regis	CIEU Landi	***			
NEWARK CARTING		4509		10 Disposal	Date	City, Sta							
Oity, State NEWARK, NJ	Title				11/27/1		BETHI	LEHE		Date			
Completed by	OWN				9								

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Date of Notification (1)  November 15, 2	016			Name of Build	ing Ow	ner/Oper RM As				NUV	30	7	43	h-manual /
[ ] DEP [ ] Am [x ] DOL Am	al Notific ended No endment	tification #		Street Address  City, State, Zip				3, Suite 100	)1 ************************************	BEST(	OS C DENS	ONT	ROL	&
[x ] DOH just	ergency ( ification) cellation	including			Bob N	⁄Jurdza			Telephone Nu	mber				
			FAC	CILITY INFO	RMA	TION								
Name of Facility Where Abatement is Takin Residence	g Place (3	3)					Туре	e of Facility (4)	School (k-1 Subchapter Other (i.e.,	8 (other			al build	ings,
								7E.777	homes, etc	.)				X. 0
City	Coun	ity (6)		County Code (7 (STATE USE C			0 4	1800 sf	# of Floor		Bldg.	Age 6	0	
Point Pleasant	Oce	25,000						Resid		ished)				
Name of Monitoring Firm Hired by Buildin	g Owner (	(8)		ASCM No.		Name of	Abatei	ment Contracto	lian Contrac	ting, I	nc.			
Street Address						Street Ac	idress		Route 9, Un					
City, State, Zip Code						City, Star	te, Zip	Code Toms	River, New	Jersey	y 087	55-12	271	
Project Manager for Monitoring Firm			ne Number			Telephor 732-34	9-993	32		ense Nui 624	mber			
Scheduled Start Date (10) 11/16/16		11/1		ion Date (11)				Monitor E.M.S	S.L. Analyti	cal				
Occupancy Status During Abatement (Chec  [ x ] Facility Closed/Vaca  [ ] Abatement Performe  [ ] Other – Describe	ed Durin	g Entire Pe				Street Ac City, Sta		Code	Stelton Roa	100	0885	54		
Scope of Work (Check all that apply) $ \begin{bmatrix}                                   $		[ ] [ x ]	Renov Demol		"	[ ] [ ] [ x ]	N	Mini-Enclosure Blovebag Proce				-e		
											Abate	ment '	Гуре	
Location of Asbestos-Containing Material (ACM TO BE ABATED in facility (13)	tion y used by 'Custodial f )		Asber Ma (i.e., insula	escription stos-Contaction aterial (Athermal ation, su VAT, or miscell	ntainir ACM) syster irfacin or	ms ig,	Amou (Specify or LI	y SF	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Exterior		X		Asbestos	siding	,			1750 sf	f	X			
Name of Registered Waste Hauler Guardian Contracting, Inc	.	NJDEP W	aste Haule		oic Yard 3	ds of Was		Name of Regi T.R.R.F.	stered Landfill					
City, State				osal Date		City, St		Donmardy	nio.					
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	8/16 Signature	\	1 ully	iown,	Pennsylvar	114		Date 11/1	5/20	16				

Guardian Contracting, Inc. 1889 Route 9 Suite 61 Toms River, New Jersey 08755



#### DEMOLITION / RENOVATION NOTIFICATION

Operat	or Project #:	Postmark:	Notificati	on:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised C - Ca	ancelled): O	II.	IS ASBESTOS PRESENT? (Y	es/No):	Y
III.	FACILITY INFORMATION (identify owner, removal contractor	r and other operator)				
	OWNER NAME: RM Associates					
	Address: 2291 Rte. 33, Suite 1001	1				
	City: Hamilton Square State:	New Jersey	Zip:	08690		
	Contact: Bob Murdza		Tel:	609-209-7305		
	REMOVAL CONTRACTOR: Guardian Contr	racting, Inc.		NJ License: 00624	1	
	Address: 1889 Route 9, 1	Unit 61				
	City: Toms River State:	New Jersey	Zip:	08755		
	Contact: Nicholas Fernic	cola	Tel:	732-349-9932		
	OTHER OPERATOR (if different)		It.	NJ License:		
	Address:					
	City: State:		Zip:			
	Contact:		Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo R -	- Renovation E - Emergency Ren	ovation):	D		
V.	FACILITY DESCRIPTION (Including building name, number a	nd floor or room number)				
	Building Name: Residence					
	Address: 1826 Shore Blvd					
	City: Point Pleasant State:	New Jersey	County:	Ocean		
	Site Location: Exterior	4				
	Building Size: 1800 sf # of Floo	ors: 1	Age in Y	ears: 60		
	Present Use: Residence	Prior Use:	Residen	ce		
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF AF	PPROPRIATE, USED TO DETEC	T THE PRE	SENCE OF ASBESTOS MATER	RIAL:	
	IS MATERIAL ASSUMED TO BE ASBESTOS?			T	Monf	riable
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				Asbestos	Material
	Regulated ACM to be removed     Category I ACM not removed	RACM To Be		LOCATION		oved
	Category II ACM not removed	Removed			Cat I	Cat II
	Pipes (Linear feet):					
	Surface Area (Square feet): 1750 sf	Asbestos siding		Exterior		
	RACM Off Facility Component (Cubic feet):					
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start: 11/16/1	6	Complete: 11/	17/18	

	NOTIFICATION	OF DEMOLITI	ON AND RENOV	ATION (continued)	CEIVEM
C.	DESCRIPTION OF PLANNED DEMOLITION OF			111 / / /	NOV 1 8 2016
xi.	DESCRIPTION OF WORK PRACTICES AND ENAND RENOVATION SITE:	NGINEERING CONTE	ROLS TO BE USED TO I	PREVENT EMISSIONS OF SE	BESTOSACTHE DEMOLSTION LICENSING
	Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be placed to the procedure of the placed to the procedure of the placed to	roped off with caution tag eed in double 6 mil. Bags,	pe and warning signs. Plastic sealed and labeled and placed	sheeting will be placed on the grour lin a locked container for disposal.	d below and the asbestos will be
xii.	WASTE TRANSPORTER #1 Name: Gua	rdian Contracting,	Inc.		
	Address: 1889	Route 9, Unit 61			
	City: Toms River	State:	New Jersey	Zip:	08755
		nolas Fernicola			
	WASTE TRANSPORTER #2 Name:	iolas i villivola			
	Address:				
	City:	State:		Zip:	
	Contact Person:			N	
xiii.	WASTE DISPOSAL SITE Name: T.R.	.R.F.			
	Location: Bore	dentown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	ENT AGENCY, PLEA	SE IDENTIFY THE AGI	ENCY BELOW AND ATTACH	H COPY OF ORDER
244 (A.A.)	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Beg	in (MM/DD/YY):	<u>≨</u>
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:	-			
	Explanation of how the event caused unsafe condi-	tions or would cause eq	uipment damage or an un	reasonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOL ASBESTOS MATERIAL BECOMES CRUMBLE	LOWED IN THE EVE ED, PULVERIZED, OF	NT THAT UNEXPECTE R REDUCED TO POWD	ED ASBESTOS IS FOUND OR ER	PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND E AVAILABLE FOR INSPECTION DURING NOR	VIDENCE THAT THI	E REQUIRED TRAINING	G HAS BEEN ACCOMPLISHE	RT M) WILL BE ONSITE DURING ED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manage (Printed Name/Title)	<u> </u>	(Signature of Owne	er/Operator)	November 15, 2016 (Date)
xviii,	I CERTIFY THAT THE ABOVE INFORMATIO	N IS CORRECT.		/ /	
	Nicholas Fernicola / Project Manage (Printed Name/Title)	<u> </u>	(Signature of Owner	er/Operator)	November 15, 2016 (Date)

Ch 2535			CATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE			And the second second	) <u>E</u>	CE		$\mathbb{V}$	
Date of Notification (1)	>			of Building				1+2	Martin and American		0V 1	8 2	016	
Agencies Notified  Type Notification  EPA DEP Amended Amendment				Address ate, Zip C	ode	, /	T C	190		ASBES	STOS LICEN			IL &
DOH justification)  Cancellation	incluaing			of Contact Plackis		,	-		Tel	enhone N	lumher			
Name of Facility Where Abatement is Taking	g Place (	3)	FAC	ILITY INF	ORMATI	ON		of Facility						
Street Address								School (K- Subchapte Other (i.e. etc.)	r 8 (Othe private 8	& comme	rcial bui	000 to 7-100	0.011900000	es,
City (5) Lo Kelwood							14	re Feet		Floors		Bldg. A	Age 7	
County (6) OLLAN			(STATE	Code (7) USE ONLY	)		1	ent Use (Pri	e		ished)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCI	M No.				itement Co Istries Inc		(9)				
Street Address						P.O.	Addre: Box	915						
City, State, Zip Code								ip Code v Jersey	08723					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph (732	one N )899-			License 01196	No.			
Start Date (10) 11 25 116	Schedul (2)		pletion	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P			ent			Street	Addres	SS						
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours	XX			City, S	tate, Z	ip Code						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demoliti					Mir Glo	I Containm ni-Enclosure ovebag Pro- n-Exempte	e cedure				е	
Location of	100	Location			Dos	cription	of						ement pe	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma Cust	d Solel intenar todial S (12)	taff?	Asbes (i.e.	tos Conta thermal surfac	aining M	laterial insula T, or	(ACM) ation,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	asbe	25705	51	din	Q	100	DSP				
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									11		+			
Name of Registered Waste Hauler Brick Industries Inc.		Ha	JDEP Wauler ID		Cubic \ of Was			Name of GROW	S Inc.	red Landf	1			
City, State Brick, New Jersey					Disposi	al Date	16	City, State	е					
Completed by Eric Plackis	Title Presi	dent			Si	gnature	11/1	7)			ate //	5/	16	

Amended

Date of Notification (1) 11/2/16				Building o			(2)			E (	, E		V		
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DEP Amended Amendment Emergency (				ite, Zip Co Haven I		800			in the						
DOH justification Cancellation	including		Name of Jim	Contact					Tel	ephone?	Vumbe	00	INT	ROL	. &
Name of Facility Where Abatement is Taking Jim Moore Private Home	g Place (3)		FACI	LITY INFO	RMAT	ION	Туре	of Facility	(4)						
Street Address				<del>2-11.11-11.11</del>			×	School (K-1 Subchapter Other (i.e. petc.)	8 (Oth			uild	ings,	home	es,
City (5) Beach Haven NJ 08008								re Feet	# 0	Floors		BI 35	dg. A	ge	
County (6) Ocean				Code (7) JSE ONLY)			Curre	ent Use (Pri 1e	or if bei	ng demo	lished)				
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCN	l No.		100000000000000000000000000000000000000	of Aba aco li	itement Cor nc.	ntractor	(9)					
Street Address						550000	Addre								
City, State, Zip Code								ip Code in NJ 080	91		::::::::::::::::::::::::::::::::::::::				
Project Manager for Monitoring Firm		T	Telepho	ne No.		1	none N 753-9			License 00727					
Start Date (10) 11/14/16	Schedule 11/18/1		pletion	Date (11)		Name Sam		HA Monitor					3-040		
Occupancy Status During Abatement (Chec	Only One	≘)				Street	Addre	SS							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:						City, S	state, Z	ip Code							
Scope of Work (Check All That Apply)					7		-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	THE REAL PROPERTY.	enovat emoliti				X	Min	Il Containm ni-Enclosure ovebag Pro- n-Exempte	e cedure	4574				9	
	Is I	ocatio	nn										Abate	ment	
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Throught out				FI	001	· T,	le		86	05F	×		-		
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Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic	Yards		Name of	Registe	red Land	dfill		-		
United Roll off		1200000	auler ID 2459	No.	of Wa	ıste		G. R. C	W.S.						
City, State Elm NJ					Dispo	sal Date 3/16	r.	City, Stat Morrisv		19067	7				
Completed by Anthony T Perna	Title Presio	lent			1	Signature	7		mark and		Date 11/3/	16			



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Emergency (ir		—  -		f Contact	IN, INL	VV JLI	OLI	07300	Тт	elephone	o Num	hor			
DOH justification)  DCA Cancellation				BROMAC	GE				1.	ciopnon	o ivan				
Name of Facility Where Abatement is Taking	Place (3	3)	FACI	ILITY INFO	RMATI	ON	Type	of Facility	(4)						
MAIN CLUB HOUSE		580						School (K-	100000						
Street Address 36 PUNCH BOWL ROAD								Subchapte Other (i.e.	r 8 (O				dings,	hom	es,
City (5) MORRISTOWN								etc.) re Feet 272	#	of Floors	S	В	ldg. A		
County (6) MORRIS				Code (7) USE ONLY)			Current Use (Prior if being demolished) BUSINESS-GOLF CLUB								
Name of Monitoring Firm Hired by Building On BIOTERRA ENVIRONMENTAL SO								ne of Abatement Contractor (9) CINIA CONTRACTING, INC.							
Street Address 1030 CHESTNUT STREET # 1224	20110	110			Street	eet Address 60 CLIFTON AVENUE, UNIT 365									
City, State, Zip Code			City,					, State, Zip Code							
UNION, NEW JERSEY 07083								NEW J	ERSE	-,					
Project Manager for Monitoring Firm RICK EUSTAQUIO		Telephor	ne No. 94-3762		Teleph 973-	none N 450-9			Licer 010	ise No 36					
								HA Monitor		IG, INC	D.				
Occupancy Status During Abatement (Check	Only Or	ne)	Street						/= N 11	- 1151	IT 00	_	11-2		
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma						City, S	tate, Z	TON AV				5			
Other – Describe:			CLIFT					, NEW J	ERSE	Y 070	112				
Scope of Work (Check All That Apply)	- I							Full Containment with Negative Pressure							
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Renova Demoliti				×	Mir Glo	i-Enclosur vebag Pro	e cedure	- e					
						Non-Exempted			ed (*) and Non-Friabl			ble Procedure  Abatement			
Location of	1	Locati Vormall	у		Des	escription of								ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	intenar todial S (12)	ice/	Asbesto (i.e. t	os Cont thermal surfac	aining N systems cing, VA niscellan	faterial s insula T, or	(ACM) ition,		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure	
100//55 5001/	Yes							IV.ITO		0.05					
LOCKER ROOM		X				LATIO NSULA			,	6 SF		X			
BASEMENT BOULER ROOM			X						-	30 LF		X			
	BOILER ROOM					NSULA				0 LF					
2ND FLOOR  Name of Registered Waste Hauler	N	JDEP W		Cubic	Vards	TION	Name of		00 LF	ndfill	X				
ATLANTIC CARTING		H	auler ID J 691	No.	of Was			IESI PA				LAN	DFIL	L C	ORI
City, State WAYNE, NEW JERSEY 07470					Dispos	al Date	n	City, Stat BETHL		M, PA					
Completed by MILENA ZORIC	Title EXE	CUTIV	/E DIR	RECTOR		igrature	//								



0. 100		(P	ursuant	to NJAC	8:60 and	d 12:120	0)			NOV	1	0 0	110	
Date of Notification (1) 11/1/2016				f Building ORPOR			(2)		14 -	Î		<del>0 Z</del>	<del>/10</del> -	
Agencies Notified Type Notification			Street A	ddress	STREE	T		27 17 11 11 22		ASBEST(	OS C			L&
EPA DEP Amended Amendment a Emergency (i			City, Sta	ate, Zip Co ARK, NE	ode		071	02						
■ DOH justification     □ DCA Cancellation	ncidanig			f Contact JEL JON	NAS				Tel	ephone Nur	nber			
Name of Facility Where Abatement is Taking	Dinco /	)\	FACI	LITY INF	ORMATI	ON	Tv	pe of Facility	(4)					
Name of Facility Where Abatement is Taking	riace (c	)					П	School (K-	Electric Control					
Street Address								Subchapte	r 8 (Oth	er than K-12				22
520 BROAD STREET							X	Other (i.e. etc.)	private a	& commerci	al buil	dings	home	es,
City (5) NEWARK							25	uare Feet 5,000		f Floors 4		Bldg. A	ige 5+	
County (6) PASSAIC				Code (7) USE ONLY	)	_		rrent Use (Pr FFICE BUI			ned)			
Name of Monitoring Firm Hired by Building C BIOTERRA ENVIRONMENTAL SC	2.5		ASCN	ЛNo.				batement Co CONTRA						
Street Address 1030 CHESTNUT STREET # 1224						Street 1360		ress _IFTON AV	/ENUE	E, UNIT 3	65			
City, State, Zip Code UNION, NEW JERSEY 07083								, Zip Code N, NEW Ji	ERSE	Y 07012				
Project Manager for Monitoring Firm RICK EUSTAQUIO			Telepho	ne No. 94-3762		Teleph 973-		No. 0-9500		License N 01036	0.			
Start Date (10) 11/26/2016	Schedule		npletion	Date (11)				SHA Monitor CONTRA		G. INC.				
Occupancy Status During Abatement (Check						Street				,	-			
Facility Closed/Vacated During Entire P	eriod of A	Abaten	nent				1 1111	IFTON AV	'ENUE	E, UNIT 3	35		16771	
Abatement Performed Outside of Normal Other – Describe:	al Facility	Hours	5		_			, Zip Code N, NEW JI	ERSE'	Y 07012				
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Pemolit				×	1	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	S			e	
<del></del>	Is	Locati	ion									Abate	ement	
Location of	1	Normal d Sole	ly			scription					-	Ty	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma	intena todial S (12)	nce/		thermal surface		s ins	r	(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										Ф	
BASEMENT/1 FL. GYMNASIUM		Χ		F	PIPE IN	NSULA	TIC	N	11	13 LF	Х			
Name of Registered Waste Hauler ATLANTIC CARTING		Н	IJDEP W lauler ID IJ 691		Cubic of Was			100000000000000000000000000000000000000	a dila.	red Landfill HLEHEM	LAN	IDFII	L C	ORI
City, State WAYNE, NEW JERSEY 07470		114	0001			al Date		City, Stat		1 PA				
Completed by MILENA ZORIC	Title FXF(	CUTI	VE DIR	RECTOR	S	ignature		4		Da	te /1/2(	016		

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 202 Ackerman Ave. LLC 1 8 2016 NOV 16 16 11 Street Address Type Notification Agencies Notified ☐ Initial PO Box 626 ASPESTOS CONTROL & LICENSING **⊠** EPA City, State, Zip Code **⊠** DOLWD Amendment #1 □ DHSS Tallman, NY 10982 ☐ Emergency (including Telephone Number □ DCA Name of Contact justification) (NJAC 5:23-8) Zevy Miller ☐ Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) 202 Ackerman Ave. ☑ Other (i.e., private and commercial buildings, Street Address homes, etc.) 202 Ackerman Ave. Bldg. Age # of Floors Square Feet City (5) 90+ 3 15,000 Clifton, NJ 07013 Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Vacant Retail Passaic Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Alliance Environmental Systems NA Street Address Street Address 550 East Union St. 28 N. Pennell Rd. City, State, Zip Code City, State, Zip Code West Chester, PA 19382 Media, PA 19063 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00508 610-701-9000 610-558-8902 Eric Sutherland Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) AET 2 12 / 11 / 28 / 16 Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 28 N. Pennel Road Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-\_\_\_\_PM/3:30PM-\_ Media, PA 19063 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure □ Renovation ≥3 sf or ≥3 lf ☐ Demolition ≥160 sf or ≥260 lf ■ Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Enclosure Removal Repair Encapsulate Location of Amount Asbestos Containing Material (ACM) Used Solely by Asbestos-Containing Material (ACM) (Specify (i.e., thermal systems insulation, Maintenance/ TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or IN Facility (12)other miscellaneous) (13)No N/A Yes $\boxtimes$ 300 LF Pipe Insulation $\boxtimes$ Basement П П П П Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Western Berks Community Landfill Waste Hauler ID No. Richard Burns, Inc. 10 19955 Disposal Date City, State City, State Birdsboro, PA TBD Phila., PA Date Signature Title Completed By (Print or Type) Estimator Mark Griffin

State of New Jersey

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT ^ \

Date of Notification (1)	6973 Sc			Name	of Building	Owner/Operator (			-1	_	•	1
	5 / 1	6		Car	nden Co	unty Technical S	Schools Board	of Education	######################################		4	retur ES
Agencies Notified T	pe Notification			Street	Address			In E 6	- E	ij	<del>\</del>	+
	] Initial			343	Berlin C	ross Keys Rd - I	Building No. 1:	2 Adminstration	Chapter 100			-
<u>500</u>	Amended				state, Zip C			linii				_
⊠ DOH □ DCA □	Amendment a	-		Sicl	klerville,	NJ 08081		NO\	/ 1	8 4	2016	
(NJAC 5:23-8)	Emergency (i justification)	nciuaing		Name	of Contac	t		Telephone Numb	er			-
	Cancellation			Din	o Aceve	do			•		et tale	· · · ·
				FΛC	II ITV IN	FORMATION		1	ICEN		TRO	
Name of Facility Where Aba	tement is Takir	no Place	(3)	174	JIL111 11V	II-OKINA I ION	Type of Facility	I am an an an area of a serious as		are a	200.000	
Camden County Tech			(0)				School (K-12					
Street Address			milker e				☐ Subchapter 8	(Other than K-12)				
343 Berlin Cross Keys	Road							rivate and commerc	cial bu	ilding	JS,	
City (5)							homes, etc.) Square Feet	# of Floors	PI	ia A		
Sicklerville							various	# 01 F1001S		ig. A 50+	ge	
County (6)				Coun	ty Code /7	)(STATE USE ONLY)		ior if being demolish		707		
Camden				Journ	, Joue (/	MOTATE OUT ONE!	Adult Techr		160)			
Name of Monitoring Firm His	ed by Building	Owner	8)	ASCM	No	Name of Abateme				-		
Health and Safety Ser		Owner	0)	117	140.							
Street Address	*1003			111		Street Address	nvironmental S					_
PO Box 365							ehem Pike - S	uito 60				
City, State, Zip Code								uite 60				
Berlin, NJ 08009						City, State, Zip Co						
Project Manager for Monitor	na Eirm		Tala	nhaas	NIA	Spring House	, PA 19477	1.7				
Jim Proctor	ny riini		1	phone     9 839		Telephone No.		License No.				
Start Date (10)	Coho	dulad O				215 542 7000		00847				
11 / 28 /	2.154	duled C		tion Da ) /		Name of OSHA M	onitor					
Occupancy Status During Al				_000000		Street Address						
<ul><li>☐ Facility Closed/Vacated [</li><li>☑ Abatement Performed Or</li></ul>	uring Entire P	enod of al Facilit	Abatei	ment e - Doe	cribe		ehem Pike - S	uite 60				
Time of Abatement: 7:00	AM-Midnight	PM/	PM-	,	AM	City, State, Zip Co						
Michts wook-on	25 4 500	ort zu	1:04	7,		Spring House	e, PA 19477		EntriE-ne			
Scope of Work (Check all th	at apply)					□ Full Cont	ainment with Neg	native Pressure				
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≥160 sf or ≥260 lf		∐ De	molitic	n		☐ Glovebag	Procedure	n-Friable Procedur				
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Asbestos-Containing Ma			d Sole intena			stos Containing Ma	terial (ACM)	Amount	Remova	Repair	Encapsulate	-
	D	0.000	intena todial	Water Parkers	(i.e	thermal systems		(Specify	NOU	air	aps	
TO BE ABATE			(12)	F-1551310		surfacing, VAT, other miscellane		SF or LF)	=		ulat	
IN Facility (13)			No	N/A							m	
IN Facility		Yes				nulk/Clarina		Apx 8200 LF		П	П	
IN Facility (13)	v-Exterior	Yes			ACM C	aulk/Glazing						
IN Facility								Apx 9100 LF				
IN Facility (13) Building 1 Door/Window Building 2 Door/Window	v-Exterior				ACM C	aulk/Glazing		Apx 6800 LF	-			
IN Facility (13) Building 1 Door/Windov Building 2 Door/Windov Building 5 Door/Windov	v-Exterior v-Exterior				ACM C	aulk/Glazing aulk/Glazing		Apx 6800 LF				-
IN Facility (13)  Building 1 Door/Window  Building 2 Door/Window  Building 5 Door/Window  Building 6 Door/Window	v-Exterior v-Exterior v-Exterior				ACM C	aulk/Glazing aulk/Glazing aulk/Glazing	Non/-D	Apx 6800 LF Apx 8420 LF	-			
IN Facility (13) Building 1 Door/Window Building 2 Door/Window Building 5 Door/Window Building 6 Door/Window	v-Exterior v-Exterior v-Exterior				ACM Ca	aulk/Glazing aulk/Glazing aulk/Glazing Cubic Yards of Waste	Name of Regis Western B	Apx 6800 LF Apx 8420 LF stered Landfill		dfill		
IN Facility (13)  Building 1 Door/Window Building 2 Door/Window Building 5 Door/Window Building 6 Door/Window Name of Registered Waste I Geppert Recycling	v-Exterior v-Exterior v-Exterior			JDEP 1	ACM Ca	aulk/Glazing aulk/Glazing aulk/Glazing Cubic Yards of Waste 24,000 yrd	Western B	Apx 6800 LF Apx 8420 LF		dfill		
IN Facility (13)  Building 1 Door/Window  Building 2 Door/Window  Building 5 Door/Window  Building 6 Door/Window  Name of Registered Waste I	v-Exterior v-Exterior v-Exterior			JDEP 1	ACM Ca	aulk/Glazing aulk/Glazing aulk/Glazing Cubic Yards of Waste	Western B City, State	Apx 6800 LF Apx 8420 LF stered Landfill erks Community		dfill		
IN Facility (13)  Building 1 Door/Window Building 2 Door/Window Building 5 Door/Window Building 6 Door/Window Name of Registered Waste I Geppert Recycling City, State Hatfield, PA	v-Exterior v-Exterior v-Exterior Hauler			JDEP 1	ACM Ca	aulk/Glazing aulk/Glazing aulk/Glazing Cubic Yards of Waste 24,000 yrd Disposal Date	Western B City, State	Apx 6800 LF Apx 8420 LF stered Landfill erks Community	⊠ ⊠ y Lan	dfill		
IN Facility (13)  Building 1 Door/Window Building 2 Door/Window Building 5 Door/Window Building 6 Door/Window Name of Registered Waste I Geppert Recycling City, State	v-Exterior v-Exterior v-Exterior Hauler			JDEP \	ACM Ca	aulk/Glazing aulk/Glazing aulk/Glazing Cubic Yards of Waste 24,000 yrd	Western B City, State	Apx 6800 LF Apx 8420 LF stered Landfill erks Community	⊠ ⊠ y Lan	dfill		The same of the sa

PAGE 252

State of New Jersey neighbor 10973 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Sortwith initial notification Name of Building Owner/Operator (2) Date of Notification (1) Camden County Technical Schools Board of Education NOV 11 15 16 Agencies Notified Type Notification Street Address ☑ EPA ☐ Initial 343 Berlin Cross Keys Rd - Building No. 12 Adminstration TOS CONTROL & **⊠** DOLWD City, State, Zip Code Amendment #1 ☑ DOH Sicklerville, NJ 08081 □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Dino Acevedo **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Camden County Technical School School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 343 Berlin Cross Keys Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Sicklerville various 1 50± County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Camden Adult Technical School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services 117 Controlled Environmental Systems Street Address Street Address PO Box 365 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Spring House, PA 19477 Project Manager for Monitoring Firm Telephone No. Telephone No License No. Jim Proctor 609 839 2432 215 542 7000 00847 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_11\_\_ / \_\_28 / \_\_16 8 / 30 / 17 CFS Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1121 N. Bethlehem Pike - Suite 60 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-MidnightPM/\_\_\_\_PM-\_ Spring House, PA 19477 Scope of Work (Check all that apply) -+ SOME ITOLONINI ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ≥3 sf or ≥3 lf □ Renovation ≥160 sf or >260 lf Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Removal Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Building 8 Window-Exterior X ACM Glazing Apx 2000 LF  $\boxtimes$ Building 9 Door/Window-Exterior  $\boxtimes$ ACM Caulk & Glazing Apx 1500 LF X Building 10 Window-Exterior ACM Glazing Apx 1010 LF M **Building 11 Window-Exterior** X ACM Glazing Apx 1325 LF M Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Geppert Recycling Western Berks Community Landfill 24,000 yrd City, State Disposal Date City, State Hatfield, PA Birdsboro, PA 19508 Completed By (Print or Type) Signature

ASB 41 Da(NE 7 6-7

Patricia Visco

Office Manager

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

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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 8:50 and 5:15)

Date of Notification (1)	32. 6.
Agencies Notified  □ FPA □ DOLWD □ DOH □ Amended Amendment # □ DCA □ Comercy (including justification) □ Cancellation) □ Cancellation □ Type of Facility (4) □ Subchapter 6 (Other than K-12) □ School (K-12) □ Subchapter 6 (Other than K-12) □ County (G) □ Subchapter 6 (Other than K-12) □ County (G) □ Subchapter 6 (Other than K-12) □ Subchapter 6 (Other than K-12) □ County (G) □ Subchapter 6 (Other than K-12) □ Subchapter 6 (Other than K-12) □ County (G) □ Subchapter 6 (Other than K-12) □ County (G) □ Subch	03. 0
Agencies Notified  □ FPA □ DOLWD □ DOH □ Amended Amendment # □ DCA □ Comercy (including justification) □ Cancellation) □ Cancellation □ Type of Facility (4) □ Subchapter 6 (Other than K-12) □ School (K-12) □ Subchapter 6 (Other than K-12) □ County (G) □ Subchapter 6 (Other than K-12) □ County (G) □ Subchapter 6 (Other than K-12) □ Subchapter 6 (Other than K-12) □ County (G) □ Subchapter 6 (Other than K-12) □ Subchapter 6 (Other than K-12) □ County (G) □ Subchapter 6 (Other than K-12) □ County (G) □ Subch	5). 60
SPA	3) 6
City, State, Zip Code   County Code (7)(STATE USE ONLY)   Controlled Environmental Systems   Street Address   County Go   Co	
DCA   Camed   Emergency (including justification)   Cancellation   Sicklerville, NJ 08081   Name of Contact   Dino Acevedo   FACILITY INFORMATION	
Name of Contact   Telephone Number   Street Address   S	
Cancellation   Dino Acevedo   FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3)  Camden County Technical School  Street Address  343 Berlin Cross Keys Road  City (5) Sicklerville  County (6) Camden  Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services  Street Address PO Box 365  City, State, Zip Code Berlin, NJ 08009  Project Manager for Monitoring Firm Jim Proctor  Start Date (10) Schedulad Completion Date (11) 11	
Name of Facility Where Abatement is Taking Place (3)  Camden County Technical School  Street Address  343 Berlin Cross Keys Road  City (5) Sicklerville  County (6) Camden  Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services  Street Address PO Box 365  City, State, Zip Code Berlin, NJ 08009  Project Manager for Monitoring Firm Jim Proctor  Start Date (10) Schedulad Completion Date (11) 11	
Camden County Technical School  Street Address 343 Berlin Cross Keys Road  City (5) Sicklerville  County (6) Camden Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services  Street Address PO Box 385  City, State, Zip Code Berlin, NJ 08009  Project Manager for Monitoring Firm Jim Proctor  Start Date (10) 11	
Street Address   343 Berlin Cross Keys Road   Street Address   Sicklerville   Square Feet   # of Floors   Sidy Age   50+	
Sicklerville	
Square Feet   # of Floors   Side Age   Soletary	
County (6)   County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)   Adult Technical School	
Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Health and Safety Services   117   Controlled Environmental Systems	
Name of Monitoring Firm Hired by Building Owner (8)  Health and Safety Services  Street Address PO Box 365  City, State, Zip Code Berlin, NJ 08009  Project Manager for Monitoring Firm Jim Proctor  Start Date (10)  11 / 14 / 16	
Health and Safety Services	
Street Address PO Box 365  City, State, Zip Code Berlin, NJ 08009  Project Manager for Monitoring Firm Jim Proctor  Start Date (10) Scheduled Completion Date (11) 11 / 14 / 16	
PO Box 365   1121 N. Bethlehem Pike - Suite 60	
City, State, Zip Code Berlin, NJ 08009  Project Manager for Monitoring Firm Jim Proctor  Start Date (10) 11	
Berlin, NJ 08009   Spring House, PA 19477	
Project Manager for Monitoring Firm    Telephone No.   Telephone No.   Compared	
Start Date (10)   Scheduled Completion Date (11)   Name of OSHA Monitor	
Start Date (10)   Scheduled Completion Date (11)   Name of OSHA Monitor	
The continuous of the conti	
Occupancy Status During Abatement (Check only one)  ☐ Facility Closed/Vacated During Entire Period of Abatement  ☐ Abatement Performed Outside of Normal Facility Hours - Describe  ☐ Time of Abatement: 7:00AM-MidnightPM/ PM- AM  ☐ Noch S, Watterness AD Some holdings  ☐ Scope of Work (Check all that apply)  ☐ ≥3 sf or ≥3 lf  ☐ Renovation ☐ Demolition ☐ Secret Address  1121 N. Bethlehem Pike - Suite 60  City, State, Zip Code Spring House, PA 19477  ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure  ☐ Abatement Ty ☐ Description of ☐ Description of ☐ Description of	
Facility Closed/Vacated During Entire Period of Abatement	
Abatement Performed Outside of Normal Facility Hours - Describe   Time of Abatement: 7:00 AM-MidnightPM	
Time of Abatement: 7:00AM-MidnightPM/ PM- AM Spring House, PA 19477  Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition □ Spring House, PA 19477  □ Full Containment with Negative Pressure □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure  Location of Normally □ PM- AM Spring House, PA 19477  □ Full Containment with Negative Pressure □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure	
Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition □ Stope of Work (Check all that apply) □ Pull Containment with Negative Pressure □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Stope of Work (Check all that apply) □ Pull Containment with Negative Pressure □ Mini-Enclosure □ Non-Exempted (*) and Non-Friable Procedure □ Stope of Work (Check all that apply) □ Pull Containment with Negative Pressure □ Mini-Enclosure □ Non-Exempted (*) and Non-Friable Procedure □ Stope of Work (Check all that apply) □ Pull Containment with Negative Pressure □ Mini-Enclosure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Stope of Work (Check all that apply)	
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Location of Normally □ Pull Containment with Negative Pressure □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Abatement Ty	
∑ ≥160 sf or ≥260 lf           ☐ Demolition           ☐ Glovebag Procedure           ☐ Non-Exempted (*) and Non-Friable Procedure             Is Location because the control of the c	
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surfacing, VA1, or SF or LF) $\underline{\omega}$	Enclosure
(13) (12) other miscellaneous) $\frac{\overline{w}}{\overline{b}}$	
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Building Chandal and the Chand	
Name of Registered Waste Hauler  NJDEP Waste  Cubic Yards of Name of Registered Landfill  Waste  Western Berks Community Landfill	
24,000 yrd	
City, State  Hatfield, PA  Disposal Date  City, State  Birdsboro, PA 19508	
Completed By (Brist or Tune)	
Date Date	
Patricia Visco Office Manager Hatucis Visco 11/3/16	

JAN 18 PAGE of 2 PEGES Do not use this form for asbestos licensure exempted activities.

PAGE ZOFZ

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

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3 /	16		Can	nden Co	unty Technical S	Schools Board	of Education				7
Type Notificat	ion		Street	Address			111111111111111111111111111111111111111	/ 1	2	2016	
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			Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)		-	-
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fired by Buildi	ng Owner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
ervices			117		Controlled Er	nvironmental S	Systems				
					Street Address					owi nomi	
					1121 N. Bethl	ehem Pike - Sı	uite 60				
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Abatement (C	heck only o	ne)			Street Address				(Charge Le		
					1121 N. Bethl	ehem Pike - Si	uite 60				
Outside of Nor	mal Facility	/ Hour	s - Des	cribe	City, State, Zip Co	ode			-		-
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that apply)	- NC 11	3 11 04	24-							77	
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						THE PERSON NAMED IN					
					Disposal Date		DA 40500				
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oe)	Title Office I				Signature	Birdsboro,	PA 19508	e i			
	Type Notificat Initial Amended Amendmen Emergency justification Cancellation Cancellation Cancellation Catement is Talentical School Catement is Talentical School Catement is Talentical School Catement (Catement is Talentical School Catement (Catement is Talentical School Catement is Talentical School Cat	Type Notification Initial Amended Amendment # Emergency (including justification) Cancellation  Cancellation  Cancellation  Catement is Taking Place Chnical School  Tys Road  Abatement (Check only of a During Entire Period of	Type Notification  Initial Amended Amendment # Emergency (including justification) Cancellation  Patement is Taking Place (3) Chnical School  Pys Road  Abatement (School  Scheduled Comple Bouring Firm Tele 60 Scheduled Comple 16 8 / 30 Abatement (Check only one) During Entire Period of Abater Outside of Normal Facility Hour ONAM-Midnight PM/PM- COLOR School  Renovati Demolitic  Staterior Scheduled Comple Is Locat Norma Used Sole Maintena Custodial (12) Yes No  cterior  Cixterior  Exterior  Hauler  Norma  Staterior  Hauler  Norma  Staterior  Hauler  Norma  Staterior  Hauler	Type Notification  ☐ Initial ☐ Amended ☐ City, Sick ☐ Sick ☐ Initial ☐ Amended ☐ Amended ☐ Amended ☐ Amended ☐ City, Sick ☐ Name ☐ Din ☐ FACO ☐ Cancellation ☐ Din ☐ FACO ☐ Cancellation ☐ Din ☐ FACO ☐ Count ☐	Type Notification  Street Address  343 Berlin C  City, State, Zip C  Sicklerville, Name of Contac  Dino Acever  FACILITY IN  Patennent is Taking Place (3)  County Code (7)  County Code (8)  County Code (8)  County Code (8)  Co	Type Notification  Initial	Street Address   343 Berlin Cross Keys Rd - Building No. 12	Street Address   Staken   Street Address   Staken   Staken   Street Address   Staken   Stake	Type Notification    Amended Amendent #	Type Notification   Amended	16

JAN 13 PAGE Z of ZPRGES Do not use this form for asbestos licensure exempted activities.