Date of Notification (1) 11/16/16 Agencies Notified X EPA X DEP X DOL X DOH DCA	Type Notification Initial Amended Amendment Emergency justification) Cancellation	(includir	ng	Name S2 Street 52 City, S Wanne Ma	State of New Jers ON OF ASBESTO Int to NJAC 8:60 a of Building Owne Van Dyke L Address -64 Van Dyk State, Zip Code Illington, NJ of Contact tt Mroczek	S ABATE and 12:12 f/Operato LC e Stree	r (2)	Te	lephone Nu		LIC		5 20 SONT SING
Name of Facility Where	Abatement is Takin	g Place	(3)	FAC	JILIT INFURMA	HON	Type of Facility	y (4)					
52 Van Dyke L Street Address 52 Van Dyke	LC						Olher (i.e etc.)	er 8 (Oth	er than K-1 & commerc	2) ial bu	ildings	s, hon	nes,
Wallington, N	II						Square Feet	# 0	f Floors		Bldg.	Age	
County (6)					Code (7)		Current Use (F	rior if bei	ing demolis	ned)			
Bergen	II. II. D. III.				USE ONLY)					,			
Name of Monitoring Firm)wner (8)	ASC	M No.	1000	of Abatement C	ontractor	(9)				
CA Environme Street Address	ntal					Street	per, LLC Address						
2200 Paterson	Plank Road						03 Belmont	Ave					
City, State, Zip Code						Cily, S	late, Zip Code	71VC			-		
North Bergen Project Manager for Monit	NJ 07047			Telepho	one Me		Ialedon, NJ	07508			The same of		
Carmelo Alton	aonto			- 3		(02,650)	ione No.		License N				
Start Date (10)		Schedu	led Co	201 8	54-6583 Date (11)	Name	1 336-0477 of OSHA Monito	r	0119	96			
11/10/16		12/	5/16	- 524		Te	stor Tech						
Occupancy Status During			8.5			Street	Address				***		
Facility Closed/Vacal Abatement Performe	ed During Entire Po d Outside of Norma	eriod of	Abater	nent		City C	0-59 Jackso late, Zip Code	n					
Other - Describe:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-									
Scope of Work (Check All	That Apply)					LL	ic NY 1110	L			-		
≥3 sf or ≥3 If ≥160 sf or ≥260 If			Renova Demoli				Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				е	
			s Locati								Abate	ment	
Location of Asbestos-Containing M		Use	Normal ed Sole	ly by		scription					1 y	ре	
TO BE ABAT	TED '	000000	aintenar		Asbestos Con (i.e. thermal	systems	insulation,	(S	nount pecify	Re	ת	Enc	m
(13)			(12)			cing, VAT niscellane		SF	or L.F)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			310001193 5 63			/al	Ξ,	ilate	лге
	The state of the s												

X ACM Roof 16,000SF, Pipes 146LF

Cubic Yards

TBD Disposal Date

TBD

of Waste

Tailor Dominguez

SUPER, LLC

Name of Registered Waste Hauler

Roof 16,000SF and Pipes 146LF

lle Signature
Project Manager

NJDEP Waste Hauler ID No.

WH16329

Waste Management
City, Stale
Tullytown, PA
Date

Name of Registered Landfill

16,000SF/146LF X

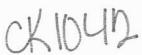
ROL &

1681215 MO 1001

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

Print Form

Date of Notification (1)					uilding Ow nt Health		perator (2)			N.) V 2	5	2016	
Agencies Notified	Type Notification			reet Addr 0 Excha	ess ange Pla	ace 1	5th Flo	or			ASBES	TOS)L 8
EPA DEP DOL	Initial Amended Amendment	#	Ci	ity, State, ersey C	Zip Code	v Jers	sey, 07	302							
DOH DCA	Emergency (in justification) Cancellation	ncluding		ame of Co	ontact r Vazqu	ez				Telep	ohone Num	ber			
				FACILIT	TY INFOR	MATIC	NC	+	E E a silib (/ 4)						
Name of Facility Where Hoboken University Street Address	Abatement is Taking Medical Cente	g Place (3) r						So So	Facility (4) chool (K-12) ubchapter 8) B (Other	r than K-12) commercia	l I buildir	nae h	omes	
308 Willow Avenue	!								c.)		Floors		lg. Ag		
City (5) Hoboken								1000-	F	6		10	0+	-13 - 23	
County (6) Hudson				County Co STATE US				Hosp	ital		ng demolish	ea)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM NA	No.				ement Cont Contrac		(9)				
Street Address							Street 2400	Addres	Street E	ctensi	on Suite	10			
NA City, State, Zip Code					5.00		City, S	tate, Zip							
NA Project Manager for Mo	nitoring Firm			Telephone	e No.		Teleph	none No).		License No	0.			
NA Start Date (10)		Scheduled		NA pletion Da	ate (11)		Name		A Monitor						
12/9/16		12/9/16		•				th and	Safety S	Servic	e				(1 - 1) ·
Occupancy Status Duri	ng Abatement (Che cated During Entire			ent			ро В	ox 36	5						
Abatement Perfor Other – Describe:	med Outside of Non	mal Facility H	lours			_	1		p Code 08009						
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti					× Mir	ni-Enclosure vebag Prod	e cedure	n Negative F			e	
		Is L	ocati	on					II-Exempted	2 () ()				ement	
Locati Asbestos-Containin <u>TO BE A</u> In Fa (1)	ng Material (ACM) BATED cility	No Used Mair	ormal Sole ntenar	ly ly by	Asbes (i.e.	tos Cor therma surf	escription ntaining al system acing, V miscella	Materia ns insula AT, or	ation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		Din	e Insul	ation			9 LF	x			
1st Floor	Cafeteria		X			FIP	e msu	ation							
Name of Registered V	Vaste Hauler		111100	NJDEP W Hauler ID		175000000	ic Yards /aste		The state of the s		tered Landf I Landfill	ill			
Freehold Cartage			1000	5939		30 Disp	osal Da	te	City, Sta	ite					
City, State Freehold New Jer	sey						9/16	/ /			A , 17240) Date		-120	
Completed by Daniel Baptista		Title	unt N	Manage	r		Signatu	re.	1/	5	0.00	L1-23-	-16		



	IV I				(Pur	suant to	NJAC 8:	60 and	12:120)		90.000		MAN	0.5	00	4.0	Ш
Date of	f Notification (1) 3/16					lame of E Adam P	Building Ov litt	wner/O	perator ((2)	U. A		NUV	23	20	10	
Agenci	es Notified	Туре	Notification		S	Street Add	dress					Ā	SBEST	os co	TMC	ROL	. &
D	PA EP OL	×	Initial Amended Amendment				e, Zip Cod t, NJ 076							CENS	NG		
	OH ICA		Emergency (i justification) Cancellation	including	A 22	Name of C Adam P						Tele	ephone Nu	ımber			
	NY (1721N					FACIL	ITY INFO	RMATI	ON	Tuno	of Facility (4	1)					
	of Facility Where dential Home	Abate	ment is Taking	g Place (3)							School (K-1: Subchapter	2)	er than K-1	12)			
Street	Address									×	Other (i.e. petc.)	rivate 8	& commerc	cial build			es,
City (5	T 100									1750		2	Floors	6	ldg. / 5+/-		
Count						County C	ode (7) SE ONLY)			Resi	nt Use (Prid dential H	ome	==	shed)			
Name	of Monitoring Firm	n Hire	d by Building (Owner (8)		ASCM	No.				tement Con Abateme		(9)				
	Address									Addres	ss dland Ave)					
City, S	State, Zip Code										ip Code ook, NJ C	7663					
Projec	ct Manager for Mo	nitorin	ng Firm			Telephon	e No.			none N 600-3			License 01305	No.			
	Date (10) 28/16			Schedule		npletion [Date (11)		Name	of OSI	HA Monitor						
100000000000000000000000000000000000000	pancy Status Duri	ng Aba	atement (Chec	ck Only On	e)				Street	Addre	SS						
H	Facility Closed/Va Abatement Perfor Other – Describe:	cated med C	During Entire	Period of A	baten	nent		_	City, S	State, Z	ip Code						
	e of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		at Apply)		Renova Demolit					Mi Gl	ill Containm ni-Enclosur ovebag Pro on-Exempte	e cedure			oced		
					Locat			D	escriptio	n of				-		teme Type	ent
A	Locati sbestos-Containir TO BE A In Fa (13	ng Mat BATE cility		Use Ma	ed Sole intena todial (12)	ely by ince/ Staff?	Asbes (i.e.	tos Co therma surf		Materia ns insu AT, or			Amount (Specify SF or LF)	Removal	repail	Encapsulate	Enclosure
-	Base	ment		100	X				VAT				650	х			
10000	e of Registered W	Vaste I	Hauler			NJDEP V Hauler ID		of V	ic Yards		Name o		stered Lan	dfill			
	vark Carting State)4509			osal Da	te	City, Sta	ate					
New	vark, NJ			Title			<u> </u>	TBI	Signatu	ire /	Betnie	nem,	FA	Date 11/18	2/16	9	
	nard Cristofol			Pres	sident	t			//	bhil	1/2			11/18	0/10		

$(\square)_r$	造	<u></u>	E	U	\mathbb{V}	
m			0	-	0040	CORP. CO. CO.
		NOV	2	5	2016	100

			- 1 51		Dullding	Owner/Operator ((2)	H L					$\neg \mid$
Date of Notification (1)	121/16		N	ame of	Building	Owner/Operator (Babbitt	L	DEOTO	0.0	ON	TDC	₩ 8 I K
	/21/16		-	troot A	ddress			AS	110	ENS	SINC	3	74 O
Agencies Notified	Type Notification		3	lieel A	duless				LIC				_
EPA DEP	Initial Amended		-	ity Sta	te, Zip Co	ode							
₩ DOL	Amendment #		"	nty, Oto	.о, ш.р. о	Lam	bertville, NJ	08530					_
■ DOH	Emergency (inclination)	luding	-	Jame of	f Contact			Telephone	Number				
DCA	Cancellation			turrio o		stina Babbitt						_	_
				EACII		ORMATION							
	All at a series Taking	Dlace (3/	FACIL	-11 1 1141 0	JAMATION	Type of Facility	(4)					\neg
Name of Facility Where	Resid	ential	3)				School (K-12)					
	Resid	Cittai					Subchapter 8	Other than	K-12)	uildin	ac		
Street Address							Other (i.e., pr		Herciai b	unum	gs,		
							Square Feet	# of Floor	S	- 7	. Age		
City (5)	Lambert	ville.	NJ				1800	2			95+		
County (6)	Lamoere	ville	T	County	Code (7) (STATE	Current Use (Pr	ior if being de	emolishe	d)			
	ınterdon			USE C	NLY)-								-
Name of Monitoring Firm		wner	- A	SCM N	lo.	Name of Abatem	nent Contractor (9)		т			
(8)	MECS						vens Environr	nental Se	rvices,	Inc	•		_
Street Address						Street Address	70 F	200					
Oli oct / idd. coc	PO Box 341							322 Box 322			_	_	_
City, State, Zip Code		and the second second				City, State, Zip C	Code Allentow	n NI 085	01				
C	Prosswicks, NJ 0	8515					Allentow				_		=
Project Manager for Mo	onitoring Firm			hone N		Telephone No.	50 0600	License		193			
Bill W	eisgarber		-		<u>-4070</u>		59-9688	-	- 00	175		_	=
Start Date (10)	Sched	luled Co			e (11)	Name of OSHA		ECS					
12/5/16			2/7/1	6		Street Address		LCG					=
Occupancy Status Dur	ring Abatement (Ched	ck only	one)			Street Address	PO I	30x 341					
▼ Facility Closed/Vac	ated During Entire Pe	riod of	Abater	nent		City, State, Zip (N. His Service of the Control of the					=
☐ Abatement Perform	ed Outside of Normal	raciii	Houis	5		City, State, Zip	Crosswick	cs, NJ 08	515				
Other - Describe:						<u> </u>						ME	
Scope of Work (Check	(all that apply)					☐ Full Co	ontainment with Ne	egative Press	sure				
≥3 sf or ≥3 lf			novation molition			Mini-Er Gloveb	an Procedure						
≥160 sf or ≥260 lf		Пре	Holitio	LI.		Non-E	xempted (*) and N	on-Friable P	rocedure				-
			ocatio							A	aten Typ		
			omally Solely			Description	of			$\overline{}$			
Locatio Asbestos-Containing	n of g Material (ACM)	Mair	ntenan	ce/	Asbes	stos Containing Ma	aterial (ACM)	Amour (Specif		TI		En	Ш
TO BE AB	BATED	10.75	ustodia Staff?	al .	(i.e.	, thermal systems surfacing, VA	insulation, T. or	SF or L		Remova	Repair	caps	Clo
IN Fac		,	(12)			other miscellane	eous)			oval	air.	Encapsulate	Enclosure
		Yes	No	N/A								6	
		1400000	,,,,		Tri .	al Dust I	ngulation	20 1	f	×			
Crawl	Space	×			11	nermal Duct I				-	\dashv		
						(Wrap & 0		101	f	00			
Crawl	Space	×				Asbestos D	Debris	101	1	×			
								- Inharral I a	4611	-			
Name of Registered V	Vaste Hauler		1000	JDEP		Cubic Yards of Waste	Name of Re			1,0411			
The state of the s	nmental Service	es, Inc	c. †	Hauler II 18	292	1 CU		GROW	S Land	itill	Of Dellar		_
City,-State						Disposal Date	City, State		111	D. 4			
Onj, oraco	Allentown,	NJ				12/7/16	11/1	Morris		PA_			
Completed By	Titl	le				Signature			Date	11/2	1/1/	5	
Mahlon E. S	Stevens	P	rojec	t Ma	nager					11/4	1/11		_



Data of Notification (4)					1.61	(5.0	11 /		(0)		111			_	_		
Date of Notification (1) 11 /	23 /	16	_			APC AS		Owner/Operator	(2)	- Land			NOV	2	5	2016	11
Agencies Notified EPA	Type Notific	ation			1	et Addres		treet 3rd floor			A	SBE			CON		OL &
□ DOLWD	☐ Amended				City	State, Zi	p Co	de		- Appendix	CONTRACT NO.	-	Lat N	/ ((1.71) V	U.	
□ DHSS	Amendm		5. VO		10			ck, NJ 08901									
DCA (NJAC 5:23-8)	☐ Emergen justificati	icy (in	cluding	9	_	ne of Cont				Tele	nho	ne Ni	umbe	-		_	40
(NOAC 0.25-0)	☐ Cancella				100000000	aniel Ka		vnik		-	-	110 141	umbo				
					F	ACILITY	INF	ORMATION									
Name of Facility Where A	Abatement is 7	Taking	Place	(3)					Type of Facility	(4)							
Residential House									School (K-12			17	40)				
Street Address									Subchapter Other (i.e., p	rivate				al bu	ilding	js,	
City (5)									Square Feet		of Flo	oors		Blo	dg. A	ae	
Asbury Park									1429	2	2			1	36		
County (6)					Co	unty Code	(7)(S	STATE USE ONLY)	Current Use (Pr					ed)			
Monmouth									Vacant Res	identi	ial F	lous	e				
Name of Monitoring Firm		ding C	wner ((8)	100000000000000000000000000000000000000	И No.	1	Name of Abatem	ent Contractor (9)								
Health and Safety S	Services				00	117		Superior Aba	atement Inc								
Street Address							5	Street Address									
318 12th Street								2 Henderson	Drive								
City, State, Zip Code			4.07-1					City, State, Zip C	ode								
Hammonton NJ 080	137							West Caldwe	II, NJ 07006								
Project Manager for Moni	toring Firm			Te	lephon	e No.	T	Telephone No.		Lic	ense	e No.					
Jim Proctor					(609) 7	04-8850		973-808-1616	5	0	0041	11					
Start Date (10)	5	Sched	uled C	omp	letion [ate (11)	N	Name of OSHA N	Monitor								
12 /05 /	16	1	2 /	()9_ /	16		Superior Aba	atement Inc								
Occupancy Status During	Abatement (Check	only o	one)			5	Street Address									
□ Facility Closed/Vacate	d During Entir	re Per	iod of	Abat	tement			2 Henderson	Drive								
☐ Abatement Performed							C	City, State, Zip Co	ode	1						-	
Time of Abatement:	AM	PN	1/	_PI	νI	_AM		West Caldwe									
Scope of Work (Check all	that apply)								•		-11						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De					☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure mpted (*) and No				dure				
					ation									Aba	atem	ent T	vpe
Location	5.0			Norm	ally olely by		page and the	Description of			_				_		
Asbestos-Containing N TO BE ABA		1)			nance/			os Containing Ma hermal systems			Amo Spe			Removal	Repair	Encapsulate	Enclosure
IN Facilit			Cust		I Staff?			surfacing, VAT	, or			LF)		oval	=	psu	Sur
(13)		1	Vac	(12		-	93	other miscellane	ous)							late	(b)
Vitaban 9 Halluran		-	Yes	No								0=					
Kitchen & Hallway						Linole	eum			1	150	SF					
				_		_							-				
													-				
			Ц											Ш	Ш	Ц	Ш
Name of Registered Wast				- 1	NJDEF Hauler	Waste	100000	Cubic Yards of Vaste	Name of Regis								
Service Transport G	roup Inc	16-64			SW2			2	Minerva Er	nterpr	rise	S					
City, State							D	isposal Date	City, State		22700						
New Castle, DE								12/09/2016	Waynesbu	rgh, (HC						
Completed By (Print or Ty	pe)	Title	11-11-1-					Signature	9/1/	//	/		Date				
Nick Petrovski		Pr	eside	nt				1//	1-11/11	2	· ru	V	11.	-0	23	-/	6

01/	1502
CIL	2000

CICKUU	- AND			(F	Suaii	I TO NOW	C 6.00 and 5.10	')					4
Date of Notification (1)	23 /	16	_		11.11.00.00.00.00.00.00.00.00.00.00.00.0	of Building	g Owner/Operator (2 1	2)	II II NOV	/ 2	5 2	2016	Approximately to a
Agencies Notified	Type Notifica	tion				Address Church	Street 3rd floor		ASBEST		CON		DL &
□ DOLWD	☐ Amended				Part address	tate, Zip C	WANTED STREET,		L	O 1		_ !	-
□ DHSS	Amendme						vick, NJ 08901						
□ DCA	☐ Emergeno		uding			of Contac	11-11-11-11-11-11-11-11-11-11-11-11-11-		Telephone Number	er .			
(NJAC 5:23-8)	justificatio Cancellatio					iel Karb			relephone radino	J1			
	□ Caricenati	011									100	THE PERSON NAMED IN	
					FAC	CILITY IN	IFORMATION						
Name of Facility Where A	batement is Ta	aking F	Place	(3)				Type of Facility (4)				
Residential House								☐ School (K-12) ☐ Subchapter 8	Other than K-12)				
Street Address									ate and commerc	ial bu	ilding	s,	
City (5)								Square Feet	# of Floors	Ble	dg. A	ge	
Neptune								2408	2	- 0	88		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Prio	r if being demolish	ed)			
Monmouth						5 %		Vacant Resid	ential House				
Name of Monitoring Firm	Hired by Build	ina Ow	vner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Health and Safety S				1	0011		Superior Aba						
Street Address	70111000						Street Address						
318 12th Street							2 Henderson	Drive					
City, State, Zip Code							City, State, Zip Co						
Hammonton NJ 080	127						West Caldwe						
				Tole	phone	No	Telephone No.	11, 140 07 000	License No.				
Project Manager for Moni Jim Proctor	tolling Firm			103530		4-8850	973-808-1616		00411				
	10	اربام ماريا	lad Ca		tion Da		Name of OSHA M		00411				
Start Date (10) 12 / 05 /				1000) /	450.00 PA	Superior Aba						
						10_		ternent inc					
Occupancy Status During							Street Address	n :					
☐ Facility Closed/Vacate☐ Abatement Performed						oribo	2 Henderson	STREET WINTER					
Time of Abatement:							City, State, Zip Co						
							West Caldwe	II, NJ 07006					
Scope of Work (Check all	that apply)						M Full Cont	tainment with Nega	tive Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Rer Der					losure g Procedure mpted (*) and Non-		e			
				Loca						Ab	atem	ent T	уре
Location				lorma	illy ely by		Description of	* · · · · · · · · · · · · · · · · · · ·		R	Z,	ū	m
Asbestos-Containing TO BE ABA)			ance/		estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	nca	ıclo
IN Facili			Cust		Staff?	(1.0	surfacing, VAT		SF or LF)	val	-	Encapsulate	Enclosure
(13)			Yes	(12) No	N/A		other miscellane	ous)				ate	CD .
Basement					\boxtimes	Mastic			850 SF	\boxtimes			
Attic					\boxtimes	Plaster	Coating		100 SF	\boxtimes			
Entrance Foyer					\boxtimes	Linoleu	ım		35 SF	\boxtimes			
				П	ТП								
Name of Registered Was	te Hauler				JDEP I		Cubic Yards of	Name of Registe	ered Landfill	100			
Service Transport (183	lauler II		Waste	Minerva En					
Commence of the Commence of th					SW21	17	4 Disposal Date	City, State	2				
City, State							12/09/2016	Waynesbur	ah OH				
New Castle, DE							8.000 S.000 S	waynesbur	/				
Completed By (Print or Ty Nick Petrovski	ype)	Title Pre	eside	nt			Signature	111/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	Dat	e //-	2	3-	16
A SR-41							11/11/10	MINEC	2001	/	~	_ /	D



State of New Jersey

LK 2558	3	NOT		TION	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:10			G [\mathbb{V}	
Date of Notification (1)	23 / 16				of Building	g Owner/Operator (2)	A STATE OF THE STA	07	2 5	201	6
Agencies Notified	Type Notification			Street	Address	- Notice		ASBES	STOS	3.00	NITE	ROL.
□ EPA				108	Church	Street 3rd floor		1	LICE	NSI	VG.	IOL
⊠ DOLWD	Amended			City, S	State, Zip C	Code						
□ DHSS	Amendment #			Nev	v Brunsv	vick, NJ 08901						
□ DCA (NJAC 5:23-8)	Emergency (in justification)	Ciuaing	,	Name	of Contac	t		Telephone Numb	per			
(10710 0.20 0)	☐ Cancellation			Dar	niel Karb	ownik					-	
				FAG	CILITY IN	IFORMATION						
Name of Facility Where	Abatement is Taking	Place	(3)				Type of Facility ((4)				
Residential House	V 0.0 1 100 100 100 100 100 100 100 100 1						☐ School (K-12)				
Street Address								(Other than K-12)		. Trans.		
							homes, etc.)	ivate and commer	ciai bi	allaing	s,	
City (5)							Square Feet	# of Floors	BI	dg. A	10	
Elizabeth							1590	3	2005	116	90	
County (6)				Cour	ty Code (7)(STATE USE ONLY)	1.7.7.7.	or if being demolis				
Monmouth				Oour	ity Code (i	MOTHER GOT ONE !	100	dential House	iiou)			
Name of Monitoring Firm	Hired by Building (wner ((8)	ASCM	No	Name of Abateme						
Health and Safety		, , , , , , , , , , , , , , , , , , ,		0011		Superior Aba						
Street Address	001 11003			0011		Street Address	itement me					
318 12th Street						2 Henderson	Drive					
City, State, Zip Code						City, State, Zip Co						
Hammonton NJ 08	037					West Caldwe						
Project Manager for Mon			Tolo	phone	No	Telephone No.	11, 140 07000	License No.				
Jim Proctor	intolling i lilli		100000		4-8850	973-808-1616		00411				
Start Date (10)	Sched	ulad C			te (11)	Name of OSHA M		00411				
					16	Superior Aba						
Occupancy Status During	50 (1) 전 [1] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					Street Address					- 2/5/-	
☐ Facility Closed/Vacate					**	2 Henderson						
Abatement Performed Time of Abatement:						City, State, Zip Co						
Scope of Work (Check at						West Caldwe	II, NJ 07006					
	п пасарыу)						tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Remark	novatio molitio	73.507415			g Procedure	n-Friable Procedur				
		Is	Locati	ion		□ Non-Exe	mpted () and 140	I-i nabie i locedui	_	atem	ont To	V/D0
Location	of	1	Normal	ly		Description of	of		-	_		
Asbestos-Containing			d Sole			stos Containing Ma	iterial (ACM)	Amount	Rem	Repair	inc	incl
TO BE ABA			todial S		(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	air	aps	Enclosure
(13)	ity		(12)			other miscellane		31 01 11)	<u>=</u>		Encapsulate	lle
		Yes	No	N/A							е	
1 st & 3 rd Floor					Linoleu	m		140 SF				
Name of Registered Was			10 10 10 10 10 10 10 10 10 10 10 10 10 1	JDEP V		Cubic Yards of	Name of Regis	tered Landfill		111		
Service Transport (Group Inc			auler II SW21		Waste 2	Minerva En	nterprises				
City, State						Disposal Date	City, State					
New Castle, DE	T=::					12/09/2016	Waynesbu					
Completed By (Print or T	ype) Title)				Signature	11 1	Da Da	te			20

Nick Petrovski

President



10)	E	G	E		\mathbb{V}	E	
		NOV	2	5	2016		- Control of the Cont
- L A	SBI	ESTO)S (CO	NTRO	DL 8	į.

Date of Notification (1) 11 /	23 / 16				of Building PC ASF#	g Owner/Operator (: 1	2)	N () V (2	2 5	201	6
Agencies Notified	Type Notification				Address	Street 3rd floor		ASBES				OL 8
□ DOLWD □ DHSS	Amended Amendment #			City, S	State, Zip C			į į	<u>ICE</u>	YOU	wc.	
DCA (NJAC 5:23-8)	☐ Emergency (in justification) ☐ Cancellation	cluding		Name	of Contact	t		Telephone Numb			4	
				FAC	CILITY IN	IFORMATION					-	
Name of Facility Where A Residential House Street Address	Abatement is Takin	g Place	(3)				Other (i.e., pr homes, etc.)) (Other than K-12) ivate and commer	cial bu			
City (5)							Square Feet	# of Floors	100000	dg. A	ge	
Elizabeth						V(07475 1105 011110	1520	2		116		
County (6) Monmouth				Coun	ity Code (/)(STATE USE ONLY)	There are a second to the	or if being demolis dential House	hed)			
Name of Monitoring Firm	Hired by Building (Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Health and Safety S		,	1	0011		Superior Aba						
Street Address						Street Address						
318 12th Street						2 Henderson	Drive					
City, State, Zip Code						City, State, Zip Co	ode					
Hammonton NJ 080	37					West Caldwe	II, NJ 07006					
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License No.				
Jim Proctor		-100			4-8850	973-808-1616		00411				
Start Date (10) 12 / 05 /			-	tion Da	te (11)	Name of OSHA M Superior Aba	S VAC LOUIS					
					10_	Street Address	nterment inc					
Occupancy Status During Facility Closed/Vacate				ment		2 Henderson	Drive					
☐ Abatement Performed					cribe	City, State, Zip Co					-	
Time of Abatement: _						West Caldwe						
Scope of Work (Check al	l that apply)					M Full Cont	ainment with Neg	active Proceure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ Re □ De				Mini-Enc Glovebage	losure g Procedure	n-Friable Procedur	0			
		Is	Loca	ion		□ Non-Exe	Impled () and Not	I-I Hable Procedur		atom	ent T	vne
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM)	Use Ma	Norma d Sole intena	lly ely by		Description of stos Containing Ma to, thermal systems surfacing, VAT, other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement				\boxtimes	Pipe Ins	sulation		50 LF				
1 st Floor Living Roon	n			\boxtimes	Linoleu	ım		96 SF				
		П	П	П				Wine	П	П	П	
Name of Registered Was	te Hauler		1	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
Service Transport (F	lauler II SW21		Waste 4	Minerva En					
City, State New Castle, DE						Disposal Date 12/09/2016	City, State Waynesbur	rgh, OH				
Completed By (Print or Ty Nick Petrovski		reside	ent			Signature	della	// Da	te //-	23	3-/	6
Δ SR_41						- //-	00					



m	E	C	围		Print For	
		NOV	2	5	2016	

Date of Notification (1) 11/23/2016				Building O Sharp &										
Agencies Notified Type Notification			treet Ad		In Ave	nue Po	Э Вох	2000, RY	28		LIC	S C EN	SING	ROL
EPA Initial DEP Amended Amendment #_		C	City, State	e, Zip Cod y, NJ 07	le									
□ Emergency (inc justification) □ DCA □ Cancellation	cluaing	2.5	lame of G Sandra	Contact Schenk	, Direc	ctor S8	ķΕ		Tele	ephone Nu	mber			
			FACIL	ITY INFO	RMATIC	NC	_	(5. 39. (4)					2-111-7-121	
Name of Facility Where Abatement is Taking F Building 75 Power House	Place (3)						☐ s	of Facility (4) school (K-12) subchapter 8		or than K 1	12)			
Street Address 126 East Lincoln Avenue							X e	other (i.e. printe.)	vate 8	commerc	cial build			s,
City (5) Rahway							16,28		3	Floors	7	ldg. / 4 yr	Age s old	
County (6) Union	200000000000000000000000000000000000000	(-	County C	ode (7) SE ONLY)				nt Use (Prior er House	if bei	ng demolis	shed)			
Name of Monitoring Firm Hired by Building Ov Environmental Health Investigations,	vner (8) Inc.		ASCM 00104					ement Contr irg Industr			ompa	ny		
Street Address 655 West Shore Trail	X—u=mili						Addres Spillr	s nan Drive						
City, State, Zip Code Sparta, NJ 07871								o Code , PA 1801	5					
Project Manager for Monitoring Firm Lisa Liloia			Telephon	e No. 9-5649			one No 391-18			License 00721	No.			
0.0	Scheduled		pletion C)ate (11)				A Monitor Irg Industr	ial S	ervice C	ompa	ny		
Occupancy Status During Abatement (Check	Only One)						Addres							
☐ Facility Closed/Vacated During Entire Pe	riod of Ab	atem	ent					man Drive						
Abatement Performed Outside of Norma Other – Describe: Renovation Work	I Facility :-	lours			_			p Code n, PA 1801	15					
Scope of Work (Check All That Apply)			and an observable			-	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				×	Min	Containmer i-Enclosure vebag Proce n-Exempted	edure	330			IFA	
			T			L.	a MOI	1-Exempled	() ai	Q INOTI-1 III	abic i ic		temen	t
-17		ocation rmall				onarodnowenana							ype	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solel tenar	y by nce/		tos Cont thermal surfa	scription taining N system cing, VA miscellar	Material s insula NT, or		(mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										10	
Boiler 6 Ceiling		X			TSI BIO	ock As	besto	S		44 SF	Х	-		
Boiler 4 East/West Walls & Ceiling		X				TSI			6	00 SF	X			
(Decision of Marko Haylor		I NI	JDEP W	/acte	Cubic	Yards		Name of F	Reaist	ered Land	fill			
Name of Registered Waste Hauler Freehold Catage, Inc.		Н	auler ID 5939		of Wa			Lycomir	ig Ct			ana	geme	ent
City, State Freehold					Dispo TBD	sal Date	•	City, State Montgor		, PA				
Completed by Jennifer Polzer	Title Contra	act N	lanage	er		Signatur	20	UK		100	Date 11/23/	201	6	

\wedge	. /	110	115
1 :	V	100	UV)
1	1	·IU	1

Print Form

								٠,	Ē	11 111		Q-22-22-71 (1)			
Date of Notification (1) 11/23/16		y_110 -			of Building olpe De			(2)		UU		NOV	-2	5 2	016
Agencies Notified	Type Notification	1		Street	Address						001		-		
EPA DEP DOL	Initial Amended				tate, Zip C					A		LIC	DS C	SING	ΓROL à
_ DOL	Amendmen Emergency		<u> </u>		r, NJ 074										
DOH DCA	justification Cancellatio)	3	Jon V					Te	elephon	ne Mii	mhar			
Name of Facility Where At	natement is Taki	na Place	(3)	FAC	ILITY INF	ORMAT	TION	T(F- W							
Residential Home	otomone io Taki	ing i lace	(5)					Type of Facili	2000						
Street Address								School (Subchap Other (i.e	ter 8 (Otl	her than & com	n K-1 merc	2) ial bui	ldings	, hom	nes,
City (5) Butler								Square Feet 1600	2	of Floor	s	100	31dg. 35+/-		
County (6) Bergen					Code (7) USE ONLY)		Current Use (Residential		ing der	nolisl	ned)			
Name of Monitoring Firm F Competent Supervisor		Owner (8)	ASCI	M No.		Name All S	of Abatement C	Contracto ment	r (9)					
Street Address				- 2.1			Street	Address N. Midland A							
City, State, Zip Code								tate, Zip Code lle Brook, No	07663						
Project Manager for Monito	ring Firm			Telepho	one No.		Teleph	one No.		Licer 0130		0.			
Start Date (10) 12/2/16		Schedul 12/7/1		mpletion	Date (11)			of OSHA Monit	or	10.00					
Occupancy Status During A	Abatement (Chec	k Only O	ne)				Street	Address							
Facility Closed/Vacate Abatement Performed Other – Describe: 8A.	d During Entire	Period of	Abater	ment s				ate, Zip Code							
Scope of Work (Check All 7	hat Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demoli				×	Full Contain Mini-Enclosi Glovebag Pi Non-Exempt	ure ocedure					•	
, itse		le	Locat	ion				THOIT EXCITION	T	u IVOII-I	Hab	1		ement	
Location of		1	Vorma	lly		De	scription	of						ре	
Asbestos-Containing Ma <u>TO BE ABATI</u> In Facility (13)		Ma	ed Sole intena todial ((12)	nce/		os Cont thermal surfa	aining Ma	aterial (ACM) insulation, , or	(5	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								_		ite	e
Exterior Sid	ng		X			Т	ransite		44	15 SF		х			
Basemen	t		Х			Wra	oped Pi	ре	7	0 LF		х			
Name of Registered Waste	Hauler			JDEP W		Cubic		Name o	f Registe	red Lar	ndfill				
Newark Carting				lauler ID 4509	140.	of Was	sie	IESI L	andfill						
City, State Newark, NJ							al Date	City, Sta	ate hem, P	A	2015-				
Completed by		Title					ignature	// /	//		Dat	е			
Richard Cristofol		Presi	dent				her	1 pl				23/1	6		

10,	C	E		\mathbb{V}	
	NOV	2	5	2016	

Date of Notification (1)				Name o	f Building	Owner/Operator	(2)	bed les					
	/22/16					E	quister Chem	icals	ACUEC	TO	101	TIAC	501
Agencies Notified	Type Notification			Street A	Address	2	40.34	0.4	HODES	LICE	ENS	ING	TIPL
▼ EPA	Initial Initial						40 Meadow I	Ka					
□ DEP DEP	Amended Amendment #			City, Sta	ate, Zip Co		Jian NI 00	217					
1. The second se	☐ Emergency (inc	cluding					dison, NJ 08	Telephone	Number				-
☑ DOH □ DCA	justification) Cancellation				of Contact	isz-JVC Indu	etrial	relebilione	Number				
			_				istriar					-	\dashv
				FACI	LITY INFO	ORMATION	T of Facility	(A)					\dashv
Name of Facility Where							Type of Facility						
	Build	ing 6/	1				School (K-12	8 (Other tha	n K-12)				
Street Address	340 Mea	adow	Rd.				Other (i.e., p homes, etc.)	rivate & con	nmercial b				
City (5)	213	Sirvar Sar					Square Feet	# of Floo	ors		g. Ag 75+		
Service and the service and th	Edison,	NJ 0	887				8000		damalishs	-	15	/-	_
County (6)	ddlesex				y Code (7 DNLY)) (STATE	Current Use (Pr		demolishe	eu)			
Name of Monitoring Firm		Owner		ASCM N	10.	Name of Abatem	nent Contractor (9)		Ţ			
(8)	NA					Stev	ens Environi	nental Se	ervices.	, Inc			
Street Address						Street Address	PO E	30x 322					
City, State, Zip Code						City, State, Zip C	Code Allentow	. NI 00	501				
							Allentow					_	_
Project Manager for Mo	nitoring Firm			phone N		Telephone No.	50 0600	License		493			
			-		9688		59-9688	_	00	7/3	_		_
Start Date (10)	Sched	duled Co			e (11)	Name of OSHA		ECS					
12/15/16			31/1	17		Ctrast Address	141	LCS					-
Occupancy Status Duri	ng Abatement (Che	ck only	one)			Street Address	PO F	341 Box					
Facility Closed/Vaca	ited During Entire Pe	Facility	Hour	ment		City, State, Zip (=
Other - Describe:		ii i aciiity	rioui			Oity, Otato, Zip	Crosswick	ks, NJ 08	8515				_
Scope of Work (Check	all that apply)						ntainment with Ne	agative Pres	sure				
		□Re	novati	ion		☐ Mini-Er	nclosure	ganvorio	,ouro				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		De De				Gloveb	ag Procedure cempted (*) and N	on-Friable F	Procedure				
		lal	ocatio	nn l		IX INOTI-EX	tempted () and it	OH I Habio :	1000000		bater	nent	
		No	mally	/							Тур	е	
Location	of	Used	Solel		Aches	Description of tos Containing Ma	of aterial (ACM)	Amou	nt [т	
Asbestos-Containing TO BE ABA		Cu	stodia	al	(i.e.	thermal systems	insulation,	(Spec	0.00	Re	Z.	nca	Enc
IN Facili		100	taff? (12)		30.500	surfacing, VA7	r, or	SF or l	_F)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)	1		Other misocharic	,000			<u>a</u>	7	late	<u>e</u>
		Yes	No	N/A				2000	-				_
Exter	ior			×		Transite Ro		9000		X			
Exter	ior			×		Built up Ro		250		X			
Exter				×		Flashin	g	1200	st_				
								-	150				
Name of Registered W	aste Hauler			NJDEP '		Cubic Yards	Name of Reg						
Stevens Enviror		es, Inc	1	Hauler II 183	292	of Waste 100 CU	. /	GROW	/S Land	dfill			_
City, State						Disposal Date	City, State		.11	D A			
	Allentown,					1/31/17		Morri	sville,	rA_			
Completed By	Tit					Signature			Date	11/2	2/1	6	
Mahlon E. S	tevens	Pı	rojec	et Mai	nager	///				. 1/4	-/ 1		

1	2 /	1		20	F
1.	14	11	l nl'	K	5
1	A /	1	1 [/]	16	
6	/1	1	TX.	and we	

E	C			\mathbb{V}	E	n
	NOV	2	5	2016		
ASB)S		NTR(DL 8	Š.

Date of Notification (1)				Name	e of Buildin	a Ov	vner/Operator	(2)		11011	0 =		10	- 11
11 /23 /	16			190.0	rizon	90,	men operator	(4)		NOV	2 5	20	16	1
Agencies Notified Type Notifi	cation			Stree	t Address									\rightarrow
				1 V	erizon W	/ay			ASB	ESTO				L &
□ DOLWD □ Amende					State, Zip		1			LICE	INS	ING	-	
□ DHSS Amendr □ DCA □ Emerge		dina		Ва	sking Ric	lge,	NJ 07920							
(NJAC 5:23-8) justifica		laing			e of Contac	8.000			Telephone N	Number	5			
☐ Cancell	ation			Ale	x Baylor						1			
				FA	CILITY IN	IFO	RMATION			market				
Name of Facility Where Abatement is	Taking P	lace (3)					Type of Facility (4)					
Verizon								School (K-12)						
Street Address								Subchapter 8 Other (i.e., pr						
245 South Wood Avenue								homes, etc.)	ivate and con	imercia	Dull	aings	1	
City (5)								Square Feet	# of Floors		Bld	g. Age	9	_
Linden, NJ								10,000	3		-01.00			
County (6)				Cour	nty Code (7)(STA	ATE USE ONLY)	Current Use (Prid	or if being der	nolished	d)			
Union								N-20						
Name of Monitoring Firm Hired by Bui	lding Owi	ner (8))	ASCM	No.	Na	me of Abatem	ent Contractor (9)						
USA Enviornmental							JVN Restora	tion Inc						
Street Address						Str	eet Address							
8436 Enterprise Avenue						4	7 Foster Ro	ad						
City, State, Zip Code						Cit	y, State, Zip C	ode						
Philadelphia, PA 19153						5	Staten Island	NY 10309						
Project Manager for Monitoring Firm			Tele	phone	No.	Tel	ephone No.		License No).			- chille	
Mark Jenkins			21	5-365	-5870	7	18-605-6256	;	00774					
	Schedule					Na	me of OSHA N	lonitor						
	01	_ / _	31	_ / .	17	Т	estor Tech							
Occupancy Status During Abatement						Str	eet Address							
☐ Facility Closed/Vacated During Ent						1	0 59 Jackso	n Avenue						
Abatement Performed Outside of N	lormal Fa	cility I	Hour	s - Des	cribe	City	y, State, Zip Co	ode						\dashv
Time of Abatement: _AMPN	/// <u>5.00</u> PN	1-1:30	JAIVI			L	IC NY 11101							
Scope of Work (Check all that apply)								7047 1 17 210 2101	*					
≥3 sf or ≥3 If		Reno	vatio	on			☐ Full Cont	tainment with Nega	ative Pressure	Э				
☐ ≥160 sf or ≥260 lf	-	Dem						g Procedure						
					1	☐ Non-Exempted (*) and Non-Friable Procedure								
Location of			ocati rmal								Abatement Ty		/pe	
Asbestos-Containing Material (ACN	Л)	Used	Sole	ly by	Asbe	stos	Description of Containing Ma		Amount		R	Re	E	m
TO BE ABATED		Maint Custoo				., the	rmal systems	insulation,	on, (Specify		Removal	Repair	cap	Enclosure
IN Facility (13)	`		(12)	otan:			surfacing, VAT, her miscellane		SF or LF)		<u>/a</u>		Encapsulate	sure
V >>= V/>	Y	es	No	N/A		Oti	nei miscellane	ous,					ē	
Basement HVAC Room] [Pipe Ins	sula	tion and Fitt	ings	34 LF	0				П
	T	1 [7								7		=	
		1									_		_	
	_			_						L			1	
] [
Name of Registered Waste Hauler			10000	JDEP V			oic Yards of	Name of Registe						
Newark Carting	15-51		100	NJ-56	5.01	Was		G.R.O.W.S.,	Inc.					
City, State				- Annual Control		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	posal Date	City, State						
Hackettstown, NJ						1	2/16/16	Morrisville,	PA					
Completed By (Print or Type)	Title			0=-0000			Signature/	1///		Date		V		
Ralph Barnhardt	Proj	ect N	/lana	ager			MIL	Mhm	>	11-	23	- 2	oil	4

CKL6099	87	NO		ATION	OF AS	lew Jersey BESTOS ABA ⁻ AC 8:60 and 5:1		DEC	E			
Date of Notification (1)	23 /	16		1	e of Buildin	ng Owner/Operator ((2)	NO)V 2	5 20	116	Track Clare Control
⊠ EPA	Type Notifica ☑ Initial ☐ Amended Amendm	d	_	18: City,	State, Zip		VD SUITE 100	ASBES	TOS (L &
(NJAC 5:23-8)	☐ Emergen justification ☐ Cancellat	on)	ng	Name	of Contac			Telephone Nur	nber			
				FΛ	CILITY IN	NFORMATION		,				
Name of Facility Where Ab SEARS WAREHOUS Street Address 150 MAYWOOD AVE	E	Taking Plac	ce (3)		OILITT II	W ONIMATION		2) 3 (Other than K-1 rivate and commo		uilding	5,	
City (5) MAYWOOD							Square Feet >50,000	# of Floors		dg. Ag 60+	е	
County (6) BERGAN				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Name of Monitoring Firm H PARTNER ENGINEE			25.55	ASCM	No.	Name of Abateme						
Street Address 611 INDUSTRIAL WA	Y WEST					Street Address 1345 INDUST	RIAL BLVD					
City, State, Zip Code EATONTOWN, NJ 07	724					City, State, Zip Co	ode ON, PA 18966					
Project Manager for Monito	ring Firm		Tel	ephone	No.	Telephone No.		License No.				
BRIAN NEMETZ			7	32 380	-1700	215 322-2900		00783				
Start Date (10)/	1000	Scheduled 12		etion Da		Name of OSHA M						
Occupancy Status During A Facility Closed/Vacated				ment		Street Address 3370 PROGR	ESS DRIVE	***************************************				
Abatement Performed O Time of Abatement: <u>7</u> AM					cribe	City, State, Zip Co BENSALEM,						
Scope of Work (Check all the state of Work (Check all the state of Scope o	at apply)	-	enovat emoliti			☐ Full Cont☐ Mini-Enc☐ Glovebag	ainment with Neglosure		ure			
			s Loca						Ab	ateme	nt Ty	уре
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)	terial (ACM) Us M	Norma ed Sola aintena stodial (12)	ely by ance/		Description o stos Containing Ma ., thermal systems i surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	T	-	Enclosure
×		Yes	2000	N/A	DIFAC				-		е	
					PLEASI	E SEE ATTACHE	:D		ᆜ			님
				H								님
Name of Registered Waste SERVICE TRANSPOR			1.000	JDEP \ lauler II 20990	No.	Cubic Yards of Waste	Name of Regis			Ш		Ш
City, State 58 PYLES LANE, NEW	/ CASTLE	DE. 1972	20			Disposal Date	City, State WAYNESB	UR G , OH 4468	8			
Completed By (Print or Type	:)	Title PROJE	CT M	GR.		Signature	· 1	0 0	ate	7 - 7	n 11	1

EF	&									
) EGEIV	LOCATION-OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN-FACILITY A	IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE/	IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF	AS (IE SU	NORMALLY ASBESTOS CONTAING MATERIAL (ACM) USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE ENCLOSURE	ENCLOS
The state of the s		YES N	YES NO N/A	Α						
	WAREHOUSE #3, SOUTH CORNER		×	E	ELECTRICAL BOX PAPER AND ELECTRICAL	3 BOXES	×			
	THROUGHOUT THE MEZZANINES AREAS (ALL GYPSUM WILL HAVE TO BE REMOVED TO ACCOMPLISH THIS)			AC (AL T	THROUGHOUT THE MEZZANINES AREAS (ALL GYPSUM WILL HAVE TO BE REMOVED TO ACCOMPLISH THIS)	46,600 SF	×			
	MEZZANINE MEN'S AND WOMEN'S BATHROOM LOCATED ADJACENT THE CONFERENCE ROOM THE MEZZANINE MEN'S AND WOMEN'S BATHROOMS INSIDE THE MDO OFFICE, THE NURSES BATHROOM, THE REAR OF THE									
	CAFETERIA, THE BATHROOM IN THE PRINT ROOM BENEATH THE MEZZANINE ARE IN WAREHOUSE #1, THE MEN'S BATHROOM IN THE WEST									
	THE MEN'S BATHROOM IN THE WEST CORNER OF WAREHOUSE#1, AND THE GARAGE BATHROOM		×	4")	4"X 4" CERAMIC WALL TILE MORTAR	3384 SF	×			
	2ND FLOOR MEZZANINE DOCUMENT ROOM		×	BR ₁ SPL	BROWN GLUE DOTS ASSOCIATED WITH 12"X 12" SPLINE CEILING TILE	168 SF	×			
	WAREHOUSE # 1 BELOW THE MEZZANINE IN THE PRINT ROOM		×	L Z	MASTIC ASSOCIATED WITH DECORATED	64 SF	×			

				DE	C	E I V E I
THROUGHOUT THE MEZZANINE AREA EXCEPT FOR THE STAIRWELLS, MDO OFFICE AREA AND THE NY GROUP CONFERENCE ROOM SECTION	NY GROUP CONFERENCE ROOM STAIRWELL	BENEATH THE MEZZANINE BETWEEN THE CONCRETE WALL PANELS	ON THE INTERIOR WALLS BETWEEN THE CONCRETE WALL PANELS	WAREHOUSE # 1 DOOR ADJACENT STAIRWELL TO-MDO OFFICES	NOV ESTO: LICE	ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED INSACILITY OUSE SOLUTION
					YES N	IS LOCATIC NORMALLY USED SOLEY BY MAINTENANCE, CUSTODIAL STA
		×	×	×	YES NO N/A	IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF
MASTIC ASSOCIATED WITH 12" X 12" TAN FLOOR TILE	9" X 9" TAN FLOOR TILE	EXPANSION JOINT 28 LOCATIONS @ 12' HIGH	EXPANSION JOINT 115 LOCATIONS @ 25' HIGH	DOOR CAULK		DESCRIPTION OF ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)
13,815 SF	36 SF	336 LF	2875 LF	17 LF		AMOUNT SPECIFY SF OR LF
×	×	×	×	×		REMOVAL
						REPAIR
						ENCAPSULATE ENCLOSURE
			The state of the s	and the same of th		ENCLOSURE

(A(WAREHOUSE ROOF AROUND HVAC UNITS AND PENETRATIONS WEST OVERHANG ROOF ROOF FLASHING	WAREHOUSE ROOF AROUNG THE HVAC UNITS AND PENETRATIONS X	WAREHOUSE #1 BELOW THE MEZZANINE IN THE PRINT ROOM X PATTERNED FLOOR TILE	ASBE YES NO N/A	ONTAINING NORMALLY ASBESTOS CONTAING MATERIA (CM) USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF OTHER MISCELLANEOUS) CUSTODIAL STAFF OTHER MISCELLANEOUS)
	ROOF TAR ROOF FLASHING		ROOF FLASHING	MASTIC ASSOCIATED WITH 12" X 12" PATTERNED FLOOR TILE	N/A	ASBESTOS CONTAING MATERIAL (ACM) EY BY ANCE/ SURFACING, VAT, OR ALSTAFF OTHER MISCELLANEOUS)
The state of the s	× × ×	×		×		REMOVAL
REMOVAL			100			
/AL REPAIR			THE PERSON NAMED IN COLUMN SAME	THE PROPERTY OF THE PROPERTY O		ENCAPSULATE

			×	8 DRS	WAREHOUSE DOORS		×	WAREHOUSE UNDER CORRUGATED METAL
			×	576 LF	GLAZING LOCATED BETWEEN GLASS AND METAL		×	EXTERIOR OF UPPER MEZZANINE WINDOWS
			×	1850 LF	EXTERIOR EXPANSION JOINTS HORIZONTALLY AROUND THE BUILDING		×	ALONG THE EXTERIOR HORIZONTALLY AROUND THE BUILDING
			×	2425 LF	EXTERIOR EXPANSION JOINTS 97 LOCATIONS @25' HIGH		×	ALONG THE EXTERIOR VERTICAL JOINTS
					A	N/A	YES NO N/A	
ENCAPSULATE ENCLOSURE	ENCAPSULATI	REPAIR	REMOVAL	AMOUNT SPECIFY SF OR LF	IS LOCATION NORMALLY ASBESTOS CONTAING MATERIAL (ACM) USED SOLEY BY MAINTENANCE/ SURFACING, VAT, OR CUSTODIAL STAFF OTHER MISCELLANEOUS)	IS LOCATION IORMALLY D SOLEY BY VITENANCE/ FODIAL STAFF	IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE/	LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY

					State of New Jersey FICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 12:120)						10V 2	5 2	016	And the state of the second and the		
Date of Notification (1) November 23, 2010	6			Name of Building Owner/Operator (2) American Tower Corporation						1		J _ L	010			
Agencies Notified	Type Notification			Street A	ddress esidenti	al Wav	E constant	ASBE	STOS LICEN			L&				
EPA DEP DOL	Initial Amended Amendmen			City, Sta	ate, Zip C rn, MA	ode										
Ĭ DOH	Emergency justification)	k	1		f Contact nayne E				T	Telephone	Number					
☐ DCA	Cancellation	1									-					
Name of Facility Where	Abatament is Takir	a Place (2)	FACI	LITY INF	ORMAT	ION	T (C.	-:1:6 (4)							
Cell Tower Equipm		ig Place (3)					Type of Facility (4) School (K-12)								
Street Address 4 Far View Avenue								Subc	hapter 8 (C	Other than I te & comm		ildings	, hom	es,		
City (5) Atlantic Highlands								Square Fe 5,500	27/8	of Floors		Bldg.	Age			
County (6) Monmouth					Code (7)	0		Current Us	The state of the s	being demo						
Name of Monitoring Firm		Owner (8)	ASCN				equipme of Abateme	nt Contrac				11			
J.C. Broderick & As Street Address	sociates, Inc.							ervices, L	.LC							
1775 Expressway D	Orive North						407	West Linc		way, suit	e 500					
City, State, Zip Code Hauppauge, NY 11								State, Zip Code on, PA 19341								
Project Manager for Mon Kristen Nannini	itoring Firm			Telepho 631-58	ne No. 34-5492		- March 200	phone No. License No. 01161								
Start Date (10) 11/28/16		Schedul 12/9/1		mpletion I	Date (11)		Name EMS	e of OSHA Monitor SL								
Occupancy Status During								Address Route 130	North							
Facility Closed/Vaca Abatement Perform	ated During Entire ed Outside of Norn	Period of nal Facility	Abater y Hour:	nent s				tate, Zip Co								
Other – Describe: _ Scope of Work (Check A	II That Apply)						Cinn	aminson,	NJ							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		-	Renova Demolii				×	Mini-End Gloveba	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		12.00	Is Location Normally										ement	t		
Location Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM)	Use Ma	Used Solely by Maintenance/ Custodial Staff? (12)			/i e thermal system			265	Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure		
0	Yes	No	N/A									te				
Control R				X		SWB/joi				600 SF		-				
Control Room					Floor tile and floor				ile mastic 200 SF			-				
Control Room				X	Т	Transite conduit panel				6 SF	X					
Name of Registered Was	to Hauler		1.5	I IDED V		10.11	V	1.0			-icu					
ecoservices, LLC	le naulei		1	NJDEP Waste Hauler ID No. Cubic Yards of Waste 6				Name of Registered Landfill GROWS Landfill								
City, State Exton, PA						Dispos	al Date		, State orrisville,	PA						
Completed by Jack Bally		Title Sr. P	roject	Manag	ger	1	ignature	Date				23/16				

\// Print Form

MOCK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

	(Pursuar	nt to NJAC 8:60 a											
Date of Notification (1)			Name 105	of Building Owner South Avenue,	Operator	(2)		NOV	25	201	6	feest	
Agencies Notified Type Notification EPA Initial	on		T1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address Route 22 West	, Suite	16B	L As	SBESTO	S CC	ONTE	ROL	&	
DEP Amended Amendme	nt#			state, Zip Code en Brook, NJ 08	8812			LIG	ENS	AlG.			
☑ DOH ☐ Emergence justification ☐ DCA ☐ Cancellation	n)	ng		of Contact n Checchio			Tele	ephone Nu	mber) y = 111		
Name of Facility Where Abatement is Tak	ing Place	(3)	FAC	CILITY INFORMAT	TION	Tunn of Facility	. (4)					_	
Former A&P		, (0)				Type of Facility School (K							
Street Address 105 South Avenue						Subchapte Other (i.e.	er 8 (Othe	er than K-1 & commerc		ldings	, hom	es,	
City (5) Fanwood						etc.) Square Feet 27,500	# of	Floors		3ldg. /			
County (6) Union			County (STATE	Code (7) USE ONLY)		Current Use (P A&P Grocer	rior if beir						
Name of Monitoring Firm Hired by Building Vertex	Owner (8)	ASCI	M No.		of Abatement Co ervices, LLC	5						
Street Address 700 Turner Way, Suite 105					Street	Address Vest Lincoln	Highwa	v Suite	500				
City, State, Zip Code Aston, PA 19014		,			City, St	ate, Zip Code	- IIgirwa	ly, oano					
Project Manager for Monitoring Firm David Turotsy			Telepho	one No. 58-8902	Teleph			License N	lo.				
Start Date (10) 10/11/16		uled Co	mpletion	Date (11)		of OSHA Monitor							
Occupancy Status During Abatement (Chec X Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of	One)	ment		200 F	Address Loute 130 No late, Zip Code	rth						
Scope of Work (Check All That Apply)					Cinna	minson, NJ							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of	Renova Demolit			×	Glovebag Procedure							
	10	s Locati	(CD) (CD)			TTOTT Example	Amount (Specify SF or LF)			Abatement Type			
Location of Asbestos-Containing Material (ACM)		Normally Used Solely by			cription o				-	T	I	Γ	
TO BE ABATED In Facility (13)	Maintenance/ Custodial Staff? (12)			Asbestos Conta (i.e. thermal : surfac other m		nsulation, or			Removal	Repair	Encapsulate	Enclosure	
Retail Area	Yes	No	N/A								0	_	
Newer Retail Area			X	Floor tile			13,000 SF 9,000 SF		X	-		-	
Roof	-		X	Floor tile				X	-				
Roof	-		X		Itic roof		13,000 SF X						
ame of Registered Waste Hauler		IN	JDEP Wa		on duc			O SF	X	<u> </u>		L	
aste Management of New Jersey			auler ID N	// LTGGT97/LTG/10		Name of Registered Landfill GROWS Landfill							
ty, State enton, NJ				Disposa TBD	al Date	City, Stat Morrisv							
empleted by ck Bally	pleted by Title					ture Bolly GD			Date 11/23/16				

Print Form