State of New Jersey

CK-1001	N			of ASBES o NJAC 8:				K					
Date of Notification (1)			lame of	Building Ov	wner/Oper	ator	(2)		NOV	3 0	201	6	111
11-29-16							naissance Sc	hool Fa	acilities,	Inc.			
Agencies Notified Type Notification		100.7	Street Ad		55 9919 1755	or 100 to		AS	SBEST	OS CC	NTF	ROL	8.
EPA Initial				deral Str		te 14	46	,		CENSI			
EPA Initial Amended Amendment #	1			te, Zip Code									
Emergency (in				en, NJ 08 Contact	103			Tolo	phone Nu	ımhar			
DOH justification) Cancellation		11.09		Millman				Tele	priorie N	imbei	_		
L DOA				ITY INFOR	RMATION	-		14					
Name of Facility Where Abatement is Taking Name of Facility Where Ab							Type of Facility						
Street Address							School (K- Subchapter Other (i.e.	8 (Othe					
740 Chestnut St.					~		Other (i.e. petc.)	orivate &	commer	cial build	lings,	home	s,
City (5)							Square Feet	# of	Floors	В	ldg. A	ge	
Camden							200,000	2		+	/-50		
County (6) Camden			County C STATE U	ode (7) ISE ONLY)			Current Use (Pri	or if beir	ng demoli	shed)			
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.	Na	ame	of Abatement Co	ntractor	(9)				
Brinkerhoff Environmental					P	epp	er Environme	ntal Se	ervices,	Inc.			- 9
Street Address					11/2/20		Address						
1805 Atlantic Avenue							Fraley Street						
City, State, Zip Code						4600	tate, Zip Code	0127					
Manasquan, NJ 08076 Project Manager for Monitoring Firm			elephon	no No		SALESO	idelphia, PA 1	9137	License	No			
Gary Fleming			TOTAL STREET	23-2225	100		533-5155	1	01166	NO.			
	Schedule	ed Com	pletion E	Date (11)			of OSHA Monitor						
11-28-16	12-31-	16			В	Brink	erhoff Enviror	nmenta	ıl				
Occupancy Status During Abatement (Check	Only On	e)			1000000		Address						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma			ent				Atlantic Aver	iue					
Other – Describe:	racility	nours				-	tate, Zip Code asquan, NJ 08	3076					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf		enovat				F	Full Containm		Negative	Pressu	re		
x ≥160 sf or ≥260 lf		emoliti	on				Mini-Enclosur Glovebag Pro						
						×	Non-Exempte	d (*) and	Non-Fri	able Pro	60.00		
	1000	Locatio	100									ment pe	
Location of Asbestos-Containing Material (ACM)		Normall d Solel		Ashasta	Descri		of Naterial (ACM)	Δ	mount				
TO BE ABATED	10000	intenan todial S	(7)(7)		hermal sys	stems	s insulation,	(8	pecify	Re	Z.	Encapsulate	Enc
In Facility (13)	003	(12)			surfacing other misc			SF	or LF)	Remova	Repair	psu	Enclosure
()	Yes	No	N/A				,			<u>a</u>	7	late	re
1st floor			х		Vat and	d Ma	astic	3	00sf	х			
3rd and 4th fls (7 separate areas)			X		vat and	d ma	stic	(33sf	Х			
under radiators -9sf each area													
throughout			х		mastic g	glue			00sf	х			
Name of Registered Waste Hauler		(425.5	JDEP W auler ID	5555	Cubic Yar of Waste			7.0	red Land	fill			
Service Transport		176	aulel ID	NO.	OI WASIE		Miner	a Land	dfill				
City, State Newark, DE					Disposal	Date	City, Sta Libsor						
Completed by	Title				Sign	nature		, 011		Date		- 2010	
Jennifer Niven		of Ope	erations	S		1	1-2			11-29-	16		

Do not use this form for asbestos licensure exempted activities.

10 C	/			CATION	tate of New Jerse N OF ASBESTOS to NJAC 8:60 an	ABATE			ROV :		2016	<u> </u>	pt For
Date of Notification (1) 11/29/2016				Name o	of Building Owner/Cence	Operato	r (2)		, NOV .	JU	2010	included	
Agencies Notified EPA DEP DOL DOL	Type Notification Initial Amended Amendmeni Emergency justification)	t # (including	-	Bound	ate, Zip Code d Brook, NJ 08	805			BESTOS LICE	NSI	VG_	OL &	of Chousest ATC
DOH DCA	Cancellation			0.04600000000000	Mediros			•					
Name of Facility Where	Abatement is Takir	ng Place (3)	FAC	ILITY INFORMATI	ON	Type of Facility	(4)					
Residence Street Address							Other (i.e. etc.)	er 8 (Oth private 8	er than K-1 & commerc	ial buil			es,
City (5) Bound Brook							Square Feet 2500	2	Floors	1.00	31dg. A 39	\ge	
County (6) Somerset					Code (7) USE ONLY)		Current Use (P	rior if bei	ng demolis	hed)			
Name of Monitoring Firm A. Seine Lighthouse)	ASCN N/A	И No.		of Abatement Co ks Tank Servi		(9)				
Street Address PO Box 354						40,500	Address Liberty Aven	iue					
City, State, Zip Code South Orange, NJ 0	7079		1				State, Zip Code ide, NJ 07205	i					
Project Manager for Moni Sarah Calandra	toring Firm			Telepho 201-34	ne No. 19-2666	A 100 TO	none No. 462-7465		License N 01316	10.			
Start Date (10) 12/14/2016		Schedul 12/22/		npletion	Date (11)		of OSHA Monito eine Lighthou		tions, LL	.C			
Occupancy Status During							Address Box 354						
Facility Closed/Vaca Abatement Performe Other – Describe: _	ed Outside of Norn	nal Facility	y Hours	nent S		20,01	State, Zip Code th Orange, NJ	07079	8				
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	I That Apply)	_	Renova Demolit			×	7 Full Contains	nent with re ocedure	Negative F			e	
Location	of	1 1	Locat Normal		Day	aviation	of				- FILES T. V. S. L. S.	ement pe	
Asbestos-Containing TO BE ABA In Facilii (13)	Material (ACM) TED	Use Ma	ed Sole aintena todial s (12)	ely by nce/	Asbestos Cont (i.e. thermal surfac		Material (ACM) s insulation, T, or	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
1.00000		Yes	No	N/A								te	
baseme	ent		X			pipe			1 Olf	X			

NJDEP Waste

Hauler ID No. 04509

Title

President

Cubic Yards

Disposal Date

12/22/2016

Signature

of Waste

Completed by

Ron Brink

Newark Carting

East Orange, NJ

City, State

Name of Registered Waste Hauler

Name of Registered Landfill

City, State

Penn Argyle, PA

Waste Management Landfill

Date

11/29/2016



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M		NOV	3	0	2016		
A	SB)S		NTRO	S 10	i.

Hanover, MD 21076	Date of Notification (1)			N	lame	of Building	Owi	ner/Operator (2	2)	\rightarrow			-			
Agencies Notified Type Notification Tipe	_11 / _28 /	2016			FRF	Propert	h/ 7	Truet		- 1	ĀS	BES	TO	SC	ONT	ROL
DOLWD	Agencies Notified Type Notifi	cation		_			y	iiust		L						
DOH					154	5 Route	22	Fast								
Emergency (including Cancellation				C				Luot								
			dina		Ann	andale.	Ne	w Jersev (7002							
FACILITY INFORMATION	(NJAC 5:23-8) justifica	tion)	29	N	lame	of Contact				Tele	phone N	umbe	r		10-	
Name of Facility Where Abatement is Taking Place (3)	Cancell	ation			Ale	k Heilste	dt			1						
Runyon Property					FAC	ILITY INF	OR	RMATION								
Subchapter 8 (Other than K-12) Subchapter 8 (Other (i.e., private and commercial buildings, homes, etc.) Square Feet	Name of Facility Where Abatement is	Taking Pla	ace (3))					Type of Facility	(4)						
City (s)											46 16	400				
Square Feet	Street Address												al bu	ilding	S,	
Clinton	City (5)									<u> </u>						
County (6)	500.5540.800.00								3				-			
Hunterdon					Count	h. Codo /7\/	CTA	TE LICE ONLY			-			36 Y	ears	3
Name of Monitoring Firm Hired by Building Owner (8)					Couri	ty Code (7)(3	SIA	TE USE UNLY)			eing dem	iolishe	ea)			
Terra Contracting Services, LLC		lding Own	er (8)	A.S	SCM N	No II	Nan	ne of Abateme								
Street Address		ang om	(0)	,	JOINT						II C					
City, State, Zip Code			-				-		acting oct vi	,	LLU					
City, State, Zip Code	1340 Charwood Road, Su	ite I					F	5100 West	Michigan Av	/enii	e					
Telephone No.	City, State, Zip Code					(rena						
Telephone No. Telephone No. (269) 375-9595	Hanover, MD 21076						ŀ	Kalamazoo	. MI 49006							
Start Date (10)	Project Manager for Monitoring Firm		Т	eleph	none N	10.			,	Lic	ense No.		200			
12											01208					
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:							Nan	ne of OSHA M	onitor							
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM					1 2	2016	F	Analytical 7	Testing & Co	nsul	ting Se	ervic	es			
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM	N 55 15 15 15 15 15 15 15 15 15 15 15 15				7350	5	Stre	et Address								
Time of Abatement:AM PM/_ PMAM						vrib o										
Scope of Work (Check all that apply) Scope of Work (Check all that apply) Maintenance/ Custodial Staff? (12) Other miscellaneous) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (ACM) Amount (Specify SF or LF) Scope of Work apply Scop	Time of Abatement:AM	PM/_	P	ours - M	A	M (
□ ≥3 sf or ≥3 lf □ Renovation □ Demolition □ Siscostron □ Norn-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted	Scope of Work (Check all that apply)						- 1	lainwell, N	/11 49080							
Second Floor Demolition Second Floor Demolition Second Floor Description of Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A		7						☐ Full Conta	ainment with Neg	gative	Pressure					
Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure	☐ ≥3 sf or ≥3 lf XI >160 sf or >260 lf															
Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A			Domo	IIIIOII						n-Fria	ble Proce	edure				
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Wes No N/A Building & Garage Exterior First & Second Floor Kitchen Basement/Exterior Windows Name of Registered Waste Hauler Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Application Compound Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) A point Compound A point Compound													Aba	ateme	ent Ty	pe
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SF or LF	TO BE ABATED												mo	pai	cap	clos
Building & Garage Exterior					ап?					5	F or LF)		/al		sula	sure
First & Second Floor	(,5)	Ye	es N	No	N/A		Out	iei iiiiscellanec	ous)						te	
Kitchen	Building & Garage Exterio	r 🗆] [X	Trans	site)		1,	950 SF	=	X			
Basement/Exterior Windows	First & Second Floor] [X	Joint	Сс	mpound		3	995 SI	F	X			X
Basement/Exterior Windows	Kitchen] [X	Floor	r Ti	ile		1	40 SF		X			X
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste	Basement/Exterior Windo	ws 🗆			X	The second second second second	W 100	Property and the second	dow Glazing	2	256 L F		X			
Hauler ID No. Waste oo =	Name of Registered Waste Hauler								Name of Regis							
Hazmat Environmental Group 1665 20 Tons High Acres Landfill	Hazmat Environmental Gr	quo		Hau	ler ID 1665	No. V	Was	te 20 Tons	High Acre	s La	ndfill					
City, State Disposal Date City, State	City, State						Disp	osal Date	City, State							
Buffalo, NY Fairport, NY									Fairport,	NY						
Completed By (Print or Type) Title Signature Completed By (Print or Type)	Completed By (Print or Type)	Title						Signature	4	(, -		Date				
Gregory G. Moe Director of Abatement Signature Thegory 74.71/oc 11/28/2016	Gregory G. Moe	Direc	ctor c	of Ab	oater	ment		(/ hegory!	17.7	loc.	11	/28	/20	16	

Ch 23614

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

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Date of Notification (1) 11-22-16			Name of	of Building C Hyatt	Owner/0	Operator	r (2)					Ç2 1.2		70
	otification tial			Address any Stree	t				AS	BES		S CO ENS		ROL
DEP An	nended nendment #			tate, Zip Cod Brunswick		08901								
▼ DOH	nergency (including stification) ncellation		Name o	of Contact Tracy		100			Telephon	e Nun	nber	- R		
	incellation			ILITY INFO	DMAT	ION				_	-			
Name of Facility Where Abatemer Hyatt Regency Hotel	nt is Taking Place (3)		170	ALTT HAT O	KWAT	ION	Ту	pe of Facility (4)						
Street Address 2 Albany Street							×	School (K-12) Subchapter 8 Other (i.e. pri	(Other than			ldings	, hom	ies,
City (5)								etc.) juare Feet	# of Floor			Bldg. /		
New Brunswick			_					237	1		3	35 yr		
County (6) Middlesex				Code (7) USE ONLY)			11000	ırrent Use (Prior otel	if being der	nolish	ed)			
Name of Monitoring Firm Hired by Environmental Health Inves			ASCI	M No.		22220		batement Contre Environmer						
Street Address 655 West Shore Trail						Street 200 l		ress ad Street						
City, State, Zip Code Sparta, NJ 07871								, Zip Code It, NJ 07072						
Project Manager for Monitoring Fir Jill Wack	m		Telepho	ne No. 713-6947		Teleph	none		Licer 0075	ise No),			
Start Date (10) 11-25-16	Scheduled	Con					of C	SHA Monitor	0070					
Occupancy Status During Abateme						Street								
Facility Closed/Vacated Durin Abatement Performed Outside	g Entire Period of Ab	atem	ent			City, S	tate	ackson Avenu , Zip Code						
					+3	Long	Isl	and City, NY	11101					
Scope of Work (Check All That App ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× Re	nova moliti				×		Full Containment Mini-Enclosure Glovebag Proced Non-Exempted (*	dure					
	Is L	ocati	on					TOTAL EXPLOSION () and 11011	- TIGOR	, 1 10	Abate	ment	
Location of Asbestos-Containing Material (Head	rmall Solel				scription			75 4 77 - 7557555474			Ту	pe	
TO BE ABATED In Facility (13)	Custoo	dial S (12)	taff?	(i.e. th	nermal surfac	aining ivi systems cing, VAT niscellan	ins T, o		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
2nd Floor: Corridor	Yes	No	N/A		1//	T/Mast	io		1 700				, U	
Zha Pioor. Comadi			×		VA	T/Wast	IC		1,700		х			
Name of Registered Waste Hauler		N.	JDEP W	aste (Cubic \	Yards		Name of Re	gistered Lar	ndfill				
ATC, Inc. / JBT (50071)		200	auler ID 310	No.	of Was ΓBD			Minerva E						
City, State Shirley, NY / Bronx, NY					Dispos FBD	al Date	2	City, State Waynesbi	urg, OH 4	4688	}	11		
Completed by Richard Doran	Title Project	Ma	nager		Si	gnátúre		JAI)de_	Date 11-	22-1	6		

Print Form

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(·K#3044			IFICATH	State of New Jers ON OF ASBESTO Int to NJAC 8:60 a	SABATE		REC	E			
Date of Notification (1)			Name	of Building Owner	/Operator	(2)	-111111 NC	W 3	0 20	16	+L
11/25/16			B	400 ('	olle	γ					-
Agendies Notified Type Notification	n		Street	Address			ACDEC	TOO	CONIT	201	-
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DEP Amended Amendmen	nf #		1 1 1	late, Zip Code		. (
Emergency	(includir	ng		iw Harn of Contact	, N	zw Jer:		000			
DOH justification Cancellation			2	400			Telephone	Numbe	· ·	-	
Rand - Vested			FA	CALITY INFORMA	TION				· v -		
Name of Facility Where Abatement is Tak	ng Place	(3)				Type of Facilit	y (4)				
Cullen Residence	- 11/1 - 11/1					School (K					
Streel Address					T. I. Carlotte		ter 8 (Other than K c. private & comme				
					distribution of the state of th	etc.)	. Inivale & Chime	nua u	munit:	5, 21032	ies,
City (5)					St. de stry de	Square Feet	# of Floors	1	Bidg.		
Hawthorn County (6)			,		50	9100			55	+	
				Code (7) USE ONLY)			Prior if being demo	lished)			
Name of Monitoring Firm Hired by Building	Charge I	g:	1	M No.	1 25	12e5:d	e)(e				
or morning a marriag by tromany	Omici (O)	Hat	an NU.		of Abatement C Insulation Co					
Street Address			<u> </u>		1	Address)., HIC				
					1	ontrose Rd					
City, State, Zip Code					1	ate, Zip Code					
and						Neck, New.	Jersev				
Project Manager for Monitoring Firm		Acction	Telephi	one No.	1	me No.	License	No.			
ON THE PROPERTY OF THE PROPERT		A. Waller				94 1757	00029				
Start Date (10)	Schedu	iled Co	mpletion	Date (11)	Name	of OSHA Monito	37				
1017/16	10	Ei/	116		1 Mo	ch bu	(
Occupancy Status During Abatement (Che					1 -	Address					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of	Abate	ment		N F	-11)ans	it Ju.A				
Other - Describe: 1AM-	Din	iy stom	5			ate, Zip Code	- 11.	7		. ~	_
Scope of Work (Check All That Apply)	1				LIM	com pun	K, New.	760	eri 1	670	5)
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	Togeton.d				K.	Glovebag Pro	acedure				ĺ
	i .			***	LX	Non-Exemple	ed (*) and Non-Fri	able Pn		ement	
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Asbestos-Containing Material (ACM)		ed Sole		Asbestos Con	scription (taining Ma		Amount		I	444	American de la composition della composition del
TO BE ABATED In Facility		aintena stodial :		(i.e. thermal	systems	insulation,	(Specify	70	120	Encapsulate	Enclosure
(13)	***************************************	(12)		olher n	cing, VAT niscellane	, or ous)	SF or LF)	Removal	Repair	psu	losi
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	e di mono	The section	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Service of the servic			enteropy de	Strone Ide			
Name of Registered Waste Haufer			UDEP VI			Name of	Registered Landi	981 7	·		
Ace Insulation Co., Inc.		1	lauler ID 2086	No. of Was	ie Z	Chrins	Landfill				Characterist
City, State				Dispos	al Date	City, Stat	e				
Colts Neck, New Jersey				112	112/11	, Easton	/				1
Completed by	Title			S	gnetage	1	j 1	late,	1		
Bree McGuire	Secr	etary	Treasu		(5	el	1	1/2	7/1	(,	
				3	- 1)L	1		10	111	U	
ASB-41 (R-06-08)					* Do not	use this form for	r a <mark>s</mark> bestos licensu	ire exen	npted a	activiti	ies.

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Date of Notification (1) 11/22/16				of Building Ov prehensive			(2) anagement		ni	C	E		V
Agencies Notified Type Notifica	ition			Address					13		7.75-2-2-3		
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X DOH justifical DCA				erragina				Tele	phone	THE DEL	75 (CON	TRO
				ILITY INFOR	RMATION			1	-		N	SING	<u>ì</u>
Name of Facility Where Abatement is T	aking Place	(3)					Type of Facility School (K	5)					
Street Address							Subchapte	er 8 (Othe	r than K-	-12)	Idinas	hom	105
1609 Wood Avenue							etc.)				.	W. Downson	es,
City (5) Roselle							Square Feet 500	# of 2	Floors		Bldg. 70	Age	
County (6) Union				Code (7) USE ONLY)			Current Use (P apartments	rior if bein	ig demoli	ished)			
Name of Monitoring Firm Hired by Build	ling Owner (8	3)	ASC	M No.			of Abatement Co Environment			.C			
Street Address							Address ox 483, 4 E	Gate Dr	ive				
City, State, Zip Code				City	y, St	ate, Zip Code wood, NJ 07							
Project Manager for Monitoring Firm		Telepho	one No.	Tel	lepho	one No.		License 703	No.				
Start Date (10)	Schedu	led Cor	noletion	Date (11)			of OSHA Monito		703				
12/2/16	1/2/17			24.5 (1.1)	1144		o de la cividante						
Occupancy Status During Abatement (C	Check Only O	ne)			Stre	eet A	Address						
Facility Closed/Vacated During En Abatement Performed Outside of N Other – Describe: basement	tire Period of Normal Facilit	Abaten y Hours	nent		City	y, Sta	ate, Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	processes.	Renova Demolit				×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				e.	
	Is	s Locati	on								Abat	ement	
Location of	100000	Normal ed Sole			Descript	tion o	of				1	/pe	
Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	aintenar stodial S (12)	nce/	(i.e. the	Containing ermal systemal surfacing, ther miscel	ems VAT	, or	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A		- Wi							(D)	
basement		X		pipe insu	-) LF	Х				
basement			X	b	oiler ins	ulat	ion	100) SF	Х			
Name of Registered Waste Hauler		1 222	JDEP W	1100	Cubic Yards	S	Name of	Registere	ed Landfi	11			
Freehold Cartage		auler ID 5939	T	f Waste BD			rn Ber <mark>k</mark> s	s Landf	ill				
City, State Freehold, NJ					isposal Da BD	ate	City, Sta Birdsb	te oro, PA		- GII			
Completed by A. Scott Higgins	ident			Signati	ure	a	_	1.159%	ate 1/22/	16			

			ICATION	N OF ASBES	STOS ABAT		NT CI	eck	1 t	18	8	7	
Date of Notification (1) 11/25/16				of Building Ov Marie DeA		or (2)			E (C			† W	
Agencies Notified Type Notification				Address	argens								
EPA X Initial Amended				ate, Zip Code	9				NC	IV.	3 0	201	6
DOL Amendment			10000	nfield, NJ									
Emergency (justification)	including	3	Name o	of Contact				Telephon	Danke.	pen.	s CC	NTI	ROL
DCA Cancellation			Annal	Marie							NS	NG	
	DI /	(0)	FAC	ILITY INFOR	RMATION	7-							
Name of Facility Where Abatement is Takin House	g Place (3)				1	ype of Facility (4						
Street Address						×	Other (i.e. p	2) 8 (Other than rivate & comn			dings	, hom	es,
City (5)						S	etc.) guare Feet	# of Floors	3	В	ildg. /	Age	_
Bloomfield						2	200	2		1)5		
County (6) Essex				Code (7) USE ONLY)		C	urrent Use (Pric	or if being den	nolishe	ed)			
Name of Monitoring Firm Hired by Building (Owner (8)	ASC	M No.			Abatement Con nvironmental	300.55	LLC				
Street Address							dress < 483, 4 E G	ate Drive					
City, State, Zip Code							e, Zip Code ood, NJ 074	18					
Project Manager for Monitoring Firm			Telepho	one No.	1 2000		e No. 4-2276	Licen 703	se No	•			
Start Date (10) 12/8/16	Schedul 12/31/		mpletion	Date (11)	Name	e of (OSHA Monitor						
Occupancy Status During Abatement (Chec	k Only O	ne)			Stree	et Ado	dress						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:					City,	State	e, Zip Code	3					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli			hanna Ranna Anna Anna Anna	×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				e	
	0.00	s Locat Norma										ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ed Sole aintena stodial ((12)	ely by nce/ Staff?	(i.e. the	Description Containing ermal systen surfacing, V ther miscella	Mate ns ins	sulation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A									CD.	
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Freehold Cartage		H	lauler ID 5939	No.	of Waste		000000000000000000000000000000000000000	Registered Lar n Berks Lar					
City, State Freeehold, NJ				200	Disposal Date	е	City, State			X-10			
Completed by A. Scott Higgins	Title Pres	ident			Signatur	re	lin	_	Date 11/	25/1	16		

Check#2652			(F	ursu	ant to NJ	SBESTOS AB AC 8:60 and 5:	4 I EWEN I 16)				U V		3
Date of Notification (1)				Nan	ne of Buildi	ng Owner/Operato	r (2)		1 107	1 0 1	2 00	140	
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Agencies Notified	Type Notification	on			et Address			+-					
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☑ DHSS	Amended	† #		City	, State, Zip	Code		-	L!	CENS	SING	1	
☐ DCA	☐ Emergency		na	Boo	nton Town	nship, NJ 07005							
(NJAC 5:23-8)	justification)		Nan	ne of Conta	ct		TTele	ephone Nu	mher			
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				F.	ACILITY	NFORMATION		-	Vall mode	-			
Name of Facility Where	Abatement is Tak	ing Plac	ce (3)				Type of Facilit	ty (4)					
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Street Address							Subchapte	r 8 (Othe	er than K-1	2)			
							Other (i.e., homes, etc	, private c.)	and comm	ercial i	buildir	igs.	
City (5)							Square Feet	35	f Floors	1	Bldg.	Age	
Boonton Township, NJ	1 07005										್ರ್	-57	
County (6)				Cou	unty Code (7)	(STATE USE ONLY)	Current Use (I	Prior if b	eing demo	lished)			-
Morris	11: 11 - 5 11 - 1												
Name of Monitoring Firm	Hired by Building	g Owner	(8)	ASCN	A No.	Name of Abaten	nent Contractor (9)					_
Street Address						Gr Tech LLC							
Sifeet Address						Street Address							
City, State, Zip Code						576 Valley Rd	#283						
Oity, State, Zip Code						City, State, Zip (Code						-
						Wayne, NJ 074	70						
Project Manager for Moni-													
Project Manager for Moni	toring Firm		Tel	ephone	NO.	Telephone No.		Lice	ense No.				
S-72		a d. J. d.				973-638-1777		011					-
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Start Date (10)	16 Sch	12	Comple	etion D	ate (11)	973-638-1777 Name of OSHA Envirovision Co							
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#19730017980 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 11 26 / 16 David Matthews Agencies Notified Type Notification Street Address **ASBESTOS CONTROL &** □ EPA ✓ Initial LICENSING **⋈** DOLWD Amended City, State, Zip Code X DHSS Amendment # Englewood, NJ 07631 DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation David Maron FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Englewood, NJ 07631 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 06 / 16 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-_ PM/ PM_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf = 160 sf or >260 lf Renovation X Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Remova Encapsulate Asbestos Containing Material (ACM) Repair Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)other miscellaneous) Yes No N/A Basement X Pipe-wrap&cut X 90 LF First floor X Pipe-wrap&cut X 20 LF First floor X VAT floor tiles 150 SF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner Tentic Wenaa 11/26/16

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lame of Monitoring Fir	W Hit 80 pA print	Office Castrat	fol	MO	DIM 140	9		h LLC		•					
							1	Address							
Street Address							576 VI	alley Rd	¥283						-
City, State, Zip Gode								tete, Zip C							
	V						Wayn	e, NJ 074	70		Licanse No.				-
Project Manager for M	lonitering Firm		Ti	eleph	one N	٥,	1	none No.			01127				
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Start Date (10)	. 16				ti Certe		1			kants,inc					
Occupancy Status Du			· Meet	-			Shee	Address	QUIDE	1 mail confort					
E E-IN ClosedNe	called During En	tire Period	of Ab	ateme	uenk		20-21	Wagnin	v Ro	ad, Bldg .# 3	SE				-
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Time of Abstamen	I:	PM		-		(N)	Fair I	awn, NJ	0741	0	ation with negative	- D 1000	Urip		\dashv
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⊠ >3 af or >3 if		20	Reno	vation	7		F	Mini-E	nciosi	re	Toni with Negativ	e Press	MUE		
≥ 180 of or >260 If			Demo	Hion			E	Non-E	xemp	red (*) and No	Tent with Nagaby n-Friable Proced	ure	1		
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Locs Asbealos-Contain	tion of	naat I	No Used	rmally Solet		Amb	mems C	Description ontaining?	VI aber	al (ACM)	Amount	REMOVE	Repair	Encapsulate	Enclosure
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INF	acility (13)	1		(12)	44017 c		म्बर तीव	alectici vi alectici	MROU	s)				ake	
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sela-kur Kari Slave			_		×	Plaster					700 SF	×			H
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					TED WAY	ta Hayler (D	No. Cub	E Yerds of V	Vente	Name of Rog	latered Landfill		-		
Name of Registered	d Waste Hauler						486	TED		T.R.R.F. In					
Gr Tech LLC				1 (00337	67	Dia	posal Dale		City, State					-
City, State								TED		Tullytown,	PA				
Wayne, NJ 07470	of my Thomas	Title						Signatur			4	Date			
Completed By (Prin	ICOLINDS)	1						1	H	who when	ad a	11/23/	16		

page 1

* Do not use this form for nebroscos licensure exampled activities.

CK606	0			ICATION	tate of New N OF ASBE to NJAC 8	STOS	ABATE		Т			C	E			To an annual section of the section
Date of Notification (1)					of Building C		Operator	(2)		1		NOV	3 (20	116	
11/21/2016				St. Ar	nthony Pa	arish				IN F		0141				1
Agencies Notified	Type Notification			Street A							-					
X EPA	X Initial Amended				Diamond E		e Aven	ue			ASB					. &
× EPA × DEP × DOL	Amended Amendment	#			ate, Zip Cod horne, NJ		19					LIC	EN	SING		
	Emergency				f Contact	0,00				Tel	ephon	e Nun	her			
☑ DOH DCA	justification) Cancellation				Clyne					10.	орион	o man	1001			
					ILITY INFO	RMAT	ION			_				_		
Name of Facility Where Ab St. Anthony's RC Ch Street Address		g Place (3)						School (K-1 Subchapter	2) 8 (Oth						
276 Diamond Bridge	Avenue							X	Other (i.e. p etc.)	rivate	& com	mercia	l buil	dings	hom	es,
City (5) Hawthorne								377	iare Feet	#0	f Floor	S		Bldg. A	Age	
County (6)				County	Code (7)			2000	rent Use (Pric	or if bei	na der	nolish	_ 3			
Hudson PASSAic					USE ONLY)	<u> </u>			nurch				/			
Name of Monitoring Firm F	· 스타이스 발생하다 큐르트 (100 Hell 1987) (100 Hell 1987)	Owner (8)		ASCN	Л No.		Control of the Contro		patement Con		(9)					
BioTerra Environmer	ntal Solution								Contracting,	Inc.						
Street Address 1030 Chestnut Stree	t # 1224						Street 1360		_{ess} fton Avenu	e IIn	it 365	5				
City, State, Zip Code							A AVAILABLE OF		Zip Code	0, 011						
Union, New Jersey 0							Clifto	on, N	NJ 07012							
Project Manager for Monito	oring Firm			Telepho			Teleph					nse No).			
Rick Eustaquio Start Date (10)		Cabadul	ad Ca	100	494 3762			<u>.</u>	0-9500		001	036				
12/01/2016		12/06/			Date (11)				SHA Monitor Contracting,	Inc						
Occupancy Status During A	Abatement (Chec			<u> </u>			Street			1110.						
	- 1 21 	(Z	83						fton Avenu	e Un	it 365	5				
Facility Closed/Vacate Abatement Performed Other – Describe: M-	Outside of Norm	nal Facility	Hour	nent s		_	City, S	tate,	Zip Code	,	.,	8				
Scope of Work (Check All	That Apply)						Ollito	JII, I	NO 07012							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,	-	Renova Demoli				×	M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure					e	
		Is	Locat	ion						\ /			-	Abate	ement	
Location o	f	1	Norma	lly		Des	scription	of						Ту	ре	
Asbestos-Containing M TO BE ABAT In Facility (13)	ED	Ma	d Sole intena todial ((12)	nce/	(i.e. th	nermal surfac	systems cing, VA niscellan	insu T, or		(S	mount Specify or LF	er i	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											le	
1st Floor - Ves	stibule			X	S	Skim (Coat P	laste	er	88	32 SF		Χ			
Name of Registered Waste	Hauler		900	JDEP W		Cubic			Name of F	Registe	red La	ndfill				
Atlantic Carting			1 83	lauler ID IJ641		of Was	ste		Grand (Centra	al Sar	nitary	Lar	ndfill	Corp	1.
City, State							sal Date		City, State							
Wayne, NJ					1	TBD	11	,	Pen Arg		A					
Completed by	100000000000000000000000000000000000000	Title				S	ignature	1	/	and the second second		Date	Э			
Milena Zoric		Excu	tive [Director	K.	V	V	1			0	11	/21/2	2016		

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

							- 12.12	-,	L. Carlon			MOV	3 0	20	16	
Date of Notification (1)					f Building (100	(2)		U		1401	0 0	LO	10	-
11/25/16					Little Pr	ivate I	Home									The second
Agencies Notified	Type Notification			Street A	ddress						ASB	ESTO	OS C	ONT	ROL	_ &
EPA DEP	Initial Amended		-	City, Sta	te, Zip Co	de						LIV	JETYC	31140	,	
▼ DOL	Amendment				Egg Harl		08087	7								
☑ DOH	Emergency justification)	including	-		f Contact			_		T	elephor	ne Nun	nber			
DCA	Cancellation			Julia						_			_			
				FACI	LITY INFO	RMAT	ION				-					
Name of Facility Where		g Place (3	3)					Тур	e of Facility (4	1)						
David Little Private	Home								School (K-12			16.46				
Street Address								H	Subchapter of Other (i.e. preetc.)					dings,	home	es,
City (5)							21/2012/00/00		uare Feet	#	of Floo	rs	В	ldg. A	ge	
Little Egg Harbor N	J 08087							0.93	+000		1			35+		
County (6) Ocean					Code (7) USE ONLY)			110000000000000000000000000000000000000	rrent Use (Prio ouse & Gara			molish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	l No.		Name		batement Conf	_						
N/A	100 AF0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						Perr	nacc	Inc.		203					
Street Address	8						Street	Add	ress							
							PO	Вох	329 .						22	
City, State, Zip Code							100.000		Zip Code							15
								32,720,00	erlin NJ 080	91						
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 856-		No. 3-9800		100000000000000000000000000000000000000	nse N 727	0.			
Start Date (10)		Schedule	ed Con	pletion	Date (11)		Name	of O	SHA Monitor							
12/8/16		12/14/	16				Sam	ne								
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street	Add	ress							
☐ Facility Closed/Vaca																
Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility	/ Hours	Ē.			City, S	State,	Zip Code							
Scope of Work (Check A	іі тпат Арріу)						г	7				14 722				
≥3 sf or ≥3 lf X ≥ 160 sf or ≥260 lf		Proposition 1	Renova Demolit					*** CS	Full Containme Mini-Enclosure		ith Neg	ative P	ressu	re		
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			Locati Vormal												pe	
Location Asbestos-Containing		Use	d Sole	ly by	Asbest		scription		ial (ACM)		Amour	nt			m	
TO BE ABA	ATED	100000000000000000000000000000000000000	intenai todial S			therma	l system	s ins	ulation,		(Specif	y	Re	R	inca	Enc
In Facil (13)	ity		(12)				cing, VA				SF or L	-)	Remova	Repair	Encapsulate	Enclosure
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exterior s	iding			х		evte	erior sid	dina			1000 5	SF.	x			
exterior s	idirig				-	CALC	71101 310	anig			1000 0		A.			
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Name of Registered Was	te Hauler		IN	JDEP W	/aste	\$100 THE STATE	Yards		Name of F	Regi	stered L	andfill.	-	1		-
United Roll Off				auler ID 2459	No.	of Wa	ste		G.R.O.\	W.S	8.					
City, State						200	sal Date	:	City, State							
Elm NJ						12/1			Morrisv	ille	PA 19					
Completed by		Title				3	Signature	e	, A			Da	77	40		
Anthony T Perna		Pres	ident				Carried States		-	-		1	1/25/	16		

R// Print Form

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

(141 4) 257

			AL 2 0.00			,		NOU					
Date of Notification (1)	100111		Nar	ne of Buildir	ng Owner/Operato	Contract of the contract of th	bed buck	MUA	3	0 2	016		
	/22/16		_		Kings	ton Presbyter	ian Church						
Agencies Notified	Type Notifica	ation	Stre	et Address		1565 D. 0	7 ASBE	STO	18.0	ONI	TDC		
□ EPA □ DEP	Initial Amended					4565 Rt 2	/ / //		EN				
DOL.	Amendme		City	, State, Zip									
		cy (including			K	Lingston, NJ (08528						
DOH DCA	justification Cancellati		Nan	ne of Conta			Telephone Num	per		•			
LI DON	Caricellati	OH			Brad Clifton		_						
			F	ACILITY IN	FORMATION			_					
Name of Facility Where	Abatement is T	aking Place	(3)		51, -0.111 - 510	Type of Facility	/ (4)				-		
	Kingston P	resbyteri	an Chui	ch		School (K-1	2)						
Street Address						Subchapter	8 (Other than K-12	2)					
	4	565 Rt 2'	7			homes, etc	orivate & commerci	al buil	dings	,			
City (5)						Square Feet	# of Floors	В	dg. A	ge	$\neg \neg$		
53 BONON	Ki	ingston, N	IJ			7000	2		85	+/-			
County (6)			Co		7) (STATE	Current Use (P	rior if being demolis	shed)			_		
Mic	ddlesex		US	E ONLY)	30 Co								
Name of Monitoring Firm	Hired by Build	ing Owner	ASCI	VI No.	Name of Abater	ment Contractor (9	9)				_		
(8)	MECS				Ster	vens Environ	mental Service	es, Ir	ic.				
Street Address					Street Address						_		
	PO Box	341				PO I	30x 322						
City, State, Zip Code					City, State, Zip C	Code					_		
Cr	osswicks, 1	NJ 08515	1			Allentow	n, NJ 08501						
Project Manager for Mon	itoring Firm		Telephon	e No.	Telephone No.		License Ne-				=		
Bill We	isgarber		(609)2	40-4070	(609) 2:	59-9688	0	0493	3				
Start Date (10)	S	cheduled Co	mpletion [ate (11)	Name of OSHA	Monitor							
11/23/16		11	/25/16		-	MECS							
Occupancy Status Durin	g Abatement (0	Check only of	one)		Street Address	277720320740							
▼ Facility Closed/Vacate						PO I	341 3ox						
Abatement Performed			Hours		City, State, Zip C	Code							
Other - Describe:	3 am - 4 pm	1				Crosswick	s, NJ 08515						
Scope of Work (Check a	ll that apply)				П= ""								
≥3 sf or ≥3 lf		₩ Rer	novation		☐ Full Cor	ntainment with Ne	gative Pressure						
≥160 sf or ≥260 lf			nolition		Gloveb:	ag Procedure							
			etanti a terretta e	1	☐ Non-Ex	empted (*) and No	n-Friable Procedu						
			ocation mally					A	bate. Typ				
Location of		Used	Solely by		Description of	f			1 1		_		
Asbestos-Containing N			enance/ stodial		tos Containing Ma		Amount			Ш	_		
TO BE ABAT IN Facility			aff?	(i.e.,	thermal systems i surfacing, VAT,		(Specify SF or LF)	Ren	Re	ncar	nc		
(13)		(12)		other miscellane		3. 3. 2. 7	Remova	Repair	Encapsulate	Enclosure		
		Yes	No N/A			23		<u>n</u>	Gac*	ate	e		
D 11 D			110		10' 7		07.10				_		
Boiler Ro	om	_ ×		Th	ermal Pipe In	sulation	27 lf	X					
							7						
Name of Registered Was	te Hauler		NJDEF		Cubic Yards	Name of Regi	stered Landfill						
Stevens Environm	nental Servi	ices, Inc.	Hauler 1.8	D No. 1292	of Waste 1 CU		GROWS Lan	dfill					
City, State			-		Disposal Date	City, State	/				=		
10 mm - 10 mm	Allentowr	ı, NJ			11/25/16	40//	Morrisville,	PA					
Completed By Title					Signature	1//	Date				-		
Mahlon E. Ste	Mahlon E. Stevens Project Manager /// 11/22/16												

ASB-41 MAR 00

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

			NOT	TIFICA (Pure	TION OF A	New Jerzey SBESTOS ABATI IAC 8:80 and 6:1	EMENT	And the second s	101	3 0	50	116
Date of Notification (1)							S. S				1	
11	/22/16			1	RELIGION DI BUILD	ing Owner/Operal	or (2)	terian Church	STO	100	TIAC	ROI
Agencies Notified	Type Notifice	llon		5	rest Addres	71118	ston Presby	terian Church	TIPE	M	NG	HOL
D SPA	Initial			1 -	mar wantas				-	-		
DOL	Amended	0.0000		- CI	y, State, Zir	Code	4565 R	127				
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DOH DOA	justificatio	(D)	en :A	Mil	me of Cont		Cineston, N					
11000	L Cancellatio	П		1	and of Cole	Brad Clifton		Telephone N	umber			-
					TAON Image					-		
Name of Facility Where	Abatement is Ta	Mhg P	E) E) E)		FORMATION						
	Kingston Pr	esby	teriar	Chu	rch		Type of Fai			-	-	
Street Address					T SAIL		Subchar	K-12)	. 520			
	45	65 R	t 27				Other (i.	. private & comme	-12)	ultette	-	
City (5)							Square Fee	0,00.7	A Pimi D			
	Kin	estor	, NJ				7000	# of Floors		Bldg		
County (B)				C	unty Code	(7) (STATE		79000 191		_ 5	5+/	
Milo	ldlesex			us	SE ONLY	_	Onlinear Office	(Prior if being dam	dished	1)		
Name of Markoring Firm (8)		B ONAU)t	ASC	M No.	Nama of Adatar	MARK CORPORTA	P 76M				
Street Address	MECS					Ster	vens Enviro	nmental Servi		Y		
Ottaet Midtell	DO D -					Street Address	THE DAVE	THISTICAL DELA	CES,	inc.		
City, State, Zip Code	PO Box 3	41			_		PO	Box 322				-
	Petriala NI	1000				City, State, Zip C	ode	DUA JAZ	_	7000		_
Project Manager for Monit	sswicks, NJ	נפט						wn, NJ 08501				
Bill Weis	uring rim			ephon		Telephone No.		Licensa No-		_		_
Sled Date (10)	-	Arlan rad	<u> 16</u>	09) 2	40-4070	(609) 25			0049	3		
11/23/16	Sen				ale (11)	Name of OSHA R				4		
Occupancy Status During	Angement (Ch	ank on	11/25	/16			1	MECS				
Facility Closed/Vacated	During Entire D	arian a				Street Address						_
LI AMBIGINGHI PENDIMAN (HARING A MARIN	al Faci	N Ho	ILE ELLMBUT	1		PO	Box 341				
Other - Describe: 8	am - 4 pm					City, State, Zip Ci					_	=
Scope of Work (Check all	hat apply)						Crosswic	ks, NJ 08515				
	11-27					□ Full Cont	sinment with N	legative Pressure				
23 sf or ≥3 lf ≥160 sf or ≥260 lf		A R	enoval Moma	lon		L MINHERG	OBUITE	edrina Liberale				
			arr white	413		Gloveba	Procedure	ion-Friable Proced				
			Locatio			711111111111111111111111111111111111111	Tipled () Stid N	OU-LINEDIS LIGORGI				\neg
Location of		Uso	iomai) Solei	bu	1	Deservation			1 '	bata		1
Asbestos-Containing Mah	erial (ACM)	Mai	rienan	CQ/	Asbesto	Description of a Containing Mate	rial (ACM)	Amount				$\overline{}$
N Facility	•		ustodia Staff?	Ц	1 [neme svaleme in	Sulmtion	(Specify	20		5	0
(13)			(12)			surfacing, VAT, o	or or	SF or LF)	Rumova	Repair	원	ncar
		Yes	No	N/A					Bre	4	Encapsulate	Enclosure
Boiler Roor			_							- 1	10	(0)
DONAL KUOI	11	X			The	mal Pipe Inst	ilation	27 If	×			
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					THE RESERVE OF THE PARTY OF THE	Section Consideration of the Constitution of t			-	4	_	_
lame of Registered Waste F			N	DEPV		Cubic Yards T	Name of Regi	stered Landfill				
Stavens Environmen	tal Services	Inc.	_ Ha	uler ID 182	No. 97	I CU			1,			
ity: State		all surgests		496	The second secon	Disposal Date	Coy, State	GROWS Lan	dfill			_
A	Hantown, N	J				11/25/16	×	h.Atu				
Mahla- E. St.	Trie					Signatur	-	Morrisville,	PA		-15	
Mahlon E. Stever	18	Pro	Diect	Mana	ager	111			1/22	/16		

ASB-44 MAR CO

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



D)r	EC		Print For	
	NOV	3 0	2016	
L A	SBESTO	S CC	ONTROL ING	. &

Date of Notification (1) 11/25/16			me of Bu	uilding Ov O	vner/Op	erator ((2)							-		
Agencies Notified Type Notification		Str	reet Addr	ress					1	ASBE	LICE	S CC	MIF NG	10L		
EPA DEP DOL Initial Amended Amendment # Emergency (in	cluding	R	ty, State, AHWA ame of C		9			I	Telephon	e Numb						
DOH justification justification			= 1 011 13	EV INFOE	DREATIC)AI							-	\dashv		
Name of Facility Where Abatement is Taking Street Address	Place (3)		FACILI	TY INFOR	KWATK	JN		of Facility (4) School (K-12) Subchapter 8 (Other (i.e. priva	Other tha	n K-12) imercial	buildir	ngs, h	omes			
City (5) RAHWAY NJ							Squa	e Feet	# of Floo			g. Ag	e			
County (6) UNION			ounty Co	de (7) E ONLY)			Curre	nt Use (Prior if //E	being de	molishe	ed)					
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM N	No.		Name	of Aba	tement Contra PROFESS	ctor (9) SIONAL	.S						
Street Address –							Addre HITE	ss DOVE COU	IRT							
City, State, Zip Code						City, S	State, Z EWO	ip Code OD, NJ 087	01							
Project Manager for Monitoring Firm		Т	elephone	e No.		0.0000000000000000000000000000000000000	hone N 668-9		License No. 1200							
Start Date (10) 12/05/16	Scheduled 12/06/16		pletion D	ate (11)		Name of OSHA Monitor AAA LEAD PROFESSIONALS										
Occupancy Status During Abatement (Check			Street Address							OUDT						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Ab	ateme	tement ours 6 WHITE DOVE COU City, State, Zip Code LAKEWOOD, NJ 087													
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti					× M	ull Containmen ini-Enclosure lovebag Proced on-Exempted (dure				e			
	Is L	ocatio	on									Abate Ty	ment pe			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenar dial S (12)	ly by nce/ staff?	Asbes (i.e.	tos Cor therma surf	escription ntaining al system acing, V miscella	Materi ns insu AT, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A			Loor T	Tile		35 S	SF	x					
INTERIOR	-				- 1	LOOF		1 1 1 1 1			x					
	1															
								I N (D	- mintorod	Llandfil						
Name of Registered Waste Hauler NEWARK CARTING	laste No.	Cubic Yards Name of Registered Landfill of Waste IESI														
City, State NEWARK, NJ						osal Da)6/16	te	City, State BETHLE								
Completed by JOSEPH PERLSTEIN	Title OWN	ER				Signati	ure			D	ate					

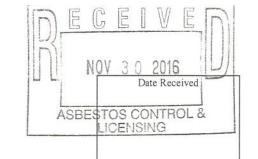
State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

				(1 ursuu	110 10 110	10 0.00	ind 12.12	.0)										
Date of Notification (1)		110			Name o	of Building (III N	0423	U	2016	\ L				
	ovember 23, 20						Linda	Hender	rson)	0) 7	4				
Agencies Notified [X] EPA	Type of Notifica	tion l Notifí	antion		Street A	Address	P O B	ox 265		ASBES				_&				
[] DEP			otification				86 83888.00 	0X 203			LICE	VSIN	<u>G</u>					
[x] DOL	Amer	ndment	#		City, St	ate, Zip Coo		NJ 077	117									
[x] DOH		gency (ication)	including				Avon,	143 077										
[] DCA		ellation)			Name o	of Contact Linda	Henderso	n	1	Celephone Number								
										-								
Name of Facility Where Ab	atement is Taking	Place (3)	FAC	CILITY	INFORM	ATION	Type o	f Facility (4)				-					
17 300 1	idence	r race (.	,					Type o		School (k-12)								
Street Address									[]	Subchapter 8 (ot	her than	k-12)						
Street / tadiess									[x]	Other (i.e., priva	te & co	mmerc	ial build	lings,				
City		Coun	ity (6)		County (ode (7)		Square	feet	homes, etc.) # of Floors	Blds	g. Age						
)	235-8701				USE ONLY	7)	2:	500 sf	2			30					
Ocean Grove	2	Mor	nmouth					Curren		being demolished	ned)							
Name of Monitoring Firm I	ume of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.				ASCM N	No.	Name of	Abateme	Resider nt Contractor									
Gua										an Contracting,	Inc.							
Street Address	O Dto O IInit 4	c 1					Street Ad	dress	1000 D									
City, State, Zip Code	9 Kie. 9, Unii () [City, Stat	e. Zip Co		oute 9, Unit 61				-				
Ton	ns River, NJ 08	3755							Toms F	River, New Jers	ey 08'	755-1	271					
Project Manager for Monito			Telephone 732-349				Telephon		r	License N	lumber							
Nicholas Fern Scheduled Start Date (10)	icoia		Scheduled		ion Date (11)	732-349 Name of		Ionitor	00624								
11/25/16			11/28/							L. Analytical								
Occupancy Status During A	batement (Check of ity Closed/Vacated			.d of Ala			Street Ad	dress	1056 \$	telton Road								
	ement Performed (53460.000.00143000	telloli Road								
	r – Describe						City, Stat	e, Zip Co		way, New Jerse	N 088	54						
Scope of Work (Check all the	hat apply)						[]		Containment i-Enclosure	with Negative Pres	ssure							
[X] >3 st	for≥3 lf		[x]	Renova	ition		[x]		rebag Procedu	ıre								
	sfor≥260 lf		[]	Demoli	tion		[]				Procedu	ire						
					T					T	Abat	ement	Tyme					
			Is Location	n		I	Descriptio	n of										
			Normally u	sed		Asb	estos-Con	taining		Amount		R E	E N	N				
		Mair									M	P	C	C				
		iviaii	Staff	ustourar						Of LF)	0	I	A P	O				
(13)			(12)				VAT, o	r			V	R	S	S				
		VEC	NO	NI/A		othe	er miscella	ineous)			A		L	R				
		1 ES		N/A									Е	Е				
Basement					_			n										
1 st & 2 nd floor			X		Asbe	stos duct	wrap			50 sf	X							
				1							1							
YES NO N/A Basement X Asbestos pipe insulation 100 lf X 1st & 2 nd floor X Asbestos duct wrap Name of Registered Waste Hauler Guardian Contracting, Inc. No N/A Cubic Yards of Waste Name of Registered Landfill T.R.R.F.																		
Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) In facility (13) Basement X Asbestos pipe insulation X Asbestos pipe insulation Normally used Solely by Maintenance/Custodial Staff insulation, surfacing, (12) VAT, or other miscellaneous) Basement X Asbestos pipe insulation X Asbestos pipe insulation I 100 If X I 1st Location Registered Waste Hauler Guardian Contracting, Inc. Normally used Asbestos-Containing Amount (Specify SF or LF) Abatement Type R R R R E E E N N N A A L O I P O I P O I R R R R E E E N N N A A L U U U L L R E E E N N N N N N N N N N																		
		m: i		11/29		_	Tullyto	wn, Pe	nnsylvania		TE							
			ect Manag	er	Signat	ure \	\· _	ta	1				16					

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



DEMOLITION / RENOVATION NOTIFICATION

Postmark:		Notificat	ion:		
- Cancelled):	0	II.	IS ASBESTOS PRESENT? (Y	(es/No):	Y
ctor and other of	operator)	•			
NJ		Zip:	07717		
		Tel:			
ntracting, Ir	ic.		NJ License: 0062	4	
9, Unit 61					
New Jer	rsey	Zip:	08755		
nicola	***************************************	Tel:	732-349-9932		
			NJ License:		
		Zip:			
		Tel:			
R - Renovation	E - Emergency Rer	novation):	R		
er and floor or r	oom number)				
NJ		County:	Monmouth		
	9		7		
loors:	2	Age in Yo	ears: 80		
	Prior Use:	Residence	ce		
APPROPRIAT	E, USED TO DETEC	T THE PRES	SENCE OF ASBESTOS MATE	RIAL:	
Т			T	Nonf	friable
	RACM				Material To Be
	To Be Removed		LOCATION	7555	noved
				Cat I	Cat II
Asbesto	s pipe insulation				
Asbesto	s duct wrap		1 st & 2 nd floor		
Start:	11/25/1	6	Complete: 11/	28/16	
	NJ ntracting, Ir O, Unit 61 New Je micola R - Renovation r and floor or r NJ Asbesto Asbesto	NJ ntracting, Inc. P, Unit 61 New Jersey nicola R - Renovation E - Emergency Rer r and floor or room number) NJ NJ RACM To Be Removed Asbestos pipe insulation Asbestos duct wrap	NJ Zip: Tel: ntracting, Inc. O, Unit 61 New Jersey Zip: nicola Tel: Zip: Tel: R - Renovation E - Emergency Renovation): r and floor or room number) NJ County: Age in Young Prior Use: RACM To Be Removed Asbestos pipe insulation Asbestos duct wrap	NJ Zip: 07717 Tel:	Cancelled): O II. IS ASBESTOS PRESENT? (Yes/No): Ctor and other operator) NJ Zip: 07717 Tel: Intracting, Inc. NJ License: 00624 P. Unit 61 New Jersey Zip: 08755 Inicola Tel: 732-349-9932 NJ License: Zip: Tel: R - Renovation E - Emergency Renovation): R r and floor or room number) NJ County: Montmouth NJ County: Montmouth LOCATION Ren RACM To Be Removed RACM To Be Removed Asbestos pipe insulation Basement Asbestos duct wrap 1st & 2 nd floor

	NOTIFICATION	OF DEMOLITI	ON AND RENOVATI	ON (continued)	ECEIVER
x.	DESCRIPTION OF PLANNED DEMOLITION O	R RENOVATION WO	RK, AND METHOD(S) TO BE	E USED	NOV 3 0 2016
xi.	DESCRIPTION OF WORK PRACTICES AND E AND RENOVATION SITE:	NGINEERING CONTR	OLS TO BE USED TO PREV		BESTOS AT THE DEMOLITION BESTOS CONTROL &
	Removal to take place using negative pressure glove-bag with a surfactant/water mix. All waste to be double bagge surfaces where removal took place. All materials to be ke	d, sealed and affixed with a	appropriate warning labels and place	units to be put in place. All as	LICENSING saturated r disposal. Encapsulation of all
xii.	WASTE TRANSPORTER #1 Name: Gua	rdian Contracting,	Inc.		
	Address: 1889	Route 9, Unit 61			
	City: Toms River	State:	New Jersey	Zip: 08	3755
	Contact Person: Nich	iolas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.	R.F.			
	Location: Boro	lentown Road			
	City: Tullytown	State:	Pennsylvania	Zip: 19	9007
	Telephone: 215-943-9732		Permit #: 1014	194	
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	ENT AGENCY, PLEAS	E IDENTIFY THE AGENCY	BELOW AND ATTACH C	COPY OF ORDER
	Name:		Title:		
	Authority:		•		
	Date of Order (MM/DD/YY):		Date Ordered to Begin (MM	I/DD/YY):	
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 conditi	ons or would cause equi	pment damage or an unreasona	ble financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLL ASBESTOS MATERIAL BECOMES CRUMBLE			ESTOS IS FOUND OR PR	REVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED I THE DEMOLITION OR RENOVATION AND EV AVAILABLE FOR INSPECTION DURING NOR	IDENCE THAT THE I	REQUIRED TRAINING HAS_	BEEN ACCOMPLISHED	
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Opera	ator)	November 23, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.	_ /		
	Nicholas Fernicola / Project Manager (Printed Name/Title)	<u> </u>	(Signature of Owner/Opera	ator)	November 23, 2016 (Date)

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CK798	NOT	IFICA (Purs	TION OF	of New Jer ASBESTO	S ABATE	MEI	NT		Representation of the second	XI N	G E	_		// [n n
Date of Notification (1)		Na	me of Bu	ilding Owne Dios Se	er/Operato	r (2) a					UV S	U	21	110	
11-22-16 Agencies Notified Type Notification		-	reet Addr							ASBES	STOS				- &
EPA Initial DEP Amended Amendment #		Cit	ty, State, lizabeth	Zip Code n, NJ 0720	01										
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding		77 17. (O) C - 0. (C) C - 0. (ernandes				1	Tele	phone Nur	nber				
			FACILIT	Y INFORM	ATION	1 -		1814 - 731				_			\dashv
Name of Facility Where Abatement is Taking Private Home Street Address	Place (3)						Sch Sub	ool (K-12) chapter 8	(Othe	r than K-1	2)	lina	ıs ho	mes	
Street Address						-	Oth etc.)		Floors			Age		-
City (5) Elizabeth							tis .		if bair	a domolie	hed)				4
County (6) Uinion			ounty Co	de (7) E ONLY) _						ng demolis	neu)				
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM N	No.				nent Contracting LL		(9)					
N/A Street Address							ddress								
City, State, Zip Code			77		City	, Sta	ate, Zip (
		ТТ	elephone	e No.	Tele	epho	ne No.	J 07087		License	No.				-
Project Manager for Monitoring Firm							16-960)3 Monitor		01206					-
Start Date (10) 12-01-16	Scheduled 12-02-16		pletion D	ate (11)	De	lfa	Contra	acting LL	.C						_
Occupancy Status During Abatement (Chec			ant		10 975550		Address th St.								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 7:00 am- 5:00 pm	nal Facility h	lours	ent				ate, Zip n City N	Code NJ 0708	7						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		noval				x x	Mini-	Enclosure	edure	h Negative		000	dure		
	10 TO	ocati	2000		6520 11030		72					A	bate Typ	ment be	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used	ntenai	ly by nce/	(i.e. th	Descrip s Containing ermal syst surfacing, other misce	ng M tems , VA	laterial (s insulat T, or	ACM) ion,		Amount (Specify SF or LF)	Kemoval	1	Repair	Encapsulate	Enclosure
	Yes	No	N/A		Pipe Ins	sula	ition		-	160 LF	X	+			
Basement		X			r ipe inc							1			
											-	4			
10 11 1111 11 110100		1	NJDEP W	/aste	Cubic Yar	ds				stered Lan					
Name of Registered Waste Hauler Delfa Contracting LLC		- 1	Hauler ID 3524	No.	of Waste 4			Tullyto	wn F	Resource		ove	ry F	acili	ty
City, State Union City, NJ					Disposal I 12-06-1	6		City, Star Tullyto		PA	Data		- 5-1		
Completed by Jaime Delgado	Title Proj.	Man	nager.		Sign	atur	13	£			Date 11-2	2-1	6		



State of New Jersey

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MOCK	_		NOT		ATIO		BE	Jersey STOS ABA 8:60 and 5:1		D) <u> </u>	G (<u> </u>	\mathbb{V}	E	
Date of Notification (1)					Name	e of Buildir	ng Ov	wner/Operator	(2)		NOV	30	2016	1	
10/	16 /	15			0.000		- A		ment of Transp	incid Sect.		-	6011		
Agencies Notified	Type Notific	cation		17,017	Stree	t Address				ASDI	ECTO	200	A ITO		
⊠ EPA							ay A	Ave., CN 600		ASDI	ESTOS LICE	NSI	VG NTHI	UL &	
⊠ DOLWD			- 4410	0140	City	State, Zip	2000 E	CONTROL WE SEE THE SECOND				3 4 45 11	10		
☐ DHSS	Amendn		A LOUIS CONTRACTOR		Tre	enton, N.	J 09	625							
(NJAC 5:23-8)	justificat		ciadini	9	Name	e of Conta	ct			Telephone N	Number				
	☐ Cancella	ation			Lu	is Limo									
					FA	CILITY II	NFO	RMATION							
Name of Facility Where A	Abatement is	Taking	Place	(3)					Type of Facility	(4)					
Route 7 Bridge									School (K-12						
Street Address									☐ Subchapter 8 ☐ Other (i.e., pr			huildi	nae		
Rt 7									homes, etc.)		microlai	Dallal	193,		
City (5)									Square Feet	# of Floors		Bldg.	Age		
Kearny															
County (6)					Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (Pri	or if being den	nolished)			
Bergen															
Name of Monitoring Firm	Hired by Buil	lding C)wner	(8)	ASCM	No.	1		ent Contractor (9)						
Cardno ATC							-		VIRONMENTAL	_, INC.					
Street Address							1	reet Address							
3 Terri Lane								1123 BEAVE							
City, State, Zip Code								ty, State, Zip C							
Burlington, NJ 0801		_		T- 1				BRISTOL, PA	19007						
Project Manager for Moni John Lutz	toring Firm			2.000	lephone			lephone No.		License No	1.				
Start Date (10) ON SIT	E 11/12	Cahad	ulad C		09-386		_	215-788-6040		00509					
5 /23 /	Charles Commercial Com				etion Da		500000	ame of OSHA M BRISTOL EN	ionitor VIRONMENTAL	., INC.					
Occupancy Status During	Abatement (Check	only o	one)			Str	reet Address		8				des e legiti	
□ Facility Closed/Vacate					ement		1	1123 BEAVE	R STREET						
Abatement Performed			0.000				Cit	y, State, Zip Co	ode						
Time of Abatement:	AM	PN	1/	_PM	1	AM	E	BRISTOL, PA	19007						
Scope of Work (Check all	that apply)		7.00				7.					1.000			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			□ Re ⊠ De	nova moliti											
		T	1000	Loca		T						bater	nent T	уре	
Location of		A)		Norma	ally lely by) A-h-		Description o		A	7	Z	Ш	ш	
Asbestos-Containing N TO BE ABA		⁽¹⁾	Ma	inten	ance/			Containing Ma ermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure	
IN Facility	у		Cust	odial (12)	Staff?	1	:	surfacing, VAT,	or	SF or LF)	Val	7	Sula	sure	
(13)		Ì	Yes	No		1	OI	ther miscellane	ous)				ate		
Underside of bridge p	iers					Sheet p	ack	ing		2800 SF			\Box		
	22011-22														
				_	+=-	-							12		
														Ш	
Name of Registered Waste SERVICE TRANSPO		NC.		170	VJDEP \ Hauler II		1000007	bic Yards of iste	Name of Regist MINERVA L						
City, State	51.001	,	•		20990)	Dia	posal Date							
NEW CASTLE, DE 19	9720						DIS	pusai Dale	City, State WAYNESBU	JRG, OH 44	688				
Completed By (Print or Ty	pe)	Title						Signature			Date				
Brian Scafiro	3.50	Es	timat	or				Date							

ASB-41
MAY 11

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

*SITE 11/23/16

no ch

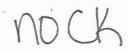
E	C	E		\mathbb{V}	E	
	NOV	3	0	2016	Children we have no secure	

							16)	7 5 8 9 1 2		U	U	201	
Date of Notification (1)				Na	ame of Build	ling Owner/Operator	(2)	lead buil				_	
10 /	16 /	15	2		State of No	ew Jersey Depar	tment of Trans	poration	-				
Agencies Notified	Type Notifica	ation		Str	reet Address			ASB	EST	OS (NO	TF	
⊠ EPA						s way Ave., CN 600			LI	CEM	DIM	i	
□ DOLWD		Í		-)						
□ DHSS	Amendme				y, State, Zip								
DCA	☐ Emergen		ding		renton, N								
(NJAC 5:23-8)	justification Cancellate			100000	me of Conta	act		Telephone N	lumbe	г			
	□ Cancellat	1011		1	uis Limo								
				F	ACILITY	NFORMATION							
Name of Facility Where A	batement is T	aking Pl	ace (3)				Type of Facility	(4)		4.5%			
Route 7 Bridge							School (K-12)					
Street Address							Subchapter 8	Other than K	-12)				
Rt 7							homes, etc.)	ivate and com	mercia	ii buile	lings	E	
City (5)							Square Feet	# of Floors		Bldo	. Age	-	
Kearny										Diag	. , .gc		
County (6)				Co	unty Code (7)(STATE USE ONLY)	Current Use (Pri	(Prior if being demolished)					
Bergen							, , ,	or in boning denii	Olished	۵)			
Name of Monitoring Firm H	lired by Buildi	ng Owne	er (8)	ASCI	M No.	Name of Abateme	ent Contractor (9)					_	
Cardno ATC		X700		praesession			VIRONMENTAL	INC					
Street Address						Street Address	VIRONWIENTAL	, INC.					
3 Terri Lane							RSTREET						
City, State, Zip Code						City, State, Zip Co							
Burlington, NJ 08016	;												
Project Manager for Monito			Tol	ephone	- Na	BRISTOL, PA	19007						
John Lutz	ring r iirii				6-8800	Telephone No.		License No.					
Start Date (10)	Sal	nadulad			ate (11)	215-788-6040		00509					
5 /23 /		O. N	HO			Name of OSHA Mo				235725			
	-			-1	957	BRISTOL ENV	IRONMENTAL,	INC.					
Occupancy Status During A						Street Address							
☐ Facility Closed/Vacated ☐ Abatement Performed O	During Entire I	Period o	f Abate	nent		1123 BEAVER	STREET						
Time of Abatement:	AM-	PM/	ty Hour	s - Des	SCribe	City, State, Zip Coo	le						
					_/\\\	BRISTOL, PA	19007						
cono of Made (Charle all th	at apply)						- American De Republica de					-	
cope of Work (Check all th	at apply)					I Full Conta	inment with Negat						
		ΠR	enovati	าก		Mini-Englo	curo	ive Pressure					
] ≥3 sf or ≥3 lf	асарруу)		enovatio emolitio				sure Procedure						
		⊠ D	emolitio	n			sure		ıre				
] ≥3 sf or ≥3 lf] ≥160 sf or ≥260 lf		⊠ De	emolitio s Locati	n on		☑ Mini-Enclo☑ Glovebag☑ Non-Exem	sure Procedure			batem	ient 1	Гуг	
] ≥3 sf or ≥3 lf] ≥160 sf or ≥260 lf Location of	0.500.000	⊠ De	Emolition Locati Normal and Sole	on ly ly by	Ashast		sure Procedure pted (*) and Non-F	Friable Procedu	Al	baten	T	-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mat	erial (ACM)	Use Ma	Emolition Location Normal Ed Sole intenar	on ly ly by	Asbest (i.e.,	⊠ Mini-Enclo ⊠ Glovebag ⊠ Non-Exem Description of tos Containing Mate	sure Procedure pted (*) and Non-F	Friable Procedu	Al	1	T	-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mat TO BE ABATE! IN Facility	erial (ACM)	Use Ma	s Locati Normal ed Sole intenar todial S	on ly ly by	Asbest (i.e.,		sure Procedure pted (*) and Non-F rial (ACM) sulation, r	Friable Procedu		pater Repair	T	-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mat TO BE ABATE	erial (ACM)	Use Ma Cus	s Locati Normal ed Sole intenar todial S	on ly ly by lice/ taff?	Asbest (i.e.,	⊠ Mini-Enclo ⊠ Glovebag ⊠ Non-Exem Description of tos Containing Mate thermal systems inserting to the systems in the system in the systems in the system in the sys	sure Procedure pted (*) and Non-F rial (ACM) sulation, r	Amount (Specify	Al	1	T	-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mat TO BE ABATEI IN Facility (13)	erial (ACM) D	Use Ma	s Locati Normal ed Sole intenar todial S (12)	on ly y by ice/ taff?	(i.e.,		sure Procedure pted (*) and Non-F rial (ACM) sulation, r	Amount (Specify	Al	1	Encapsulate	-	
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mat TO BE ABATE! IN Facility (13)	erial (ACM) D	Use Ma Cus	s Locati Normalled Sole sintenar todial S (12)	on ly by loce/ taff?	(i.e.,		sure Procedure pted (*) and Non-F rial (ACM) sulation, r	Amount (Specify SF or LF)	Removal	1	T	-	
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mat TO BE ABATE! IN Facility (13) Inderside of bridge pier	erial (ACM) D	Use Ma Cus	s Locati Normal ed Sole intenar todial S (12) No	on ly by loce/ taff?	Sheet pa		sure Procedure pted (*) and Non-F rial (ACM) sulation, r	Amount (Specify SF or LF)	Removal	1	T	-	
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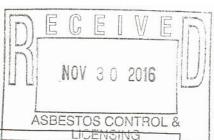
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Agencies Notified Type	e Notific	ation			Street Addres	SS				TOL	401	144		
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Route 7 Bridge							School (K-							
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Cardno ATC	y Dullair	ig Owl	iei (8)	AS	SCM No.		ement Contractor (9	,						
							NVIRONMENTA	L, INC.						
Street Address						Street Address								
3 Terri Lane							ER STREET							
City, State, Zip Code							ity, State, Zip Code							
Burlington, NJ 08016						BRISTOL, F	PA 19007							
Project Manager for Monitoring Fi	rm		Te	elepho	one No.	Telephone No.		License No.				-		
John Lutz				609-3	386-8800 215-788-6040 00509									
Start Date (10)	0.0000.00	eduled	Comp	letion	Date (11)	Name of OSHA	Monitor		-			-		
5 /23 /16	_	6	/	3	/ _16_	BRISTOL EI	VVIRONMENTAL	_, INC.						
occupancy Status During Abateme	ent (Che	ck only	one)			Street Address					- 20			
Facility Closed/Vacated During						1123 BEAVE	R STREET							
Abatement Performed Outside	of Norma	al Faci	lity Ho	urs - D	Describe	City, State, Zip C						_		
Time of Abatement:AM-	·F	PM/	PN	1	AM	BRISTOL, PA								
cope of Work (Check all that apply	y)										-	_		
						☐ Full Con	tainment with Nega	ative Pressure						
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Name of Facility Where Abat	ement is	Taking	Place	(3)			Type of Fa	acility (4)		aprosone:		1000	
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Street Address						Street Address						-	
3 Terri Lane						1123 BEAV	ER STREET						
City, State, Zip Code				-		City, State, Zip	Code						
Burlington, NJ 08016					BRISTOL, PA 19007								
Project Manager for Monitoring	Firm		T	elepho	ne No.	Telephone No.		License N	lo.	-		-	
John Lutz				609-3	86-8800	215-788-604	40	00509	00509				
tart Date (10)	Sch	nedule	d Com	oletion	Date (11)	Name of OSHA	Monitor			-	-		
5/23/16	40				/16	BRISTOL E	NVIRONMENT	TAL, INC.					
ccupancy Status During Abate	10	eck on	ly one)			Street Address							
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Street Address Rt 7							Other (i.e., homes, etc	Drivate and	nan K-	-12) nercia	al build	dings,		
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Cardno ATC			1		BRISTO	DL ENV	TRONMENTA	_ INC						
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3 Terri Lane					1123 BI	EAVER	STREET							
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Burlington, NJ 08016					BRISTO									
Project Manager for Monitoring Firm			Teleph	one No.	Telephone			License f	hlo					
John Lutz		1	609-	386-8800	215-788-	-6040		00509						
Start Date (10)	Schedul	ed Cor	npletion	Date (11)	Name of OS	HA Mon	itor	00508						
10 / 19 / 15	0		HOLE				CONMENTAL,	INC						
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Time of Abatement:AM					City, State, Z		8.60							
cope of Work (Check all that apply)		-			BRISTOL,	PA 191	007							
cope of viola (Check all that apply)					□ Full C	Containm	ent with Negativ	o Desession						
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1 ≥160 sf or ≥260 lf	\bowtie	Demoli	ition		⊠ Glove	bag Pro	cedure							
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V CASTLE, DE 19720						WAY	YNESBURG, O	H 44688						
eted By (Print or Type) Title					Signature	-	1. 1	Date		,	P/III	-		

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

NOV 3 0 2016 - VOORHEES, NJ DO # 58889748 CONTROL &

Date of Notification (1) Name of Building Owner/Operator (2) State of New Jersey Department of Transporation 10 16 / 15 Agencies Notified Type Notification Street Address M Initial Ø EPA 1035 Parkway Ave., CN 600 ☐ Amended Ø DOLWD City, State, Zip Code Amendment #_ DHSS Trenton, NJ 09625 ☐ Emergency (including DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Luis Limo FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Route 7 Bridge ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, RE 7 homes, etc.) City (5) Square Feet # of Floors Bldg. Age Kearny County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Bergen Name of Monitoring Firm Kired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Cardno ATC BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 3 Terri Lane 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Burlington, NJ 08016 BRISTOL, PA 18007 roject Manager for Monitoring Firm Telephone No. Telephone No. License No. John Lutz 609-386-8800 215-788-6040 00509 Scheduled Completion Date (11) art Date (10) Name of OSKA Monitor 10 / 19 / 15 __11__ / _28 / 15 BRISTOL ENVIRONMENTAL, INC. cupancy Status During Abatement (Check only one) Street Address Facility Closed Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM BRISTOL, PA 19007 be of Work (Check all that apply) Full Containment with Negative Pressure 3 sf or >3 ff ☐ Renovation Mini-Enclosure 160 sf or >260 If □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Normally Abatement Type Location of Description of Used Solely by bestos-Containing Material (ACM) Asbestos Containing Material (ACM) Repair Encapsulate Maintenance/ Amount TO BE ABATED (i.e., thermal systems insulation. Custodial Staff? (Specify IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A side of bridge piers M Sheet packing 2800 SF X \Box Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste CE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 Disposal Date City, State **ASTLE, DE 19720** WAYNESBURG, OH 44688

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Agencies Notified PPA	Date of Notification (1) NOVEMBER 28, 2016			Building Owner										
Initial DEP	Agencies Notified Type Notification			Street Address										
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DOH DOCA Guardication Same of Contact PETER AGREST	DEP Amended Amendment Emergency		_ P	PŤ. PLEAŚANT BEACH, NJ 08742										
Name of Facility Where Abatement is Taking Place (3) ESTIBLE Address City (5) LITTLE SILVER City (5) County (6) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code City, State,	DOH justification)							Telephone Nun	sh~					
School (K-12) Subchapter 5 (Other than K-12) Subchapter 5 (Other than K-12) Subchapter 5 (Other (i.e. private & commercial buildings, homes, other (i.e. private & commercial buildings, homes, of Floors (i.e. p	Name of Facility Where Abatement is Takin	n Place (3)		FACIL	ITY INFORMA	TION	Type of Facility (4)							
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Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.	LITTLE SILVER													
Street Address Street Address Street Address Street Address Street Address T7 Thompson Street	MONMOUTH							being demolish	ed)					
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Project Manager for Monitoring Firm N/A Project Manager for Monitoring Firm N/A Start Date (10) 12/8/16 Scheduled Completion Date (11) 12/8/16 Scheduled Completion Date (11) 12/8/16 Name of OSHA Monitor N/A Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) 23 sf or 23 lf 2160 sf or 2260 lf Non-Exempted (1) and Non-Friable Procedure Normally Seed Solely by Maintenance/ Custodial Staff? (12) Yes No N/A NAT VAT S50 SF X II	Street Address													
N/A 732.222.8372	City, State, Zip Code													
12/8/16			Те	elephon	e No.).					
Facility Closed/Vacated During Entire Period of Abatement Abatement Pacific Period Of Abatement Pacifity Hours City, State, Zip Code			Compl	letion D	Date (11)		of OSHA Monitor							
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, State,	Occupancy Status During Abatement (Chec	k Only One))			Street	Address					-		
Salidity Secondarian Secondaria Secondarian Secondaria Secondaria Secondaria Second	Abatement Performed Outside of Norm	Period of Ab al Facility H	atemer lours	nt		City, S	tate, Zip Code							
Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement	Scope of Work (Check All That Apply)											-		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) VAT VAT Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., I City, State WEST LONG BRANCH, NJ Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Abatement Type Abatement Type Registered (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NAT VAT VAT S50 SF X NAT NJDEP Waste Hauler ID No. 12058 Part of Waste 3 cy TRRF LANDFILL City, State TULLYTOWN, PA						7	Mini-Enclosure Glovebag Procedu	re			0			
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) In Facility (13) VAT VAT VAT Nomally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A VAT VAT VAT Solution Nomally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A VAT VAT Amount (Specify SF or LF) Repair		le l	ocation			<u> </u>		and Non-Friadi	e P10					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) VAT VAT Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12) Yes No N/A VAT VAT Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT VAT VAT S50 SF X Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., I City, State WEST LONG BRANCH, NJ Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NAME OF LONG BRANCH, NJ Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NAME OF LONG BRANCH, NJ Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NAME OF LONG BRANCH, NJ Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NAME OF LONG BRANCH, NJ NAME OF Registered Landfill TRRF LANDFILL City, State TULLYTOWN, PA	Location of	No	rmally		D	escription	of		Туре					
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., I City, State WEST LONG BRANCH, NJ VAT X VAT S50 SF X Disposal Date 12/9/16 City, State TULLYTOWN, PA	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used Soli Maintena Custodial				Asbestos Co (i.e. therm: surf	ntaining M al system: acing, VA	Material (ACM) s insulation, T, or	(Specify	Rem	Rep	Encaps	Enclo		
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., I City, State WEST LONG BRANCH, NJ VAT X VAT S50 SF X Disposal Date 12/9/16 City, State TULLYTOWN, PA	(13)			NIZA	other	miscellar	neous)		oval	air	sulate	sure		
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., I City, State WEST LONG BRANCH, NJ NJDEP Waste Hauler ID No. 12058 Cubic Yards of Waste 3 cy Name of Registered Landfill TRRF LANDFILL City, State TULLYTOWN, PA	VAT	Yes	No	- Contract		VAT		SEO SE	v					
Finishing Touch Asbestos Abatement Corp., I Hauler ID No. 12058 of Waste 3 cy TRRF LANDFILL City, State WEST LONG BRANCH, NJ Disposal Date 12/9/16 City, State TULLYTOWN, PA	VAI	-	^		VAI		220 SF	X						
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Finishing Touch Asbestos Abatement Corp., I Hauler ID No. 12058 of Waste 3 cy TRRF LANDFILL City, State WEST LONG BRANCH, NJ Disposal Date 12/9/16 City, State TULLYTOWN, PA	Name of Registered Waste Hauler		NID	EP W	aste Cuhi	c Yards	Name of Regi	stered Landfill						
WEST LONG BRANCH, NJ 12/9/16 TULLYTOWN, PA		nt Corp., I	Hau	ler ID 1	No. of W	aste								
Completed by Title Signature h 10 / Date			•	STOCK INC.				VN, PA	12000					
JOSEPH P. MILLER PRESIDENT 11/28/16			DENT	Г		Signature	NI PMULL			16				