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

Print Form

Date of Notification (1)		Name PSE	of Building Owner	/Operato	or (2)	1 4 -	. , , ,			, ,	
Agencies Notified Type Notification			Address		**************************************	- Contract		- [ŊĪ	12	
EPA Initial			HADLEY ROA	AD	-	lyr'				-	
DEP Amended Amendment #		City, S	State, Zip Code TH PLAINFIEI	D MI	07000		OCT	1 1	2016)	111
Emergency (includi justification)	ng		of Contact	D, NJ	07068		Joshana M				Jumples
DCA Cancellation		MA	V	IGE	R	1 14	elephone **				
Name of Facility Where Abatement is Taking Place	2 (3)	FAC	CILITY INFORMA	TION			ul-u-	al Part	en planter de la company	and the state of the same	
PSETG	(0)				Type of Facili						
Street Address	1	. 1,00	3		School (I	ter 8 (Oth	ner than K-1	2)			
301 VICTORY	1	VE.	0		etc.)	e. private	& commerc	ial bui	ldings	, hom	ies,
	SW	01	Į		Square Feet	# 0	of Floors	1	Bldg.	Age	
County (6)	74.00	County	Code (7)		Current Use (F	Prior if be	ing demolis	ned)	2/	17	
Name of Monitoring Firm Hired by Building Owner ((0)		USE ONLY)		540	:70	4	14	R	1	
ENVIRONMENTAL TACTICS	(0)	004	M No. 5	Name	of Abatement C QUE SYSTE	ontractor	(9)	A	, - ~		
Street Address 64 BROAD STREET				-	Address	WIO OI	AWERIC	-			
City, State, Zip Code					WHITEHEAD	AVE.					
MATAWAN, NJ 07747				City, S	State, Zip Code TH RIVER, N	11000	22				Alexander Par
Project Manager for Monitoring Firm TOM GEIGER		Telepho			none No.	40 0000	License N	0			
0			90-2217	732-	432-8350		01111	0.			
10/3/1/6 Sched	uled Con 2/9	npletion	,Date (11)		of OSHA Monito		ANAEDICA				
Occupancy Status During Abatement (Check Only C	Oné)	//	16		Address	VIS OF I	AMERICA				
Facility Closed/Vacated During Entire Period of	f Abatem	nent			WHITEHEAD	AVE.					
Abatement Performed Outside of Normal Facility Other – Describe: OUT DooRS	ity Hours				tate, Zip Code	110000					-
Scope of Work (Check All That Apply)				500	TH RIVER, N	4J 0888	32				
≥3 sf or ≥3 lf	Renova	tion			Full Contains	ment with	Negative D				
≥160 sf or ≥260 lf	Demolit	ion		-	Mini-Enclosu Glovebag Pr	ire	negative r	ressur	е		
				×	Non-Exempt	ed (*) and	d Non-Friabl	e Prod	cedure	9	
Location of	ls Locati Normali								Abate Ty		
Asbestos-Containing Material (ACM) Us	ed Sole	ly by	Asbestos Con	scription taining M	laterial (ACM)	Aı	mount		.,		
In Facility Cu	stodial S (12)	Staff?	(i.e. thermal surfa	systems cing, VA		(S SF	pecify or LF)	Ren	Re	incar	Encl
(13)	1		other r	niscellan	eous)		J. L. /	Removal	Repair	Encapsulate	Enclosure
Yes	No	N/A		/1						te	(D
outside	X		TRANS! TE	E P	ife.	19	40 LF	X			
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19.Wa-42.Wa-7.		1	1								
Name of Registered Waste Hauler	l Ni	JDFP M	Vaste Cubic	Yarde	Nome	f Dogist-	rad I an Jen				
	H	JDEP W auler ID 125	No. of Wa		GROV		red Landfill RTH				
WASTE MANAGEMENT City, State	H		No. of Wa	ste - 3	GROV	VS NOF					
WASTE MANAGEMENT	H	auler ID	No. of Wa	ste	GROV City, Sta	VS NOF	RTH				

CX# 7457

170	RY	Print Form
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Date of Notification (1) 9/19/16 Agencies Notified Type Notification EPA Pagential	on		Stree	e of Buildi EG et Address O HADL	0		or (2)	P CONTRACTOR CONTRACTO	DE N	UCT OCT		i 20	116
DEP Amended Amendmen Emergenc justification Cancellation	y (including n) on		City, SOL Name	State, Zip JTH PLA of Conta A T T	Code AINFIEL ct	D, NJ	07068 ER	I	AGE elenhone N	EST Liii lumbe	OS O CENS	ONT SING	ROL &
Name of Facility Where Abatement is Take DSE4 Street Address O//CTOR City (5) County (6) Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS Street Address	X A	VE.	Count	y Code (7 E USE ONL CM No.		Name	Square Feet Current Use	(K-12) spter 8 (Orice, private (Prior if b)	2 / /	shed)	Bldg. N (,	Age A	nes,
64 BROAD STREET City, State, Zip Code MATAWAN, NJ 07747 Project Manager for Monitoring Firm			Teleph	one No.		Street 396 City, S SOU	Address WHITEHEA State, Zip Code ITH RIVER, none No.	D AVE.	82				
TOM GEIGER Start Date (10) D 3 6 Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: D U D D Scope of Work (Check All That Apply)	ck Only On	/7,	732-2	290-221 Date (11		Name UNIO Street 396 V	432-8350 of OSHA Moni QUE SYSTE Address WHITEHEAI tate, Zip Code TH RIVER,	MS OF					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	D	enova emolit	ion			X	Full Contair Mini-Enclos Glovebag P Non-Exemp	ure rocedure				re .	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Location ormalid Solein tenar odial Solein (12)	y ly by nce/	Asbes (i.e.	tos Conta thermal s	systems ng, VA7	of aterial (ACM) insulation,	A (5	mount Specify or LF)	Removal	Abat	emeni /pe Encapsulate	Enclosure
OUTSIDE		×		TRAN	site i	P;pE		1	40 LF	X		0	
Name of Registered Waste Hauler WASTE MANAGEMENT City, State ELIZABETH, NJ		Ha	IDEP Waller ID		Cubic Y of Wast	e <i>多る</i> I Date	0000	VS NOF	red Landfill RTH				
Completed by CAROL RAIMO	Title OFFIC	E M	GR		Th		MORE	RISVILL	E, PA	e/19	//	6	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) Agencies Notified Type Notification Street Address DEPA DDDL Amended Amendment # Emergency (including justification) DOA DOA DOA Cancellation Name of Building Owner/Operator (2) ASSESTED SOLUTION CITY State, Zip Code Name of Gontact Name of Gontact Name of Gontact CITY State, Zip Code Name of Gontact Name of Gontact	
Agencies Notified Type Notification Street Address 5 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
DOH justification) Name of Contact Cancellation	
Name of Facility Where Abatement is Taking Place (3) Street Address Street Address Other (i.e. private & commercial buildings, homes)	
City (5) Square Feet # of Floors Bldg Age	
Hackettstown VJ County (6) County Code (7) Current Use (Prrior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Chame of Abatement Contractor (9)	
3KY ENURADURATA Services. 240 Entemprises 1/c.	
140 Bov levand 28 1980. Towe	
Mountain take NJ. 07046. I INCOLD FOULL NO 07035.	
Project Manager for Manitoring Firm Telephone No. 973 7 69 6946. 973 943 954 011 29.	
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: City, State, Zip Code	
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosurre Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Is Location Type Normally Description of	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used Solely by Maintenance/ Custodial Staff? (12) Used Solely by Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Enclosure
Office and foren. Area. NO NAT 330 SF X	
TOWAR ROUP 4" Dipe to the Par TST DLF. X	
Util level pring. Tipipe lightfores & ISI & LF &.	
Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Of Waste	
City States Disposal Date City State TOTH TOWN WS	
Completed by Charles Italian Signature Date 9-30-16	

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Date of Notification (1) 09/30/2016				Building C well Inte			(2)			Kr				-		
Agencies Notified Type Notification EPA Initial		1	Street Ad 115 Ta	ldress bor Roa	ıd					Law.	0	CT	11	2016		L
DEP X Amended Amendmen	and the same of th	- 1		te, Zip Coo Plains, N		50				L	4.RE6	STO	E 001	1790	La	
□ Emergency justification Cancellation		1 3	Name of Glen S	Contact tock					-				mber		with the color	au charles
			FACIL	ITY INFO	RMATIO	N							7.2			-
Name of Facility Where Abatement is Takin Child Care Center	ng Place (3))	171011				Тур	e of Faci								
Street Address								School Subcha Other (apter 8	Oth				linas	home	oc .
101 Columbia Road							×	etc.)								,
City (5) Morris Township								uare Feet ,418	t	5	of Floo	ors	11 11 11 11	ldg. A 6	ge	
County (6) Morris				Code (7) USE ONLY)				rrent Use cant/Cl					hed)	72		
Name of Monitoring Firm Hired by Building Assessment Resources & Technology		T)	ASCM N/A	No.				batement vironme								
Street Address 111 John Street Suite 538						Street		ress ueens l	Plaza	a So	uth	A				
City, State, Zip Code New York, NY 10038						City, S	State,	Zip Cod	е							
Project Manager for Monitoring Firm			Telephor			Teleph	none	No.	y, IN I	- 11	Lic	ense l				-
Paul Ottens Start Date (10)	Schedule			35-0266 Date (11)				-0900 SHA Mor	nitor		2	28675	5			_
10/03/2016	12/17/2	2016		in and a		Marti	in M	IcRea								
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	- 6	7.5	ont		10	Street 714 l		ress nedy B	lvd.							
Abatement Performed Outside of Nor Other – Describe:								Zip Cod								
Scope of Work (Check All That Apply)						20,0										-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	protestions.	Renova Demoliti				×		Full Conta Mini-Enclo Glovebag Non-Exer	osure Proce	edure	9				_	
		1	Value				- '	NOTI-LACT	ripied	() a	IIU IVC	ni-i na	DIETTO		ement	
Location of		Locati Normali			Dos	cription	n of								ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/	Asbesi (i.e.	tos Conta thermal	aining N system ing, VA	Mater is ins AT, or	ulation, r	1)		Amou (Spec SF or I	ify	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					-3-1100							ate	e e
				Please	see at	tache	d qu	uantity I	list							
	E															
4																
Name of Registered Waste Hauler ATC		Н	JDEP W auler ID 4310		of Was	te		100000000000000000000000000000000000000	ne of F nerva				II			
City, State Shirley, NY 11967					Dispos 08/20/	al Date			, State		a. Ol	1 44	688		11111-2	
Completed by	Title					ignatur		N	71100		9, 01	_	ate			
Ann A. Ali	Com	plianc	e Assi	stant				M				C	9/30/	2016		

			Qua	ntities
Floor	Location	ACM	SF	LF
1st Floor	Throughout	Pipe Insulation/Fittings		200
1st Floor	Throughout	VAT/Mastic	5000	
		Totals	0	200

CK 71144

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Date of Notification (1) 10/04/2016			Na N	me of Bu ew Jers	ilding Owr	ner/Operator ools Devel	(2) opment	Authority	OCT	1 1	201	Ô	-	1
Agencies Notified	Type Notification		Str	eet Addr	ess			1					ا	
	Initial		3	2 E Fro	nt Stree	t		Ì		100	N. TT	01	à	-
EPA DEP DOL	Amended				Zip Code			1	Property Fil	JENS	NE	er manuschen werd	and the same of the	-
DOL	Amendment #		1		NJ 0860)8		I T	elephone Nur	mher			_	1
☑ DOH	justification)	Cluding	1	me of Co				1	elephone Mui	IIDGI				
DCA	Cancellation			avid Be	Y INFOR	MATION								1
Name of Facility Where	Abstement is Taking	Place (3)		FACILIT	YINFORI	WATION	Type of	Facility (4)						1
George Washingto	on Carver Flemer	tary Scho	ool				⊠ Sch	nool (K-12)						
Street Address	211 041101 21011101	,					I Sul	ochanter 8 (C	ther than K-12 e & commerci	2) ial buile	linas	home	25	
404 N Grove Stree	et						otr etc		e a commerci				-	
City (5)							Square		f of Floors	10000	ldg. A	Age		
East Orange							35,000		3		25+			4
County (6)			Ci (S	ounty Co	de (7) E ONLY)		Current n/a	Use (Prior if	being demolis	hed)				
Essex Name of Monitoring Fire	m Hired by Building C	wner (8)	1	ASCM N	No.	Name	of Abater	ment Contrac	tor (9)					
TTI Environmenta				00003		Site	Enterp	rises, Inc.						
Street Address	.,						t Address	27.100.0						
1253 North Churc	h Street							ssex Ave						-
City, State, Zip Code							State, Zip							
Moorestown, NJ 0	08057				.,,		wood, N	J 08221	License	No				-
Project Manager for Mo	onitoring Firm		100	elephone			hone No.	50	01172	NO.				
Mike Seocku			856-840-8800 609-567-1250 01172 I Completion Date (11) Name of OSHA Monitor								-			1
Start Date (10) 10/17/2016		12/09/20		oletion Da	ate (11)	TT	I Enviror	mental Inc						4
Occupancy Status Dur	ing Abatement (Chec	k Only One)					et Address		head					
☐ Encility Closed No	acated During Entire F	Period of Ab	ateme	ent		32,000,000		Church S	lieel					-
Abatement Perfor	rmed Outside of Norm	nal Facility H	lours				State, Zip orestow	n, NJ 080	57					
Scope of Work (Check	(All That Apply)													
≥3 sf or ≥3 lf		□ Re	novat	ion					with Negative	Press	ure			
≥3 \$1 or ≥3 ii	f		moliti				X Glov	-Enclosure rebag Proced	lure					
							X Non	-Exempted (*) and Non-Fri	able P				-
		ls I	ocatio	on							1000000	ateme Type	HE	
Lacat	tion of	No	ormall	у		Descripti	ion of				T			
	ing Material (ACM)	Used Mair	Sole		Asbesto	os Containing thermal syste	g Material	(ACM) tion.	Amount (Specify	2	, ,	Encapsulate	1	En
	<u>ABATED</u> acility	Custo	dial S		(1.6.)	surfacing,	VAT, or	3000000	SF or LF)	Keilova	Veball	apsu	Eliciosula	200
	13)		(12)			other miscel	llaneous)			0	- -	' late		0 4
	¥i .	Yes	No	N/A	2/0			li a a	6600 lf	×	+	+	+	
Baseme	ent Level			Х		izontal Pip izontal Pip			30 lf	X	-		+	
First	Floor			X					24 lf	2	-			
Secon	nd Floor			Х		rizontal Pip			300 lf	2	+	+	+	
	ent Level			Х		ipe Insulat		W Name of P	egistered Lan		1_			
Name of Registered	Waste Hauler		1	JDEP W lauler ID	vaste No.	Cubic Yard of Waste	15	JESSEL I	n Landfill	-0777				
Site Enterprises	Inc.			03522		20 cy)oto	City, State						_
City, State	1 = U T -	wnobin N	11			Disposal D 12/09/20		Bristol, I						
	ad Egg Harbor To	Title	ΑÚ			Signa				Date	September 1			
Completed by		OM				1	(1	10		10/0)4/2()16		
Eric Keys		OW												

	Location of Asbestos-Containing Material (ACM)	Use	s Locati Normal ed Sole	ly ly by	Description of				emen /pe	t
	TO BE ABATED In Facility (13)	Cus	aintenar stodial S (12)	nce/ Staff?	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	2 231	Yes	No	N/A			<u> </u>	=	ilate	ure
	Rm 204			×	Marble floor Tile	1,0.79 58	+-	-		
-	Rm 114,2023			X	Gay Flow Til		1	_		
-	Rm 08 16 2028			X	Black Tow Tile	1,159 sf	X			
1	2nd Flow Hallurys			X	1	400.55	X			
	em 101, 108			X		3463 SF	X			
1	1048 - Steirs			X		1,005 sf	x			
	Rm Illo			X	11000 1116	100 SF	X			
	2m 109 3				Flor Tile	1,100 SF	X			
	Rm 107		+	X	Green Floor Tile	307 SE	x			
Ī	Rm 109	_		×	Chan Flow Tile	990 sf	X			
T	Em de	-	-	λ	Agua Plox Tiu	993 sf	X			
-		-		X	Blue Flow Tile	200254	X			
1	Rm 16B, 21B, 40,41, 43		- 1	X	Charcoal Floor Tile	3 647sf	12			
T			+	X	Floor Tile + Phostiz	1 153 sf	X		十	\exists
1				X	Beige Flow Tile	71.111-6		+	+	\dashv
-	28 28A, 28B			A		104121	X	1	+	-
1	Rm 110			ス	Green Plan Tin	1,1205F	X	+	+	\dashv
-	Main Staircose			X	Red Plan Tile			\pm	+	=
+	Km 26			×	Speckled Plan Tile	100 sf	X	+	+	4
-	Kock			*	Asphit Shares	952 SF	x	+	_	_
_	Reof (ambined)			14	116 Shipus	11,749.5 sf	4		_	
	Roof (ayer/layer2)	7	Ť	7	Lit Gray Happer Shingles	10,266.07	X			
T	Part Page 2)	-	-	11	DK. Gray Apple It Shingles		Δ			
1	Port	-		X	Ter	10722.39	x			
T	Rowf	-	-	X	Fl-shing	129,58	X			
	1907	+	+	X	Coulk	75.31	X			7
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-		-						\top	+	+
-		_					1	\top	+	7
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e of Notification (1)	1	JDEF	OFF	Owner/Ope ICE OF RE	rator (2 ESOU	RCE DEVE	LOPME	NT OCT	1 1 2	016	- Annual	
21/2016 Type Notification	S	Street A	ddress	00			1			4772478	-	
elicies Modified			OX 42					ASSESTO	S CONT ENSINE	TRO	. &	
EPA Initial Amended Amended		City, Sta TREN	ate, Zip	NJ 08625		0.00	Lucia	AND A CONTROL OF THE PARTY OF T	_1101111	, 		Limba.
DEP Amendment # Emergency (including			of Conta				Tele	phone Number				
DOH justification) Cancellation		AL PA	YNE									
DCA E		FAC	ILITY I	NFORMATIO	N	Type of Facili	ty (4)					
ame of Facility Where Abatement is Taking Place (DRCHARD HOUSE - MONMOUTH BAT	(3) TLEFIE	ELD S	TATE	PARK		School (Subcha	K-12) oter 8 (Oth e. private	er than K-12) & commercial b	uildings,	home	es,	
treet Address 8 WEMROCK ROAD						etc.) Square Feet		of Floors	Bldg. A			
ity (5)						Current Use	(Prior if be	eing demolished)			
REEHOLD TOWNSHIP		Count	y Code E USE C	(7) NLY)								-
County (6) MONMOUTH		162	CM No.		Nam	e of Abatemen	t Contracto	or (9)	INC.			1
Duilding ()wher	(8) T INC		CIVI 140.				RS CUN	ITRACTING.				7
USA ENVIRONMENTAL MAINTOL	1, 1140				Stree	et Address VREELAND	AVENU	JE				
Street Address 344 WEST STATE STREET						, State, Zip Con						
					TO	TOWA, NJ	07512					-
City, State, Zip Code TRENTON, NJ 08618		Talo	phone N	Jn.	Tele	ephone No.		License No				
Project Manager for Monitoring Firm		609	9-656-	8101		3-956-8700		00434				
WILLIAM WEISGARDEN	eduled (Complet	tion Dat	e (11)	Nar	me of OSHA M AME AS (9)	AROVE					
Start Date (10) 10/	11/201	16				eet Address	71001					
10/4/2016 Occupancy Status During Abatement (Check On	ly One)				Ou	000						_
Facility Closed/Vacated During Entire Perio	a al Aus	dellicin	t		Cit	y, State, Zip C	ode					
Facility Closed/Vacated During Entire Pend Abatement Performed Outside of Normal F Other – Describe: VACANT	acility 11											
(Chack All That Apply)						Full Co	ontainment	with Negative I	Pressure			
	Re De	novatio molition	n 1			Mini-E	nclosure	· ·				
≥160 sf or ≥260 lf						Glove Non-E	xempted (dure *) and Non-Fria	bie Pioc	Abate	ment	
	1-1	Location								Тур	oe T	_
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Used Mai	ormally d Solely ntenand odial St (12)	by ce/	(i.e. the	Contair rmal sy	iption of ning Material (Aystems insulation ng, VAT, or ngcellaneous)	ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Elicioadia
(13)	Yes	No	N/A	Multi	-Lave	red Floor Ti	le	460 SF	Х			1
Rooms 103,104,104A,104B,105, S2		X		Plack Co	nden	sate Sink C	oating	6 SF	X	-		+
Room 105		X	-			w Glazing		43 Units	X			+
Exterior		X		-	711100							1
				Monto	Cubic '	Yards	Name of	Registered Lan	dfill	0 -	0 141	10
Name of Registered Waste Hauler		h	JDEP \	14000	of Was		WAST	E MANAGE	MENT	G.R	.U.VV	.5
TWO BROTHERS CONTRACTING	i		18743		Dispos	sal/Date	City, Sta	ite RISVILLE, P	Д			
City, State					1	1/2016 Signature	- Mora		Date 9/21/	1004		
TOTOMA NII									1 (1/1/1/1/1	20118	J	
TOTOWA, NJ Completed by	Title	0.150	T 00	ORDINATO		1/LANA	a Ki	Men	91211	2011		

State of New Jersey

112	NOTIFI (Pi	CATIC	IN OF AS	SBESTOS A C 8:60 and	ABAIEM	ENT	ID		GEU	<u> </u>			To be designed in the least of
e of Notification (1)	$\exists \exists$	Name NJD	of Buildin	ng Owner/C	perator (RESOL	2) JRCE	DEVELO	PMEN	JCT 11	2016	The state of the s	U	The second second
/4/2016 encies Notified Type Notification		Stree	t Address	20					ED LID UU	1910÷	1 2		and the same
EPA Initial Amended Amended		City.	State, Zip		25		-	and the last transfer to the last transfer to	LIDENGI			aranara.	L.
DOL Amendment #_1 Emergency (includin	g	Nam	e of Cont	act				Telep	hone Number				
DOH justification) Cancellation			PAYNE	INFORMAT	TION			1					-
ame of Facility Where Abatement is Taking Place	(3)					Туре	of Facility (4 School (K-1)						
RCHARD HOUSE - MUNIMOUTH BAT	TLEF	IELD	SIAIE	PAIN		片			than K-12) commercial b	uildings	s, hon	nes,	
reet Address 8 WEMROCK ROAD						Sal	etc.) lare Feet		Floors	Bldg.			
ity (5)									- demolished	1)			-
REEHOLD TOWNSHIP		Cou	unty Code	(7) ONLY)		Cur	rent Use (Pri	or if bein	ig demolished	'			
MONMOUTH	(8)		ASCM No		Nam	e of A	batement Co	ntractor	(9) RACTING	INC.			
ame of Monitoring Firm Hired by Building Owner JSA ENVIRONMENTAL MANAGEMEN	NT, IN	C.			Stree	at Add	ress						
treet Address					11	VRE	ELAND A	ENUE					_
344 WEST STATE STREET City, State, Zip Code					City,	State	, Zip Code VA, NJ 075	12					
TRENTON, NJ 08618		Te	elephone	No.	Tele	phone	e No.		License No.	•			
Project Manager for Monitoring Firm WILLIAM WEISGARBER		6	09-656-	8101			6-8700 OSHA Monito	or .	00-10-1				
Start Date (10)	eduled /28/20		letion Da	te (11)	SA	AME	AS (9) AB	OVE					_
10/17/2016 To Occupancy Status During Abatement (Check Or	nly One				Stre	eet Ad	Idress						
Facility Closed/Vacated During Entire Perior Abatement Performed Outside of Normal F	nd of Ab	ateme	ent		City	y, Stat	te, Zip Code						
Scope of Work (Check All That Apply)	Re X De	enovat emoliti	ion on			E	Mini-Enclos	sure	ith Negative F			9	
Z 2100 St 01 =200 t.						×	Non-Exem	oted (*) a	and Non-Friat	7	Abate	HIGHE	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	Location Sole intension (12)	ly bly by nce/ Staff?	(i.e. th	Descri s Contain nermal sys surfacing other mis	ing Ma stems a. VA	aterial (ACM) insulation, Γ, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yes	No	N/A	N.A.	#: Lovor	ed F	loor Tile		460 SF	Х			
Rooms 103,104,104A,104B,105, S2		X					Sink Coatir	ng	6 SF	Х			1
Room 105		X		Diack C	Windo				43 Units	X	-	-	1
Exterior		1							ristored Land	fill			
Name of Registered Waste Hauler			NJDEP V Hauler II	Vaste) No.	Cubic Y of Wast 15		Nar W	ne of Re ASTE	gistered Land	MENT	G.R	.O.W	.5
TWO BROTHERS CONTRACTING			18743		Disposa 10/28/	al Date	-	, State ORRIS	SVILLE, PA	is			
TOTOWA, NJ	Title				Si	gnatu		No.	ر درادر	Date 10/4/	2016	6	
Completed by VIVECA RAMOS	PR	OJE	CT COC	RDINAT	OR	V			1111	ISUITA AX			

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

CHECK # 23363/23477

te of Notification (1) 0-04-16		Un	ited Sta	ling Owner/otes Fire Ir	surance	Co.	11 200	1 =	GE		W [5 1	#
encies Notified Type Notification		Stre 30	eet Addres 5 Madis	ss on Avenu	е					. Ц			
EPA DEP DOI Amended Amendment # 1	10	City	y, State, Z orris Tov	ip Code wnship, N	J 07960	Si .			OCT 1		016		
Emergency (include	ding	Na	me of Cor	ntact			[-]	Talanhr	ne Niimb	EI			
DOH justification) DCA Cancellation			ike Men					48	EESTINS	CON	RU	<u>a</u>	
DCA E			FACILITY	INFORMA	TION	Type of Fa	acility (4)	7-1,21	LICE	NSIN	1	a province	
ame of Facility Where Abatement is Taking Pla From & Foster	ce (3)					Scho	ool (K-12) chapter 8 (er (i.e. priv	Other th	nan K-12)	building	ıs, hoi	mes,	
treet Address 05 Madison Avenue			1 500 500			Othe etc.) Square F		# of Flo		Bldg	. Age		_
ity (5) Morris Township						220,000		4 if being	demolishe	44 y	rs.		-
County (6) Morris		C) (S	ounty Cod	e (7) ONLY)		Vacant of Abatem							
Name of Monitoring Firm Hired by Building Own Atlantic Environmental Inc.	er (8)		ASCM N	0.	Pinn	acle Env	/ironmer	ntal Co	rp.				_
Street Address					200	t Address Broad S							_
2 E. Blackwell Street City, State, Zip Code					City, Car	State, Zip (Istadt, No	Code J 07072						
Dover, NJ 07801 Project Manager for Monitoring Firm		T	elephone 973) 36	No. 6-4660	Teler 201	ohone No. -939-656	65		icense No 10756	o.			
		Com	pletion Da			e of OSHA en-Air Inc							
09-20-16	2-31-16				Stree	et Address							
Occupancy Status During Abatement (Check C	nly One)	61		10-	59 Jacks	on Aver	nue					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	iod of Ab Facility h	atem Hours	ent		City,	State, Zip ng Island	Code I City, N`	Y 1110	11				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova				× Mini-	Containme Enclosure ebag Prod Exempted	endure					
	10kgcc		ina			LI NOIP	-LXemptot	7			Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	ntena	lly ely by ence/ Staff?	(i.e. the	Descript Containing ermal syst surfacing, ther misce	g Material ems insulat VAT, or	(ACM) tion,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	
79 97	Yes	No	N/A		OM Fire	proofing			120SF	x			T
Grnd, 1st & 2nd Floors: Dumbwaiter			X			proofing proofing			200SF	x			T
Basement: Electric Room			X	2		proofing		1937	280SF	×			
Exterior: Exterior Sprandrel			X		10-231-201	eproofing			50SF	x			
1st Floor: Core Wall			NJDEP V		Cubic Yar		Name o	f Regist	ered Land	fill			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)			Hauler ID 24310	No.	of Waste TBD		Miner City, St		erprises				_
City, State Shirley, NY / Bronx, NY					Disposal TBD	75	Wayn	esburg	g, OH 44	Date			
Completed by	Title		Manage		Sign	nature	2)/	_	10-04	-16		

5 . 4

305 Madison Avenue, Morris Twp. Additional Materials / Floors

Pg. 2

Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
N/A	ACM Fireproofing	30SF	Removal
N/A	ACM Fireproofing	20SF	Removal
N/A	Transite Panel	1400SF	Removal
	Normally Used Solely by Maintenance or Custodial Staff? (12) N/A N/A	Normally Used Solely by Maintenance or Custodial Staff? (12) N/A Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) N/A ACM Fireproofing ACM Fireproofing	Normally Used Solely by Maintenance or Custodial Staff? (12) N/A ACM Fireproofing Asbestos-Containing Material (ACM) Square Feet or Linear Feet) Square Feet or Linear Feet) ACM Fireproofing 30SF N/A ACM Fireproofing 20SF

12 V 711117

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

CR2145		(Pur	suant to	NJAC 8:6	u and 12:	120)		III	11				
Date of Notification (1)		30.5		Building Ow	ner/Opera	ator (2	2)		11 001	1	1	ZU 10	
10/04/2016				Camden					<u> </u>				_
Agencies Notified Type Notification		-	reet Add	fress 95120					ASBEST	08	cor	TRO	18
⊠ EPA ☐ Initial		1	NAME OF TAXABLE	, Zip Code				1	7,555		10:11	, ~	a cardina to
X EPA	#			n, NJ 08				No. of Parts					
X Emergency			ame of C					Tele	phone Numb	er	112 7.1.2		
DOH justification) Cancellation			lames					•					
DCA Cancellation				TY INFOR	MATION					7	_		
Name of Facility Where Abatement is Takin	g Place (3)						Type of Facility ((4)					
542 S. 7th Street							School (K-1	12)					
Street Address								8 (Othe	er than K-12) commercial	buildi	nas	nomes	
542 S. 7th Street						- 1.	etc.)						10
City (5)						L.	Square Feet		Floors	100	dg. Ag	je	
Camden							Varies		ries)+		
County (6)			ounty Co			1.63	Current Use (Pri			d)			
Camden		(2	STATE US	SE ONLY)			Housing Dee						_
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.	100		f Abatement Co		(9)				
					25.7		Interprises, In	nc.					
Street Address					100.0	91707300	ddress Delilah Road	1	030				
							A CONTRACTOR OF THE PARTY OF TH	1		_			\dashv
City, State, Zip Code							ate, Zip Code Harbor Towns	shin N	1108234				
							ne No.	silip, iv	License No.				
Project Manager for Monitoring Firm		1	elephon	e No.		50	67-1250		01172				
		0	-letion D	\nto (11)	1 3		of OSHA Monitor		01172				_
Start Date (10) 10/05/2016	Scheduled 10/14/20	016	pietion L	ale (11)				Jee.	0755				
Occupancy Status During Abatement (Che	ck Only One)			St	treet A	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: vacant	Period of Ab mal Facility H	atemo	ent		C	ity, St	ate, Zip Code	-					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat					Full Containn Mini-Enclosu Glovebag Pro	re ocedure					
						X	Non-Exempte	ed (*) an	id Non-Friable	Pro		ement	
	ls L	ocatio	on									ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Location of S-Containing Material (ACM) TO BE ABATED In Facility (13)					stems g, VA	laterial (ACM) insulation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			-1		200	yd per res	Х			
See Attached Emergency			X	See	Attache	ea Er	nergency	200	ya per re	Λ			
				7									
		I N	JDEP W	laste	Cubic Ya	ards	Name	of Reais	tered Landfill				
Name of Registered Waste Hauler			lauler ID		of Waste			WS La					
Site Enterprises Inc.			03522		20 cy				aram				-
City, State		Dis					City, St		DA 10067				
Egg Harbor Township, NJ					10/14/	1		Sville,	PA 19067	to			_
Completed by Eric Keys	Title OM				Sig	natur 1			1000		/201	6	
Life iveys					- 11	1000112							

... Print Form ...

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Date of Notification (1) Oct - 6 - 2016				Building Ov		erator ((2)		E	N.	661	175	1 01	116	Section and California
Agencies Notified Type Notification		S	Street Add		A				111					770	
EPA Initial DEP Amended DOL Amendment #_			City, State	e, Zip Code City, NJ (е					ASB	EST	OS (CEN	SING	mo	_ &
☑ Emergency (inc justification)	luding	N	lame of 0						Tele	phone	Numb	er			
DCA Cancellation				ITY INFOR		J			-	-		3			
Name of Facility Where Abatement is Taking F St Francis Academy Street Address	Place (3)		TAGIL	117 1141 01	CMIA TION			of Facility (4 School (K-12 Subchapter	2)	er than l	<-12\				
1601 Central Avenue					-			Other (i.e. pretc.)	rivate 8	comm					5,
City (5) Union City, NJ							Squar 60,0	re Feet 00	# of	Floors		50 50	dg. Ag)+	le	
County (6) HUDSON			County Co	ode (7) SE ONLY)		_		nt Use (Pric		ng demo	olishe	d)			
Name of Monitoring Firm Hired by Building Ow Omega Environmental	ner (8)		ASCM	No.				tement Con							
Street Address					5	Street	Addres						-		
280 Huyler Street City, State, Zip Code					(City, St	tate, Z	ip Code							
South Hackensack, NJ, 07606					0.000	g, NJ, 07	093		K I						
Project Manager for Monitoring Firm Eddie Montoya	ntoya 201-489-8700 201-295-1700									Licens 0107					
	cheduled Oct- 22			ate (11)	100			HA Monitor above							
Occupancy Status During Abatement (Check															
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: 4pm to 12 midnight															
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovai emoliti				I X	Min	II Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					9	
	ls	Locati	on						- Marine II				Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	ormall d Sole ntenar odial S (12)	ly by	Asbesto (i.e. t	Desc os Contai thermal s surfacir other mi	ystem: ng, VA	Materia s insul T, or	ation,	(5	mount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A											te	· Co
Bsmt, 1st fl, 2nd fl & 3rd fl	0120			Cle	ean-u	р		2,5	00 sq	ft			Χ		
Bsmt					Pipe I	nsula	ation			6 LF			X		
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic Y	'ards		Name of	Regist	ered La	ndfill				
Freehold Carting	Hauler ID No. of Waste Cumberland Landfill														
City, State Freehold, NJ		Disposal Date City, State TBD Newburg,						Д							
Completed by Gina Betances	е Ма	nager		Sig	gnatur	e u –	-			Da 10		2016			

Date of Notification (1) 10/06/2016 Type Notification Agencies Notified Initial X **EPA** Amended DEP Amendment #_ DOL Emergency (including justification) DOH Cancellation DCA Name of Facility Where Abatement is Taking Place (3) BANK OF AMERICA Street Address 15 YAWPO AVE., City (5) OAKLAND, NJ County (6) BERGEN Name of Monitoring Firm Hired by Building Owner (8)

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 2016 BANK OF AMERICA Street Address NORTH TYRON AVE City, State, Zip Code CHARLOTTE, NC Telephone Number Name of Contact JEFF PEREIRA FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × etc.) Bldg. Age # of Floors Square Feet 45 1 + Basment 3500 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Name of Abatement Contractor (9) SUNN ENTERPRISE GROUP, LLC ASCM No. ENVIRO-PRO UNLTD CORP. Street Address 370 W. PLEASANTVIEW AVE., SUITE 2-329 Street Address 2721 KINGS HIGHWAY #6L City, State, Zip Code HACKENSACK, NJ 07601 City, State, Zip Code License No. Telephone No. BROOKLYN, NY 11229 Telephone No. 01229 973-928-6900 Project Manager for Monitoring Firm 718-801-2231 Name of OSHA Monitor YEVGENIY GOLUBCHIK Scheduled Completion Date (11) ENVIRO-PRO UNLTD CORP Start Date (10) 10/31/2016 Street Address 10/22/2016 2721 KINGS HIGHWAY #6L Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours BROOKLYN, NY 11229 Other - Describe: Full Containment with Negative Pressure Scope of Work (Check All That Apply) Mini-Enclosure Renovation Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure ≥3 sf or ≥3 lf Demolition ≥160 sf or ≥260 lf Abatement Туре Is Location Description of Normally Amount Asbestos Containing Material (ACM) ncapsulate Remova Used Solely by (Specify (i.e. thermal systems insulation, Location of Asbestos-Containing Material (ACM) SF or LF) Maintenance/ surfacing, VAT, or Custodial Staff? TO BE ABATED other miscellaneous) (12)In Facility (13)N/A No Yes 3500 SF ACM based sheetrock X BASEMENT Name of Registered Landfill Cubic Yards NJDEP Waste 110 SAND COMPANY Name of Registered Waste Hauler of Waste Hauler ID No. SUNN ENTERPRISE GROUP, LLC N.I-952 City, State Disposal Date MELVILLE, NY On Completion City, State Date HACKENSACK, NJ 07601 Signature 10/06/2016 Title DIR. OF OPERATIONS

BOGDAN MARKOVSKI

Completed by

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

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Date of Notification (1)							Owner/Operator (2				70 70		
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Agencies Notified	Type Notifica	tion			Street	Address			T.				
⊠ EPA					Coa	st Guard	Training Cente	r	Jacquere	100	727	TI I	
⊠ DOLWD	Amended			Ī	City, S	tate, Zip C	ode				3		
☑ DHSS ☐ DCA	Amendme		ıdina		Cap	e May, N	J 08204						
(NJAC 5:23-8)	justificatio		unig		Name	of Contact			Telephone Num	ber		-50	
(☐ Cancellati				Mik	e Martin							
					FAC	ILITY IN	FORMATION						
Name of Facility Where	Abatement is T	aking P	lace ((3)				Type of Facility	(4)				
USCG GSK Buildin								School (K-12		5			
Street Address			9						(Other than K-12 rivate and comme		ildina	S	
1 Munroe Avenue								homes, etc.)		TOIGI DU	namg	٥,	
City (5)								Square Feet	# of Floors	Ble	dg. Ag	ge	
Cape May								· ·					
County (6)					Coun	ty Code (7))(STATE USE ONLY)	Current Use (Pr	or if being demoli	shed)			
Cape May								Training Ce	nter				
Name of Monitoring Firm	m Hired by Build	ling Ow	ner (8	3) /	ASCM	No.	Name of Abateme	ent Contractor (9)					
Health & Safety Se	ervices						AbateTech, I	nc.					
Street Address				-			Street Address						
PO Box 365							30 Maple Ave	e. PO Box 25	*				
City, State, Zip Code							City, State, Zip Co	ode		14			
Berlin, NJ 08009							Lumberton, N	NJ 08048					
Project Manager for Mo	nitoring Firm			Tele	phone l	No.	Telephone No.		License No.				
Jim Proctor				60	9-839	-2432	609-265-2107	t	00529				
Start Date (10)	S	chedule	ed Co	mple	tion Da	te (11)	Name of OSHA N	lonitor					
10 / 20	/16	_10	_ /	_ 27	_ / _	16	EMSL Analyt	ical					
Occupancy Status Durin	ng Abatement (0	Check o	only or	ne)			Street Address						
☐ Facility Closed/Vaca	1.T.				nent		200 Route 13	0 North					
☐ Abatement Performe							City, State, Zip Co						
Time of Abatement:	AM	PM/_		_PM-		AM	Cinnaminsor	n, NJ 08077					
Scope of Work (Check :	all that apply)			-				59 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0	50 10/3				
	Tables of the control	5	7 D				☐ Full Con	tainment with Neg	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novati			□ Gloveba	a Procedure					
				2000	5000 5000		Non-Exe Non-Exe	mpted (*) and No	n-Friable Proced				
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Asbestos-Containing TO BE AB		'	Mai	ntena	nce/		., thermal systems		(Specify	Remova	pair	caps	Enclosure
IN Fac			Custo	odial ((12)	Staff?		surfacing, VAT other miscellane		SF or LF)	<u>n</u>		Encapsulate	ure
(13))	,	Yes	No	N/A		Other miscenane	ous)				Ö	
F.A. d.		-	ALL COLUMN			Transit			230 SF		П	П	П
Exterior		L				Transiti	е			175000		H	분
4 Rooms						Floor ti	le & Mastic		600 SF		Ш	Ш	Ш
4 Rooms		[\boxtimes	Carpet			400 SF				
4 Rooms						Pipe Fit	ttings		12 LF	\boxtimes			
Name of Registered Wa	aste Hauler			255	JDEP \		Cubic Yards of	9-					
AbateTech, Inc.				Н	auler II		G.IV.O. 44.O. Earlaini						
City, State					18750)	20 Disposal Date City, State						
Lumberton, NJ							10/27/16	100 M					
Completed By (Print or	Tynel	Title					Signáture	1		ate	1	50000	-
Gwendolyn Trumb			1 / 2 / 1/2							1/1	6		
Gwendolyn frumt	Jetti	Opt	Operations Coordinator										

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	OCT	1	1	2016	

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Date of Notification (1)		4.0	Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1610-5074 Check #8673												
	6 / _	16	-		JUP	'c.L/FIFST	.Ener	gy Compan	ly 1 300 #1	010-30	CODECTO	0073	1777	210	
Agencies Notified	Type Notifica	tion			Street	Address					LIC	ENSI	iG		
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☑ DOLWD ☑ DHSS	Amended Amendme				City, S	tate, Zip 0	Code								
□ DCA	⊠ Emergend		dina		Mor	ristown,	NJ 0	7960							
(NJAC 5:23-8)	justification	on)			Name	of Contac	t			7	elephone Nu	mber			
	☐ Cancellat	ion		- 1	Joh	n Greco									
					FAC	CILITY IN	IFOR	MATION		(1)					
Name of Facility Where A	Abatement is T	aking P	lace (3)					Type of Fa	cility (4)					
JCP&L- Fair Haven	Substation								☐ School		<u> </u>				
Street Address									Subcha	pter 8 (0	Other than K-1 ate and comm	12) parcial b	mildin	ne	
210 Ridge Road									homes,		ate and conni	ici didi k	unun	90,	
City (5)									Square Fee	et	# of Floors	E	Bldg. A	ge	
Fair Haven, NJ 077	60														
County (6)					Coun	ty Code (7)(STA	TE USE ONLY)	Current Us	e (Prior	if being demo	lished)			
Monmouth									Substat	tion					
Name of Monitoring Firm	Hired by Build	ling Ow	ner (8) /	ASCM	No.	Nan	ne of Abateme	ent Contracto	or (9)					
One Source Safety	and Health						A	bateTech, I	nc.						
Street Address							Stre	et Address							
140 South Village A	Ave, Suite 13	80					3	0 Maple Ave	e. PO Box	25					
City, State, Zip Code							City	, State, Zip Co	ode						
Exton, PA 19341							L	umberton, l	VJ 08048						
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tele	ephone No.			License No.				
Brian Hovendon	14			61	0-524	-5525	00529								
Start Date (10)	S	chedule	ed Co	mplet	ion Da	te (11)	Nan	ne of OSHA N	Monitor						
10 / _6_ /	16	10	_ /	6	_ / _	16	E	MSL Analyt	ical						
Occupancy Status During	Abatement (0	Check o	nlv or	ne)			Stre	et Address							
☐ Facility Closed/Vacate					ement 200 Route 130 North										
					rs - Describe City, State, Zip Code										
Time of Abatement: 7	AM-9:30PM/_	P	M												
Scope of Work (Check a	Il that apply)								•						
25 E		_								h Negat	ive Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Ren Den					☐ Mini-End	osure g Procedure						
		-	J Doi:	TOTAL	***						Friable Proced	dure			
			ls l	ocat	ion							Α.	bater	nent T	уре
Location				ormal	ly ly by			Description of				70	Re	四四	Ш
Asbestos-Containing)		ntena				Containing Ma rmal systems)	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
TO BE ABA			Custo		Staff?	(1.0		urfacing, VAT			SF or LF)	val	-	lusc	sure
(13)	- F			(12)			oth	ner miscellane	eous)					ate	
		Y	es	No	N/A						23 SF			+-	-
Metal Switchgear Ca	binet					Vapor	Barri	er			23 SF			Ш	
			7	П	П										
Name of Registered Was	ste Hauler			N	JDEP \	Vaste	Cub	oic Yards of	Name of	Registe	red Landfill				-
AbateTech, Inc.				Н	auler II		Was				_andfill				
City, State				_	18750)	Dist	oosal Date	City, Stat	е					
Lumberton, NJ								10/6/16 Tullytown, PA							
	land	Title						Signature							
Completed By (Print or T	yμe)	05000000	rosi-	nnc (`00=d	inator		Signature	10/6/16						
Gwen Trumbetti		Ope	ratio	115	Jord	inator		CAN	/ Y				1		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) PSE&G / Job # 1609-5066 COURTESY 4 / 16 10 Type Notification Street Address Agencies Notified **⊠** EPA 4000 Hadley Road ☑ DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment # South Plainfield, NJ ☐ DCA ☐ Emergency (including Telephone Number Name of Contact justification) (NJAC 5:23-8) ☐ Cancellation Greg Marone FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) PSE&G Control House Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 98 Cook Road homes, etc.) Square Feet # of Floors Bldg. Age City (5) Nutley, NJ 07110 County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Control House Essex Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services AbateTech, Inc. Street Address Street Address 30 Maple Ave. PO Box 25 PO BOX 365 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Berlin, NJ 08009 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 00529 856-452-1311 609-265-2107 Jim Proctor Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 10 / 21 / 16 10 / 20 / 16 **EMSL** Analytical Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Mini-Enclosure ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf □ Renovation ☐ Glovebag Procedure ☐ Demolition ■ Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Repair Remova Encapsulate Used Solely by Amount Asbestos Containing Material (ACM) nclosure Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A X >3 SF \boxtimes Asbestos stucco Block Wall П П Name of Registered Landfill NJDEP Waste Cubic Yards of Name of Registered Waste Hauler

ASB-41 MAY 11

City, State

Camden, NJ

Waste Management

Completed By (Print or Type)

Gwendolyn Trumbetti

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

Waste

10/21/16

Signature

2 Disposal Date G.R.O.W.S. Landfill

Tullytown, PA

City, State

Hauler ID No.

18750

Operations Coordinator

Title

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) PSE&G / Job # 1609-5067 COURTESY 10 1 16 Agencies Notified Type Notification Street Address 4000 Hadley Road □ DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment # South Plainfield, NJ □ DCA ☐ Emergency (including Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Greg Marone FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G Control House School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 146 US Highway #22 homes, etc.) # of Floors Square Feet Bldg. Age City (5) Hillside, NJ 07205 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Union Control House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services AbateTech, Inc. Street Address Street Address PO BOX 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 00529 Jim Proctor 856-452-1311 609-265-2107 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 19 / 16 10 / 20 / 16 **EMSL** Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation ☐ ≥160 sf or ≥260 lf Glovebag Procedure ☐ Demolition ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Remova Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, TO BE ABATED (Specify Custodial Staff? SF or LF) IN Facility surfacing, VAT, or (12)other miscellaneous) (13)Yes No N/A X Block Wall \boxtimes Asbestos stucco >3 SF П П NJDEP Waste Name of Registered Landfill Name of Registered Waste Hauler Cubic Yards of Hauler ID No. Waste G.R.O.W.S. Landfill Waste Management

Gwendolyn Trumbetti

Camden, NJ

Completed By (Print or Type)

City, State

MAY 11

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

Disposal Date

10/20/16

Signature

City, State

Tuliytown, PA

18750

Operations Coordinator

Title

CHSUTZ

Date of Notification (1)					Name of Building Owner/Operator (2) NJ Tunrpike Authority / Job #1609-5070 Check #8672										Statute .
9 /	30 / _	16	_		NJT	unrpike	Auth	nority / J	ob	#1609-5070	Check #8672		-5	51.5	
Agencies Notified	Type Notifica	tion			Street	Address						Te s	12		
⊠ EPA					PO	Box 5042	2								
⊠ DOLWD	Amended Amendme				City, S	tate, Zip C	ode								
□ DHSS	⊠ Emergeno		udina		Woo	odbridge	, NJ	07095							
☐ DCA (NJAC 5:23-8)	justificatio		aug		Name	of Contact	Ė			1	Telephone Numb	er			
**************************************	☐ Cancellati	on			Gre	gg Creso	enzo								
	dec.				FAC	ILITY IN	FOR	MATION							
Name of Facility Where A	Abatement is T	aking F	Place	(3)					Ту	pe of Facility (4))				
NJTP- Hess Buildir	ng									School (K-12)	(O4)4 1/ 42)				
Street Address									K] Subchapter 8 (] Other (i.e., priv	Other than K-12) rate and commerc	cial bu	ilding	S,	
1 Hess Plaza										homes, etc.)					4
City (5)									Sc	quare Feet	# of Floors	Bio	ig. Ag	e	
Woodbridge, NJ															
County (6)					Coun	ty Code (7)(STAT	E USE ONLY)	Cı	urrent Use (Prior	r if being demolisl	ned)			
Middlesex															
Name of Monitoring Firm	Hired by Build	ing Ow	vner (8	3) /	ASCM	No.	Nan	ne of Abateme	ent	Contractor (9)					
The Saban Enginee	ering Group,	Inc.					Ą	bateTech, lı	nc.						
Street Address							Stre	et Address							
201 Stuyvesant Ave	enue						30	Maple Ave	e. P	PO Box 25					
City, State, Zip Code							City	, State, Zip Co	ode	9					
Lyndhurst, NJ 0707	71						Lu	umberton, N	NJ	08048					
Project Manager for Mon	itoring Firm			Tele	phone I	No.	Tele	phone No.			License No.				
Stephen Pharai				20	201-299-7705			09-265-2107	7		00529				
Start Date (10)	S	chedul	led Co	mplet	ion Da	te (11)	Nan	ne of OSHA N	∕lon	itor					
10 / _3_ /	_16	10	_ /	5	_ / _	16	E	MSL Analyt	tica	al .					
Occupancy Status During	g Abatement (C	Check o	only o	ne)			Stre	et Address							
☐ Facility Closed/Vacate	ed During Entir	e Perio	od of A	Abater											
☐ Abatement Performed															
Time of Abatement: _	AM	PM/		_PM-	MAM Cinnaminson, NJ 08077										
Scope of Work (Check al	Il that apply)														
M > 2 of or > 2 If		r	⊠ Rer	ovoti	on			☐ Full Con		nment with Nega	itive Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Der					⊠ Gloveba	g P	rocedure					
								☐ Non-Exe	emp	oted (*) and Non-	-Friable Procedur				
				Locat				2000 02 020				Ab	atem	ent T	уре
Location	10.75 (1)	.		lormal d Sole		Acho	otos (Description of Containing Ma		ial (ACM)	Amount	Re	Repair	Enc	Enc
Asbestos-Containing TO BE ABA		,	Mai	ntena	nce/	(i.e	e., the	mal systems	ins	sulation,	(Specify	Removal	pair	aps	Enclosure
IN Facili			Cust	odial 3 (12)	Staff?		S	urfacing, VAT	, or	Γ	SF or LF)	<u>n</u>		Encapsulate	ure
(13)			Yes	No	N/A		Ott	ner miscellane	30U:	5)				6	
1st Floor Telephone/U	IDS Boom		П			Dina Fi	tting	Insulation			7 LF		П	П	
1 Floor relephone/	JPS KOOIII			70000		riperi	tung	modiation				10			
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Name of Registered Was	ste Hauler			1/6370	JDEP \ auler [[Cub	ic Yards of		Name of Registe					
AbateTech, Inc.				П	18750		2			G.R.O.W.S.	Landfill				
City, State							Disp	oosal Date	3	City, State					
Lumberton, NJ							10	0/5/16	_	Tullytown, F	PA		×		
Completed By (Print or T	ype)	Title						Signature	/X	WIT	Da	ite 1	^	1	
Gwendolyn Trumbe	etti	Ор	erati	ons (Coord	inator				, ,		91	30	111	0

Check # 9791

Date of Notification (1)	Name	of Building Owner/O	perator (2)	zvK	V		7	
Agencies Notified Type Notification	Street /	Address	7 / / /	The state of the s				
□ EPA . 📜 Initial	City, St	ate, Zip Code		ال الله	الخ		in the	\neg
DEP Amended Amendment #_		C	DERRY Hi	II NJ	0	80	02	
DOH Emergency (inclusion)	Name (of Contact /	· - 1	Telephone Numb	or			
□ DCA □ Cancellation	FAC	CX III	Darczyn	1				į.
Name of Facility Where Abatement is Taking Pl	ace (3)		Type of Facility (4					
Single family	Dwell	79	☐ School (K-12	2) 8 (Other than K-12)				
Street Address				rivate & commercial	buildi	ngs, h	omes	5,
City (5)	1		Square Feet	# of Floors	Blo	dg. Ag		
Cherry Hill.		2008	Compat Has (Bris	or if being demolishe	d) .	55	74-	
County (6)		Code (7) USE ONLY)	Current Ose (Pric	it it being demonstre	٥,			
Name of Monitoring Firm Hired by Building Own	ner (8) ASC	M No.	Name of Abatement Con	A W 4		70	Sept .	
EPC Technolog	ies	NA	EPC 180	haologi	6	\$Q.	n	2
Street Address R.O. Box 33	7		Street Address P.O. Box	337				
City, State, Zip Code	30 TV	3533	City, State, Zip Code	DH HO	0		3	
Project Manager for Moeit in gr Firm	Teleph	none No. 1758-3365	Telephone No. 336	License No	1	9		
Start Date (10)	cheduled Completio	n Date (11)	Name of OSHA Monitor	- (-		6	
Occupancy Status During Abatement (Check C	10 -	-16	Street Address	hnologies		iC_		
Facility Closed/Vacated During Entire Per				337				
☐ Abatement Performed Outside of Normal	Facility Hours	×	City, State, Zip Code	UT	a	53	2	-
Other - Describe:			New Egypt	NJ 0	0-	ردر		
Scope of Work (Check All That Apply)	☐ Renovation		Full Containm	ent with Negative Pr	essur	e		
25 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	□ Demolition		Mini-Enclosure	e cedure				
			□ Non-Exempte	d (*) and Non-Friable				
9	Is Location					Abate Ty		
Location of	Normally Used Solely by	Asbestos Cor	escription of ntaining Material (ACM)	Amount			m	m
Asbestos-Containing Material (ACM) TO BE ABATED	Maintenance/ Custodial Staff?	(i.e. therma	al systems insulation, acing, VAT, or	(Specify SF or LF)	Remova	Repair	ıcapı	Enclosure
In Facility (13)	(12)		miscellaneous)		oval	air	Encapsulate	sure
	Yes No N/	Α						
Garage	X	Candboo	erd TSI "	25 SF	X			
					-			
		1	- Varda Nama si	Registered Landfill				L
Name of Registered Waste Hauler	C. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Waste Cubi		S		1	C [Aic
EPC Technologies	17	000 Disa	osal Date City, Sta	te Manager	8927	٤٥		V V
City, State New Egypt	U5 .		118/16 More	risville F	A	, ,		
Completed by	Presiden	+	Signature SC	Ja Da		6/1	6	
Steve Schenker	ncesiden	t	Marie De Col	~ 1			-	-

State of New Jersey

CK	4487) NO	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)							M	0	OT	1 1	20	116	***************************************
Date of Notification (1)		85	N	lame of	Building C)wner/O	perator (2	2)	1	UL	U	CT	1-1		HU	-
	Type Notification		S	Street Ac	idress						ASSE	 31.0	5 D Englis	Q167 [146]	701	£
DEP DOL	Amended Amendment				te, Zip Cod ood, NJ											
DOH DCA	Emergency justification) Cancellation	T	1175.0		Contact onstructi	ion	1			Tole	onhone N	Numbe	ı			
				FACIL	LITY INFO	RMATIC				-		151105-01-				
Name of Facility Where Al	batement is Takin	ng Place (3)						s	f Facility (4 chool (K-12 ubchapter (2)	or than V	(12)				
Street Address								x O	ther (i.e. pr	ivate 8	k comme			300 XII	TORNO	s,
City (5) Lakewood								Square 1500	e Feet	# of	Floors		Blo	dg. A	ge	
County (6) OCEAN					ode (7) ISE ONLY)			Curren Home	it Use (Prio e	r if bei	ng demo	lished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				PROFE							
Street Address							Street A 6 WH		s OOVE CC	URT						
City, State, Zip Code							City, Sta		Code D, NJ 08	3701						
Project Manager for Monit	toring Firm		Т	elephor	ne No.		Telepho 732-6				License 1200	e No.				
Start Date (10) 10/16/16	121	pletion [Date (11)				A Monitor PROFE	SSIO	NALS							
Occupancy Status During	_ V54	- 5 (5) (5)	6 WHITE DOVE							URT						
Facility Closed/Vaca Abatement Performe Other – Describe:			patement							3701						
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Name of the last o	novat moliti				×	Mini	Containme i-Enclosure vebag Proc i-Exempted	edure					a	
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Location Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Used Main Custo	Soleli Soleli tenan dial S (12)	y by ice/		tos Cont thermal surfac	scription of aining Ma systems cing, VAT niscelland	aterial insula , or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Exterio	nr.	Yes	No	N/A			Siding			21	000 sf	3	7		ro .	
Exterio	,,					`	Siding 2000 St. A.									
Name of Registered Wasi	N.	JDEP W	/aste	Cubic	Yards		Name of I	Registe	ered Lan	ıdfill						
NEWARK CARTING				auler ID 1509	er ID No. of Waste IESI											
City, State NEWARK, NJ									City, State BETHLI		ЛРА					
Completed by		Signature Date														

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

CK# 026152

Date of Notification (1) 10/05/16					Building Owner	r/Operator	(2)			. U	X6	7_)0	~
	ype Notification			Street A P.O. B	ddress ox 4449			-		5 P. 5		7 [1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DEP DOL	Amended Amendment				te, Zip Code n, NJ 07059	124			-1/	HT CONTRACTOR			
□ DOH □ DCA	Emergency justification) Cancellation		- 1		Contact chael Checc	io			Telenhone	Niimher 1	1 20	116	
Name of Facility Where Ab	atement is Takin	g Place (3)	FACI	LITY INFORMA	TION	Туре о	of Facility (4)	1.212.	37.57		The fire	<u></u>
Residential Street Address								school (K-12)	Other than k	LICEN (-12)	SIN'S		
							e e	tc.)	vate & comme				es,
City (5) Watchung							Square 2,000		# of Floors	1.00	Bldg. / 50 +	4ge	
County (6) Somerset	13			County (Code (7) USE ONLY)		Currer	nt Use (Prior	if being demo	olished)			
Name of Monitoring Firm H	ired by Building	Owner (8)		ASCN	l No.			ement Contr acting & E	ractor (9) nvironment	al Con	sultir	ıg, İn	С.
Street Address							t Addres 1 Route	T					
City, State, Zip Code						10 mm 10 mm 10 mm	State, Zij	Code 07470					
Project Manager for Monito	ring Firm		Telepho	ne No.	Telep	hone No -628-92		Licens 00408					
Start Date (10) 10/17/16		ed Con	npletion l	Date (11)			A Monitor on Consu	Itants, Inc.					
Occupancy Status During A	Abatement (Chec	k Only O	ne)				Addres		1 DI 1 1/0				
Facility Closed/Vacate Abatement Performed Other – Describe:						City, S	State, Zij	Principles of the second	id, Bldg. #3	5E			
Scope of Work (Check All 1	That Apply)					1	20111,						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		property.	Renova Demolit				Min	i-Enclosure vebag Proce	nt with Negativedure (*) and Non-F			re	
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Location o Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM) ED	Use Ma Cus	Normal ed Sole sintenar todial S (12)	ly by nce/ Staff?	Asbestos Co (i.e. therm sur		Material ns insula AT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
1st Floor Storag	a Room	Yes	No	N/A X	W	Vall Plas	ter		1,000 SF	X	+		
Front Roo				X		r Tile & I			450 SF	X			
Name of Registered Waste J.R. Contracting & Env		onsul.,	Inc H	JDEP W auler ID 7819		ic Yards Vaste	-	Grand C	egistered Lan entral Land				
City, State Wayne, New Jersey					Disp	posal Date City, State Pen Argyl, Pennsylvania							
Completed by Jerry Bijelonic		Signature											

of or

Date of Notification (1) 9/30/2016		Name of Building Owner/Operator (2) Accurate Box Company, Inc.								007		1 2	016	
Agencies Notified Type Notification X EPA Initial		1000	Street Ac 36 5th	idress Avenue						** (****	Andrew Co.			
X DEP Amended X DOL Amendment #				te, Zip Cod on, NJ 0					er Personaler alsense					Č.
Emergency (in justification) DCA Cancellation	cluding	75533		Contact Zafar					T ! !-	Nicing	hor			
Allower of Feetlith MAR are Allester and in Tolling	Dlass (2)		FACIL	ITY INFO	RMATI	ON	Tuna	of Foolity //	\					
Name of Facility Where Abatement is Taking Glue Room Building	Place (3)						_	of Facility (4 School (K-12						
Street Address 2 Waite Street								Subchapter 8 Other (i.e. pr etc.)	(Other th			ings,	home	s,
City (5) Paterson		-	=		*		Squar 28,00	re Feet 00	# of Floo	ors	90 90	dg. A	ge	
County (6) Passaic				ode (7) ISE ONLY)	3	_		nt Use (Prio mercial	r if being d	emolish	ed)			
Name of Monitoring Firm Hired by Building Ov TBD	vner (8)		ASCM	No.				tement Cont acting, LL						
Street Address						Street 1385		ss y Road, S	Suite K					
City, State, Zip Code								ip Code ew Jersey	07470					
Project Manager for Monitoring Firm		Т	elephor	ne No.		Teleph (973)				ense No 874).			
**************************************	Com 17	pletion [Date (11)				HA Monitor acting, LL	С		7				
Occupancy Status During Abatement (Check	Only One)	1				Street			2th= 1/					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of Aba I Facility H	ateme ours	tement 1385 Valley Road, City, State, Zip Code Wayne, New Jerse											
Scope of Work (Check All That Apply)						,	, .	,						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	novati				×	Mir Glo	I Containme ni-Enclosure ovebag Proc n-Exempted	edure				۵	
	le l	ocatio	n .				1,00	LXcmptod	() and 110		T	Abate	ement	
Location of	No	rmally	y		De	scription	of					Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Maint Custoo	enan	ce/		thermal surfa	taining N systems cing, VA miscellar	s insula T, or		Amou (Spec SF or I	ify	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										е	
See Attached	Х							LF &	SF	Х				
Name of Registered Waste Hauler		I N.	JDEP W	laste	Cubic	Yards		Name of F	Registered	Landfill		Con-		
Service Transport Group, Inc.	Hauler ID No. 20990 500 Minerva				Enterpri		LC	A						
City, State New Castle, Delaware						isposal Date City, State BD Waynesburg, Ohio								
Completed by Predrag Sarcev Title Vice President						Signature Date 9/30/2016								

Asbestos-Containing Materials (ACM)

CONFIRMED AND ASSUMED ACM	Survey Results	Estimated Quantity of AC Assumed AC	
GLUE ROOM BUILDING			
Built-up roofing material	ACM	28,000	SF
Roof flashing and mastic	ACM	3,150	SF
Skylight mastic	ACM	400	SF
Terracotta seam mastic	ACM.	500	LF
Interior window caulking (glass type windows)	ACM	440	LF
Expansion joint caulking on concrete floor seams	ACM	900	LF
Elevator brake pads	Assumed ACM	5	SF
Elevator switch board panel	Assumed ACM	10	SF
Electric wires associated with switch panel board	Assumed ACM	100	LF
Elevator door core insulation	Assumed ACM	360	SF

MO 24051282985 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 10/03/16					Building C ina Bell)wner/C	perator (2	2)			CT.	1 4	0011		
Agencies Notified	Type Notification		5	Street Ad	dress		ith		12	LI V	U		201C) -	
× EPA	× Initial			21 21 1	7: 0	1 -							nie Mari		
× EPA × DEP × DOL	Amended Amendment	#			e, Zip Coo air, NJ 0					ADEL		7.		i. li	
X DOH	Emergency ((including		Name of						Telephone	Numb	er		Was to State	of a service
× DCA	Cancellation			FACIL	ITY INFO	RMATI	ON								
Name of Facility Where Kenyanna Bell	Abatement is Takin	g Place (3))	1,7,2,2					Facility (4)	,					
Street Address								Su	bchapter 8	Other than	K-12)	L. 2120	1		
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City (5)								Square	Feet	# of Floors	3	Blo	dg. Aq	ge	
Montclair				O	ada (7)			Current	Use (Prior i	if being der	nolicho	d)			_
County (6) Essex County			1		SE ONLY)	-			31/2		HOISHE	u)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		Pro A	batem	ment Contra ent	actor (9)					
Street Address							Street A 1009		treet Suit	te A4					
City, State, Zip Code							City, Sta		Code en, NJ 07	047					
Project Manager for Mo	nitoring Firm		- 1	Telephor	ne No.		Telepho		,		nse No		-		-
1 Tojest Manager Ter Me	into mig i iiii	·					201-2	93-63		012	23				
Start Date (10) 10/15/16		Schedule 10/29/1		npletion [Date (11)				Monitor	TING LL	С				
Occupancy Status Durin	ng Abatement (Che	ck Only Or	ne)				Street A		- FACT	CUITE 4	0.7				
➤ Facility Closed/Vac	cated During Entire	Period of A	Abatem	nent					EEAST	SUITE	07				
Abatement Perform Other – Describe:	ned Outside of Norr	mal Facility	Hours				City, Sta		07083						
Scope of Work (Check /	All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit				×	Mini- Glove	Containmen Enclosure ebag Proce Exempted (dure				3	
		Τ.	1					14011-	LXempled () and mon	THUDI		Abate	ment	
Locatio	on of	1	Locati Normal	ly		De	escription	of					Ту	ре	
Asbestos-Containin	g Material (ACM)		ed Sole		Asbes	tos Cor	taining Ma	aterial (ACM)	Amoun (Specifi		70		En	ш
TO BE AE		Cus	todial S	Staff?	(i.e.	surfa	acing, VAT	, or	OII,	SF or LF		Remova	Repair	caps	Enclosure
(13)		(12)	_		other	miscellane	eous)				val	ăř.	Encapsulate	ure
		Yes	No	N/A			=			505.01	_				
Basen	nent						VAT			585 SI		х			
Kitch	en						VAT			45 SF		x			
Basen					TSI			180 LI		x					
Basement (c	rawlspace)						TSI			40 LF		x			
Name of Registered Wa	aste Hauler		1 2	JDEP Waller ID		Cubic of Wa	c Yards		Name of R				001	VO 1	
NEWARK CARTIN	G		100	4509	140.				WASTE	MANAGI	=MEN	11 G	ROV	VS IN	۱.
City, State HILLSIDE, NJ		11				Dispo	osal Date		City, State MORRIS		A				
Completed by		Title) 566477.444				Signature	,	1		Dat		16		
Bryan Parra		Proje	ect M	anager			150	I.C.	Hong	ue) 10	/03/	10		
ASB-41 (R-06-08)							* Do no	t-use-th	is form for a	asbestos lic	ensure	exen	npted	activ	ities.

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

CHECK # 2104

Date of Notification (1) 9/30/2016				Building O										7 [
	Notification		Street Ad 86 5th	dress Avenue	10000	8			IKI						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DEP DOL	nitial Amended Amendment #	- 1		e, Zip Coo on, NJ 0					1	- 0	161		-20	Ho	
I⊠ DOH	Emergency (including ustification) Cancellation	- 1	Name of Mr. Zaf						Telor	hana-l	Mumh	or	147	504	EL.
			FACIL	ITY INFO	RMATIC	NC			1007			_	-		
Name of Facility Where Abatem "L" Shape Building Street Address	ent is Taking Place (3	3)						of Facility (4 school (K-12 subchapter	2) 8 (Other					Časas	
2 Waite Street								other (i.e. pr tc.)	rivate &	comme	ercial	buildi	ings,	nome	s,
City (5) Paterson							Square 23,50		# of F	loors		90 90	dg. A	ge	
County (6) Passaic			County C	ode (7) SE ONLY)				nt Use (Prio mercial	or if being	demo	olishe	d)			
Name of Monitoring Firm Hired TBD	by Building Owner (8)		ASCM	No.				ement Con acting, LL		9)					
Street Address							Addres	s y Road, \$	Suite K						
City, State, Zip Code							itate, Zij	p Code ew Jersey	0747)					
Project Manager for Monitoring	Firm		Telephor	ne No.		Teleph	none No) 928-),		Licens					
Start Date (10) 10/10/2016	Schedul 01/31/		npletion [Date (11)		Name	of OSH	IA Monitor acting, LL	.C						
Occupancy Status During Abate	ement (Check Only O	ne)					Addres				-	-			
Facility Closed/Vacated Du			nent			1385	Valle	y Road,	Suite K		e e u su			1700 1700	
Abatement Performed Out Other – Describe:	side of Normal Facility	y Hours	S			19.00	state, Zi ne, Ne	p Code ew Jerse	y 0747	0					
Scope of Work (Check All That	Apply)					_	_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli					Min Glo	Containme i-Enclosure vebag Prod n-Exempted	e cedure	-					
						12	ion i	1-Exempted	a (*) and	NOII-F	TIADIE		Smatte Suite	ment	
1 5		s Locat Norma			Do	scription	o of						Ту	ре	
Location of Asbestos-Containing Materi TO BE ABATED In Facility (13)	ai (ACM) Ma	ed Sole aintena stodial (12)	ince/ Staff?		os Cont thermal surfa	taining N	Material is insula AT, or		(Sp	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											, and	
Roof	Х		Bui	lt-up F		3	rial		00 SI		x				
Roof	X			Roo	f Flasl	ning			00 SF	-	x				
Exterior		X	-	Windo	ow Gla	izing F	Putty (\	wood)	10,0	00 LF		x			
Name of Registered Waste Hau	ıler	1	NJDEP W	/aste	Cubic	Yards		Name of	Register	ed Lar	ndfill				
Service Transport Group,		100	Hauler ID 20990	No.	of Wa 200	ste		Minerva	a Enter	prise	s, LL	.C			
City, State New Castle, Delaware					Dispo TBD	sal Date	9	City, Stat Wayne		Ohio					
Completed by Predrag Sarcev	Title Vice	Pres	ident			Signatur	8	>		_	Date 9/3	e 0/20)16		

Date of Notification (1) 10/05/16	1 4			Building C V. Thui		perator	(2)			OCT	1 1	2016	ì	-
Agencies Notified Type Notification		St	treet Ad	dress					14					-
X EPA X Initial Amended Amendment				e, Zip Coo n Lake,									17	
□ Emergency (including	N	ame of	Contact					Tele	phone Nur	nber			
			FACIL	ITY INFO	RMATI	ON						3		
Name of Facility Where Abatement is Taking Robert V. Thum	g Place (3)							f Facility (4 chool (K-12						
Street Address					9			ubchapter of ther (i.e. protect)	(Othe	r than K-12 commerci	?) al build	ings,	home	s,
City (5) Franklin Lake				7. 11				Feet		Floors		dg. A	ge	
County (6) Bergen County				ode (7) ISE ONLY)			Currer	t Use (Prio	r if beir	ng demolish	ned)			
Name of Monitoring Firm Hired by Building (Owner (8)	1	ASCM	No.			of Abate	ement Con	tractor	(9)				
Street Address							Addres	s Street Su	uite A	4				
City, State, Zip Code							itate, Zij	code en, NJ 0	7047					
Project Manager for Monitoring Firm		T	elephor	ne No.	-	Teleph	none No 293-6			License N 01223	0.			
Start Date (10) 10/26/16	Scheduled 11/09/16	Comp	oletion [Date (11)		Name	of OSH	A Monitor	ITINO	3 LLC				
Occupancy Status During Abatement (Chec						7.000	Addres							
➤ Facility Closed/Vacated During Entire			ent			1600	ROU	TE EAST	SUI	TE 107				
Abatement Performed Outside of Norm Other – Describe:	nal Facility H	ours				200000000	State, Zij ON NJ	o Code 07083						
Scope of Work (Check All That Apply)	<u> </u>					_	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati nolitio				-	Min Glo	Containme i-Enclosure vebag Prod i-Exempted	edure				2	
	Τ		att.				- NOI	-Exempled	() and	1 NOII-FIIAL	T		ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility		enan	/ / by ce/		tos Con therma	escription taining N I system icing, VA	Material s insula		(8	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
(13)		12)	N//A			miscella				,	oval	oair	sulate	sure
Entrance Area	Yes	No	N/A			VAT			12	23 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		Ha	IDEP Wauler ID 509		of Wa	Yards iste		The state of the s		ered Landfil NAGEME		ROV	VS N	l.
City, State HILLSIDE, NJ					Dispo	sal Date	÷	City, Stat MORRI		E PA				
Completed by Bryan Parra	Title Projec	t Ma	nager			Signatur	200	Cogn	, es		ate 0/051	6		

CK 4077

(K. 901	/ (Pt			8:60 and 12:120		AAT 1 1 201	9	111	114	-
ate of Notification (1)	2_	_	HA	g Owner/Operator WBAUGH	DEVEL	OPTRS	7		_	_
gencies Notified Type Not	ification	Str	eet Address	8 GLAS	SBORD	RD =	Territor.			-
EPA Sinitial		_	31	2 1	(817)					
DEP LL Amen	ded dment#	Cit	y, State, Zip	OOOBURY	HERBH	TS NIT (280	9	7	_
□ Emero	ency (including	_			1,000	Telephone Number				
DOH justifi	cation)	Na	me of Conta	A 1 —						
DCA Cance	ellation	-								-
		100	FACILITY IN	FORMATION	Type of Facility	(4)		-		-
ame of Facility Where Abatement	is Taking Place (3)				School (K-12					
RESID	thice				☐ Subchapter	(Other than K-12)				
reet Address					Other (i.e., pr	ivate & commercial b	uilding	gs,		
ieet Addiese					homes, etc.) Square Feet	# of Floors	Bldg.	Age		-
ty (5)		_			1700	7		> +		
STONE	HARBO	R			Current like /Pr	or if being demolishe	d)	_		-
ounty (6)		1 0	County Code USE ONLY)	(7) (STATE	AV	CANT	(8)			
CHAPE VU	1AY	-		T None of Abotes	nent Contractor (9					-
ome of Monitoring Firm Hired by E	Building Owner	AS	CM No.	Name of Abater	MCO I	NC				
) Name of Worklowing ,	A	1-			10100 3					1
reet Address				Street Address	S. Spr	IXE AUE				
JECT Madrow				City, State, Zip	ode				_	-
ity, State, Zip Code				City, State, 215	OLE SHO	ADE MIT	0	80)	1
i, ouic, 27 over				Telephone No.	00	License No.				_
roject Manager for Monitoring Fir	m	Teleph	one No.	200 7)	9-0472	0044	14			_
,	(*)			Name of OSHA						1
tart Date (10)	Scheduled Com	npletio	n Date (11)	Name of Oor	KI /	Δ		_		_
10 18-16	10-2		16	Street Address	13/1	-				
Ctatus During Abatem	ent (Check only or	ne)		30eer Address		PENER CONTRACTOR			_	_
- a AVatad Durring	Entire Period UI ~	Jacane	ent	City, State, Zip	Code					
Lifacility Closed/Vacated During Abatement Performed Outside	of Normal Faculty F	Hours		City, Cato,				_	_	=
Other - Describe:				J						
scope of Work (Check all that app	y)			☐ Full C	ontainment with N	egative Pressure				
	Reno	ovation	1	= -1	nclosure bag Procedure					
] ≥3 sf or ≥3 lf ☑ >160 sf or ≥260 lf	Dem	olition		Non-E	xempted (*) and N	Ion-Friable Procedure			non!	-
3×100 01 01 200	1 1510	cation	7	D			At	Typ		
	Nor	mally		Description	of	49	T		-	Ī
Location of	Used S	Solely b	/ Ach	actos Containing M	laterial (ACM)	Amount	_		En	1
Ashestos-Containing Material (A	CM) Mainte	todial	(i.	e thermal system:	s insulation,	(Specify SF or LF)	Rem	Repair	cap	İ
TO BE ABATED	Sta	aff?	,	surfacing, VA other miscellan	1, 01		Removal	alr	Encapsulate	1
IN Facility (13)	(1	12)		UUIEI IIKSOONAI	and the second		-		e	
	Yes	No	N/A	(8:316)			1	-		1
		-	V	TRAMSIT	TE	2000 SF	X		-	_
SIDING		-		1					_	
						1				
					I Name of De	gistered Landfill	1			-
Davids and Marta Harte			IDEP Waste	Cubic Yards		IM C W	11	L	1	
Name of Registered Waşte Haule		Ha	1904	of Waste	5	M. C. 40	1.0	. 7	1	=
KLIMCO INC			1109	Disposal Date	City, State	010 111-	A1	T	-	
City, State	or W.	J			_ Wo		IV	.)	_	É
MAPLE SHAK)		Signature	5000	Date	_ (1-	16	
Completed By	Title	1+0		Me	Jul K					Ξ
Miruser (1mas	A JUE	415	-							

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1.04 Tillian	7	(3)	Time	r	0.7	-	Time? and		
175		-	=			150	1 194	Ŋ.	
111 11		137		- 14		-			
		-			100	Transition of the second			
100									

Date of Notification (1)	-4-16	95	Name	of Buildin	IG Owner/Operator	DEV E	LOPERS	1 20)16		
Agencies Notified	Type Notification	1	Stree	t Address	8 GLAS	SBORD	RD				
DEP SCOOL	Amended Amendment		City, S	State, Zip (Code 1000BURY	HEIGH	HTS NIT	08	0	17	-
DOH DCA	Emergency (i justification) Cancellation	including	Name	of Contact	ot		Telephone Number	er .			
	<u> </u>		FA!		ORMATION						
	Abatement is Takin	ng Place (3)				Type of Facility School (K-1 Subchapter	2) 8 (Other than K-12)	the state of			
Street Address	~					homes, etc. Square Feet	rivate & commercial) # of Floors		g. Ag	je	_
City (5)	DNE HA	RBOR		0-200,000		1500	2	5	0		_
County (6)	t MAY			nty Code (ONLY)	7) (STATE	_ VB	rior if being demolish	nea)			_
Name of Monitoring Fin		Owner	ASCM	No.	Name of Abatem		NC				
Street Address	NIF				Street Address	S. Spr	INF AIR	-			
City, State, Zip Code					City, State, Zip C	ode		7	780	25.	=
Project Manager for Mo	onitoring Firm	Te	elephone	No.	Telephone No.		License No.		20_		=
		eduled Comp	Nation Da	ate (11)	Name of OSHA	9-0472 Monitor		7 7			=
Start Date (10)	b .	10-2	4-16			N/	Δ				=
Occupancy Status Dur	ing Abatement (Che	eck only one eriod of Aba	tement		Street Address						_
Abatement Performa	ed Outside of Norma	al Facility Ho	ours		City, State, Zip C	ode	1				_
Scope of Work (Check \(\geq 3 \) sf or \(\geq 3 \) lf \(\geq 160 \) sf or \(\geq 260 \) lf	all that apply)	☐ Renov			☐ Mini-End	closure an Procedure	egative Pressure on-Friable Procedur	e			
45-		Is Loca	ition	Т	Atomas			A	bate		
Location Asbestos-Containing TO BE AB/ IN Facili (13)	Material (ACM) ATED ity	Used Sol Mainten Custor Staff (12)	lely by ance/ dial ?	Asbes (i.e.	Description of stos Containing Mat , thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes N	o N/A	7	RANSIT	<i>F</i>	2500 SE	X			
SIDIA	ال-		1×		ACAMA DILL						
								-	_	_	
Name of Registered W	aste Hauler		NUDEP		Cubic Yards	Name of Reg	gistered Landfill	<u> </u>	134		
KLEMCO	INC		Hauler II	0 No.	of Waste Styp S Disposal Date	City, State	M.C.M	. U	. 4	<u>t</u>	
City, State	SHADE	W.J			-		DOBINE	N	. T	(_
Completed By MICHACL	Cumm Tib	SUPT	R		Signature	Di n		_ \	1-	16	ii E

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2016-150

(Pursuant to NJAC 8:60-7 and 12:120-7)

*** NON Sub 8 ***

Check # 8046

				NAME OF TAXABLE PARTY.	al marrowald for								
Date of Notification (1)	N	ame of Build	ding Owne	er/Operator (2)			Company of the last of the las			51.77		10710	
1 10 1/10 16 1/11 16	1.1	Atlantic H	lealth S	ystem						Ü	E		
Agencies Notified Type Notificati	on Si	reet Addres	S				TILYT						i.
EPA Initial		100 Mad	ison Ave	enue			IIDii		OT 11	2016	ì	1	
□ DEP		ity, State, Z					14 41	0	<u> </u>				
DOL Amendr	nent	Morristo	wn, NJ (07960			1 1		MILLER WEST AND	- Star of the party of			-
▼ DOH	200	ame of Conf	tact	***************************************) Te	lepho	ne Number	jivett ING	1-11-5		أسب
☐ DCA ☐ Cancella	ition	Peter Pa	almer										
		N	FACI	LITY INFORM	ATION	I							
Name of facility where abatement is	s taking pla	ce (3)					Type of F		(4) ol (K - 12)				
Morristown Medical Center	, Franklir	n wing ext	terior				1		hapter 8 (O	ther th	an K	-12)	
Street Address							X	Other	(Private/C	omme		844.550	
100 Madison Avenue							Square		./Homes, e # of Floor		Blo	dg. Ag	ie.
City (5)	Cour	ity (6)			Cou	inty Code (7)	Square	l cci	# 01 1 1001			-3. 1 1	,-
	1 222					te use only)	Current	Use (F	Prior if bein	g dem	olishe	ed)	
Morristown	Mo								on sub 8)				
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatemen		(9)					
T&M Associates				0145		B & G Restora	ation, Inc.						
Street Address						Street Address 105 Ryerson	Road						
11 Tindall Road						City, State, Zip Code					-	-	
City, State, Zip Code Middletown, NJ 07748						Lincoln Park		5			-51119		
Project Manager for Monitoring Firm	1	Pho	one Numb	er		Telephone Number			License		er		
Kevin Burns		73	2-676-4	000	- 1	(973)696-68				378			
Scheduled Start Date (10)	Sched	. Completio	n Date (1	1)		Name of OSHA Mo B & G Restora							
10/17/2016	01/	17/2017				Street Address	2011, 1110.						
Occupancy Status During Abatemen	nt (Check o	nly one)				105 Ryerson I	Road						
Facility closed/vacated during	entire peri	od of abater	ment.		1	City, State, Zip Cod	е						
Abatement performed outside Describe:					_	Lincoln Dorle	U 1 07025						
Other-Describe: Work shift		- 12:30am	1		_	LincolnPark, I	NJ 07035						
Scope of Work (check all that apply							100						
☐ Demolition	Renovation	n			_	Full Containment w/n	egative pres	sure	Glovel				
	≥160 sf or				Ш	Mini-enclosure			■ Non-fr				
Location of		n normally usenance/cust					Δ,	mount		e	R	E n	E
asbestos-containing material to be	staff(12)			Descripti material		sbestos-containing	(S	pecify	SF or	m o	p a	c a	n c
abated in facility (13)	Yes	No	N/A				LF	-)		v e	i	p	L
exterior window curtain wall			X	black asp	haltic	felt paper	12	0 sf		X		\Box .	
And the second s													
										10		Ц	
					167	10	-d 1 a - deu				Ш	Ш,	Ш
Registered Waste Hauler B & G Restoration, Inc.		EP Hauler I 19563	D# C	Subic Yards of 3	vvaste	Tullytow	ed Landfill n Resourc	e&F	Recovery	Cent	er		
City, Staté Lincoln Park, NJ			Disposal I 10/1	Date 7/16 - 01/17	/17	City, State Tullytown	ı, PA					y	
Completed by (Print or Type)	Title			Signature		0,0			Date				
Gordana Luna	Secreta	ry/Treasu	irer			Gordana Luna			10/0	5/201	6		

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

B & G proj. #: 2016-151

*** Sub 8 ***

Check # 8047

- 4				10 (2)									
Date of Notification (1)	11			/Operator (2)			TIS HELD	FR	3 1				
1 10 1/10 16 1/11 16	-11	ownship		abriage				<u> </u>					
Agencies Notified Type Notification		et Address					In						
DEP Initial	1 1	Main Str					11 12	- 907 -	11-2	HE -	-	474	
		, State, Zip Noodbrid		77095			7						
<u> </u>	11			37033		100000000000000000000000000000000000000	-	Telephone	Number	301	8	-	_
▼ DOH ☐ Cancellatio	1.1	ne of Conta	ict						ENSING		-	أحميس	
DCA Cancellatio	"' _	Robert La	andolfi				Luciania	<u> </u>		=	_		
			FACIL	ITY INFORMA	NOITA								
Name of facility where abatement is to	aking plac	e (3)					Туре	of Facility (4	1) (K - 12)		-		
									apter 8 (Ot	har the	n K-1	2)	
Henry Inman Library Branch									Private/Co			-/	
Street Address								Bldgs./l	Homes, etc	C			
607 Inman Avenue							Squa	are Feet	# of Floors		Bldg	g. Age	е
City (5)	Count	y (6)				nty Code (7)	-	rent Use (Pr	ies if boing	domo	licher	4)	
Colonia	Mid	dlesex			(Stat	te use only)		rent Use (Pr rary	for it being	uemo	illanci		
			T	ASCM No.		Name of Abatemen							
Name of Monitoring Firm Hired by Blo T&M Associates	ag. Owner	(0)		0145	×	B & G Restora							
					-	Street Address							
Street Address 11 Tindall Road						105 Ryerson	Road						and the state of t
City, State, Zip Code					-	City, State, Zip Code							
Middletown, NJ 07748						Lincoln Park	SUCCESSION OF THE PARTY OF THE	7035					
Project Manager for Monitoring Firm		Pho	ne Numb	er		Telephone Number (973)696-68	60		License	Number 378	er		
Kevin Burns		732	2-676-40	000		Name of OSHA Mo				010			
Scheduled Start Date (10)	Sched	Completio	n Date (1	1)		B & G Reston		nc.					
10/17/2016	10/2	1/16				Street Address							
Occupancy Status During Abatement	(Check o	nly one)	N 100			105 Ryerson	Road						
Tacility closed/vacated during e	ntire perio	d of abater	ment.			City, State, Zip Coo	le						
Abatement performed outside of	of normal t	acility hour	s-			I to a de Danie	N I 070	125					
Describe: Work shift 4	:00pm -	12:30am	1		_	LincolnPark,	NJ 070	133				- 17	
Scope of Work (check all that apply)						- 10 - 10 - 21 - 10 - 20			_			171-02	
	Renovatio	n				Full Containment w/r	negative	pressure	✗ Glovel				
▼ >3 sf or >3 lf	160 sf or	≥260 If			X	Mini-enclosure			☐ Non-fi	T R			
Location of	Is location	normally u	used solel					Amount		e	R	E n	E
asbestos-containing	by mainte staff(12)	nance/cust	todiai	Descript material		asbestos-containing		(Specify	SF or	m	pa	c a	n
material to be abated in facility (13)	Yes	No	N/A	material	(ACIVI)			LF)		v e	i	p	L
			1 2	The section		ssoc glass pipe ins	211	70 lf		X			10
Attic			X	4	S W/a	SSOC glass pipe in	Sui	6 sf		X			
Attic			X	debris	is w/a	ssoc glass pipe ins	sul	5 If		X			
Boiler room -			X	_	and the same of th	luct coupler		10 sf		X			
Attic			-	1	-								
Registered Waste Hauler	INJD	EP Hauler I	ID#	Cubic Yards of	Waste	Name of Register	red Land	Ifill	00001155	C	tor		
B & G Restoration, Inc.		19563		3		- AND THE PARTY OF	vn Res	ource & R	ecovery	Cen	lei		
City, State			Disposal 10/1	Date 7/16 - 10/21	1/16	City, State Tullytow	n, PA						τ.
Lincoln Park, NJ	T:41 -		-10/1	Signature					Date				
Completed by (Print or Type) Gordana Luna	Title Secreta	ry/Treasi	urer			Gordana Lun	a .		10/0	6/20	16		

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

B & G proj. #: 2016-149

Check # 8048

						-						
Date of Notification		N	lame of B	uilding Own	er/Operator (2	2)				-0.0		
11/0//0/7	The first of the transfer of the con-		Dara M	larks				IF I		112: 171	7=	-
Agencies Notified	Type Notificati	on S	treet Add	ress				11-21	AND AND SHOULD BE		211	i
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DEP	4000000	C	ity, State	Zip Code				JU LI VE	11 1 1 2	UIU	**	salar i
X DOL	Amenda	nent	Glen F	Ridge, NJ	07028			4 1				
X DOH	_	N	ame of C	ontact				Telephone	Number-	THO	-&	
☐ DCA	Cancella	ation	Dara l	Marks				bring hadred as:		3	al distribution of the	Personal of
				FAC	ILITY INFORI	OITAN	N					
Name of facility who	ere abatement is	s taking pla	ace (3)					Type of Facility (4	(K - 12)			
Dara Marks									pter 8 (Othe	r than	K-12)	
Street Address								X Other (F	Private/Comr			
									Homes, etc.	1	3ldg. A	ge
City (5)		Cour	nty (6)			Co	unty Code (7)					
		Es	sex			(St	ate use only)	Current Use (Pri	ior if being de	emolis	hed)	
Glen Ridge		_ _			4001411	١.,	Name of Abatement C	residential				
Name of Monitoring	g Firm Hired by	Bldg. Own	er (8)		ASCM No. n/a	.]						
							B & G Restoration	on, Inc.				
Street Address							105 Ryerson Ro	pad				
City, State, Zip Code	2						City, State, Zip Code			-		
ony, crate, air con							Lincoln Park, N	J 07035				
Project Manager for	Monitoring Firm	1		Phone Numb	per		Telephone Number (973)696-6869	at the second	License Nu			
							Name of OSHA Monito		0037	0		
Scheduled Start Dat	te (10)	Sched	d. Comple	tion Date (1	1)		B & G Restoration					
10/19/2016		10/	20/2016				Street Address					-
Occupancy Status D	Ouring Abatemen	nt (Check o	only one)				105 Ryerson Ro	ad				
Facility closed							City, State, Zip Code					
Abatement pe Describe:	rformed outside	of normal	facility no	ours-			LincolnPark, NJ	07035				
Other-Describ			-			_	Ellicolifark, No	07033				
Scope of Work (ch	eck all that apply	y)						-	_		8	
Demolition	X	Renovation	on			Ц	Full Containment w/nega	ative pressure	Glovebag			
\times >3 sf or >3 If		≥160 sf or	F 1		3 - 11142 - 11-54	X	Mini-enclosure	F	Non-friab			
Location of			n normal	y used solel	~			Amount	e e	8 1 28	E	E
asbestos-con material to be		staff(12)			Descrip materia		asbestos-containing	(Specify S	F or 0	1 1	С	n
abated in faci		Yes	No	N/A	materia	(/1011		LF)	V	l i	a p	L
main room, back r	oom hallway		1	X	7 pipe insu	lation	`	16 lf	e		ПП	
main room, back robasement	John, Hallway			×] pipe mst			35 lf		17	X	情
Dasellient					7					iti	In	而
<u> </u>					1							
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Registered Waste H			EP Haule	r ID#	Cubic Yards o	f Waste		andfill				
B & G Restorat	ion, Inc.		19563		1		- I	Resource & Re	covery Ce	enter		
City, State Lincoln Park, N	1.1			Disposal 10/	Date 20/2016		City, State Tullytown, F	PA				
Completed by (Print		Title			Signature		-		Date			
Gordana Luna	. 5, 1, 90,	Secreta	ary/Trea	surer	2007001		Gordana Luna		10/07/2	016		

NO C.	k	NO.					BESTOS ABAT C 8:60 and 5:16		DEC		W		
Date of Notification (1)	_			TI	Name o	of Building	Owner/Operator (2	2)	iinii				
	28 /	16				_	Little Falls		UU OCT	11	201	5	
Agencies Notified	Type Notifica	ition		1	Street /	Address							
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□ DOLWD □	Amended				City, St	tate, Zip C	ode	- 1		JENSI			
☑ DOH	Amendme		_		Little	e Falls, I	NJ 07424					5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5	
DCA (NJAC 5:23-8)	☐ Emergend justificatio	on)	ng	.		of Contact	200		Telephone Num	iber			
	1			-1-			FORMATION					- 1	
NI	Nhatamaat ia T	akina Dla	00 /21	\	PAU	ILII IIV	FORWATION	Type of Facility	(4)	_			
Name of Facility Where	Abatement is 1	aking Pia	ce (s,	,				School (K-12					
Residential		- A							8 (Other than K-12	2)			
Street Address			9 ³⁹		ē,	2°+2		Other (i.e., p	rivate and comme	rcial bu	ilding	S,	-
City (5)	4.5	2. ·	- II.	Ē	2			Square Feet	# of Floors	Ble	dg. A	je	72
Little Falls, NJ				-	Count	h. Cada /7)(STATE USE ONLY)	Current Hee (Pr	rior if being demoli	ished)			
County (6)					Court	ty Code (/	NOTATE OSE ONLI)	Current Ose (i i	nor it being demon	Silco)			
Passaic			(0)		00111	4	Name of Abatem	-1 Captagatas (O	<u> </u>			- (2014 - (2014)	
Name of Monitoring Firm		ling Owne	er (8)	F	SCM I	NO.	45 -75 -75						
Bio Terra Solutions	3		-	9				NAGEMENT L	LU			300	
Street Address							Street Address						2
P.O. Box 1224	100 to 10	8 S W					27 Outwater			-	12	24	
City, State, Zip Code		2.7.4					City, State, Zip C						
Union, NJ				65			Garfield, NJ	07026			1	2.4	
Project Manager for Mon	itoring Firm	1	Т	elep	hone I	Vo.	Telephone No.		License No.				-
Rick Eustaquio		40		97	3-494-	3762	973-928-4888	3	1188	- 12	8. 1		20 Sa
Start Date (10)	S	Scheduled	Com	plet	ion Dat	te (1.1)	Name of OSHA N	Monitor		e 14			110
10 / 07 /	16	_11_	1 -	23	_ / _	16	ALL PRO MA	NAGEMENT L	LC	8			
Occupancy Status During	g Abatement (0	Check onl	y one	2)	10 0	17 Jane	Street Address		W 18 19				
□ Facility Closed/Vacate			900		nent		27 Outwater	Lane		ir i			
☐ Abatement Performed						cribe	City, State, Zip C	ode	and the	£*			-
Time of Abatement: _	AM	PM/	F	PM		AM	Garfield, NJ						
Scope of Work (Check a	Il that apply)		,		- File					1			-
Coope of Work Corlock a	п и исторріју	80		Sigi	2			tainment with Ne	gative Pressure				S
≥3 sf or ≥3 lf	**		Reno Demo				☐ Mini-End	closure g Procedure					.
≥160 sf or ≥260 lf			Demo	סוונוט	11		☑ Non-Exe	empted (*) and No	on-Friable Proced	ure			
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Location	of			mal			Description of		79	70	Z	m	m
Asbestos-Containing			Jsed : Maint				estos Containing Ma		Amount (Specify	Remova	Repair	nca	Enclosure
TO BE ABA			ustoc			(1.6	e., thermal systems surfacing, VAT		SF or LF)	ova	=-	psu	Sur
(13)	ity	F = 1	(12)			other miscellane		2		1	Encapsulate	(D)
`,'		Ye	es	No	N/A						-		
Exterior	E		\boxtimes	Transit	e Siding		2,800 SF						
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*11	- 10]			77	*					
	48 636]			F 17						
Name of Registered Was	ste Hauler	10		N	JDEP \	Waste	Cubic Yards of	Name of Reg	istered Landfill	-			
Century Waste Ser		89 sa		Н	auler II 32797		Waste As Needed		lehem Landfill	8 11			
City, State							Disposal Date	City, State	D.4				
Elizabeth, NJ				TBD	Bethleher	m, PA							
Completed By (Print or 1	уре)	Title					Signature) //	//	Date	10	/	,
Zvonko Veskov		Pres	iden	t			1 5	4/1/11	(7/	28	1/6	2

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 2016 10 05 16 Township of Little Falls Street Address Type Notification Agencies Notified **⊠** EPA ☐ Initial 225 Main Street **⊠** DOLWD M Amended City, State, Zip Code Amendment #1 X DOH Little Falls, NJ 07424 ☐ Emergency (including ☐ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Cynthia Kraus FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Residential ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) Little Falls, NJ County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) County (6) Passaic Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC **Bio Terra Solutions** Street Address Street Address P.O. Box 1224 27 Outwater Lane City, State, Zip Code City, State, Zip Code Union, NJ Garfield, NJ 07026 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 973-928-4888 1188 973-494-3762 Rick Estaquio Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 11 / 23 / 16 10 / 07 / 16 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: - AM-Garfield, NJ 07026 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure Renovation □ Demolition Glovebag Procedure ≥ 160 sf or > 260 lf Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Description of Location of Enclosure Encapsulate Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Maintenance/ (Specify TO BE ABATED (i.e., thermal systems insulation, Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A 2.800 SF X X Transite Siding Exterior Name of Registered Landfill NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Hauler ID No. Waste IESI Bethlehem Landfill All Pro Management, LLC 0034860 As Needed City, State Disposal Date City, State Bethlehem, PA TBD/ Garfield, NJ Date Signature/ Completed By (Print or Type) Allen Monchik Project Manager

State of New Jersey

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

Ck# 3106

Date of Notification (1)		Mind of the			Name	of Building	Owner/Operator	(2)					
	5 / _	16	_		PSE	G			FRE		Ī		
Agencies Notified	Type Notificat	tion	- 17		Street	Address					e-c-ime i	1	3 3
☐ EPA					80 F	ark Plaz	а						1 4
□ DOLWD	☐ Amended	W			City, S	tate, Zip C	ode		minn OCI 1	1 4	Jiū	- 1	
☑ DHSS ☐ DCA	Amendme		luding		New	ark, NJ	07102		12 14				
(NJAC 5:23-8)	justificatio	n)	iaaiiig		Name	of Contact			Telephone Number	er		1	
	☐ Cancellation	on			C/O	Thomas	Savage			SHE?)		
					FAC	ILITY IN	FORMATION		to the same that the plant of the same that we have the				
Name of Facility Where A	Abatement is Ta	aking	Place	(3)				Type of Fac	ility (4)				
PSEG Nuclear								School (I					
Street Address								Other (i.e	oter 8 (Other than K-12) e., private and commerc	ial bu	ilding	s,	
End of Alloway Cre	ek Neck Rd.							homes,					
City (5)								Square Fee	t # of Floors	Blo	ig. Ag	le	
Hancocks Bridge												W	
County (6)					Coun	ty Code (7	(STATE USE ONLY)		(Prior if being demolish				P
Salem								Exterior	work on interior of	cooli	ng t	ower	
Name of Monitoring Firm	Hired by Build	ing O	wner (8)	ASCM I	No.	Name of Abaten	ent Contracto	r (9)				
NA							BRISTOL EI	VIRONMEN	ITAL, INC.				
Street Address							Street Address						
							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip (Code					
2							BRISTOL, P	A 19007					
Project Manager for Mon	itoring Firm		-	Tele	phone I	No.	Telephone No.		License No.				
							215-788-604	0	00509				
Start Date (10)	S	chedu	uled C	omple	tion Dat	te (11)	Name of OSHA	Monitor					
10 /17 /	16	1	1_ /	3	/ _	16	BRISTOL EI	VIRONMEN	ITAL, INC.				
Occupancy Status During	g Abatement (C	Check	only o	ne)			Street Address						
☐ Facility Closed/Vacate	ed During Entire	e Peri	iod of	Abate	ment		1123 BEAVE	R STREET					
☐ Abatement Performed						cribe	City, State, Zip (Code					
Time of Abatement: 7	:00AM- <u>5:30</u> P	M/	PI	VI	AM		BRISTOL, P	A 19007					
Scope of Work (Check a	ll that apply)							70 50 87 200					13
☐ >3 sf or >3 lf			⊠ Re	novat	ion		☐ Full Co ☐ Mini-Er		Negative Pressure				
≥160 sf or ≥260 lf			☐ De				Gloveb	ag Procedure					
			02700	20.52211.0085			⊠ Non-Ex	empted (*) an	d Non-Friable Procedur	-			
				Loca			M.	8		Ab	atem	ent T	уре
Location Asbestos-Containing		,		Norma d Sol	ely by	Acho	Description stos Containing N		Amount	Re	Re	En	En
TO BE ABA		,	Ma	intena	ince/		., thermal system		(Specify	Removal	Repair	caps	Enclosure
IN Facil	ity		Cus	todial (12)	Staff?		surfacing, VA other miscellar		SF or LF)	a		Encapsulate	ure
(13)		İ	Yes	No	N/A		Other miscenar	eous)				te	
Hope Creek Cooling	П		Transit	e panels		1000 SF							
Genreal Area beneat				e debris clean	up	1500 SF		П	П	П			
Gerreal Area Berreal		-				1141101					П	П	
					1					 			
Name of Devistors 4344	ata Llevilar				JDEP V	Masta	Cubic Yards of	Name of I	Registered Landfill				
Name of Registered Was C&H Disposal Serv				10.7	lauler II		Waste		Co Improve. Auth. S	Solid	Was	te D	iv
	110.				7903		15 Disposal Date	City, State					
City, State Elmer, NJ							11/3/16	Allowa					
Management of the same of the	'una'	Title					Signature		Da	te	1	141	
Completed By (Print or T	ype)	Title	stima	to-			111-	0	soni/gk	11	10	/11	
Gino Pizzigoni		ES	suma	LOI			Line	1 rumi	20mm / 4/6	10	, ,	116	2

		(Pursua	DI IO IN	0,	60 and 5.10)			Chk. #4494			
		Nam	ne of Buil	ding Ow	ner/Operator (2)	tion Center Job	#1610-2129				
of Notification (1)	A	rmenia	n Nursi	ing & Rehabilita	tion Center Job	TEGE					
10 / _	7 / 16		eet Addre					1.1			
	Type Notification	7	n Main	Street			170	1 1 2016			
cies Notified	Initial	Cit	v State.	Zip Cod	e		001	1			
PA OOLWD	Amended Amendment #	_ 0.0	Emerso	n, NJ 0	7630	Te	elephone Numb	er			
HSS	Emergency (includi	ing N:	ame of C	ontact			and the second	Francisco 16			
DCA	iustification)	140	Matthe	w Russ	80		Lic	75183			
(NJAC 5:23-8)	☐ Cancellation		EACILI	TY INF		Type of Facility (4)					
		183	FACIL			1 /V 171		2)			
:::N/het	e Abatement is Taking Pl	ace (3)				School (K-12) Subchapter 8 (Other (i.e., priv	Other than K-12	ercial buildings,			
me of Facility Vinor	ng & Rehabilitation Co	enter				Other (i.e., priv homes, etc.)		Bldg. Age			
Armenian Nuisi	19			Square Feet	# of Floors	51 years					
reet Address							1				
70 Main Street						/D-i	or if being demo	olisnea)			
City (5)			Count	Code (7)(STATE USE ONLY)	Vacant					
Emerson						· Contractor (9))				
County (6)		-= (9)	ASCM N	Vo.	Name of Abate	and Mold Service	es, Corp.				
Bergen	Firm Hired by Building C)wner (o)	/		Asbestos a	IIId Mora					
Criterion Labo	ratories				Street Address	n Boulevard					
· Addross					3859 Sylot	Code					
Street Address 70 Progress D	orive, Suite J				City, State, Zi	rt, NJ 08036					
City, State, Zip Co	ode				Hainespo	11, 110 00	License N				
		T	elephone	No.	Telephone No. 00862						
Bensalem,	for Monitoring 1 in.		215-24	4-1300	203	Name of OSHA Monitor					
Mike Panepr	esso esso	eduled Con	nnletion D)ate (11	Name of Oo	nalytical, Inc.					
(4.0)		10_ /	20_ /	_16							
10 / _	17 / 16 -		e)		Street Addre	Route 130 Nort	h				
21.4	During Abatement (o.	neck only on	batemen	t		Zin Code					
Occupancy of	is treated During Entire	Period of A	Hours - [Describe	City, State,	inson, NJ 08077	7				
M Eacility Close	ed/Vacated Dates	mallaomis		AIVI	Cinnaii	11100.15					
☐ Abatement F	ed/Vacated During Entire Performed Outside of Nor	PM/	_PM	_			No ative Pres	ssure			
☐ Abatement F	Performed Outside of Nor atement:AM	PM/	_PM			ul Containment wit	h Negative Pres	ssure			
☐ Abatement F	Performed Outside of Nor atement:AM	PIVI/			⊠F	ull Containment wit	h Negative Pres	Procedure			
☐ Abatement F Time of Aba Scope of Work	Performed Outside of Nor atement:AM (Check all that apply)	PIWI/	novation		⊠F	ull Containment wit	h Negative Pres	Procedure Abatement			
☐ Abatement F Time of Aba Scope of Work	Performed Outside of Nor atement:AM	PIWI/			⊠F	ull Containment wit	h Negative Pres	Procedure Abatement			
☐ Abatement F Time of Aba Scope of Work	Performed Outside of Nor atement:AM	PINI/	enovation emolition	n		ull Containment with lini-Enclosure Blovebag Procedure Non-Exempted (*) a	h Negative Pres	Procedure Abatement			
 ☐ Facility Closs ☐ Abatement F Time of Aba Scope of Work ☐ ≥3 sf or ≥3 ☐ ≥160 sf or 	Performed Outside of Nor atement:AM	Ne Re □ De	enovation emolition s-Locatio	n /	⊠ F □ M □ C □ N	ull Containment with lini-Enclosure Blovebag Procedure Non-Exempted (*) a cription of	h Negative Pres	Procedure Abatement			
 ☐ Facility Closs ☐ Abatement F Time of Aba Scope of Work ☐ ≥3 sf or ≥3 ☐ ≥160 sf or 	Performed Outside of Nor atement:AM	Re ☐ De	enovation emolition s-Locatio Normally sed Solel	n / y by	Des Asbestos Conta (i.e., thermal	ull Containment with lini-Enclosure Slovebag Procedure Non-Exempted (*) a cription of sining Material (ACN systems insulation, ling VAT, or	h Negative Pres	Procedure Abatement			
 ☐ Facility Closs ☐ Abatement F Time of Aba Scope of Work ☐ ≥3 sf or ≥3 ☐ ≥160 sf or 	Performed Outside of Nor atement:AM	Re ☐ De	enovation emolition S Locatio Normally sed Solely Maintenant Justodial S	n / y by	Des Asbestos Conta (i.e., thermal	ull Containment with lini-Enclosure Blovebag Procedure Non-Exempted (*) a cription of	h Negative Pres	Abatement Removal Repair Rapponent Ropair			
 ☐ Facility Closs ☐ Abatement F Time of Aba Scope of Work ☐ ≥3 sf or ≥3 ☐ ≥160 sf or 	Performed Outside of Nor atement:AM (Check all that apply) If >260 If Location of Containing Material (ACI TO BE ABATED IN Facility	NM) Us	enovation emolition S Locatio Normally sed Solel faintenant ustodial S (12)	n / y by ice/ staff?	Des Asbestos Conta (i.e., thermal	ull Containment with lini-Enclosure Slovebag Procedure Non-Exempted (*) a cription of sining Material (ACN systems insulation, ling VAT, or	h Negative Pres	Procedure Abatement			
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 ☐ Facility Closs ☐ Abatement Facilities ☐ Scope of Work ☐ ≥3 sf or ≥3 ☐ ≥160 sf or ☐ Asbestos Interior	Performed Outside of Nor atement:AM (Check all that apply) If >260 If Location of Containing Material (ACI TO BE ABATED IN Facility (13)	NM) NG CL	enovation emolition Normally sed Solel flaintenan ustodial S (12)	n // y by loce/ staff?	Des Asbestos Conta (i.e., thermal surfac other n	ull Containment with lini-Enclosure Blovebag Procedure Non-Exempted (*) a cription of sining Material (ACN systems insulation, cing, VAT, or niscellaneous)	h Negative Pres	Abatement Removal roccity or LF) Abatement Repair Repair Repair D D D D D D D D D D D D D			
 ☐ Facility Closs ☐ Abatement Facilities ☐ Scope of Work ☐ ≥3 sf or ≥3 ☐ ≥160 sf or ☐ Asbestos Interior	Performed Outside of Nor atement:AM (Check all that apply) If >260 If Location of Containing Material (ACI TO BE ABATED IN Facility (13)	NM) Us N Cu	enovation emolition S-Location Normally sed Solely flaintenanustodial S (12)	n / / y by loce/ staff?	Des Asbestos Conta (i.e., thermal surfac other n	ull Containment with lini-Enclosure Blovebag Procedure Non-Exempted (*) a cription of sining Material (ACN systems insulation, cling, VAT, or niscellaneous)	h Negative Pres	Abatement Removal OO SF SELF OO SF OO SF			
 ☐ Facility Closs ☐ Abatement Facilities ☐ Scope of Work ☐ ≥3 sf or ≥3 ☐ ≥160 sf or Asbestos	Performed Outside of Nor atement:AM (Check all that apply) If >260 If Location of Containing Material (ACI TO BE ABATED IN Facility (13)	M) Us N Cu	enovation emolition S-Locatio Normally sed Solel flaintenam ustodial S (12)	nn // y by loce/ staff?	Des Asbestos Conta (i.e., thermal surfac other n	ull Containment with lini-Enclosure Blovebag Procedure Non-Exempted (*) a cription of sining Material (ACN systems insulation, sing, VAT, or niscellaneous)	h Negative Present Negative Present Negative Present Non-Friable M) Am (Si SF	Abatement Removal OO SF State Abatement Repair Branch Control			
 ☐ Facility Closs ☐ Abatement Facilities ☐ Scope of Work ☐ ≥3 sf or ≥3 ☐ ≥160 sf or ☐ Asbestos Interior	Performed Outside of Nor atement:AM (Check all that apply) If >260 If Location of Containing Material (ACI TO BE ABATED IN Facility (13)	M) Us N Cu	enovation emolition S-Location Normally sed Solely flaintenanustodial S (12)	n / y by loce/ staff?	Des Asbestos Conta (i.e., thermal surfac other n	ull Containment with lini-Enclosure Blovebag Procedure Non-Exempted (*) a cription of sining Material (ACN systems insulation, sing, VAT, or niscellaneous)	h Negative Present Negative Present Negative Present Non-Friable M) Am (S) SF 8 1	Abatement Removal OO SF State Abatement Repair Branch Control			
 ☐ Facility Closs ☐ Abatement Facilities ☐ Scope of Work ☐ ≥3 sf or ≥3 ☐ ≥160 sf or ☐ Asbestos Interior Exterior Facilities 	Performed Outside of Nor atement:AM (Check all that apply) If ≥260 If Location of Containing Material (ACI TO BE ABATED IN Facility (13) Roof	NAM) Us N Cu	enovation emolition S-Locatio Normally sed Solel flaintenam ustodial S (12)	nn // y by loce/ staff?	Des Asbestos Conta (i.e., thermal surfac other n Floor Tile Black Flashing Waste ID No. Cubic Waste Waste	ull Containment with lini-Enclosure Blovebag Procedure Non-Exempted (*) a cription of sining Material (ACN systems insulation, cing, VAT, or niscellaneous) Yards of Gi	h Negative Present Nega	Abatement Removal OO SF Solution Abatement Repair Repair Repair Double Repair Re			
 ☐ Facility Closs ☐ Abatement Facilities ☐ Scope of Work ☐ ≥3 sf or ≥3 ☐ ≥160 sf or ☐ Asbestos ☐ Interior Exterior Facilities ☐ Name of Facilities 	Performed Outside of Nor atement:AM (Check all that apply) If >260 If Location of Containing Material (ACI TO BE ABATED IN Facility (13)	NAM) Us N Cu	enovation emolition S-Locatio Normally sed Solel flaintenam ustodial S (12)	n / y by loce/ staff?	Des Asbestos Conta (i.e., thermal surfac other n	ull Containment with lini-Enclosure Blovebag Procedure Non-Exempted (*) a cription of sining Material (ACN systems insulation, cing, VAT, or niscellaneous) Yards of e Glosal Date City	h Negative Present Nega	Abatement Removal OO SF Solution Abatement Repair Repair Repair Double Repair Re			
Scope of Work Scope of Work ≥3 sf or ≥3 ≥160 sf or Asbestos Interior Exterior F TBD	Performed Outside of Nor atement:AM (Check all that apply) If >260 If Location of Containing Material (ACI TO BE ABATED IN Facility (13) Roof Registered Waste Hauler	NAM) Us N Cu	enovation emolition S-Locatio Normally sed Solel flaintenam ustodial S (12)	n / y by loce/ staff?	Des Asbestos Conta (i.e., thermal surfac other n	ull Containment with lini-Enclosure Blovebag Procedure Non-Exempted (*) a cription of sining Material (ACN systems insulation, cing, VAT, or niscellaneous) Yards of Gi	h Negative Present Am Non-Friable M) Am (Si SF Am Am Am Am Am Am Am Am Am Am Am Am Am	Abatement Removal Pecify or LF) OO SF SELECTION Landfill III A 19067			
Scope of Work Scope of Work ≥3 sf or ≥3 ≥160 sf or Asbestos Interior Exterior F	Performed Outside of Nor atement:AM (Check all that apply) If >260 If Location of Containing Material (ACI TO BE ABATED IN Facility (13) Roof Registered Waste Hauler	NAM) Us N Cu	enovation emolition S-Locatio Normally sed Solel flaintenam ustodial S (12)	n / y by loce/ staff?	Des Asbestos Conta (i.e., thermal surfac other n	ull Containment with lini-Enclosure Blovebag Procedure Non-Exempted (*) a cription of sining Material (ACN systems insulation, cing, VAT, or niscellaneous) Yards of e Glosal Date City	h Negative Present Nega	Abatement Repair Repair OO SF DO SF			
Scope of Work Scope of Work ≥3 sf or ≥3 ≥160 sf or Asbestos Interior Exterior F Name of F TBD City, State	Performed Outside of Nor atement:AM (Check all that apply) If >260 If Location of Containing Material (ACI TO BE ABATED IN Facility (13) Roof Registered Waste Hauler	No No No No No No No No No No No No No N	enovation emolition S-Locatio Normally sed Solel- laintenar ustodial S (12) es No	n / y by loce/ staff? N/A	Des Asbestos Conta (i.e., thermal surfac other n Floor Tile Black Flashing Waste ID No. Disp 10	ull Containment with lini-Enclosure Blovebag Procedure Non-Exempted (*) a cription of sining Material (ACN systems insulation, cing, VAT, or niscellaneous) Yards of Gosal Date City 1/20/16	h Negative Present Nega	Abatement Removal Pecify or LF) OO SF SELECTION Landfill III A 19067			
Scope of Work Scope of Work ≥3 sf or ≥3 ≥160 sf or Asbestos Interior Exterior F Name of F TBD City, Stat	Performed Outside of Nor atement:AM (Check all that apply) If >260 If Location of Containing Material (ACI TO BE ABATED IN Facility (13) Roof Registered Waste Hauler	M) Us N Cu	enovation emolition s-Locatio Normally sed Solely diaintenam (12) es No	n / y by loce/ Staff? N/A NJDEP Hauler	Des Asbestos Conta (i.e., thermal surfac other n	ull Containment with lini-Enclosure Blovebag Procedure Non-Exempted (*) a cription of sining Material (ACN systems insulation, cing, VAT, or niscellaneous) Yards of Gosal Date City 1/20/16	h Negative Present Am Non-Friable M) Am (Si SF) 8 1 ne of Registered ROWS Landfin, State Morrisville, PA	Abatement Removal Pecify or LF) OO SF SELECTION Landfill III A 19067			

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

Date of Notification (1)				Name of Building Owner/Operator (2)									
10 / _	30 / 15	271		Johns	s Manvill	e Corp.	/ Job #1	510-2035 Ch	nk. N	4			
Agencies Notified	Type Notification			Street A			ING.	C E I V		1			
⊠ EPA	☐ Initial			5.000	7 th Stree	YA		And the second second second		111	1.10	_	
□ DOLWD	Amended			City, Sta	te, Zip Co	de	2010						
□ DHSS	Amendment #10			Denv	er, CO 80	0217	OCT 1 1 2016 -						
☐ DCA (NJAC 5:23-8)	justification)	damig			Contact		Telephone Number						
	☐ Cancellation			The State of the S	ony Volk			1 <u>6</u> 10:		<u>G.</u>		-	
				FACI	LITY INF	ORMATION		DEP LICENSIVE		4,000	فدعدمه	\dashv	
Name of Facility Where A		Place (3)				Type of Eacility (4)					
Warehouse Roof A			☐ School (K-12) ☐ Subchapter 8 (Other than K-12)										
Street Address						Other (i.e., private and commercial building							
437 North Grove St	treet						homes, etc.)	# of Floors	Blde	g. Age	-	\neg	
City (5)							Square Feet 665,000 SF	1	5	(1)20			
Berlin					0 1 (7)	OTATE LIGE ON VI	1.00	r if being demolish	1			-	
County (6)				County	/ Code (/)(STATE USE ONLY)	Warehouse	I II being derrioner	ou,				
Camden		- 10		100111		Name of Abateme							
Name of Monitoring Firm		wner (8)	ASCM N	10.		d Mold Services	Corn					
One Source Safety	& Health					Street Address	a Word Services	, ос.р.				-	
Street Address	0 11 400					3859 Sylon E	Roulevard						
140 S. Village Aver	nue Suite 130					City, State, Zip C							
City, State, Zip Code						Hainesport,							
Exton, PA 19341	the day Firm		Tolo	ephone No. Telephone No.				License No.					
Project Manager for Mor Brian Hovendon	nitoring Firm		610-524-5525 609-702-040			00862							
		letion Date (11) Name of OSHA											
Start Date (10) 11 / 9 /		1	The state of the s	EMSL Analy	tical, Inc.								
Occupancy Status Durin		only o	ne)			Street Address							
☐ Facility Closed/Vaca				ment		200 U.S. Rou	ite 130 North						
☐ Abatement Performe	ed Outside of Normal	Facility	Hou	rs - Desc	cribe	City, State, Zip C	ode						
Time of Abatement:	AMPN	Λ/	_PM		MA	Cinnaminso	n, NJ 08077						
Scope of Work (Check a	all that apply)					□ F. II C.	tainment with Nog	ative Pressure					
□ > 2 of or > 2 If		⊠ Rei	novat	ion		☐ Full Cor	ntainment with Neg closure	alive Flessure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☐ Dei				☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure							
						⊠ Non-Ex	Exempted (*) and Non-Friable Procedure Abatement T					vno	
			Loca Iorma			Description	of				100000	T.	
Locatio Asbestos-Containing		Use	d So	ely by	Asbe	stos Containing M		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
TO BE A	BATED	100000000000000000000000000000000000000		ance/ Staff?	(i.e	., thermal systems surfacing, VA			ova	H.	ıpsu	nusc	
	IN Facility					other miscellan		Of Of Ery	_		late	G.	
(10.	(13)			N/A									
Warehouse Roof				\boxtimes	Roofing	g		9,000 SF					
н					Transit	e Decking		9,000 SF					
ıı .				\boxtimes	Transit	e Flues		6 ea					
Name of Registered Waste Hauler NJDEP						Cubic Yards of	Name of Regis			-112-2-12-2			
Freehold Cartage		Hauler II 0226		Waste 10	GROWS L	andfill							
City, State					Disposal Date City, State			Control garagement					
Freehold, NJ				11/1/16 Morrisville, PA 19067							421, 1911		
Completed By (Print or Type) Title						Signature/		-	ate	2.0	1.4		
Kimberly A. Trumbetti Office Coordinator					r	QK 1	1		9-3	0-	14	1	
						17/1	/						

ASB-41 MAY 11

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

Date of Notification (1)			Name of Building Owner/Operator (2)									
9 / 20 / 16				Metro Self Storage Wood Ridge, LLC / Job #1609-2122 Chk #4493								
Agencies Notified Type Notification				Street Address								
☑ EPA ☐ Initial			1352	8 West E	Boulton Bouleva	ard E						
□ DOLWD	and .		City, St	ate, Zip C	ode		. OCT 11	2010				
□ DHSS Amendment			Lake	Forest,	Illinois 60045	10 0	0C1 11	2016		tor expend		
DCA Emergency justification			Name o	of Contact			Telephone Number					
☐ Cancellation		Tom	Fraser					V. B				
			FAC	ILITY IN	FORMATION	Self-refresh radio	LILENSI	NG_			1	
Name of Facility Where Abatement is Tal	king Place	(3)				Type of Facility (4)					
Rudox		ANT CONTRA		☐ School (K-12)								
Street Address					Subchapter 8	(Other than K-12) ivate and commerce	ial huil	dinas				
765 Route 17 North						homes, etc.)	vate and commerc	nai ban	unigo,			
City (5)						Square Feet	# of Floors	Bld	g. Age			
Carlstadt						56,221	2	5	0 +			
County (6)	7		Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)				
Bergen						Vacant						
Name of Monitoring Firm Hired by Buildir	ng Owner	(8)	ASCM N	No.	Name of Abateme	ent Contractor (9)						
Horizon Environmental					Asbestos an	d Mold Service	s, Corp.					
Street Address					Street Address							
PO Box 316					3859 Sylon E	Boulevard						
City, State, Zip Code					City, State, Zip C	ode		71777				
Thorofare, NJ 08086					Hainesport, NJ 08036							
Project Manager for Monitoring Firm		Tele	ephone N	No.	Telephone No. License No.							
Dave or Steve Flanigan		8	56-848-	-0800	609-702-0400 00862							
Start Date (10) So	heduled C	comple	etion Dat	e (11)	(11) Name of OSHA Monitor							
10/5/16	@11a=	_ 2	2_//	/ 16 EMSL Analytical, Inc.								
Occupancy Status During Abatement (Cl	heck only	one)		Street Address								
☐ Facility Closed/Vacated During Entire			ement		200 U.S. Rou	ite 130 North						
☐ Abatement Performed Outside of Nor					City, State, Zip C	ode	-					
Time of Abatement:AM	_PM/	PM		AM	Cinnaminso	n, NJ 08077						
Scope of Work (Check all that apply)					_		&	NEF				
□ >2 of or >2 If	Пв	enova	tion			itainment with Neg closure	gative Pressure	1.10	1 10 1			
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		emolit			M Claushag Broadure						Lung	
					⊠ Non-Exe	exempted (*) and Non-Friable Procedure						
		s Loca Norm			22 0 0 0 0 0 0 0			Abatement Ty		pe		
Location of Asbestos-Containing Material (ACM)	110		lely by	Ashe	Description estos Containing M		Amount	Rer	Repair	Enc	Enclosure	
TO BE ABATED	IVI		ance/		e., thermal systems	insulation,	(Specify	Removal	air	aps	losu	
IN Facility	Cu	31001a (12	Staff?		surfacing, VAT other miscelland		SF or LF)	<u>m</u>		Encapsulate	Гe	
(13)	Yes	1	10000000		other miscenan	3033)				Ф		
Exterior Main Building				Transit	te Roof Panels		18,000 SF					
Exterior Shed		1		Transit	te Siding		2,400 SF					
Exterior Main Building					te Siding		2,800 SF					
		+-			Compound		€3,500 SF					
Hallway Name of Registered Waste Hauler	14	NJDEP		Cubic Yards of	Name of Regi							
To Be Determined			Hauler I		Waste	To Be Det						
		-		30 Disposal Date	City, State							
City, State					11/22/16	0.1, 0.010						
Completed Day (Driet - Trans)	Title				Signature	\cap	l n	ate				
Completed by (v) p-/				r	Signature			10-7	-91	110		
Kimberly A. Trumbetti	Office		uniaio		ITIXI	V		10 1	20	4		

ASB-41 MAY 11

Page 2 of 2

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

Date of Notification (1)	Name of Building Owner/Operator (2)											
9 / 20 / _	16		Metro Self Storage Wood Ridge, LLC / Job #1609-2122 Chk. #4493									
Agencies Notified Type Notifica ☐ Initial			Street Address 13528 West Boulton Boulevard									
☑ DOLWD ☑ Amended			City, S	State, Zip C	Code							
☑ DHSS Amendme☑ DCA ☐ Emergence			Lak	e Forest	Forest, Illinois 60045							
(NJAC 5:23-8) justification		9	Name	Name of Contact Telephone Number/								
☐ Cancellati	ion		Ton	n Fraser					*1			
			FAG	CILITY IN	FORMATION	A Comment of the Comm						
Name of Facility Where Abatement is T	aking Place	(3)				Type of Facility (ity (4)					
Rudox				School (K-12)						94 1		
Street Address				☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,								
765 Route 17 North						homes, etc.)		Jai Dalla	rigo,			
City (5)	-y-, y-y					Square Feet	eet # of Floors Bldg. Age					
Carlstadt					24	56,221	2	50	+			
County (6)			Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)				
Bergen						Vacant						
Name of Monitoring Firm Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Horizon Environmental					Asbestos and	d Mold Service	s, Corp.					
Street Address		-			Street Address							
PO Box 316					3859 Sylon B	oulevard						
City, State, Zip Code					City, State, Zip Co	ode						
Thorofare, NJ 08086					Hainesport, NJ 08036							
Project Manager for Monitoring Firm		Tele	ephone	No.								
Dave or Steve Flanigan		8	56-848	-0800	0800 609-702-0400 00862							
	cheduled C	omple	tion Da	A STATE OF THE PROPERTY OF THE								
10/5/16	11/	22	2 - /-	EMSL Analytical, Inc.								
Occupancy Status During Abatement (C					Street Address							
☐ Facility Closed/Vacated During Entir					200 U.S. Rou	te 130 North						
Abatement Performed Outside of No Time of Abatement:AM	rmal Facilit	y Hou PM	rs - Des -	cribe AM	City, State, Zip Co							
Scope of Work (Check all that apply)					Cinnaminson	n, NJ 08077						
Coope of work (offect all that apply)					☐ Full Conf	tainment with Neg	ative Pressure	MAT				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	☐ Re 図 De	novat			☐ Mini-Enclosure ☐ Mini-Enclosure ☐ Mini-Enclosure ☐ Mini-Enclosure ☐ Mini-Enclosure ☐ Mini-Enclosure							
⊠ ≥100 si 0i ≥200 li	on	a	1 101.10 4. 11									
	Is	Loca	tion				n-Friable Procedure		ment T	-		
Location of	1.1	Norma			Description of	of	240 Per (0. 250 CO) 4		10/15/20-04/16/00/	1		
Asbestos-Containing Material (ACM TO BE ABATED	1	ed Sol			stos Containing Ma ., thermal systems		Amount	Remova	nca	nclo		
IN Facility		Staff?	(1.6	surfacing, VAT,		(Specify SF or LF)	ova	Encapsulate	Enclosure			
(13)	Yes	(12) No			other miscellane	ous)	85 85338 1		late	0		
Shop & Locker Room Windows	N/A	Glasia -	Glazing 4,000 LF ⊠									
1st Floor Hall Closet	est military and the second se				01a2111g 4,000 EF					+		
2 nd Floor Hallway & Office #8						sulation	2 LF		11	片		
1st Floor Hallway & Office #9				Floor T			350 SF		11	井		
Name of Registered Waste Hauler	I DEBY	10 CONTRACTOR 100	ile & Mastic	Non- (5	1,450 SF							
To Be Determined		1000	JDEP \ lauler II		Cubic Yards of Waste	Name of Regis To Be Dete						
City, State					30 Disposal Date	City, State						
					11/22/16	Oity, Otale						
Completed By (Print or Type)	Title				Signature/		Dat	e				
Kimberly A. Trumbetti	Office (Coor	dinato	•	QXI V		10	- 7-	2016			

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