GL16-004 ELM

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

check # 2442 Page 1 of 1

Date of Notification (1) 9-21-2016	Name of Building Owner/Operator (2) Ramapo College of New Jersey													
Agencies Notified Type Notification			Street Ad 505 Ra	dress mapo V	alley	Road	2000	TIRT		til U		- 1		1
EPA Initial Amended Amendment		_	City, State	e, Zip Coo h, NJ 07	de				OCI	1 1	2016			
Emergency ( justification)  DCA  Cancellation	including		Name of Gina M	Contact ayer-Co	sta			-	Teleph	one Nur	nber	1 &		and the contract law
			FACIL	ITY INFO	RMAT	ION		ingeneral particles			-		BACKSPLE PARTY	فيد
Name of Facility Where Abatement is Taking Elm Building College Park Apartment Street Address		)	29-77				B	of Facility (4 School (K-12 Subchapter	2) 8 (Other th			34		
505 Ramapo Valley Road						-	×	Other (i.e. pr etc.)	rivate & co	ommerci	al build	lings,	home	s,
City (5) Mahwah							Squa 7,05	are Feet	# of Flo	oors	B 4	ldg. A 7	ge	
County (6) Bergen			County C	ode (7) SE ONLY)				ent Use (Prio ege Aparti		demolish	ned)			
Name of Monitoring Firm Hired by Building USA Environmental Management,			ASCM 00112			24002	of Aba Group	atement Cont o, Inc	tractor (9)					
Street Address 344 West State Street						100000000000000000000000000000000000000	Addre Haml	ss ourg Turnp	oike					
City, State, Zip Code Trenton, New Jersey 08618								Zip Code dale, NJ 0	7403					
Project Manager for Monitoring Firm William Weisgarber, Jr.			Telephon		E	1. 011Y:1010:4294A	hone N		10000	icense N 1084	0.			
Start Date (10) 1-11-2017	ed Co	mpletion [	Date (11)			of OS Group	HA Monitor o, Inc	-						
Occupancy Status During Abatement (Chec	k Only On	ne)				11 5.75333 7.755	Addre							
Facility Closed/Vacated During Entire	Period of A	Abater	ment			1		burg Turnp	oike					
Abatement Performed Outside of Norm Other – Describe:	nal Facility	Hour	ours City, State, Zip Code Bloomingdale, NJ 07403											
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	***********		Full Containment with Negative Press Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pr								۵			
						-		JI-EXEMPLES	( ) and is	VOIT-1 Has	1	Abate		t
Location of	1	Loca Norma	ally		D	escription	n of	- 1				Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	intena	Staff?		tos Cor therma surf		Materians insu AT, or		Amo (Spe SF or	ecify	Removal	Repair	Encapsulate	Enclosure
Apartments A-H		X	1.07.1	Drvw	all an	d Joint	Com	pound	28,62	8 SF	X			
Apartments A-H		X				Joist Ac		-	15,50		X			
Apartments A-H	X				Floor			3,802		X				
Apartments A-m	^		1100	31110111	1 1001		illigo	0,002		-				
Name of Registered Waste Hauler		NJDEP W	aste	Cubi	c Yards		Name of I	Registere	d Landfil	1				
GL Group, Inc	100	Hauler ID No. of Waste TBD					Minerva	3						
City, State Bloomingdale, NJ					Disp TBD	osal Date	е	City, State Waynes		ЭН				
Completed by Elena Solakov	Title Pres	ident	t			Signatur	re (	Cleru Sle	Date 9-21-2016					

GL16-004 Palm

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

check # 2441 Page 1 of 1

Date of Notification (1) 9-21-2016		Name of Building Owner/Operator (2) Ramapo College of New Jersey														
Agencies Notified	Type Notification		1.3	Street Ac 505 Ra	ldress imapo V	alley	Road		4	M		C			jj li	
EPA DEP  DOL	Amended Amendment				te, Zip Coo ah, NJ 07			27000	1	M		nct	1	1 20	116	
× DOH × DCA	justification)  Cancellation	**************************************			Contact layer-Co	sta				Tele	ephon	Nin	ber	-		-
				FACIL	ITY INFO	RMAT	ION				A 9.5				BOL	8.
Name of Facility Where A Palm Building Colle Street Address			)						of Facility (4 School (K-12 Subchapter 8	2)	er than		****	SING		
505 Ramapo Valley	Road						1		Other (i.e. pr etc.)	ivate 8	& comr	mercia	al buile	dings,	home	es,
City (5) Mahwah						_			re Feet	# of 2	Floor	S	9 90	ldg. A	ge	-200
County (6) Bergen				County C	Code (7) ISE ONLY)				ent Use (Prio ege Aparti			nolish	ed)			5250
Name of Monitoring Firm USA Environmental				ASCM 0011			Name GL G		atement Cont , Inc	tractor	(9)					
Street Address 344 West State Stre							Street 140 l		ss ourg Turnp	ike			1-11			
City, State, Zip Code Trenton, New Jerse							City, S	tate, Z	Zip Code dale, NJ 0							
Project Manager for Mon	itoring Firm			Telephor	ne No. 6.8101		Teleph 201-	none N	lo.	7 100	Licer 010	nse N	0.			
William Weisgarber Start Date (10)	, Jr.	Schedule			Date (11)		1	i am s	HA Monitor		010	04				
1-11-2017		2-24-20	017				GL G									
Occupancy Status During					ss ourg Turnp	oike										
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of A nal Facility	Abatem Hours	atement												
Scope of Work (Check A	II That Apply)							9		- 100		-				
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	77,7	-	Renovat Demoliti				×	Mi	ull Containme ini-Enclosure ovebag Proc on-Exempted	edure	-				re	
		la la	Logoti	-n				110	DIT EXCHIPTED	( ) (1)	4 11011	THOO	10110		ement	
Location	n of	1	Location	у		De	escription	of						Ty	уре	
Asbestos-Containing TO BE AB. In Facil (13)	Material (ACM) ATED	Ma	intenar todial S (12)	nce/		os Cor therma surfa	ntaining N al system: acing, VA miscellar	Materia s insul T, or	lation,	(5	moun Specify F or LF	/	Removal	Repair	Encapsulate	Enclosure
Apartment	te A_H	100	X	1.073	Dryw	all an	d Joint	Com	pound	28.	628 \$	SF	X			
Apartment			X				Joist Ad				500 1		X			
Apartmen			X				Floor C				302 S		X			
/ iparamen													1			
Name of Registered Was	ste Hauler		0.19	JDEP W			c Yards	*****	Name of F	Registe	ered L	andfill		-		
GL Group, Inc			1 237/34	Hauler ID No. of Waste TBD Minerva												
City, State Bloomingdale, NJ						Dispo TBD	osal Date		City, State Waynes		, ОН			-00		
Completed by Elena Solakov								ture Elem Stuller 9-21-2016				20. 20.000				

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CK 10214M	NOTIFICATI	ION OF ASBESTOS ant to NJAC 8:60 and	ABATEMEN	IT.					
Date of Notification (1)		e of Building Owner/O	· · · · · · · · · · · · · · · · · · ·	16	NoRAL	Λ		0	
Agencies Notified Type Notification  EPA Initial  DEP DEP	7	Address High	ocori	+	NORALT!	H	ye	K	<u>CA</u>
DOL Amendmer  Emergency justification	nt #	State, Zip Code  ALL  of Contact		OWN	/ Telephone N	umbe	0	78	740
Name of Facility Where Abatement is Taki	1/17/	CILITY INFORMATION				D2592576-16			
Street Address	Ate			School (K	(-12)				
100 High St			9	Other (i.e etc.)	er 8 (Other than K- . private & commer	12) cial bu			nes,
County (6) A O TO CAL	Count	y Code (7)	191	are Feet	# of Floors		Bidg.	Age	
Name of Monitoring Firm Hired by Building	(STATE	E USE ONLY)	Name of Ab	1 ANUI	FACTUR	shed)	2		
Street Address	11		J M Street Addre	1/16	Ritage		en.	5.f.	nucl
City, State, Zip Code	Yore In	AL	City, State, 2	Zip Code	X 372			**	_
Project Manager for Monitoring Firm	Teleph	one No.	Telephone N	elle	TTSTCW		/ /		10
Start Date (40)	Scheduled Completion	)29-1649 Date (11) FIFNOUS(F	Name of OSI	HA-Monitor	- 37/37	0	00	2	68
Occupantly Status During Abatement (Chec	k Only One)	2017	Street Address	SS SS					-
Other - Describe: 1264 A	al Facility Hours A	UD COM	City, State, Z	ip Code					$\dashv$
Scope of Work (Check All That Apply)  23 sf or ≥3 if	Renovation	reiters							-
≥160 sf or ≥260 lf	Demolition		☐ Gio	ii-Enclosur	ent with Negative F cedure d (*) and Non-Friab			'A	
Location of	Is Location Normally	_				T	Abate	ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)	Asbestos Contain (i.e. thermal sys surfacing	ption of ing Material stems insular g, VAT, or ællaneous)	(ACM) tion,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Endosure
Tunnels 1-6	Yes No N/A	Rig			1119	val	iir	ulate	e earth
					L'USGFT	V		+	
No. (O									
Name of Registered Waste Hauler  WAS +C MANA 90  City, State	NJDEP War Hauler JD !	Cubic Yard of Waste	ds	Name of R	Registered Landfill				
Completed by	Teasey	Disposal D	5/16/	City, State	Ristrile	e,	7	0/	7
ASB-41 (R-06-08)	paesio	ent G	rapue	11/0	sleet sale	ie	0/1	2/	16
	2	₹Do	not use this	s form for a	sbestos licensure e	xemp	ted a	ctivitie	s.

CK 33911

Date of Notification (1)			Name of Building Owner/Operator (2)									
	4 /	16		Elw	yn			H U - 007	11	201	ð	
Agencies Notified	Type Notificat	ion		Street	Address							1
⊠ EPA			1	111	Elwyn R	oad		L ASBEST	os co	NITE	ROL	18
□ DOLWD	☐ Amended				tate, Zip C			ASDEST	CENS	NG	.0=	
⊠ DOH	Amendme	- Article Control of the			lia, PA 19							
☐ DCA . (NJAC 5:23-8)	☐ Emergence justification				of Contact			Telephone Nun	nber			
(140/10/03/20-0)	Cancellation			Kev	in Sansa	lone						
				ΕΔC	NI VTI II	FORMATION					-	
Name of Facility Where A	hatement is Ta	aking Place	(3)	IAC	ZILITI IIN	TORWATION	Type of Facility	(4)				
Vacant Elwyn Build		annig i idoo	(0)				School (K-12					
Street Address	9						Subchapter 8	(Other than K-1	2)			
1667 E. Landis Aver	niie						Other (i.e., p homes, etc.)	rivate and comme	ercial bu	ilding	S,	
City (5)							Square Feet	# of Floors	Blo	ig. Ag	e	-
Vineland, NJ 08361							50,000	3	1.	100		
County (6)			VIII OUES	Coun	ty Code (7	)(STATE USE ONLY).	100000000000000000000000000000000000000	ior if being demol				
Cumberland				Coun	t) 0000 (r	(O//// OOL ONL/).	Vacant					
Name of Monitoring Firm	Hired by Build	ing Owner	8)	ASCM	No	Name of Abateme						_
Mgmt. & Environme				/ COUNT	110.	- See a second by a second second second second	onmental, LLC					
Street Address	Titul Oolisul	ung och vi	000			Street Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					-
PO Box 341						623 Cutler Av	/enile					
City, State, Zip Code						City, State, Zip Co						
Chesterfield, NJ 08	515					Maple Shade						
Project Manager for Moni			Tole	phone I	No	Telephone No.	, 140 00002	License No.				
Bill Weisgarber	torning Fillin		22000	09-298		856-755-0099	)	00842				
Start Date (10)	10	cheduled C				Name of OSHA N		00042				
10 / 18 /		10 /				EMSL Analyt						
		XII			10		ioai, irio.	(4-1)	9 =	- 0		
Occupancy Status During						Street Address	0 N 41-					
□ Facility Closed/Vacate     □ Abatement Performed					crihe	200 Route 13					-	
Time of Abatement:						City, State, Zip C						
						Cinnaminsor	1, 145 06077					
Scope of Work (Check all	that apply)						tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf		-	novat			Mini-End						
≥160 sf or ≥260 lf		∐ De	moliti	on			g Procedure empted (*) and No	n-Friable Proced	ure			
		Is	Loca	tion		2311011 2110				ateme	ent T	vpe
Location	of		Norma	ally	-	Description of	of			_		
Asbestos-Containing	VOV. 1			ely by		stos Containing Ma	aterial (ACM)	Amount	ζem	Repair	nca	ncl
TO BE ABA			intena todial	Staff?	(i.e	e., thermal systems surfacing, VAT		(Specify SF or LF)	Remova	ar.	squ	Enclosure
IN Facility (13)	ıy		(12)			other miscellane		01 01 11 )	_		Encapsulate	Ö
**		Yes	No	N/A			•					
Basement	13		$\boxtimes$		Pipe In	sulation		100 LF	$\boxtimes$			
1 <sup>st</sup> Floor			$\boxtimes$		Floor T	ile		2,750 SF				
Roof				$\exists \Box$	Cemen	t Board		3,000 SF	$\boxtimes$			
			П	+					ПП	П	П	П
Name of Registered Was	te Hauler			NJDEP I	Waste	Cubic Yards of	Name of Regi	stered Landfill				
Freehold Cartage			1	Hauler II		Waste		nd County Lar	dfill			
City, State				15939	3	40 Disposal Date	City, State					
Freehold, NJ						10/28/2016	Newburg,	PA				
		Tille										
Completed By (Print or T	ype)	Title	ie	Moss	105	Signature	100			1 1		
Christina Lynch		Operat	ions	wanag	jer	UNH		7	101	111	l	

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Date of Notification (1)		Name of Building Owner/Operator (2)  EARTHTECH CONTRACTING								
Agencies Notified Type Notification		Stree	et Address			1 10000	ENS	L. O. J.	1 . 1 . 2	
☐ EPA ☑ Initial				155 RT	50	LIO	LIVO	1140	_	_
☐ DEP ☐ Amended  ☑ DOL Amendment #_		City,	State, Zip		2002 <b>-</b> 0 2000			-		
☐ Emergency (in	cluding		6	RELIMFIE	LO NI.	J 085	30			
DCA justification Cancellation		Name	e of Conta			Telephone Numb	er			
Carcellator				UCE						
		FA	CILITY IN	FORMATION						
Name of Facility Where Abatement is Taking					Type of Facilit	ty (4)				
RESIDENCE					School (K-	12) r 8 (Other than K-12	1			
Street Address						private & commercia		dings		
City (5) OCTAW CIT	'L				Square Feet 2000	# of Floors	. В	ldg. A	-	
County (6)	1	T Cour	nty Code	7) (STATE		Prior if being demolis	hed)	50	) -	_
CAPE MAY	,		ONLY)		VA	CAMT	ilica)			
Name of Monitoring Firm Hired by Building O	wner	ASCM	No.	Name of Abatem		925				
(8) NA					IMCO I	NC				
Street Address				Street Address	S SPIEL	JCE ALE				
City, State, Zip Code		-		City, State, Zip C		7,00				
				MAPL	E SHAD	E M.J	080	250		
Project Manager for Monitoring Firm	Tel	ephone	No.	Telephone No.	2	License No.				
	_   _			856-77	4-0472	_0041	14			
	led Comple	4000	te (11)	Name of OSHA N	Monitor					
	)- <u>19</u> -	-16								
Occupancy Status During Abatement (Check		NF3::		Street Address						
Facility Closed/Vacated During Entire Perio				0: 0: 7: 0					_	_
Abatement Performed Outside of Normal F Other - Describe:	acally nou	City, State, Zip Code								
Scope of Work (Check all that apply)		-								
	Renovat	ion		☐ Full Con		egative Pressure				
	Z Demolitic			Gloveba	g Procedure	F. H. B				
7	1-1			Non-Exe	mpted (*) and N	on-Friable Procedur	_	bate	ment	
	Is Location Normally						1	Тур		
20001101101	Used Sole		A = b = = =	Description of tos Containing Mate	orial (ACM)	Amount				
Asbestos-Containing Material (ACM) TO BE ABATED	Custodia	100		thermal systems in		(Specify	R	77	Encapsulate	Enclosure
IN Facility	Staff?	1	*******	surfacing, VAT, other miscellaneous	or	SF or LF)	Removal	Repair	apsı	clos
(13)	(12)			other miscellaneon	(8)		Val	=	late	BIN
	Yes No	N/A								
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										_
										_
Name of Registered Waste Hauler		UDEP W		Cubic Yards	Name of Reg	istered Landfill				
KLEMIO INC	17	auler ID	70	of Waste	_ C. M	1.C. M.U.	1A			
City, State				Disposal Date	City, State	2 12 2				
MAPLE SHADE IN.	J			WOODBINE						
Completed By Title	C			Signature   Date   10 -1 - 16						
MICHAU KLOMM	SUP			Mul	UV		7	10		

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Date of Notification (1) 09/30/16	N	lame of E	Building Owr A.Z.(	er/Operator	(2) 7.5/	<i>(</i> *	See to	ā			
Agencies Notified Type Notification	S	Street Add	dress		855		1 ,====		-		
☐ EPA ☐ Initial			. 7~	1			(15				
DEP Amended		City, State	, Zip Code	200	Mirc	115 1	15,070	66			
DOL Amendment #_	cluding					- V 3	Telephone Num				
DOH justification)  Cancellation	, I	Name of (	Contact AZ	IZ A	157	/	I Alannono milim				- !
		FACIL	TY INFORM	MATION						-	
Name of Facility Where Abatement is Taking F					Type	of Facility (4	)				
AZIZ'S HON 6	<del>-</del>					School (K-12	2)				
Street Address						Other (i.e. pr	(Other than K-12)	l build	ings, l	nomes	s,
					E	etc.)					
City (5) SECAUCUS						e Feet	# of Floors		dg. Ag	2	
	10	County Co	nde (7)		1		r if being demolishe	ed)	10		
County (6) HIPOSON			SE ONLY) _		Ourie	HOM		<i>,</i>			
Name of Monitoring Firm Hired by Building Ow	vner (8)	ASCM	No.	Name	of Abat	tement Conf	tractor (9)	100	DOA.	10	2:0
				456	SIDS	SIROB	tractor (9) OTICS diver	INI	الإال	THU	ull
Street Address				Street	Addres	SLL S					
				11	, ,		1//	5 90.000			
City, State, Zip Code				City, s	PA7	ip Code TRSP	NON NO, C	75	DI		
Project Manager for Monitoring Firm		Telephon	e No.		hone No		License No				
A SOCIAL PORTA CONTROL			0.65	973	653	9652	125	7			
Start Date (10)	Scheduled Com		ate (11)	Name	0	A Monitor	0001				
	10/17	1/6	>	6	1	HN 1	45				
Occupancy Status During Abatement (Check	Only One)				t Addres		57				
Facility Closed/Vacated During Entire Pe	eriod of Abatem	ent				1/2/					
Abatement Performed Outside of Normal Other – Describe:	i Facility Hours			City,	ATT	ip Code	N, NJ, 0.	15	אט		
Scope of Work (Check All That Apply)				17	4/6	ROOM	YITOTE.				
	□ «Denesses	tion.		F	7 5	II Containme	ent with Negative P	receill	re.		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova:				Mir	ni-Enclosure		rossur	-		
	_			Į.		ovebag Proc	edure I (*) and Non-Friab	le Pro	cedure	4	
					NO.	II-Exemples	( ) and reon-ride		Abate	TO SHILLING	
<b>,</b> 1000 € 1000 €	Is Location Normali	3000		D					Ту		
Location of Asbestos-Containing Material (ACM)	Used Sole	ly by	Asbestos	Descriptio Containing	Material	I (ACM)	Amount			ш	_
TO BE ABATED	Maintenar Custodial S	0.5-600	(i.e. the	ermal systen	ns insula	ation,	(Specify SF or LF)	Ren	Re	ncal	Encl
In Facility (13)	(12)			surfacing, V ther miscella			GF OF LF)	Remova	Repair	Encapsulate	Enclosure
2 7	Yes No	N/A						=		ate	Φ.
CYECO LOO CIONIII	- /	1	71	2017	1	2	20000	11	Je .		
EXTERIOR SIDING	V		1 8	HNO	(1)	C	-3000SF	V			
					7 100 Vert						31
Name of Registered Waste Hauler	73	JDEP W	5.00	Cubic Yards			Registered Landfill	.00			
PROPAN ARROW INDUSTR	2165 1	lauler ID 605		of Waste TBD		G	R. O. W.	5			
City, State Carrol 2 0 - 4		1400	7	Disposal Dat	е				-	30	
City, State PATERSON IN	フ			TBD	/	1401	RRISVIL	46	1	H	
Completed by	Title : /			Signatu	re/ ///	//		ite 9		1/1	0
GORAN IGGV	V. 1	2		/	11	1		V71	100	11/	0
				10	2/11	/					
ASB-41 (R-06-08)				* Bo	not use	this form for	asbestos licensur	e exer	npted	activit	ies.

THILLOHIII State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 2015 BHR Ringwood Real Estate, LLC 09/30/2016 Street Address Type Notification Agencies Notified 200 Powell Place X Initial EPA City, State, Zip Code × Amended DEP Brentwood, TN 37027 Amendment #\_ DOL Emergency (including Telephone Number Name of Contact justification) DOH Jose Orozco Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × etc.) Bldg. Age # of Floors Square Feet City (5) 60 10,000 3 Ringwood Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Vacant - Residence Passaic Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Incinia Contracting, Inc. Whitestone Associates, Inc. Street Address Street Address 1360 Clifton Avenue, Unit 365 1600 Manor Drive, Suite 220 City, State, Zip Code City, State, Zip Code Clifton, NJ 07012 Chalfont, PA 18914 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 001036 (973) 450-9500 (215) 712-2700 Jeremy Hassett Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Incinia Contracting, Inc. 10/14/2016 10/14/2016 Street Address Occupancy Status During Abatement (Check Only One) 1360 Clifton Avenue, Unit 365 Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Clifton, NJ 07012 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure × Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solel intenar odial S (12)	y by nce/	Asbe: (i.e	Description of stos Containing Materia thermal systems insul surfacing, VAT, or other miscellaneous)	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								
Ground			Х		Transit Pipe		200 SF	X			1
											_
											_
Name of Registered Waste Hauler Atlantic Carting					Cubic Yards of Waste 40		Registered Landfi Central Sanita		ndfill	Cor	p.
City, State Wayne, NJ			Disposal Date City, State TBD Pen Argyl, PA								
Completed by Milena Zoric	or	Signature	NX	//	ate 09/30	/201	6				

Ch14327	N			OF ASBESTOS A		NT			n. A	n =	- punn
Date of Notification (1) OCT. 7, 2016		١	Name of FOX &	Building Owner/C	perator (2 LOPMEI	) NT, LLC	DE C				1
Agencies Notified Type Notification			Street Ad 940 AN	ddress MBOY AVENU	E, STE.	101	00	1 1 1	20	16	
EPA Initial Amended Amendment #			City, Stat	te, Zip Code DN, NJ 08837			ASBES	ros o	ONT	ROL	1 &
DOH justification)  DCA Cancellation	cluding			Contact IRKOWSKI			Telephone Ni	imhor	SHVG		
			FACIL	LITY INFORMATI							
Name of Facility Where Abatement is Taking FOX & FOXX DEVELOPMENT, LL0	Place (3) C PROF	PERT	Υ			ype of Facility (4					
Street Address 615 LEIGH DRIVE						Subchapter 8 Other (i.e. pr etc.)	8 (Other than K- ivate & commer	12) cial build	dings,	home	∌S,
City (5) WESTFIELD				181-1275.00		Square Feet 1646 SF	# of Floors 2		ldg. A 953	ge	
County (6) UNION	- 2			Code (7) JSE ONLY)		Current Use (Prio FORMER RE	r if being demoli: SIDENCE	shed)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCN	I No.		Abatement Cont ing Touch Ask		nent C	orp.	, Inc	
Street Address					Street Ad 17 Th	ddress ompson Stree	et				
City, State, Zip Code					City, Sta West	te, Zip Code Long Branch,	NJ 07764				
Project Manager for Monitoring Firm N/A		-	Telephor	ne No.	Telephoi 732-2	ne No. 22-8372	License 00040				
Start Date (10) OCT. 17, 2016	Schedule OCT. 1			Date (11)	Name of N/A	OSHA Monitor					
Occupancy Status During Abatement (Check					Street A	ddress			**		
Facility Closed/Vacated During Entire Policy Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	Hours	ent-		City, Sta	te, Zip Code					
Scope of Work (Check All That Apply)									-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Comment	enovat emoliti				Mini-Enclosure Glovebag Proc				e	
	ls	Locati	on		- Lancaud		1,1		Abate	ement	t
Location of Asbestos-Containing Material (ACM)	Use	Iormall d Solel intenar	ly by	De Asbestos Con	escription o		Amount			ре	
TO BE ABATED In Facility (13)		odial S (12)			l systems i acing, VAT miscellane	, or	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
5 60 5 500	Yes	No	N/A					_		ite	ro .
BASEMENT			X		VAT		193 SF	X			
									-		
Name of Registered Waste Hauler Finishing Touch Asbestos Abatemer	nt Corp.	ı H	JDEP W auler ID 2058				Registered Land	fill			
City, State WEST LONG BRANCH, NJ 07764				Dispo	sal Date 9/1/6	City, State	TOWN, PA			<u> </u>	
Completed by	Title				Signature	I hall		Date			
JOSEPH P. MILLER	PRE	SIDE	NT		MUN	1/1/1/4		10/7/1	б		

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Date of Notification (1)	/ 11	8		- 1		ling Owner/Operator & Johnson	(2)	$\forall$	ASEES	<del>)</del>			7.
Agencies Natified Type No	tification	_	_	Str	et Addres	8		-		ICEN			
⊠ EPA □ Initial					01 Georg				1	OCT		25	::
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Name of Fadility Where Abstement	is Takin	g Pist	C9 (3)	<u> </u>	- Total I	IN ORMATION	Type of Facility	4 (4)				_	
Mechanical Building Excave	atlan						☐ School (K-	100 A					
Street Address							Subchapter	8 (0)	her than K	-12)			
501 George Street							Other (i.e., nomes, etc.	privat	e and com	nercial !	bulldli	ngs,	
City (6)							Square Feet	_	of Figors	-	Bldg.	800	_
New Brunswick							8500		2		ر . وواظ * -/+		
County (6)				Co	unty Code	(T)(STATE USE ONLY)	Current Use (P	derli	944	clished)			_
Middlesex							Vacant	4-5-5	The second				
Name of Monitoring Pirm Hired by B	widing (	Owner	(8)	ASCI	M No.	Name of Abatem	ent Contractor (8	3)		_	~		-
EHI, Inc.						USA Environ	mental Manag		nt, Inc.				
Street Address						Street Address						_	-
555 West Shore Trail						8436 Enterpr							
City, State, Zip Code						City, State, Zip C							-
Sparts, NJ 07871 Project Manager for Monitoring Firm						Philadelphia	PA 19153						
William Kerbel		500 B 1		lephon		Telephone No.		TU	cense No.				_
Start Date (10)	10-k-				9-5649	215-365-5810			1155				
10 / 5 / 15					ale (11) 16	Name of OSHA N							7.
Occupancy Status During Abatemen	-			_ ′			mental Manag	ema	nt, inc				
Facility Closed/Vacated During El	t (Check	only	one)			Street Address							_
Abatement Performed Outside of	Normal	Facili	h Ho	ire - De	scriba	8436 Enterpt				- T		07200	
Time of Abelement: 7:00AM-5:3	OPM/_	P	M	AN	(	City, State, Zip Co				18.00			
Scope of Work (Chack all that apply)		_		C		Philadelphia,	FA 19153						_
≥3 sf or ≥3 lf ≥190 sf or ≥250 lf		⊠ Re				Mini-Enc     ⊠ Glovabac	ainment with Ne iosure Procedure mpted (*) and No	504		dura			
Location of			Norm			H1899-01-01-01-01-01-01-01-01-01-01-01-01-01-				-	batem	ent T	fy
Asbestos-Containing Material (AC	CM)	Use	ed So	ely by	Asha	Description o Stos Containing Ma			Amount			_	÷
TO BE ABATED		Me Our	lodia	ance/ Staff?		e., thermal systems i	nsulation		(Specify	Removal	Repair	122	
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USA Environmental Mgmt., In						Dispossi Date	City, State						-
USA Environmental Mgmt., in Dity, State													
USA Environmental Mgmt., In		(6)				11/8/16	Morrisville	PA					
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Date of Notification (1)		- 3 1	1100		Name	of Building	Owner/Operator (2	2)					111
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(10/10 0.20 0)	☐ Cancellati				Nan	dita Kan	ndar						
			-		FAC	ILITY IN	FORMATION		MODELLE CONTROL OF THE PARTY OF	CO CHIUMP		-	
Name of Facility Where A	Abatement is T	aking P	lace (3	3)				Type of Facility	(4)			9000	
Mechanical Buildin			<b>\</b>	,				School (K-12					
Street Address	J								Other than K-12		دادان		
501 George Street								homes, etc.)	rivate and comme	rciai bu	maing	S,	
City (5)								Square Feet	# of Floors	Ble	dg. Ag	je	
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Name of Monitoring Firm	Hired by Build	lina Ow	ner (8)	) [	ASCM	No.	Name of Abateme	ent Contractor (9)					
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Street Address							Street Address			-			
655 West Shore Tra	ail						8436 Enterpr	ise Avenue					
City, State, Zip Code									- 17.2				
Sparta, NJ 07871							City, State, Zip Co						
Project Manager for Mon	itorina Firm		Т	Tele	phone I	No	Telephone No.	,	License No.				
William Kerbel	itoring riiii				3-729		215-365-5810	)	1156				
Start Date (10)		Schedule	ed Cor	17000		Sales Maria	Name of OSHA N	2					
10 / 5 /					/		1. State the several section and the section of the	mental Manag	ement, Inc				
Occupancy Status During							Street Address	<u></u>					
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Time of Abatement: 7							Philadelphia						
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Date of Notification (1)		0.7		Name	of Bullding	Ожл	er/Operator (	2)	-	ASBE	\$10	-	·
	)5 / 1			Glenn	P. Cella		es es			MODE:	ПĊ	1:15	
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(NJAC 5:23-8)	justification)			Name	of Contact				-   Talephone N	16gmu	-		
	Cancellation	-		Glenn	P. Cella				1				
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teri Dale (10)	1 Cak	eduled C					638-1777		01127				
10 /06 /		10 /				1	ne of OSHA &	31.57.2.73.678.5 V					
Occupancy Status During A							rovision Co	ensultants, Inc					
Facility Closed/Veosted	During Entire R	ariod of	Abate	ment				W 1 m/1					
Abstement Performed C	tutside of Norm	el Facility	Hau	m. Das	acibe	City	Stale, Zip C	Road, Bldg	# 355				
Time of Abatement:		PMI	_PM_		AM		Lawn, NJ Q						
cope of Work (Check all th	at apply)	W-1		-		1	Сјевпи	and decontary	instion with neg		sure	_	_
3 >3 af or >3 if 2 ≥ 100 af or >200 if		⊠ Re	novati	non		-	Full Con		egative Pressure	9			
] ≥ 180 sf or ≥200 if		De	molsk	חב		Ì	Gloveba	a Procedure [	Tent with Nega	stive Pres	sure		
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Agencies Notified  Type Notification  EPA DEP DOL Amended Amendment F Emergency (i		City	eet Address y, State, Zip C REENWICh	1 NJ 080	23				ASSES	IUS (	JON	TRO	18
DOH justification) DCA Cancellation		М	me of Contact ICHAEL					Tele	enhone Nur	nber			
Name of Facility Where Abatement is Taking RESIDENTIAL	Place (3)		FACILITY INF	ORMATIO	N		of Facility (4					250	
Street Address						~	School (K-12 Subchapter Other (i.e. pretc.)	8 (Othe			dings,	home	es,
City (5) GREENWICH						Squa 227	re Feet 2	# of 2	Floors		ldg. A 00+	ge	
County (6) GLOUCESTER	24		unty Code (7) ATE USE ONL	r)	_		nt Use (Prio SIDENTIA		ng demolish	ned)			
Name of Monitoring Firm Hired by Building C ACER ASSOC.	wner (8)	A	ASCM No.				tement Con D ENVIRO			ERVI	CES	INC.	
Street Address 1012 INDUSTRIAL DRIVE						Addre: CLE	ss MS RUN						
City, State, Zip Code WEST BERLIN NJ 08091							ip Code HILL NJ	08062	2				
Project Manager for Monitoring Firm MATT DEPALMA			ephone No. 56-905-770			one N 304-4			License N 01145	0.			
Start Date (10) 10/17/2016	Scheduled 10/18/20		etion Date (11)	)	Name EMS		HA Monitor						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P	\$ £					Addre RT. 1	ss 30 NORT	Н					
Abatement Performed Outside of Norm Other – Describe: RESIDENTIAL	al Facility Ho	ours					ip Code NSON No	0807	77				
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Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		Haul	EP Waste er ID No. 4895	Cubic Y of Wast 12					red Landfil ANDFILL				
City, State MULLICA HILL NJ				Disposa	al Date		City, State WAYNE		RG, OH				
Completed by RON SWANSON	Title GENER	RAL N	MANAGER	Sig	gnatur	A UK	epho	ano		ate 0/05/	2016	3	

State of New Jersey

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A DOCH	justification)		Mr	2. c	HAN H						-	4
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Name of Facility Where	Abatement is Taking Place	≥ (3)		•		1360 011 0	( )					-
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Officer Virginia						homes, etc.)			3.			-
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Project Manager for Mc	enitoring Firm	Telep	hone No.		Telephone No.	À						
					201-329		00388					_
Start Date (10)	Scheduled Co	mpletion	Date (11)	)	Name of OSHA	Monitor						
10/18/16	10	1191	16		Omega	Environm	ental				_	_
	ing Abatement (Check only	(one)	1.5		Street Address							
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☐ Facility Closed/Vaca	ted During Entire Period o ed Outside of Normal Facili	ADBIEM By House	en.		City, State, Zio	Code	- 10 ( ) 12 ( )					
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Scope of Work (Check	का सावर व्यवस्था						Negative Pressui	e				
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	ick , N.J. 07	601			1	маупе	BUULE, OI	Date	-	-		_
Completed by	Title				Signature	- '0 -	. 0	10	16	1.	16	
J.Maioran	o Est	imat	or		1 1	محمد			1	-	1	7
AS8-41	* De no	t use this	form for	asbestos	licensure exemple	ed activities.						

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Facility (4 nool (K-12 ochapter ( er (i.e. pr	?) 3 (Othe	er than K-12 commercia	al buildir		100000	i.
eet	# of N/A	Floors	Bld N/	g. Ag A	е	
Use (Prio	r if beir	ng demolish				
nent Cont	tractor	(9)				
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Code ark NJ	0742	4				
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acting L	LC					
4						
Code Park NJ	0742	:4				
Containme Enclosure	ent with	n Negative	ble Prod	edur Abate	e ement	
ACM) on,	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
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	6	00 SF	Х			

Date of Notification (1)				ilding Owner/O		(2)				15. 1	1 3	1016	
Agencies Notified Type Notification		10000	eet Addi 205 Fo	ess ster Terr					00=	STOS	001	JTR(	DL!
EPA Initial Amended Amendment #	<b>‡</b>			Zip Code						LICE	ŲSII.	3	
Emergency (i justification)  DCA  Emergency (i justification)  Cancellation	ncluding	1.33	me of C erbie S	ontact Spencer				Telep	hone Num	nber			
D BOA E GUIDENIUM			FACILI	Y INFORMATI	ON								
Name of Facility Where Abatement is Taking Private Dwelling Street Address	Place (3)					Sch Sub	er (i.e. pri	) (Othe	than K-12 commercia	!) al buildi	ngs, h	iomes	
City (5)						Square F		# of N/A	Floors	Blo N/	lg. Ag	е	
West Orange NJ 07052  County (6)			ounty Co	de (7) E ONLY)			Jse (Prior		g demolish	ied)			
Essex Name of Monitoring Firm Hired by Building 0	Owner (8)	1	ASCM I	No.		of Abaten	nent Cont	ractor (	9)				
Bioterra Solution Street Address						Address	acting L	LC					
1130 W Chestnut St						ox 734							
City, State, Zip Code Union NJ 07083						State, Zip o odland P		07424	1				
Project Manager for Monitoring Firm Rick Eustaquio			elephone	No. 1-3762	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	hone No. -682-629	98		License N 01266	lo.			
Start Date (10) 10/08/2016	Scheduled 10/10/20		letion D	ate (11)	100000000000000000000000000000000000000	of OSHA ax Contr		.LC					
Occupancy Status During Abatement (Chec					Stree	t Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of Ab	ateme	nt			BOX 73 State, Zip							_
Abatement Performed Outside of Norr Other – Describe:		iours				odland F		0742	4				
Scope of Work (Check All That Apply)						_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio molitio				Mini-	Enclosure	edure	Negative			e	
	ls L	ocatio	n				LXCIIIPIOC	2 ( ) ( ) ( )	0 110111110		Abate	ement rpe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solely tenand dial St (12)	/ by ce/	Asbestos Co (i.e. therm sur	al syster facing, V	Material (/ ms insulati		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	DIDE	INICIII	_ATION			20 LF	Х			
Basement			X			lean Up			00 SF	X			
Basement			Х	Dase	nem C	lean op			00 01				
Name of Registered Waste Hauler Amax Contracting LLC		Ha	JDEP W auler ID 3184		ic Yards /aste 'Y		GROW	/S	ered Landf	ill			
City, State Woodland Park NJ 07424				100000000000000000000000000000000000000	oosal Da 14/201	/ /	City, Sta Morris		A				
Completed by	Title	-4 1 4 -	anager	1	Signati	ure / //			1	Date 10/05/	2016	3	

Ch729	NC	(Pur	ATION C	e of New J OF ASBES NJAC 8:6	TOS A	ABATEN 112:120	)		E	) <u>E</u>	C		7	<u> </u>	
Date of Notification (1) 09-30-16				Building Ow Blanco Jr		perator	(2)				0.01	1	1 2	016	
Agencies Notified Type Notification		S	Street Add	dress	-0.20				l maria	-					
EPA Initial Amended Amendment				e, Zip Code k, NJ 076						ASE		OS ( ICEL)	)OK 6111	3	- 5
Emergency ( justification)  DCA  Cancellation	ncluding		Name of C Adulfo E						Tele	phone I	Numb	er			
Second Se			FACIL	ITY INFOR	MATI	ON	Tuno of	Facility (4	\						
Name of Facility Where Abatement is Taking Private Residence	g Place (3)						□ so	chool (K-12	)		< 40\				
Street Address							Of et	ubchapter 8 ther (i.e. pr	ivate &	comme	ercial	buildir	ngs, h	omes	۶,
City (5)							Square		# of	Floors		Bld	g. Ag	е	
Teaneck County (6)			County C				Current	t Use (Prio	r if beir	ng demo	olishe	d)			
Bergen				SE ONLY)		Nama	of Abate	ement Cont	ractor	(9)					
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCM	NO.		Delfa	a Contr	acting LI		(5)					
Street Address							Address 7th St.	3							
City, State, Zip Code							State, Zip on City	Code NJ 0708	7						
Project Manager for Monitoring Firm		-	Telephon	e No.			hone No 216-96			Licens 0120					
Start Date (10) 10-04-16	Schedule		npletion D	Date (11)				A Monitor racting L	LC						
Occupancy Status During Abatement (Chec	k Only On	e)					Address 7th St.								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 7:00 am- 5:00 pm	Period of Anal Facility	Abatem Hours	nent			City,	State, Zip		7		-				
Scope of Work (Check All That Apply)						1									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	tenova emolit					Min Glov	Containme i-Enclosure vebag Prod i-Exempted	edure					9	
	le	Locati	ion					I-LXeIIIptec	2 ( ) ( ) ( )	4 14011	1100			ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Maintenance/ ustodial Staff? (i.e. th					Material ns insula AT, or		(5	mount Specify F or LF		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		Din	ا المصال	otion			90 LF		X	-		
Basement	Basement X					e Insul	auon	-		00 LI		ΙΔ			
											× 10 11				
Name of Registered Waste Hauler Delfa Contracting LLC			NJDEP W Hauler ID 3524	No.		ic Yards /aste 2		Name of Tullyto					ery F	acili	ty
City, State Union City, NJ						osal Da -07-16		City, Sta		A					
Completed by Jaime Delgado	Title Proj.	Man	ager.			Signatu	ire	4			Da 09	ite 9-29-	16		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NACA 5:80 and 12:120)  Determined the property  Name of Building Owner/Operator (2) Caravella Demolition  Agencies Notified  Type Notification  Agencies Notified  Type Notification  Agencies Notified  Type Notification  Agencies Notified  Type Notification  Agencies Notified  Apencies Notified  Deb  Deb  Initial  Deb  Deb  Initial  Deb  DoH  Deb  Initial  DoH  DoH  DoH  DoH  DoH  DoH  DoH  Do								
AD AV	NOT		CETTIS ADAILI	NENT )	NECE	<u> </u>		
INC		(Pursuant to Norte	Owner/Operator	(2)	7	1 0016	a n	11
		Caravella De	molition	1.1		LUIL	0	1
09-29-16		Street Address	-2300-500					1
Agencies Notified	Type Notification	40 Deforest			ASBESTOS	JUNIT ISING	TOL	α
T EPA	Initial Amended	City, State, Zip	Code or N I 07936	L		ROW YOU		-
	Amendment# 2				Telephone Number			
	iustification)	Cary Palme	r III	1.				=
	Cancellation	FACILITY II	NFORMATION	Type of Facility (4)				
- Facility Where	Abatement is Taking Place (3)			School (K-12)	than K-12)			
Commercial Prope	rty			Subchapter 8	ate & commercial bu	ildings, h	home	s,
Street Address				etc.)		Bldg. Ag	ge	
230 W. Westfield A	Ave.							
City (5)			(1971)	Current Use (Prior	if being demolished)			
		County Code	3MI Y)					
	(9)		No	me of Abatement Conti	actor (9)			
Name of Monitoring Fi	rm Hired by Building Owner (6)		D					
			5	22 7th St.				
Street Address			C	ity, State, Zip Code	7			
City State, Zip Code		본			/ License No.			
		Telephone	No.	elephone No.				
Project Manager for I	Monitoring Firm			Jame of OSHA Monitor	10. 26.0			
D-1- (10)	Sched	uled Completion Da	te (11)	Delfa Contracting I	LC			
00 40			-	Street Address				
- Status F	During Abatement (Check Unly	-£ Abstement						
			1	Union City NJ 070	87			
Abatement Pe Other – Descri	ibe:							
				Full Contain	ment with Negative F	ressure		
☐ >3 sf or ≥3 lf	-	Renovation Demolition		Mini-Enclosing P	rocedure	hle Proce	edure	<u></u>
	60 lf			Non-Exemp	ted (*) and Noti-i he	1		
		le Location		9		-	1 9	
		Normally	0	toining Material (AUIVI)		2	70	Enca
a - heates Cor	ntaining Material (ACIVI)	Maintenance/	/: - thorma	I systems insulation, acing, VAT, or		emol	epai	Encapsulate
ASDESIOS-CON TO	BE ABATED	Custodial Staff?		miscellaneous)		/al	-	ate

Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	Used	ormali Sole ntena odial ( (12)	ly by nce/ Staff?	Asbest (i.e.	thermal	caining Material systems insular cing, VAT, or miscellaneous)	(ACM) tion,	(Specify SF or LF)	Removal	Repair	ncapsulate	Enclosure
(13)	Yes	No	N/A			Laulation		40 LF	X			_
	+	X				e Insulation		375 SF	X			
Basement		X	-		VA	T & Mastic		15000	X	+		
1st Floor				-	١٨	all Plaster		4500 SF	Δ.	+	+	+
1st & 2nd Floor		X										1
Name of Registered Waste Hauler Delfa Contracting LLC City, State Union City, NJ	Title		NJDEP Hauler II	D No. 40	of V	vaste 20 posal Date 0-10-16 Signature	Tullyto	own Resource tate own, PA	Reco			ility
Completed by Jaime Delgado	Pro	oj. M	anager.			* Do not III	e this form	n for asbestos lice	nsure e	xemp	ted a	ctivit

DCK "	(Pursu	ION OF ant to I	NOMO O	:60 and 12:					GEI	$\mathbb{V}$		<u></u>	and the same of the Name of th	
	Nan	ne of Bu	uilding C	olition	itor (2)		Marie of the latest of the lat		10T 1 1	2015	-	Ш		
e of Notification (1)				Ondon							-		100	
-29-16 Type Notification	Stre	eet Add	ress rest Av	e.				ASBE	STOS CO	MTRO	S_10	(	Chicago	
incles Notified		Chata	7in Co	de					LICENSI	NG_			=	
EPA DEP Amended Amendment #2	E	ast Ha	nover	NJ 07936	· 			Teleph	one Number	-i				
DOL Fmergency (including	Na Na	me of (	Contact					1					-	
DOH justification	C	ary Pa	almer	ORMATION	1			`						
DCA	(0)	FACIL	ITY INF	OKIMATIO		Type of F								
ame of Facility Where Abatement is Taking Place	(3)					T Sub	ool (K-1) chapter	2) 8 (Other sivate & 1	than K-12) commercial b	uildings	s, ho	mes.		
commercial Property						Othe etc.	er (1.8. F )			Bldg.	Age		-	
reet Address 50 W. Westfield Ave.						Square F	eet	# of l	Floors	Diag.				
							· · /D=	or if hein	g demolished	d)				
ity (5) Roselle Park		County	Code (	7)		Current	Use (PI	IOI II DOII	.9				_	
County (6)		(STATE	USE ON	ILY)	<u></u>	e of Abate	ment Co	ntractor	(9)					
	r (8)	ASC	M No.		Del	fa Contra	acting	LLC.						
Union  Name of Monitoring Firm Hired by Building Owne					Stre	et Address								1
N/A					522	27th St.								1
Street Address					City	, State, Zip	Code	087						1
City, State, Zip Code						ion City		-	License N	0.				1
		Telep	hone N	0.	Tel	ephone No 11 216-96	603		01206					-
Project Manager for Monitoring Firm					1 110	mo of OSH	A Mon	tor						
So	heduled C	ompleti	on Date	(11)	D	elfa Con	tractin	g LLC						
	0-14-16				St	reet Addre	SS							
During Abatement (Check C	Only One)					22 7th S								
Occupancy Status During Action  Facility Closed/Vacated During Entire Pe  Performed Outside of Normal	riod of Aba	itement ours			C	ity, State, Z Jnion Cit	v NJ (	7087						_
Ahatement Periorities									er er					
Other - Describe:						E F	ull Conf	ainment	with Negative	e Pressi	ure			
Scope of Work (Check All That Apply)		novation molition	n			4 1	Mini-Fno	losuie				lure		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	E De	Molition	•			-	Von-Exe	mpted (*	ure ) and Non-Fr	lable	At			
E 2.00			T									Тур	e	_
		_ocation ormally			Des	cription of	:-! /^^	(0.6	Amount	1	_		Enc	Ī
Location of	Used	Solely	by	r - the	armal!	ining Mate		,	(Specify SF or LF)	1	Removal	Repair	Encapsulate	Filologan
Asbestos-Containing Material (ACM) TO BE ABATED	Cust	ntenand odial St	aff?			ing, VAT, oniscellaneo			0.		oval	air	ulate	1
In Facility		(12)		0	ther II	IISCEIIAITO							-	+
(13)	Yes	No	N/A			U = = 1 \A	ran-C	ut	80 LF	×				1
		×		Pipe	Insul	ation / W	iap-0	+	4,000 S	F 2	X			1
Basement	+	X				Compou			2,200 S		X			1
1st Floor		X	1		W	all Plaste	er							
2nd Floor		+	1			25 - 10 27 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -		Name of	Registered L	andfill		1		
			NJDEP	Waste	Cubi	c Yards laste		Tullyto	wn Resout	rce Re	COV	ery	Fac	ilit
Name of Registered Waste Hauler			Hauler I 352	D No.	OT VV	30								
Delfa Contracting LLC			352	.70	Disp	osal Date		City, Sta	own, PA					
City, State					10	)-17-16		70		Da	ate	40		
Union City, NJ	Titl	е				Signature	3	1	(22)	09	9-29	1-16		_
Completed by			nager				1/2				W		tod o	cti
Jaime Delgado			100					his form	for asbestos	licensu	re ex	(CIII)	tou d	

0.11	NOTIFIC	CATION	OF AS	ew Jers BESTO C 8:60 :	and 12:120	MENT	The second secon		E I V	16	1		
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1 10 5		Name of	ella D	emolit	ion				- CONT	FROL &			
of Notification (1) 29-16		Chrock A	ddress	3			1	ASBES	TOS CONT	3			
ncies Notified Ty	ype Notification	40 De	fores	[ Ave.					Liou				
ncies Notified	7 Initial	City, S	tate, Zi	p Code	07936			Talanho	ne Number				
EPA D	Amended 2	East	Hano	AGI 140	07936			Teleprio	110				
DEP DOL	Amendment	Name	of Con	tact				1				1	
E	justification) Cancellation	Cary	Pain	ner III	RMATION		Type of Facili	ty (4)					
DOH DCA		FA	CILITY	INFO	(III)	1							
	batement is Taking Place (3)					_	School Subcha	(K-12) pter 8 (Other t	han K-12) ommercial bui	ldings, ho	mes,		
ame of Facility Where	V						Other (	.e. pitage		Bldg. Age	-	7	
commercial Propos	.,				1000		etc.) Square Fee	# of F	loors	Diug. 7.5			
treet Address 240 W. Westfield A	ve.								linhod)			$\neg$	
240 W. Westherd							Current Use	e (Prior if being	g demolished)				
City (5)		TCO	unty Co	ode (7)	0								
Roselle Park		(S1	TATE US	52 0112	0 —	Nam	e of Abateme	nt Contractor	(9)				
County (6)	(0)		ASCM	No.		Del	e of Abatemo	ting LLC.					
Union	rm Hired by Building Owner (8)					Stre	et Address					_	
Name of Monitoring						52	27th St.				HAMID'	ł	
N/A Street Address							7in C	ode					
Street Addison						U	nion City N	J 07007	License No	).		1	
City, State, Zip Code						+=	lephone No.		01206				1
100000000000000000000000000000000000000			Teleph	one No.		1 0	01 216-900	13					
Project Manager for	Monitoring Firm			Deto	(11)	N	ame of OSHA	acting LLC					1
110,01	TSched	luled Cor	mpletio	n Date	(11)	1	elfa Conu	acting ==					
Start Date (10)	10-0	7-16				8	Street Address	<b>i</b>					7
10-03-16	Abstement (Check Only	One)					522 7th St.	Code					
Occupancy Status	During Abatement (Check Only d/Vacated During Entire Period erformed Outside of Normal Fa	of Abate	ement				City, State, Zi	NJ 07087					7
Facility Close	d/Vacated During Entire Period erformed Outside of Normal Fa	cility Hou	115				Union City	1.0			_		
Other - Desc	cribe:						П -	u Containmen	t with Negative	e Pressur	е		
Office 2	check All That Apply)	-	. i'an				M	ni-Enclosure	dure		-odure		
Scope of Work (C		Ren Den	ovation nolition				G	ni-Enclosure lovebag Proce	dure (*) and Non-F	riable Pro	Abate	ment	
≥3 sf or ≥3 h ≥160 sf or ≥								OTFEREN			Ту	oe	$\rightarrow$
≥160 sf or ≥					V. F.						T	m	m
		Is L	ocation ormally	1			escription of ntaining Mater at systems ins	rial (ACM)	Amount (Specify	Re	\ R	Encapsulate	Enclosure
	i'an of	Heed	Solely	by	Asbesto	s Col	ntaining Mater al systems ins	sulation,	SF or LF	Removal	Repair	sula	Sur
	Location of containing Material (ACM)	Mair	ntenano odial St	taff?	(1.8. 1	sur	facing, VAT, or miscellaneou	us)		2	-   '	ate	0
Aspestos-C		Cusi	(12)			othe	r miscellaries	E-4	-		+	+-	
	In Facility (13)	-		N/A	1				3,400 \$	SF X		+	+-1
	0.7975-05 m	Yes	No	13.7	1	F	Roof Flasing	3	1			1	
	Deef		X	-	-				1	1			
	Roof	1			-						1		
		+	1							Landfill			
		-	+	1			11 Mardo	Name	of Registered	Lanum	cove	v Fa	cility
			1	NJDEF	Waste	0	cubic Yards of Waste	Tully	of Registered Atown Reso	urce Ke	.0040		
	egistered Waste Hauler			Hauler	ID No. 240	1	20	Ciby	State				
Name of Re	tracting LLC			35	240	+	Disposal Date	Tull	ytown, PA				
Delfa Cor	ntracting LLC						10-11-16	10		Da	ate 9-29-1	16	
City, State							Signatu	11 0%					
Union Ci	ty, NJ	Tif	tle . A4	onoge	er.			110				mpted	activitie
Complete	d by	P	roj. M	anage			10.24 PG.24	at use this fo	orm for asbest	os licensu	ie exe		
Jaime D	elgado						* Do	Hot nee alle is	A 100 A				

MCV.	(Purs	TION C	F ASB	N Jersey ESTOS ABA 8:60 and 12:			In E	GE	$\mathbb{V}$			Agin of 1995 States on Technology
e of Notification (1)	C	arave	lla Der	Owner/Oper molition	ator (2	-)		-00T 11	2010	AL SHOWN	型	Andread to the street
-29-16 Type Notification	St	reet Ad	dress				spread after					
encies Notified Type Notification			orest A				AS	BESTOS C	ONTR	OL8	ı.	ii na Galler for
EPA Initial Amended	C	ity, Stat	e, Zip C	r NJ 07930	3		5	LICENS	SING		-	1
DEF Amendment # 2					_		Teleph	none Number			1	
instification)	N	lame of	Contac	a · 111			1 -					
DOH Cancellation		EACI	LITYIN	FORMATIO	V	Type of Facilit	v (A)		1			
	(3)	FAOI					(40)					
ame of Facility Where Abatement is Taking Place						School (I	ter 8 (Other	than K-12) commercial bu	ildinas, l	nome	s,	
Commercial Property		- =				Other (i.e	e, private a	Commercial	= 1 ^			
Street Address 220 W. Westfield Ave.					_	etc.) Square Feet		1,0010	Bldg. A	je		
City (5)						Current Use	(Prior if bein	ng demolished)				
Roselle Park	T	County	Code	(7) NLY)								1
County (6)		35	V		Nam	e of Abatement	Contractor	(9)				1
Union Name of Monitoring Firm Hired by Building Owner	(8)	ASO	CM No.		Del	fa Contractir	ng LLC.					1
N/A		1			Stre	et Address						
Street Address						2 7th St.						7
Silect / Karr					City	, State, Zip Coo	ie 17087					
City, State, Zip Code						nion City NJ		License No.				1
stages of		Tele	phone N	Vo.	Tel	ephone No. 1 216-9603		01206	/ Emery men			4
Project Manager for Monitoring Firm					Na	me of OSHA M	onitor					
Sch (40)	neduled C	complet	ion Dat	e (11)	D	elfa Contract	ting LLC			_		$\dashv$
- 44 40	-17-16				Str	reet Address						
Status During Abatement (Check Of	nly One)	75 54				22 7th St.			-			
Occupancy Status Barring  Facility Closed/Vacated During Entire Period Cutside of Normal I	od of Aba	itement ours			Ci	ity, State, Zip Co	ode 1.07087					
Abatement Performed Odioles	aomey					Jnion City N	01001					
Other - Describe:						E = 110	antainment \	with Negative F	ressure			
Scope of Work (Check All That Apply)	☐ Re	novatio	n			* Mini-E	nclosure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	E De	molition	1			Full Co Mini-E Glove	bag Procedu xempted (*)	ure ) and Non-Friat	le Proc	edure Abate		
2100 31 01 223									1 . "	Typ		
		ocation			D	cription of	1	20 1000000			П	
Location of	Neer	ormally I Solely	by	Ashestos	0	ining Material (A	ACM)	Amount (Specify	Re	R	Encapsulate	Enclosure
Achaetos-Containing Material (ACIVI)	Mai	ntenano	ce/	/i a the	rmal S	systems insulations, VAT, or	OII,	SF or LF)	Removal	Repair	psul	0801
TO BE ABATED In Facility	Cust	odial St (12)	all:	oi	her m	iscellaneous)	1		8		ate	a
(13)	Yes	No	N/A					670 LF	X			T
a and Floor	1	×				Insulation		950 SF	X			
Bsmt., 1st floor & 2nd Floor	-	X				eum & VAT		181 SF	X	1		T
Bsmt., & 2n Floor	-	X			Ta	able Top			X	+	1	1
3rd Floor	-		+		Blac	k Flashing		5,550 SF				_
Roof 1 & 2		X	NJDEP	Waste	Cubic	Yards	Name of F	Registered Lan	Reco	very	Fac	ilit
Name of Registered Waste Hauler		1	Hauler I	D No.	of Wa	aste 10				-		_
Delfa Contracting LLC			352	40	Dispo	osal Date -18-16	City, Stat	wn, PA				
City, State					10-	Signature	1/0		Date	0 16		
Union City, NJ	- I morel					olgitature	12		09-2	2-10		
Completed by	Title		nager.		- 1		112					

8) 48)	NO		CION	OF AS		The Control of the Co		EMENT	) E G		- <u>V</u>		7]		
Date of Notification (1) October 5, 201	6		]	Name of	Building C	Owner/Opera Bacorp		2) ilding Group	OCT	310	2018	14			
Agencies Notified   Type of Notifice		Street Ad City, Stat Name of	re, Zip Cod			ver, NJ 08731	ASREST(		NTR						
- Li	FACII	LITY II	NFORM	ATION											
Name of Facility Where Abatement is Takin Residence  Street Address					Тур	[ ] [x]	School (k-12) Subchapter 8 (oth Other (i.e., privathomes, etc.)			ıl buildi	ngs,				
City		County Co STATE U	ode (7) JSE ONL	Y)	10000	are feet 2000 sf	# of Floors		Age 6	)					
Holgate	Ocea	ın					Cur	rrent Use (Prior if b Residenc		)					
Name of Monitoring Firm Hired by Building	Owner (8	3)	A	ASCM No	0.	Name of	Abate	ement Contractor (9		Inc					
N/A Street Address				-		Street Ad	ldress		Contracting,	IIIC.					
0: 0: 7: 0: 1:						City, Stat	e 7ir		ute 9, Unit 61				-		
City, State, Zip Code							8	Toms Ri	ver, New Jers		755-12	271			
Project Manager for Monitoring Firm		Telephone N	lumber	Telephone Number 732-349-9932					License N 00624	License Number 00624					
Scheduled Start Date (10) 10/6/16		Scheduled C		ion Date (11) Name of OSHA Monitor E.M.S.L. Analytical											
Occupancy Status During Abatement (Checilian Control of Checilian	ed During	) Entire Period	d of Abate			Street Ac		1056 Ste	elton Road vay, New Jers	ey 088	54				
Scope of Work (Check all that apply)		[ ] [ x ]	Renovati Demoliti			[ ] [ ] [ x]		Full Containment v Mini-Enclosure Glovebag Procedur Non-Exempted (*)	e		ure				
										Abat	ement	Гуре			
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  Is Location Normally used Solely by Maintenance/Custodi Staff (12)  YES NO N/A					(i.e	Description bestos-Con Material (A c., thermal sulation, su VAT, her miscell	ntain ACM syste irfaci or	ing () ems ing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Exterior		X		Asbe	stos sidi	ng			1900 sf	X					
								-							
Name of Danistand Wests Wasts	te Hauler I	ID No	Cubic V	ards of Was	ste	Name of Register	ed Landfill								
Name of Registered Waste Hauler Guardian Contracting, Inc.	0223	223 3 T.R.R.F.													
					Disposal Date City, State 10/10/16 Tullytown, Pennsylvania										
Completed by (Print or Type)  Nicholas Fernicola  Title  Project Manager					ture	1	+	Le	1	Date 10/	e /5/16				
OF	this form	for asb	estos lice	nsure exe	mpte	d activities.									

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



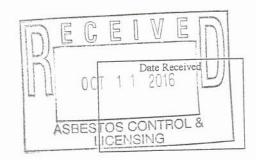
### DEMOLITION / RENOVATION NOTIFICATION

Operator	Project #:	Postmark:		Notificatio	n:							
I.	TYPE OF NOTIFICATION (O - Original R - Revised C -	Cancelled): O		П	IS ASBEST	OS PRESENT? (Yes	/No):	Y				
Ш.	FACILITY INFORMATION (identify owner, removal contract	tor and other operat	or)									
	OWNER NAME: Bacorp Building Grou	р										
	Address: 1044 Lacey Road	d										
	City: Forked River State:	NJ		Zip:	08731							
	Contact: Alan			Tel:	609-693-2040							
	REMOVAL CONTRACTOR: Guardian Con	ntracting, Inc.			NJ License	e: 00624						
72.33	Address: 1889 Route 9	, Unit 61										
	City: Toms River State:	New Jersey		Zip:	08755							
	Contact: Nicholas Ferr	nicola	ie i	Tel:	732-349-	9932						
	OTHER OPERATOR (if different)				NJ Licens	e:						
	Address:											
	City: State:			Zip:								
	Contact:			Tel:				AND FOR				
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovation E	- Emergency Reno	vation):	D							
V.	FACILITY DESCRIPTION (Including building name, number											
	Building Name: Residence											
	Address: 7 W Marshall Avenue	2										
	City: Holgate State:	New Jersey		County:	Ocean							
	Site Location: Exterior	30,										
	Building Size: 2000 sf # of F	loors: 1		Age in Ye	ears:	60						
	Present Use: Residence	Pri	or Use:	Residence	ce							
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF	APPROPRIATE, U	SED TO DETECT	THE PRES	SENCE OF A	ASBESTOS MATER	IAL:					
	IS MATERIAL ASSUMED TO BE ASBESTOS?						T 37	0:11				
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				-			friable s Material				
	1. Regulated ACM to be removed		RACM To Be		L	OCATION	100000000000000000000000000000000000000	To Be noved				
	Category I ACM not removed     Category II ACM not removed		Removed				Cat I	Cat II				
	Pipes (Linear feet):											
		Asbestos si	iding		Exterio	)T						
	Surface Area (Square feet): 1900 sf	Asuesius S			LACCIO	*		-				
	RACM Off Facility Component (Cubic feet):											
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	10/6/16		Complete	e: 10/	7/16					

	NOTIFICATION	OF DEMOLITI	ON AND RENOVA		PINIP
х.	DESCRIPTION OF PLANNED DEMOLITION OR	RENOVATION WO	RK, AND METHOD(S) TO	D BE USED OCT	1 1 2016
xi.	DESCRIPTION OF WORK PRACTICES AND EN AND RENOVATION SITE:  Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be place.	roped off with caution tap	oe and warning signs. Plastic sh	ASBESTO LICI eeting will be placed on the ground	S CONTROL &
xii.	WASTE TRANSPORTER #1 Name: Guar-	dian Contracting,	Inc.		
	Address: 1889	Route 9, Unit 61			
	City: Toms River	State:	New Jersey	Zip: 08	8755
		olas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				to
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.I	? F			
AIII.		entown Road			
	City: Tullytown	State:	Pennsylvania	Zip: 19	9007
	Telephone: 215-943-9732	State.		101494	7001
xiv.	IF DEMOLITION ORDERED BY A GOVERNME	NT AGENCY, PLEA			COPY OF ORDER
	Name:	•	Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin	(MM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:		£7		
	Explanation of how the event caused unsafe condition	ons or would cause equ	uipment damage or an unrea	sonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLL ASBESTOS MATERIAL BECOMES CRUMBLES				REVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED I THE DEMOLITION OR RENOVATION AND EV AVAILABLE FOR INSPECTION DURING NORI	IDENCE THAT THE MAL BUSINESS HOU	E REQUIRED TRAINING F	LAS BEEN ACCOMPLISHED	M) WILL BE ONSITE DURING BY THIS PERSON WILL BE October 5, 2016
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/0	Operator)	(Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.		11	
	Nicholas Fernicola / Project Manager (Printed Name/Title)	-	(Signature of Owner/0	Operator)	October 5, 2016 (Date)
	(Littlied Lightly Little)		(DISTIGLATE OF OWITCH	Sperator)	(Date)

NO	TIFIC	MOTTAT	State of New Jersey  N OF ASBESTOS ABATEMENT ant to NJAC 8:60 and 12:120)  Name of Building Owner/Operator (2)										
ate of Notification (1) October 5, 2016				3	ner/Operat K C Ho	mes	and the second s	U ocz	10148	19163	<u> </u>	1	
gencies Notified  X	lotification t # (includin n)	g	City,	State, Zip Code e of Contact Chris Fi	ew		ach, NJ 08739	ASBESTO LIC	S CON ENSIN	NTRC IG	L &		
		FA	CILIT	Y INFORMA	TION	- m	er-cility (1)						
Name of Facility Where Abatement is Taking Place Residence	:(3)					Type o	[ ] [1]	ool (k-12) ochapter 8 (other ner (i.e., private	than k-12	2) rcial b	iildings	,	
Street Address							hor	nes, etc.)				$\dashv$	
City	ounty (6)		Cour (STA	nty Code (7) ATE USE ONLY	)	Square 1 Curre	e feet # 000 sf nt Use (Prior if bein	of Floors 1 g demolished)	Bldg. Ag	60_			
Lavallette	cean						Residence						
1250	er (8)		ASC	M No.	Name o	f Abatem	ent Contractor (9)	Contracting, 1	nc.				
Name of Monitoring Firm Hired by Building Own N/A	.01 (0)				Street A	ddress							
Street Address								e 9, Unit 61				-	
					City, St	ate, Zip (	Code Tome Rive	er, New Jerse	y 0875	5-127	1		
City, State, Zip Code					Talanh	one Num		License N	umber				
Project Manager for Monitoring Firm		ephone Numb		(11)	732-3	49-993	2 Monitor	00624					
Scheduled Start Date (10) 10/17/16		neduled Comp 10/18/16	oletion L	Name of OSHA Monitor E.M.S.L. Analytical Street Address									
Occupancy Status During Abatement (Check onl  [ X ] Facility Closed/Vacated E  [ ] Abatement Performed Ou	Juning Lin	ire Period of Iormal Facilit	Abatemo y Hours	ent	City, S	State, Zip	Code		on Road y, New Jersey 08854				
Scope of Work (Check all that apply)    3 sf or ≥3 lf			enovatio		]	] 1	Full Containment w Mini-Enclosure Glovebag Procedure Non-Exempted (*)	;		e			
[ x ] ≥160 sf or ≥260 lf									Abate	ment T	уре		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	s Location ormally used Solely by enance/Custo Staff (12)	odial	( i	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)					R E P A I R	E N C A P S U L E	E N C L O S U R E		
	YES	-117	N/A	1 1 1 1 1	dina			1000 sf	X				
Exterior		X		Asbestos si	unig							-	
										-	-	-	
	-	-											
Name of Registered Waste Hauler		NJDEP Waste		ID No.   Cubi	c Yards o	f Waste	Name of Registe T.R.R.F.	ered Landfill					
Guardian Contracting, Inc.	-	- 20	Dispos	sal Date		ity, State	n 1 1	2					
City, State Toms River, New Jersey	Title		10/19		T	ullytov	vn, Pennsylvani	d	Da 10	te /5/20	16		
Completed by (Print or Type) Nicholas Fernicola	ect Manage												

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



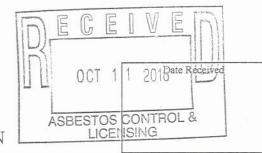
## DEMOLITION / RENOVATION NOTIFICATION

perator	r Project #:	Postmark:		Notificat		-	T				
	TYPE OF NOTIFICATION (O - Original R - Revised	C - Cancelled):	0	II.	IS ASBESTOS PRESENT? (Yes	s/No):	Y				
	FACILITY INFORMATION (identify owner, removal co		operator)								
-	OWNER NAME: K C Homes				*						
	Address: 3620 Route 35 No	rth									
	City: Normandy Beach S	State: NJ			Zip: 08739						
	Contact: Chris Frew			Tel:	908-812-2442						
	REMOVAL CONTRACTOR: Guardian	Contracting, 1	inc.		NJ License: 00624						
	Address: 1889 Ro	ute 9, Unit 61									
	City: Toms River S	tate: New J	ersey	Zip:	08755						
		Fernicola		Tel:	732-349-9932						
	OTHER OPERATOR (if different)				NJ License:						
	Address:										
	City:	State:		Zip:							
	Contact:			Tel:							
	TYPE OF OPERATION (D - Demo O - Ordered De	no R - Renovat	ion E - Emergency	Renovation):	D						
IV.	FACILITY DESCRIPTION (Including building name,	number and floor o	or room number)								
V.	7. 11										
	Dunding Frame.										
	Address: 64 Spray Way	State: NJ		Count	County: Ocean						
	City: Lavallette	State: NJ		Count	,,						
	Site Location: exterior		1	A go is	Years: 60						
	Building Size: 1000 sf	# of Floors:	1	Resid							
	Present Use: Residence		Prior Use:			RIAL:					
VI.	PROCEDURE, INCLUDING ANALYTICAL METH	OD, IF APPROPR	IATE, USED TO DE	TECT THE P	RESENCE OF ASBESTOS METAL						
	IS MATERIAL ASSUMED TO BE ASBESTOS?						riable				
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLU  1. Regulated ACM to be removed	DING:	RACM		LOCATION		Mater To Be noved				
	Category I ACM not removed     Category I ACM not removed     Category II ACM not removed		To Be Removed	i		Cat I	Cat				
-	Pipes (Linear feet):										
	Surface Area (Square feet): 1000 sf	Asb	estos siding		Exterior		-				
	RACM Off Facility Component (Cubic feet):										
	I. SCHEDULE DATES ASBESTOS REMOVAL (MM/D	D/YY) Sta	. 10	/17/16	Complete: 1	0/18/16					

#### State of New Jersey

ap	NU			uant to NJAC 8:60 and 12:120)						E	M	
Date of Notification (1) October 5, 2	2016			Name of Building	Owner/Ope K C F			OGT	13	201	94	النا
Agencies Notified		Street Address  3620 Route 35 North  City, State, Zip Code  Normandy Beach, NJ 08739  Name of Contact  Clair F							X			
	Cancellation		FAC	Chris ILITY INFORM							-	
Name of Facility Where Abatement is Ta Residence	king Place (3		THO	EITT IN ON	MITON	Type of Facility (4	School Subcha	(k-12) apter 8 (oth			al build	lings,
City	ty (6) an		County Code (7) (STATE USE ONL	Y)	Square feet 1000 sf Current Use (Prior		loors		g. Age 6	0		
Name of Monitoring Firm Hired by Build N/A	ing Owner (	8)		ASCM No.	Name of	Resid		racting,	Inc.		-1	
Street Address  City, State, Zip Code					Street A	ddress 1889	Route 9,					
Project Manager for Monitoring Firm		Telephone Nu	mber	City, State, Zip Code						271		
Scheduled Start Date (10)  10/17/16  Occupancy Status During Abatement (Ch  [ X ] Facility Closed/Va	ated During	Entire Period o	f Abate	ement								
Abatement Perform Other - Describe	ned Outside	of Normal Facil	ity Hoi	urs	City, Sta	te, Zip Code Pisca	itaway, Ne	ew Jerse	y 088	54		
Scope of Work (Check all that apply) $ \begin{bmatrix}                                   $			enovat emolit		[ ] [ ] [ x ]	Full Containme Mini-Enclosure Glovebag Proce Non-Exempted	e edure			re		
Location of Asbestos-Containing Material (ACN TO BE ABATED in facility (13)	l odial N/A	Asi N (i.e ins	Description bestos-Conversation (Autorial (Aut	ntaining ACM) systems irfacing, or	(Spe	nount cify SF · LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Exterior		Asbestos sidir	ıg		1000	) sf	X					
Name of Registered Waste Hauler Guardian Contracting, In	Hauler 1	3	3 T.R.R.F.									
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola		Signature City, State  O/19/16 Tullytown, Pennsylvania  Date 10/5/2016					 5					

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



### DEMOLITION / RENOVATION NOTIFICATION

Opera	tor Project #:	Postmark:		Notificati	ition:								
I.	TYPE OF NOTIFICATION (O - Original R - Revised (	C - Cancelled):	0	II.	IS ASBESTOS PRESENT? (Y	res/No):	Y						
III.	FACILITY INFORMATION (identify owner, removal cont	ractor and other	operator)										
	OWNER NAME: K C Homes												
	Address: 3620 Route 35 Nort	h											
Ü	City: Normandy Beach Stat	e: NJ		Zip:	08739								
	Contact: Chris Frew			Tel:	908-812-2442								
	REMOVAL CONTRACTOR: Guardian C	Contracting, I	nc.		NJ License: 00624								
	Address: 1889 Route	e 9, Unit 61											
	City: Toms River Stat	e: New Je	ersey	Zip:	08755								
	Contact: Nicholas F	ernicola		Tel:	732-349-9932	1							
	OTHER OPERATOR (if different)				NJ License:								
	Address:												
	City: Stat	e;		Zip:									
	Contact:			Tel:		Hill Minusino P							
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovatio	n E - Emergency Rei	novation):	D								
V.	FACILITY DESCRIPTION (Including building name, num	iber and floor or	and floor or room number)										
	Building Name: Residence												
=	Address: 121 Brooks Road												
	City: Lavallette Stat	te: NJ		County:	Ocean								
	Site Location: exterior		(1)										
	Building Size: 1000 sf # of	f Floors:	1	Age in Y	in Years: 60								
	Present Use: Residence		Prior Use:	Residen	ce								
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD,	IF APPROPRIA	TE, USED TO DETEC	T THE PRE	SENCE OF ASBESTOS MATE	RIAL:							
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS?  APPROXIMATE AMOUNT OF ASBESTOS INCLUDIN	G:			<del></del>	Non	friable						
VII.		0.	P. A.C.M.			Asbesto	s Material						
	Regulated ACM to be removed     Category I ACM not removed		RACM To Be		LOCATION	1479033-14	To Be noved						
	3. Category II ACM not removed		Removed			Cat I	Cat II						
	Pipes (Linear feet):												
	Surface Area (Square feet): 1000 sf	Asbestos siding		Exterior									
	RACM Off Facility Component (Cubic feet):	-											
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY	) Start:	10/17/1	16	Complete: 10/18/16								

October 5, 2016

October 5, 2016

(Date)

(Date)

	NOTIFICATION	N OF DEMOLIT	ION AND RENOVAT	TON (continued	)
х. ,	, DESCRIPTION OF PLANNED DEMOLITION (				GEIVED
xi.	DESCRIPTION OF WORK PRACTICES AND E AND RENOVATION SITE:  Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be pla	e roped off with caution ta	pe and warning signs. Plastic sheet	VENT EMISSIONS OF	STOS CONTROL & ground below and the asbestos will be
xii.	WASTE TRANSPORTER #1 Name: Gua	ardian Contracting,	Inc.		÷
	Address: 188	9 Route 9, Unit 61			
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nic	holas Fernicola	4		
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R	.R.F.			
	Location: Bor	dentown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #: 101	1494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	ENT AGENCY, PLEA	SE IDENTIFY THE AGENCY	BELOW AND ATTA	ACH COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin (MI	M/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe condit	cions or would cause eq	uipment damage or an unreason	able financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLI ASBESTOS MATERIAL BECOMES CRUMBLE	LOWED IN THE EVER ED, PULVERIZED, OR	NT THAT UNEXPECTED ASI REDUCED TO POWDER	BESTOS IS FOUND (	OR PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND E	IN THE PROVISIONS VIDENCE THAT THE	OF THIS REGULATION (40 REQUIRED TRAINING HAS	CFR PART 61, SUBP	ART M) WILL BE ONSITE DURING HED BY THIS PERSON WILL BE

AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.—(Required after November 20, 1991)

(Signature of Owner/Operator)

(Signature of Owner/Operator)

Nicholas Fernicola / Project Manager

Nicholas Fernicola / Project Manager

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(Printed Name/Title)

(Printed Name/Title)

xviii.

Ch17304

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

2 11 100		(Full sualit to NOAC 6.00 and 12.120)													
Date of Notification (1) October 7, 2016			Name of Entact,	Building (	Dwner/C	perator	(2)				18	ii '	4.	97 25	
Agencies Notified	Type Notification	11.8	Street Ad 70 Car	ddress teret Av	enue					4SE	== 16	sr	2.17	75	
DEP DOL		City, State, Zip Code Jersey City, NJ													
DOH DCA	11 3	Name of Contact Telephone Number Brady Bonsted													
_								_							
Name of Facility Where A Former Commercial		FACILITY INFORMATION				_	of Facility (4 School (K-12								
Street Address 51Pacific Avenue			2			×	Subchapter 8 Other (i.e. pr etc.)	(Othe			lings,	home	es,		
City (5) Jersey City						Squa	re Feet ,000	# of	Floors	- 1	idg. A	ge			
County (6) Hudson				County C	Code (7) ISE ONLY)				ent Use (Prio nufacturing			ed)			
Name of Monitoring Firm AECOM	Hired by Building	Owner (8)		ASCM not a	No.	Э	100000		atement Cont nt Unlimite		50.5				
Street Address 30 Knightsbridge Ro	d, Suite 520		***************************************	1			Street 4332		ss ard Avenu	e					
City, State, Zip Code Piscataway, NJ 088									Zip Code / 10644						
Project Manager for Moni Mark Conners	itoring Firm			Telephor	ne No.		5 S S S S S S S S S S S S S S S S S S S	nx, NY 10644  phone No.  3 994-1374  License No. 01067							
Start Date (10) 10-24-16	***************************************	Scheduled		pletion [	Date (11)		11.000 E.S. A. S. C.		HA Monitor						
Occupancy Status During	Abatement (Che	l ck Only One	:)					ET Inc. eet Address							
Facility Closed/Vaca								North Pennell Road State, Zip Code							
Abatement Performe Other – Describe:		nai Facility i	Hours			_			1 19063						
Scope of Work (Check Al	That Apply)	<b>=</b> -					г	1							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		processor.	enovat emoliti				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
								1 140	n-Exempled	( ) ario	J NOH-I Hab	T		ement	
Location	of	No	ocation or mall	y		Dec	scription	of						pe	
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Mair Custo	Solel itenar idial S (12)	ice/		os Cont thermal surfa		Materia s insul T, or	50104,000161	(S	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										œ	
Roof						Roo	f Flash	ning		8	0 SF	х			
	1.0	IDED IA		Oubia	Vanda		Name of F	Daniata	and I andfil						
Name of Registered Was Newark Carting	NJDEP Waste Cubic Yar Hauler ID No. of Waste NJ-913 1000					Section Services		ered Landfill al Sanitar		dfill					
City, State Newark, NJ					Disposal Date City, State TBD Pen Argyl, PA 18072					22-1112-1					
Completed by Title				or Project Manager Signature Date 10-7-16					3						
		Project Manager 1					1000	VIU			-	-			

Print Form

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 10-10-16 Michael Baker, Jr. Street Address Agencies Notified Type Notification 300 American Metro Blvd., Suite 154 ××× FPA Initial City, State, Zip Code DEP Amended Amendment #\_ Hamilton, NJ 08619 DOL Emergency (including Name of Contact Telephone Number DOH justification) Gilberto Bosque DCA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) County Route 530 Improvement Project School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × County Route 530 (various lot locations) etc.) # of Floors Bldg. Age City (5) Square Feet +/-100 25000 PEMBERTON, NJ Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) **APARTMENTS** BURLINGTON Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) HEALTH AND SAFETY SERVICES PEPPER ENVIRONMENTAL SERVICES, INC. Street Address Street Address 2251 FRALEY STREET P.O. BOX 365 City, State, Zip Code City, State, Zip Code PHILADELPHIA, PA 19137 **BERLIN, NJ 08009** License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 215-533-5155 01166 JIM PROCTOR 609-839-2432 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) HEALTH AND SAFETY SERVICES, INC. 10-19-16 12-31-16 Street Address Occupancy Status During Abatement (Check Only One) P.O. BOX 365 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other – Describe: BERLIN, NJ 08009 Scope of Work (Check All That Apply) Valatement prior to de mo Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf × Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ (i.e. thermal systems insulation, Enclosure (Specify Remova TO BE ABATED Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A see attached sheet NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler of Waste Hauler ID No. SERVICE TRANSPORT A & L SALVAGE Disposal Date City, State City, State LIBSON, OH MORRISVILLE, PA Date Completed by Signature JENNIFER NIVEN DIR.OF OPERATIONS

Do not use this form for asbestos licensure exempted activities.

State of New Jersey

NF2 flashing NF2 flashing NF2 rolled shingle NF2 roofing material		Lincolnic	an	П	code
	flat roof above motel rooms (under O.S.B. board)	0006	9000 SF REM	Σ	PCM
	small parapet roof	100		Σ	PCM
	roof parapet wall	100		Σ	PCM
	sub-roof below motel room flat room	0006	9000 SF REM	Σ	PCM
Property #2 - Block 101, LOT 3					
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	de**	Code***	Code ****
Г	throughout the building	1400		Σ	PCM
FRI Pipe wrap	Basbemane	10	10 LF REM	Σ	PCM
Property #3 - Block 101, Lot 10					
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code** Code***	de***	Code ****
FRI linoleum	back porch	09	Γ	Σ	PCM
FRI linoleum-brick pattern	first floor -kitchen	220		Σ	PCM
NF1 9x9 brown floor file	2nd floor - kitchen	230		Z	PCM
NF1 9x9 brown floor tile	2nd floor - kitchen	230		Σ	PCM
NF2  rolled asphalt	main house roof	1400	1400 SF REM	Σ	PCM
Property #4 - Block 101, LOT 8					
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	de**	de***	Code ****
NF1 9x9 brown floor tile	office and bathroom	152	152 SF REM	Σ	PCM
NF2 transite siding/shingles	exterior	200	500 SF RE	Σ	PCM
Property #5 - Block 100.01, LOT 5					
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code** Code***	de***	Code ****
NF1 floor tile and mastic	kitchen	144	4 SF REM	Σ	PCM
Property #7 - Block 100, LOT 16					
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	de**	Code***	Code ****
	Apartment #2 throughout	0009	SF REM	M	PCM
NF2 window glazing	exterior	1	10 SF IKE		LCIM LCIM
Property #8 - Block 100, LOT 11.01					48
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	de**		Code ****
NF2 transite wall board	furnace room	100	100 SF REM		PCM

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ASBESTO & CONTROL &

Property #11 - Block 101, LOT 2 and 2.01				
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Amount Code** Code***	Code ****
NF1   sheet rock and joint compound	mechanical room	100 SF	SF REM	PCM
Property #14 - Block 794, Lot 2.02				
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Amount Code** Code*** Code ****	Code ****
FRI pipe insulation	basement	20 I F	I F REM	PCM

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Date of Notification (1)					Name	of Building	g Owner/Operator (	2)	11111 007	2 2	004	^		
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(NJAC 5:23-8)	☐ Cancel					x Baylor			r ciopitotto rvania					
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Name of Facility Where Al	batement is	Taking	g Place	(3)				Type of Facility	y (4)					
Verizon-Burlington	Central O	ffice						School (K-1						
Street Address									8 (Other than K-12) private and commer		ilding	15		
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County (6)					Cour	ity Code (7	)(STATE USE ONLY)	Current Use (F	rior if being demolis	hed)				
Burlington														
Name of Monitoring Firm I	Hired by Bu	illding (	Owner	(8)	ASCM	No.	Name of Abateme							
USA							BRISTOL EN	VIRONMENTA	AL, INC.					
Street Address							Street Address							
8436 Enterprise Ave							1123 BEAVE	THE STATE OF THE STATE OF						
City, State, Zip Code							City, State, Zip Co							
Philadelphia, PA 191							BRISTOL, PA	19007						
Project Manager for Monit	oring Firm			A man	phone		Telephone No.		License No.					
Mark Jenkins					15-365		215-788-6040	C	00509					
Start Date (10)	4.0				tion Da		Name of OSHA M							
10 /17 / _					_ / -	16	BRISTOL EN	VIRONMENTA	AL, INC					
Occupancy Status During							Street Address							
☐ Facility Closed/Vacated							1123 BEAVE							
Abatement Performed Time of Abatement:						Cribe	City, State, Zip Co							
							BRISTOL, PA	19007						
Scope of Work (Check all	tnat apply)						☐ Full Conf	tainment with Ne	egative Pressure					
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☐ ≥160 sf or ≥260 lf			☐ De	emolitic	on		⊠ Glovebag             □ Non-Exe             □             □ Non-Exe		on-Friable Procedur	е				
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SERVICE TRANSPOR	RT GROL	IP, INC	Э.	H	auler II	No.	Waste	MINERVA	LANDFILL					

Completed By (Print or Type)
Patrick T. DeCaro

NEW CASTLE, DE

Title Estimator Patrick T. De Care / M

City, State

WAYNESBURG, OH

Date 10/6/16

City, State

Disposal Date

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Abatement Perfor	med Outside of Non	nal Facility h	lours	De PL		City	, State.	Zip Code								
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Date of Notification (1)				Name	of Buildin	g Owner/Operator	(2)	711				113			
September 26, 20	16			PAo	f NY &	NJ		0 CT 1	1 20	116	-	2			
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□ EPA	☐ Initia	-1		Goet	Goethals Bridge, 2777 Goethal Road North										
State Peg. 10/2004	City, S	tate, Zip (	Code		AGLESTES LICEN		1.5								
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⊠ DOH	☐ Emergency (including justification)				of Contac	t		Telephone Numb	oer						
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Name of Facility Where	Abateme	nt is Taking Pla	ce (3)				Type of Facility	(4)							
Goethals Bridge -	New J	ersev Side	of Bride	ge			☐ School (K-12	1							
Street Address								(Other than K-12)							
2777 Goethals Ro	ad Nor	th					Other (i.e. pr homes, etc.)	ivate & commercial	buildin	gs,					
City (5)							Square Feet	# of Floors Bldg. Age							
Staten Island, NY 10303-8413							440,758	88 -	-/-						
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Middlesex				ONLY)			Bridge								
Name of Monitoring Firm	n Hired by	y Building Owne	r AS	CM No.		Name of Abaten	nent Contractor (9	9)							
Saban Engineerin	g Grou	p, Inc.	N/	/A		B&N&K. Restoration Company, Inc.									
Street Address						Street Address									
201 Stuyvesant A	vneu					223 Randolph Avenue									
City, State, Zip Code					City, State, Zip Code										
Lyndhurst, NJ 070	071					Clifton, NJ (	07011								
Project Manager for Mor		irm	Telep	hone No.		Telephone No.		License No.							
Stephen Pharai	•		201	-673-006	64	973-478-468	31	00120							
Start Date (10)		Scheduled Co	mpletion	Date (11)		Name of OSHA Monitor									
October 07, 2016		December	31, 20	16		McCabe Environmental Services, L.L.C.									
Occupancy Status Durin	g Abatem		17			Street Address									
☐ Facility Closed/Vacati	ed During	Entire Period o	f Abatem	ent		464 Valley Brook Avenue									
☐ Abatement Performed	d Outside	of Normal Facil	ity Hours			City, State, Zip (	Code								
☑ Other - Describe: No	on-friak	ole exterior	work			Lyndhurst,	NJ 07071								
Scope of Work (Check a	II that app	ply)					Cantainmant with	Negative Pressure							
≥ 3 sf or ≥ 3 lf				☐ Ren	ovation		-Enclosure	Negative Fressure							
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Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility  (13)	Use Ma	Normal ed Sole intena Custodi Staff? (12)	ly by nce/ al		Description of estos Containing Mass., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure			
	Yes	No	N/A											
Bakers Basin	X			Concrete Encased Transite Pipe (Duct Bank)			300 In ft	X	_					
Bakers Basin	X			Two deb	ris piles consisting of transit	e pipe & concrete	20 yards each	X	_	-				
	+									-				
Name of Registered Waste Hauler Two Brothers Contracting, Inc.	NJDEP Waste H ID No. 18743		lauler	Cubic Yards of Waste	Name of Registered Landfill  Grand Central Sanitary Landfill									

Disposal Date

10/07/2016 -

12/31/2016

Signature

City, State

Penn Argyl, PA

Date

10/5/2016

City, State

Completed by

Totowa, NJ 07512-1120

Project Manager