NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner Operator (2) Date of Notification (1) R 10 Agencies Notified Type Notification Street Address Initial City, State, Zip Code XXX ASBESTQS CONTROL & Amended DEP 96 ENSING Amendment # DOL MORR Emergency (including Name of Contact DOH justification) Cancellation Yatt DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) RE SIDEN CE School (K-12) Subchapter 8 (Other than K-12) Street Addre Other (i.e. private & commercial buildings, homes, X etc.) Bldg. Age Square Feet # of Floors City (5) 1-50 1800 County Code (7) Current Use (Prior if being demolished) County (6) (STATE USE ONLY) RESIDENTIAL ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) A.MAC Contracting Inc. Street Address Street Address 185 Vreeland Ave. City, State, Zip Code City, State, Zip Code Midland Park, NJ Telephone No. License No. Project Manager for Monitoring Firm Telephone No. (201)262-5841 00156 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Omega Environmental Services 11/30/16 11 101/16 Occupancy Status During Abatement (Check Only One) Street Address 280 Huyler St. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Hackensack, NJ 07606 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf or ≥260 if Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (Specify TO BE ABATED (i.e. thermal systems insulation, Removal Custodial Staff? surfacing, VAT, or SF or LF In Facility (12)other miscellaneous) Yes N/A No 180 UF Basemont INSULATION Name of Registered Landfill Name of Registered Waste Hauter NJDEP Waste Cubic Yards of Waste Hauler ID No. IESI PA Bethlehem Landfill Corp. Newark Carting, Inc. 04509 Disposal Date City, State City, State 11/01/16 Bethlehem, PA Newark, NJ Date Completed by Title Signature Vice President Joseph Vocaturo

State of New Jersey

		(Pu	rsuant	to NJAC 8:6	i0 and 12:12	0)		The second secon	0	n T	2 n	20
Date of Notification (1)		- N	e9 .	f Building Ov	- 1		2	7				_CU
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Project Manager for Monitoring Firm		TT	olanha	ne No.		hane N		License	Na			
Project Manager for Monitoring Firm			erehi ru	ne wu.	104)262-		00156	140.			
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Facility Closed/Vacated During Abatement Performed Outside			int		1		Zip Code					-
Other – Describe:	or crossing a surge						ack, NJ 076	306				
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Name of Registered Waste Hauler			DEP W Jier ID		Lubic Yards f Waste			egistered Landfi				
Newark Carting , Inc.		045			3		IESI PA	Bethlehem La	andfil	l Cor	p.	
City, State					isposal Date		City, State					
Newark, NJ					11/10/10		Bethlehe	m, PA				
Completed by	Title				Signature	9	7		ate 1	9	-	
Joseph Vocaturo	Vice P	reside	ent		*	1	maker	2		(9/1	n	

Date of Notification (1)					Owner/Oper				01	٩T	2 N	201
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Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	/ No.	A	.MAC	batement Cont Contracting					
Street Address					reet Add 85 Vre	fress eland Ave.						
City, State, Zip Code	w Somethwe					, Zip Code Park, NJ						
Project Manager for Monitoring Firm	Project Manager for Monitoring Firm					Telephone No. License No. (201)262-5841 00156						
Start Date (10) /0/27/16 Occupancy Status During Abatement (Chec	111:	ולכש	mpletion 仏	Date (11	0	ame of OSHA Monitor Imega Environmental Services Imega Environmental Services						
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Other – Describe:	5 THORITE I ACINLY	110013				State, Zip Code kensack, NJ 0	7606				A. C.
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Date of Notification (1)								•			0	<u>L</u>	Ш	17	
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Name of Facility Manager	A11	T /		FA	CILITY IN	FORMATIO	NC								
Name of Facility Where		Resident						Type of Facili					- 11/2 - 11/2		
Street Address		Kesideiii	lai					School (K-	12)	orthon K 1	2)				
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	Name of Monitoring Firm Hired by Building Owner					Name of	Abatem	ent Contractor (9)			_		_	
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Project Manager for Mon			Tele	phone	No.	Telephor	ne No.		Lic	ense N o.				_	
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11/2/16			11/8/	16				N	1ECS						
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Other - Describe: 8			ty Hou	City, State, Zip Code Crosswicks, N						00=					
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Allentown, NJ															
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Date of Notification (1) 10/18/16				LN	(D. 11)	_	10			4						
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Occupancy Status During	g Abatement			Street Address								_				
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Other - Describe:						755	FF 74 90.	Crosswic	ks, N.	J 08515						
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	ification)			Na	ame of Con	tact		T	elephone Nu	ımher			_
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Street Address	village	-					School (K	(-12)					
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City (5)							Square Feet		of Floors		Dil		
Wayne							9000	177	1			. Age	
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Passaic					,	()(OTTILE OOL ONLY)		(Prior if	being demolished)				
Name of Monitoring Firm Hired by E	Building	Own	er (8)	ASC	M No.	Name of At	R-2						
Criterion Laboratories			1-/	7.00		Name of Abateme							
Street Address				Asbestos and Mold Services, Corp.									
3370 Progress Drive, Suite				Street Address									
City, State, Zip Code					3859 Sylon Boulevard								
Bensalem, PA					City, State, Zip Code								_
Project Manager for Monitoring Firm					Hainesport, NJ 08036								
Mike Panepresso	1		- 1		phone No. Telephone No. License No.								_
				215-24	15-244-1300 609-702-0400 cosco								
				00862									
	letion D	Date (11)		onitor		00862							
10 /28 /16		10	Comp	letion D		Name of OSHA Mo			00862				
	nt (Chec	10	Comp	letion D	Date (11)	Name of OSHA Mo			00862				
	nt (Chec	10 k only	Comp / 2 / one)	letion D	Date (11) 16	Name of OSHA Mo EMSL Analytic Street Address	cal, Inc.		00862				
	nt (Chec	k only	Comp / 2 / one) of Abat	letion D	Pate (11) 16	Name of OSHA Mo EMSL Analytic Street Address 200 U.S. Route	e 130 North		00862				
	nt (Chec intire Pe	tk only eriod o	Comp / 2 / one) of Abat lity Hou	letion D	Pate (11) 16	Name of OSHA Mo EMSL Analytic Street Address 200 U.S. Route City, State, Zip Coc	e 130 North		00862				
10 / 28 / 16 Decupancy Status During Abatemen Facility Closed/Vacated During Endeath of Abatement: AM-	nt (Chec intire Pe	tk only eriod o	Comp / 2 / one) of Abat lity Hou	letion D	Pate (11) 16	Name of OSHA Mo EMSL Analytic Street Address 200 U.S. Route	e 130 North		00862				
10 / 28 / 16 Decupancy Status During Abatemen Facility Closed/Vacated During En Abatement Performed Outside of Time of Abatement:AM PUSSIBLY IN INTEGER Goope of Work (Check all that apply)	nt (Chec intire Pe	tk only eriod o	Comp / 2 / one) of Abat lity Hou	letion D	Pate (11) 16	Name of OSHA Mo EMSL Analytic Street Address 200 U.S. Route City, State, Zip Coo Cinnaminson,	e 130 North de NJ 08077						
10 / 28 / 16 Decupancy Status During Abatemen Facility Closed/Vacated During En Abatement Performed Outside of Time of Abatement: AM- PUSSIBLY 2nd 5 HIFT Cope of Work (Check all that apply) ≥ 3 sf or >3 If	nt (Chec intire Pe	tk only eriod of I Facil M/	Comp / 2 / one) of Abat ity Hou PN enova	ement urs - De	Pate (11) 16	Name of OSHA Mo EMSL Analytic Street Address 200 U.S. Route City, State, Zip Coc Cinnaminson,	e 130 North de NJ 08077						
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Date of Not	ification 10/	11/16	Nam	e of Building (Owner / Operator (2) 06 Office 33, LLC								
AgenciesNotified	Type of No	otification		et Address	o Office 33, LLC		AS	SBESTOS CONTRO					
X EPA		nergency Notific	Technical Indiana Control Control	9 Washingt	on Street	L		LICENSING					
DEP		ial Notification		State & Zip C									
X DOL	Am	nended Notifica		ark, NJ 071									
X DOH	Ca	ncellation		e of Contact				Telephone Number					
DCA		3.000	Joar	ne Orozco				relephone Number					
			F	ACILITY IN	FORMATION			7					
Name of Facility					Type of Facility (4)								
Ctus at Adda	\	acant Office)		School (K-12)								
Street Address	20 20 1	M- 1.			Subchapter 8 (Other than K-12)						
	29-39 \	Washington	Street		X Other (i.e., priv	ate & commercia	al buildir	ngs, homes, etc.					
0:4 (5)					Square Feet	# of Floors		Bldg. Age					
City (5)		County (6)	County	Code (7)	21,000 15 46								
Newa	rk	Essex			Current Use (Prior if being demolished)								
					Office								
Name of Monitori	ng Firm Hire	ed by Building (Owner (8)	ASCM No.	Name of Abatement	t Contractor (9)							
ERM				N/A	Global Abatemer	nt Services, LL	Services, LLC						
Street Address					Street Address								
1701 Golf Road					443 Schoolhouse Road								
City, State & Zip (City, State & Zip Coo	de							
Rolling Meadov					Monroe Townshi	p, NJ 08831							
Project Manager f Ashish Patel	or Monitorin	g Firm	Telephone		Telephone Number License Number								
Scheduled Start D	lata (10)	Cahadalada	847-258-8		732-605-9062 00714								
10/25/1	6	Scheduled Co	11/15/16	e (11)	Name of OSHA Monitor Global Abatement Services, LLC								
Occupancy Status X Facility Clos	During Aba ed/Vacated	itement (Check During Entire F	only one)	tement	Street Address 443 Schoolhouse Road								
Abatement F	Performed O	outside of Norm	al Facility Ho	ure									
Describe:		210.00 01 110111	idi i dollity i ic	Juis -	City, State & Zip Coo Monroe Township								
Other - Desc	cribe:				p, NJ 08831								
Scope of Work (CI		annly)											
Demolition	TOOK all triat	X Renova	tion		V 5 110	•							
X Large Project	:t	X Iteliova	tion		X Full Conta	ainment with Neg	gative P	ressure					
Quantity is ≥		RIFACM			Mini-Encl								
		≥ 260 LF ACM				Procedure							
	ocation of	200 LI ACIVI			Other:								
	tos-Containi	na	Is Location Normally U	5.000	Description of	Amo	0.0000000000000000000000000000000000000	Abatement Type					
	erial (ACM)	9	Solely b		Asbestos-Containing Material (ACM)	(Spe		(Specify: Removal,					
	BE ABATED		Maintenand		(i.e., thermal systems	Linear							
İı	n Facility		Custodial S	taff? ins	sulation, surfacing, VA	T	1 661)	Encapsulation or Enclosure)					
	(13)		(12)	0	r other miscellaneous)			Lilologuic)					
5	th Floor		N/A		B.E **								
	th Floor		N/A		Mastic	12,7		Removal					
	5" Floor				Duct Mastic	60 L	60 LF Removal						
lame of Registere	ılor	NIDEDIN	t. 11 · · ·=										
reehold Cartag	ui c i		te Hauler ID#	i i i i i i i i i i i i i i i i i i i			red Landfill						
ity, State			18693	60	GROWS		<u> </u>						
Freehold, N.	Freehold, NJ							City, State Morrisville, PA					
ompleted By (Prin		Title			Signature	/		The state of the s					
Dominick Trin	gali	Manage	er		Date 10/11								

D. J. Chi. iii						112/				
Date of Notification 10/7/	16	Nam	e of Building (AAT AA AA				
AgenciesNotified Type of Noti	fication		con Constr	uction, Inc.		11 [OCT 20 201			
	gency Notific		t Address hurch Stree							
	Notification		State & Zip C			ASE	BESTOS CONTE			
	nded Notificat		rty Corner,				LICENSING			
	ellation	=1.50	of Contact	NJ 07938						
DCA		1 (100) (100)	MacDouga	н			Telephone Num			
				ORMATION						
Name of Facility Where Abatem	nent is Taking		AOILIT INI							
Vaca	ant Building	1 race (3)		Type of Facility (4) School (K-12)						
Street Address				Subchapter 8 (Otherthan	10)				
11 S.	Front Stree	et		X Other (i.e., priv	ate & comme	rcial buildi	ings, homes, etc.			
City (5)	0 1 101			Square Feet	# of Floors		Bldg. Age			
	County (6)	County (Code (7)	2,700	1	1 50+				
Elizabeth	Union			Current Use (Prior i	f being demol	ished)				
				Residence	mace in the Carlotter is link					
ame of Monitoring Firm Hired I	by Building O	wner (8)	ASCM No.	t Contractor (9	9)					
treet Address			N/A	nt Services,	LLC					
4 Broad Street				Street Address						
ty, State & Zip Code				Road	oad					
atawan, NJ 07747				City, State & Zip Code						
oject Manager for Monitoring F	irm	Talank		Monroe Township, NJ 08831						
om Geiger	11111	Telephone 732-290-2		Telephone Number License Number						
cheduled Start Date (10) So	cheduled Con			Name of OSHA Mon	14		00714			
10/21/16		10/30/16	, (11)	Global Abatemen		LLC				
ccupancy Status During Abater	ment (Check	only one)		Street Address						
X Facility Closed/Vacated Du Abatement Performed Outs	ing Entire Pe	eriod of Abat	ement	443 Schoolhouse Road						
Describe:	side of Norma	I Facility Hou	urs -	City, State & Zip Coo						
Other - Describe:				Monroe Township	o, NJ 08831					
ope of Work (Check all that ap	plv)									
(Demolition	Renovation	on		F. 11.0						
Large Project				Full Conta	ainment with N	Negative F	ressure?			
Quantity is ≥ 3 SF or ≥ 3 LF	F ACM			Mini-Encl						
Quantity is ≥ 160 SF or ≥ 2					Procedure	9200				
Location of	1	Is Location	n T	X Other: C			n			
Asbestos-Containing		Normally Us		Description of Asbestos-Containing	- C - C - C - C - C - C - C - C - C - C	mount	Abatement Ty			
Material (ACM)		Solely by		Material (ACM)		pecify re Feet or	(Specify: Remo Repair,			
TO BE ABATED in Facility		Maintenance		.e., thermal systems	Line	ar Feet)	Encapsulation			
(13)	1	Custodial Sta		ulation, surfacing, VA	T	7	Enclosure)			
(.0)		(12)	or	other miscellaneous)						
Interior		N/A		Plaster	20	00.05				
Roof		N/A		Roofing		00 SF	Removal			
				Rooming	2,7	00 SF	Removal			
		JDFP Waste	e Hauler ID#	Cu. Yds. of Was	la Mara	of David				
	IN			Iou. Ius. UI VVas	1	of Registe	ered Landfill			
ehold Cartage	IN IN		8693	Proceedings of the Control of the Co	CDO	NC				
ehold Cartage , State	Į.			60	GROV	VS				
me of Registered Waste Hauler eehold Cartage /, State Freehold, NJ				Proceedings of the Control of the Co	City, S	VS tate	<u> </u>			
eehold Cartage v, State	Title Manager			60 Disposal Date	City, S	VS	A Date			

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	7			(Pursua	ant to NJA	AC 8:60 a	nd 12:1	20)		UCI 2	U	2015		7		
Date of Notification (1) 10-13-2016				Name	e of Buildi endra Si	ng Owner nah	/Operati	or (2)					-			
Agencies Notified T	ype Notification	n			t Address	_			I A	SBESTOS)L &			
EPA DEP DOL	Initial Amended Amendmer Emergency	nt #	ng .	City, S	State, Zip ey City,	Code NJ 073	04			LICET	VIIION	<u> </u>				
DOH DCA	justification Cancellatio)		Raje	of Conta endra Si	ngh				Telephone N	lumbe	er	-			
Name of Facility Where Aba	atement is Taki	na Place	(2)	FA	CILITY IN	FORMAT	TION					-				
Residential	atement is Taki	ng Place	(3)					Type of F	acility (4)							
Street Address								☐ Subo	ool (K-12) chapter 8 r (i.e. priv	(Other than K	-12) rcial b	uilding	s, hoi	mes,		
City (5) Jersey City, NJ 07304								Square Fe	eet	# of Floors		Bldg.	Age			
County (6) Hudson				County (STATE	y Code (7) E USE ONL) .Y)		Current U:	se (Prior i	f being demoli	shed)					
Name of Monitoring Firm Hir	ame of Monitoring Firm Hired by Building Owner (8) reet Address						Name	of Abateme on Enviror	nt Contra	ctor (9)	10					
Street Address							Green Environmental Services, LLC Street Address 235 Virginia Avenue									
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304														
	roject Manager for Monitoring Firm						Telephone No. Telephone No. License No. 201-333-8855 01174					No.				
Start Date (10) 10-14-2016		10-14-	2016	mpletion	Date (11))	Name	of OSHA Mo		01114						
Occupancy Status During Ab Facility Closed/Vacated Abatement Performed O Other – Describe:	During Entire F Outside of Norm	Period of	Abato	ment s				Address ate, Zip Cod	de							
Scope of Work (Check All That ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	at Apply)		Renova Demoli			2.	×	Mini-Encl Glovebag	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
No. of the Control of		0.000	Locat						1,5100 ()	and reon-i had	T T	Abate	emen	t		
Location of Asbestos-Containing Mate	erial (ACM)		lorma d Sole			Des	cription	of				Ту	ре	_		
TO BE ABATED In Facility (13))	Ma	intena odial ((12)	nce/	Asbes (i.e.	thermal s	aining Ma systems ing, VAT iscelland	aterial (ACM insulation, , or eous)		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure		
Doggerant		Yes	No	N/A							-		ate	e.		
Basement			X			Pipe I	Insulat	on		80 LF	Х					
														_		
lame of Registered Waste Ha	ulas															
Green Environmental Services					NJDEP Waste Hauler ID No. 0034889 Cubic Yards of Waste G.R.O.W.S North Landfill											
City, State ersey City, NJ					Disposal Date City, State 10-14-2016 Morrisville, PA											
ompleted by Iiana Serrano	Man	ager			nature		OD *	/ Dat	e -13-2	016						
				Y.	110	2111	WILI	ILU I	10-2	010						

Chlo	5	1		CATION	of Nev OF ASBE to NJAC	ESTO	S ABATE		•) <u>E</u>	C			\mathbb{V}	E
Date of Notification (1)					Building (Owne	r/Operato	r (2)			M			3 8		Appeal to the control of the control
10/17/2016				Ed Lev							P	OCT	2	0 2	2016	- 1
Agencies Notified	Type Notification			Street A	ddress					and the same of th	į					Ì
X EPA	Initial										ASBI	EQT	76	201	ITRO	71 8
DEP [Amended			PART CARROLL	te, Zip Co						AODI			ISIN		/L U
X DOL	Amendment # Emergency (in		_		/ Hill, NJ	080	03			Ironne						
X DOH	justification)	icidaling		Name of	Contact					Tele	phone N	Vumb	er			
DCA [Cancellation			Stu W	anicur					1-			-			
				FACI	LITY INFO	ORMA	TION									
Name of Facility Where Ab								Туре	e of Facility (4)						
312 Kresson Road (small building	on the	prope	erty)					School (K-12							
Street Address									Subchapter 8	3 (Othe	r than K	(-12)		Ž		
312 Kresoon Road								×	Other (i.e. pretc.)	ivate &	comme	ercial	ouild	ings,	nome	łS,
City (5)								Squ	are Feet	# of	Floors		BI	dg. A	ge	
Cherry Hill NJ 08034								150		2			1)+		
County (6)				County (Curr	ent Use (Prio	r if beir	ng demo	lished	i)			
Camden				(STATE L	JSE ONLY)	_										
Name of Monitoring Firm H	lired by Building O	wner (8)		ASCN	l No.				atement Cont Environmer							
Street Address								t Addre	ess wood Dr							
City, State, Zip Code									Zip Code			-	-			
Oity, State, Zip Gode									ton Crossin	ng, PA	1897	7				
Project Manager for Monito	oring Firm			Telephor	ne No.		1	hone N -240-	No. 6356		License 01225		200			
Start Date (10)		Schedule	ed Con	npletion (Date (11)		Name	of OS	SHA Monitor							
11-1-16		11-3			,		sam	ne								
Occupancy Status During A	Abatement (Check		-	<i>P</i>			Stree	t Addre	ess							
Facility Closed/Vacate Abatement Performed Other – Describe:	I Outside of Norma	al Facility	Hours	ieni.			City, S	State, 2	Zip Code							
Scope of Work (Check All	That Apply)													-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Company of the Compan	Renova Demolit	-0.70.0				M G	ull Containme ini-Enclosure lovebag Proce on-Exempted	edure					9	
				8000					on Exempted	() (1110		100.0			ment	
		1	Locati Normal			-								Ту	ре	
Location o Asbestos-Containing M TO BE ABAT In Facility (13)	laterial (ACM) ED	Use Ma	ed Sole intenar todial S (12)	ly by nce/		tos Co therm sur	Description ontaining land system facing, Var r miscella	Materia ns insu AT, or	lation,	(S	mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											е	
Exterior				×			Siding]		1	200	2	2			
Name of Registered Waste	Hauler		N	JDEP W	/aste	Cub	ic Yards		Name of F	Registe	red Land	dfill				
Service Transport	Tidaloi		Н	lauler ID W2117	No.		/aste		Minerva							
City, State						Disp	osal Date	е	City, State							
New Castle DE						TBI	D		Waynes	burg,	OH					
Completed by		Title					Signatur	e //	100 1	1	T	Date				
Elizabeth Gosek		Pres	ident					4	10	_		10/	17/2			

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Date of Notification (1)		1		A STATE OF THE PARTY OF THE PAR	Owner/Operator		III no	120	2016		1
70/17/16			MI		SEAN (20476	11 00	See Sel	20		-
Agency Notified Type Notification		18	Street A	Address				i		01]
© EPA El Initial		-	23. 0	ate, Zip C	and a		AGBEST	08 60	MIL	OL.	ŎL.
□ DEP □ Amended Amendment #		1	æy, St ∐AΛ.	100	TU. H	0744	1 L	ICENSI	NO		-
☐ Emergency (inclus	ding	-	I WALL	of Contac	t . 100	, 0,01	Telephone Nu	mber		-	_
DOH justification)					Dy LE		-		7		
□ DCA □ Cancellation					ORMATION				_		
Table 0	to in /21		PACIL	JIT HELV	JRMATION :	Type of Facility	(4)				gaue.
Name of Facility Where Abatement is Taking P		00	1	. =							
MR. SE	KIN	س	4-6	<u>. G</u>		School (K-12	8 (Other than K-1	2)			
Street Address			5	1	4	Other (i.e. pr	rivate & commerc	ial building	gs,		
						homes, etc.		Bidg.	Age		
City (5)			•		•	2000.	_		3	5	
HAWOKTH				0.4.6	(STATE USE	Current Use (P	nior if being demo			_	-
County (6)			DOUNTRY DNLY)		(SIATE OSE	- Ic	ZESI DEN	گئ ل			
BERGEN		ASCM	No	-	Name of Abatem						
Name of Monitoring Firm Hired by Building Ow (8)	ilei		140.			noval In					
Street Address					Street Address	HOVEL III					
Sifeet Address					2	th River	St				
City, State, Zip Code					City, State, Zip C						
· ·					Hackensa	ack, N.J	. 07601				
Project Manager for Monitoring Firm	Te	lephon	e No.		Telephone No.		License No.				
		10			201-329-	-7444 -	00388	í E			
Start Date, (10), Scheduled	Complet	on Dat	e (11)		Name of OSHA						
11/3/16		14				Environm	ental				
Occupancy Status During Abatement (Check of	nily one)	•			Street Address	1 0.					
D Facility Closed/Vacated During Entire Period	d of Abat	ement	ř		280 Ht	ıyler St	ч				-
Abatement Performed Outside of Normal Fa	scitity Hou	IS.	٠.	~'			, N.J. D	7606			
Scope of Work (Check all that apply)							Manadam Bases	1500			
EZ3sfor≥3#			a Ren	ovation	U Full	Contamment was Enclosure	h Negative Press	ue.			
□ ≥ 160 sf or ≥ 260 ff				notition	FROM	ebag Procedure	nd Non-Friable Pr	acadura			
				_	U Non-	-Exempted (*) as	M MONTH HADIST	000000	Abs	tens	ent
		Locati Vormali			20				-	Гуре	1
Location of	Use	d Sole	ly by		Description stos Containing M		Amoun	i	1	m	_
Asbestos-Containing Material (ACM) TO BE ABATED		intenar		Asbe (i.e	stos Containing M , thermal systems	insulation,	(Specif	y	Removal	Encapsulate	Enclosure
IN Facility	1	Staff?			surfacing, VA* other miscellan	F, or	SForL	•)	Remova	me d	INSO
(13)	·	(12)			Ogiel Hisocian	· ·			-	6	0
,	Yes	No	NVA							+	-
BASEMENLE			X	THER	MALSYSTEM	NOTAN UZUN	SOL	F	7	-	-
	T								1	_	
27								٩,			L
Name of Registered Waste Hauler			Vaste I	lauler	Cubic Yards of		istered Landill	44			
Best Removal Inc	ID	No.	109		Waste	Minerv	a Enterp	rises	, ,	CLC	
02.000		т /	103		Disposal Date	City, State					
City. State Hackensack , N.J. 0	7601				11/4/16		sburg, 0	h,446	88		
Completed by Title	7001				Signature	1 1107110		Date	1		
Complete 27	tima	tor			1 1 ~	اصره الم	ma	10/	17/	16	
			n for as	sbestos li	censure exempted				1	**	-

State of New Jersey

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Date of Notification (1)					of Building			(2)		5	E G		1 1/1	E	
10/17/16 Agencies Notified	Type Notification			Street A	Address				-		<u> </u>	<u> </u>	I W	15	111
× EPA	× Initial				un Valle	1990 1990 1990	′		al all all all all all all all all all	m					
DEP X DOL	Amended Amendment	#			ate, Zip C am Park		7932		PP C ALL AN WARRANT	l L	OCI	2 ()	201	5	Legame
X DOH	 Emergency justification) 	(including			of Contact					Te	lephone Nu	ımber			-
☐ DCA	Cancellation				Bamdas						LIC	ENIS		ROL	&
Name of Facility Where	Abatement is Takin	g Place (3	3)	FAC	ILITY INF	ORMAT	ION	Тур	e of Facility	(4)					
house			*/*. 						School (K-						
Street Address								×	Subchapte Other (i.e. etc.)		er than K- & commerc		ldings	, hom	es.
City (5) Summit								Squ 220	are Feet 00	# o 2	f Floors		Bldg. , 35	Age	
County (6) Union					Code (7) USE ONL	n		Curr	ent Use (Pr	ior if bei	ing demolis	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.				atement Co ironmenta			3			
Street Address							Street PO B		ess 183, 4 E (Sate D	rive				
City, State, Zip Code									Zip Code d, NJ 074	418					
Project Manager for Moni	itoring Firm			Telepho	ne No.		Teleph 973-7				License N	No.			
Start Date (10)					Date (11)		Name	of OS	HA Monitor						_
10/21/16 Occupancy Status During	Abatement (Chec			./16			Street	Addro	200						
➤ Facility Closed/Vaca	ted During Entire F	eriod of A	Abater	ment			Otreet	Addie	:55						
Abatement Performe Other – Describe:	ed Outside of Norm	al Facility	Hour	S			City, St	tate, Z	Zip Code						
Scope of Work (Check All	l That Apply)	(partition)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enova				×	Mi	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure						
									on-Exempte		d Non-Friat	ole Pro			
Location	of		Locat Iorma	0.0000		D								ement pe	
Asbestos-Containing I	Material (ACM)	100000000000000000000000000000000000000	d Sole		Asbes	tos Cont	scription aining M	ateria	I (ACM)		mount			т	_
In Facilit	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	Cust	odial (12)	Staff?	(i.e.		cing, VA7	T, or			pecify or LF)	Removal	Repair	ncap	Enclosure
(13)		Yes	No	N/A		other m	niscellan	eous)				oval	air	Encapsulate	sure
first floor & sec	ond floor			X	wall	plaster	& ceili	ng pl	laster	400	00 SF	Х			-
Name of Registered Waste Freehold Cartage	e Hauler		H	JDEP W lauler ID I 5959		of Was			200000000000000000000000000000000000000		red Landfill s Landfil				
City, State Freehold NJ						Dispos TBD	al Date		City, Stat						20.72.
Completed by A. Scott Higgins		Title Presid	dent			Si	ignature	/	1		Da	ite	1/16		

10/17/16

			ICATIO	N OF ASI		ABATE		T Å	200		17	57	7	6
Date of Notification (1) 10/17/16				of Building Mrs. To			(2)) [E	G	ノル 医		
Agencies Notified X EPA X Initial Amended Amendment Emergency (i		_	City, St Scoto	Address tate, Zip C ch Plains	s, NJ C	7076			The second secon		0CT	20	20	16
X DOH justification) DCA Cancellation				of Contact Cole-O	1866 D.				Telep	hone N	mper	zc C	ONT	RO
	-		140.000.000.000	CILITY INF		ION			-		<u> </u>	\!	SING	
Name of Facility Where Abatement is Taking house	Place (3	3)					Тур	e of Facility (4						
Street Address							×	School (K-12 Subchapter Other (i.e. pretc.)	8 (Other	than K-1 commerc	l2) cial bui	ldings	, hom	es,
City (5) Scotch Plains							Squa 240	are Feet	# of F	loors		Bldg. i	Age	
County (6) Bergen			County (STATE	Code (7) USE ONL	n		Curr	ent Use (Prio	r if being	demolis	hed)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASC	M No.		Name ABS	of Aba Envi	atement Cont ironmental	ractor (9 Service) es, LL(
Street Address					1	Street .		ess 483, 4 E Ga	ite Driv	e				
City, State, Zip Code								Zip Code d, NJ 0741	8					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 973-7			1000	icense N 03	10.			
	Schedule 11/30/1		npletion	Date (11)		Name o	of OS	HA Monitor		Marine y Marin				
Occupancy Status During Abatement (Check	Only On	e)				Street /	Addre	ess	-					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: basement	eriod of A Il Facility	baten Hours	nent			City, St	ate, Z	Zip Code						
Scope of Work (Check All That Apply)		-		Terminal Inches										
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	-	enova emolit				×	Mir Glo	II Containmer ni-Enclosure ovebag Proce on-Exempted	dure				Δ.	
Location of	N	Locati ormali	у		De	scription (Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maii	d Sole ntenar odial S (12)	ice/	Asbes (i.e.	tos Cont thermal surfa	scinding Ma systems cing, VAT niscellane	aterial insula , or	ation,	Amo (Spe SF or	cify	Remova	Repair	Encapsulate	Enclosure
basement	Yes	No	N/A			:1-11	<i>a</i> .						ite	е
Dasement			X		pipe	insulati	on		90 L	_F	х			
Name of Registered Waste Hauler		10000	JDEP W		Cubic			Name of Re	egistered	Landfill				
Freehold Cartage	2000		auler ID 959	No.	of Was	ite		Western	10 TO 10					
City, State Freehold NJ					Dispos TBD	al Date		City, State Birdsboro	o, PA					
Completed by														

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		(PE	rsua	nt to	NJAC	8:60 and 12:1	20)	OCT 20	2016			111
Date of Notification (1)			N			Owner/Operator	(2)	 	L010		2-arquin	1
9/26)	16	- 81_		F	AS	F*			21000	0.1	1	+
Agency Notified	Type Notification		S	treet A	ddress	NOCEEE	× 7556	SBESTOS C	ILLE	JL	Ö.	
DE EPA	@ Initial		-	2 .	ate, Zip C	Code .	1 102	A	1110			
I DEP ZI DOL	Amended Amendment #			1	SEC	10. NJ	. 0883	20				
ргоон	☐ Emergency (including iustification)	g	N	iame o	of Contac	t		Telephone Num	ber			
□ DCA	☐ Cancellation					Wright				K-Comment		
				FACIL	JTY INF	ORMATION	Type of Facility	(0)				
Name of Facility Where		æ (3)			•		•					
BASF							School (K-12	3 (Other than K-12				
Street Address		0.1/	2	ا: سر	٠.٠		Di-Other (i.e. pr	ivate & commercia	l building	gs,		
25/10005	EY ESSEXTU	CHA	(1)				homes, etc.		Bldg.	Age		
City (5) .	ECIN						100000.		61	46	AN	5
County (6)			10	County	Code (7	(STATE USE		nor if being demoti				
H100	UESET		9	ONLY)				FAICE/LAI	53	_		
Name of Monitoring Firm	n Hired by Building Owne	F /	ASCM	No.	**		nent Contractor (
(8) EH1						Best Rei	noval In	<u>c</u>			-	
Street Address	SHORETRA					1	th River	St			8	
City, State, Zip Code	SHOKE (104	-				City, State, Zip C		<u> </u>				
	10 . EU . +	871				Hackens	ack, N.J	. 07601				
Project Manager for Mor	nitoring Firm	Te	lephon	e No.	· ·	Telephone No.	237	License No.				
J.P. YOU DOEH	REN				619	201-329		00388				
Start Date (10)	Scheduled Co		on Data	e (11)		Name of OSHA	Monsor Environm	ental				
0 6/16 Occupancy Status Durin	1		16			Street Address	ZH F ZI OHM			-		
	•					280 Ht	uyler St			_		
☐ Facility Closed/Vacate ☐ Abatement Performer	d Outside of Normal Faci	Bly Hou	es es	200	*	City, State, Zip C	Code		606	ij		
2 Other - Describe: 7		04	- 4		` .	S. Had	ckensack	,N.J. 07	000	_		
Scope of Work (Check a	all that apply)			/		-2 Full	Containment will	Negative Pressur	e			
□ ≥3 sf or ≥ 3 lf E1 ≥ 16D sf or ≥ 260 lf					ovation ,	Film	Enclosure ebag Procedure		7			
221003012201						□ Non-	Exempted (*) an	d Non-Friable Proc	cedure	A	bater	nent
			Locatio Iormali		260	20					Typ	e
. Locati		Use	d Solei	y by	-	Description stos Containing M		Amount				ml_
Asbestos-Containin TO SE A			ntenan ustoda		Aspe (Le	thermal systems	insulation,	(Specify		Rem	Re	TOOK ENOW
IN Fa		•	S1287?			surfacing, VA		SF or LF)		Removal	pair	Encapsulate
("	٠,		(12)		1			18				5
1	4-111-	Yes	No	N/A	1	Nim + 1/1	SELE	3500	SF	X		+
I Floor M		-		7	VII CA	HA SYSTEM!	US. LATUR.	5.50		×	\vdash	+
	crawl space			7		AT	030 0411000	60 S		X	H	7
LAG 39					+							
Name of Registered Wa	ste Haufer	NJ	DEPW	faste F	lauler	Cubic Yards of	1	stered Landill	V			
Best Remo		ID	No.	109		Waste 4007	Minerv	a Enterpr	ises	,	LL	С
City, State			- / -			Disposal Date	City, State		20.00			
The state of the s	ck , N.J. 07	601				11/11/16	Wayne	sburg, Oh	, 446	88	}	
Completed by	Title					Signature	12 200	2	Date	121	5/1	6
J.Maiorano	Est			· 6	Santra S	icensule exemptes	activities)			11	0
AS8-41	" Do no	t use ti	IN POIL	i for as	NUCCOUS I	ROTAGES TATIONS	2					

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Date of Notification (1)	7/16	20	N	F	3A5	Owner/Operator				The second second		On the second
Agency Notified	Type Notification		S	treet A	ddress	221-1-1		OCIZN	2016	=	IJ	*
Ø EPA	□ Initial			2 5	S 7 (ate, Zip C	100 LESE)	ESSE	X COICIO	1110	+		-
D DEP	Amended Amendment#		100	ary, Sta	ate, 410 C	2 NJ.	08834	S ESTOS CO	NTRO	L &		
	☐ Emergency (including	ng	N	iame o	f Contact	t		Telephone Num	ber			j
DOH DCA	justification) □ Cancellation			MS	. D	IM AUA,	UGHT				_	
				FACIL	ITY INFO	ORMATION						
Name of Facility Where		ce (3)					Type of Facility	(4)				
BAS	SF		725	**-			School (K-12	2) 3 (Other than K-12)				
Street Address				Λ.	. :-		Differ (i.e. pr	ivate & commercia	building	gs,		
25 MIDDLE	SEX ESSEX	10	RN	MI	le:		homes, etc.) Square Feet		Bldg.	Age	-	_
City (5)	in			٠			100,000	. 3	6	14	eA/	18
County (6)	115355			OUTIN	Code (7)	(STATE USE		rior if being demoli				
Name of Monitoring Firm	OLESEX Wind by Building Our	- 17	ASCM I	é		Name of Ahaten	nent Contractor (ن دار			
(8)	I Ulted by positing Owin	" '	100m	10.			noval In					
Street Address						Street Address		<u> </u>				
655 WEST	SHORE TRA	LIC		53		450 Sou	th River	St				
City, State, Zip Code						City, State, Zip C	Code					
	. NJ. 07						ack, N.J	. 07601				-
Project Manager for Mor			lephon		-1.10	Telephone No. 201-329	-7444 -	00388				
J. P. VON DOEH Start Date (10)	Scheduled C				2699	Name of OSHA	Monitor	1 00300		-		
SCARC LORD (10)	SCIEGLES C						Environm	ental			-211-	
Occupancy Status Durin						Street Address	200			,		
☐ Facility Closed/Vacate	ed During Entire Period o	of Abate	ement	700			ıyler St					
☐ Abatement Performed ☐ Other – Describe: 7	Outside of Normal Faci	lity Hou	ES.	4.1	,	City, State, Zip C		,N.J. 07	606	10		
Scope of Work (Check a	Il that apply)						Containment with	Negative Pressure	e			
□≥3sfor≥3if					ovation	Mini	-Enclosure		at at			
Ø ≥ 160 sf or ≥ 260 ff			Į	⊒ Dem	OBBOIL	☐ Glov	ebag Procedure Exempted (*) an	d Non-Friable Proc	edure			
		ls	Locatio	n n			13				atom: Type	mit
Locati	on of		iormaliy d Soleh		1	Description				Π		Γ
Asbestos-Containir TO BE A	ng Material (ACM)	Mai	intenan	ce/	Asbes	stos Containing M ., thermal systems	aterial (ACM) insulation.	Amount (Specify		Re	Enca	Enc
IN Fa	citity	ç	ustodia Staff?	Ħ	, tree	surfacing, VA	ī, or	SF or LF)		Removal	Raphir	Enclosure
(1:	3)	-	(12)			other miscellan	eous)			2	ate	10
A constant		Yes	No	N/A							-	+
MAT LATS CORPIN	C STONE MIN DOR	5		Y		CAUCIL		750		x	+	+
MAT LAB BEN	CH P 7085			×		BENCH PA			SF	X	-	-
MAT LAB	B B					HAC SYSTEM		100	LF.	7	-	+
MAT LAB R	oof parapet			*	1	CLU FLASHIN	UC TAL	stered Landfill	7	X		1
Name of Registered Wa Best Remo			DEP W No.	LO9	auser	Waste	Minerv	a Enterpr	ises	,]	LLC	,
City State			Ι/.	109		2004S Disposal Date	City, State					
Hackensac	k , N.J. 07	601				11/18/16		sburg, Oh	,446	88		
Completed by	Title					Signature	ĺ		Date	1	71	. ,
J.Maiorano	Est	-	of the latest designation of the latest desi			LYC	10:00	ا کسرد	(2	11	1	ما
100 44	* Do no	4	in farm	Sac ac	Anothe Br	concure everonter	activities				- 53	

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	1	INC			o NJAC 8:						GE	Ш	W L			
Date of Notification (1) 10/17/16					Building O				A CONTRACTOR OF THE PROPERTY O		OCT 2	0 2	016	The second secon	JII	
Agencies Notified	Type Notification	_		Street Ad	Idress				T had						1	
≥ EPA	× Initial			City Stat	e, Zip Cod	lo			The state of the s	ASE	ESTOS			<u> </u>		
DEP X DOL	Amended Amendment				Beach Ha		NJ 080	800			LICE	ISIN	3			
X DOH	Emergency justification)			Name of	Contact					Tel	ephone Nu	mber				
□ DCA	Cancellation		1,0	Jeff FACIL	ITY INFO	RMATI	ON									
Name of Facility Where A		g Place (3)		1.7.3.7.4				Тур	e of Facility (4							
Jeff Wadsworth Priv	/ate Home								School (K-1 Subchapter		er than K-1	2)				
Oli Col Madi Coo								×	Other (i.e. p etc.)				dings,	home	s,	
City (5) North Beach Haven	N.I 08008							Squ 100	are Feet 00+	# 0	f Floors	14 0	3ldg. A	ge		
County (6)				County C	Code (7)			Curi	rent Use (Prid	r if bei	ng demolis	hed)				
Ocean Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM			Name	HO!	rrie atement Con	tractor	(9)					
N/A	Timed by building	Owner (o)		7.00111	110.		Pern			************	(-)					
Street Address				•			Street PO E									
City, State, Zip Code									Zip Code rlin NJ 080	91						
Project Manager for Mon	itoring Firm			Telephor	ne No.		Teleph				License I	Vo.			-	
									9800		00727	00727				
Start Date (10) 10/28/16		Schedule 11/3/16		npletion E	Date (11)		Name Sam		SHA Monitor							
Occupancy Status During	g Abatement (Che	k Only One	e)				Street	Addr	ess							
X Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norr	Period of A nal Facility	baterr Hours	nent			City, S	State,	Zip Code							
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proced								
		la la	Lagati				Ľ	<u> </u>	ion-Exempted	1 (^) an	id Non-Fria	ible Pro		e ement		
Location	of .	- N	Locati Iormal d Sole	ly			Description of Amount Amount					-	Ty	/pe		
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Mai	ntena odial S (12)	nce/		thermal surfa	taining f system cing, V niscella	ns insu AT, or	ulation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A										te	(0	
Exterior S	Siding			X		Exte	rior Si	iding		20	000 SF	x				
													-			
				-								-				
Name of Registered Was	ste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Landf	ill				
United Roll off				lauler ID 2459	No.	of Wa 4	ste		G.R.O.	W.S.						
City, State Elm NJ						Dispo 11/3/	sal Date	Э	City, Stat		A 19067					
Completed by Anthony T Perna		Title Presi	dent			\$	Signatur	re L				Date 10/17	/16			

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Chomo	i		CATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE		Andreas Conference on Conferen		E	C	E			
Date of Notification (1) 10/17/16				f Building Seyer F			(2)	28		(CT	2 () 2(116	
Agencies Notified Type Notification X			Manah	ate, Zip Co nawkin N		50		and the second s		ASBE	STO	OS C		ROI	-&
DOH justification) DCA Cancellation	•		Dave	f Contact					Tele	phone	Num	ber			
Name of Facility Where Abatement is Taking	Diago (3	5)	FACI	LITY INFO	ORMATI	ION	Type of F	acility (4)							
David Seyer Private Home Street Address	1 1000 (0						Sch Sub	ool (K-12) chapter 8 er (i.e. priv) (Othe				lings,	home	es,
City (5) Manahawkin NJ 08050							Square F	eet	# of 1	Floors			ldg. A 5+	ge	
County (6) Ocean			County (Code (7) USE ONLY			Current U Home	Jse (Prior	if beir	ng dem	olishe	ed)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCM	1 No.		100000000000000000000000000000000000000	of Abatem aco Inc.	ent Contra	actor	(9)					
Street Address							Address Sox 329								
City, State, Zip Code							tate, Zip C Berlin N		1						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph	one No. 753-9800			Licens		•		\neg	
	Schedule		npletion [Date (11)			of OSHA N								
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of A	Abatem	ent				Address tate, Zip C	ode							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ F	enova emolit	tion ion			×	Mini-Er Gloveb	nclosure ag Proced							
Location of	100000	Locati	511101		Do	a ariatia a				Aba				ment oe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	d Sole intenar odial S (12)	nce/ staff?		tos Cont thermal surfac		aterial (AC insulation T, or		(S	nount pecify or LF)	Repair Removal				Enclosure
Exterior Siding	Yes	No	N/A X		Fyte	rior Sid	lina	_	100	00 SF		x		to	
Exterior ording			^		LATO	1101 010	mig		100	00 01		^			
Name of Registered Waste Hauler United Roll off		Н	JDEP W auler ID 2459		Cubic of Was			ame of Re		ed Lan	dfill				
City, State Elm NJ		-			Dispos 11/2/	sal Date		ty, State orrisville	e PA	1906	7				
Completed by Anthony T Perna	Title Presi	dent			S	ignature					Date 10/	17/1	6		

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Date of Notification (1) 10/13/2016			of Building Owner Armstead	er/Operator	r (2)	M	007 0	0.0	210		
Agencies Notified Type Notification		Street A					OCT 2	0 2	016	-11	
X EDA X Initial						The state of the s					
X DEP Amended DOL Amendment	ш		ate, Zip Code	204		AS	BESTOS LICEN			L&	
Emergency			eth ,NJ ,072	201	l.	Tal	ephone Nur				
DOH justification) DCA Cancellation			K ARMSTE	AD		101	ephone iva	TIDE			
Name of Facility Where Abatement is Takin	- Diago (2)	FAC	ILITY INFORM	ATION	T	(4)					
PRIVATE HOUSE	g Place (3)				Type of Facilit						
Street Address						ter 8 (Oth	er than K-1	2)			
					Other (i.e etc.)	, private	& commerci	al buil	dings,	hom	es
City (5) ELIZABETH					Square Feet N/A	N/		1	ildg. A V/A	.ge	
County (6) ESSEX		(STATE	Code (7) USE ONLY)		Current Use (F PRIVATE I	HOUSE		ned)			
Name of Monitoring Firm Hired by Building ON/A	Owner (8)	ASC	M No.	1	of Abatement C V ABATEME		95 99				
Street Address	=======================================				Address	VI ELO					_
					RANKLIN S	TREET					
City, State, Zip Code				1000070000	State, Zip Code ERSON,NJ,	07524					
Project Manager for Monitoring Firm	= =====================================	Telepho	ne No.	0.000	hone No. -333-5144		License N 01274	0.			
Start Date (10) 10/24/2016	Scheduled 11/19/20	Completion	Date (11)		of OSHA Monitor	2027	3				
Occupancy Status During Abatement (Chec					Address	VI LLC	: 				_
Facility Closed/Vacated During Entire F	Period of Aba	atement		89 F	RANKLIN ST	REET					
Abatement Performed Outside of Norm Other – Describe:	al Facility H	ours		- 537,50	State, Zip Code	07504					
Scope of Work (Check All That Apply)				PAI	ERSON ,NJ,	07524					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Designation of the last of the	novation nolition		>	Full Contain Mini-Enclose Glovebag P Non-Exemp	ure rocedure				e	
	Is Lo	cation							Abate	emen pe	ŧ
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Maint Custod	mally Solely by enance/ ial Staff? 12)	Asbestos C (i.e. therr su		Material (ACM) s insulation, AT, or	(5	mount Specify or LF)	Removal	Repair	Encapsulate	1
(13)	Yes	No N/A	Oute	er miscellar	rieous)			val	Ŧ	ılate	
FIRST FLOOR		X		PLASTE	R	30	00SF	Х			
SECOND FLOOR		X		PLASTE	R	30	00SF	Х			
BASEMENT		X	PIPE	INSULA	ATION	7	5LF	X			
Name of Registered Waste Hauler TRI STATE TRANSFER		NJDEP W Hauler ID N/A		bic Yards Waste			red Landfill				
City, State RANDALL AVE BRONX, NY		L		posal Date			'A RD WA	YNE	SBL	IRG	
Completed by VICTOR ESPIRITU PROJECT MANE				Signature	huy	J	Da		2016		

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											Pri	int F			
Ch 1299	N		CATION	ate of New Jerse I OF ASBESTOS to NJAC 8:60 and	ABATE			CE		E	M	And an additional or other transfers			
Date of Notification (1) 10/12/16			Name of Sharp	f Building Owner/C Office Holding	operator s, LLC	(2) Sharp	Office T	reMCTt, ELC	c204	he B	ecke	ror			
	Notification		Street A					ASBESTOS CONTROL &							
EPA DEP DOL	Initial Amended Amendment #			ite, Zip Code lair, NJ 07042			AS	LICENS	SING	OLC		_			
	Emergency (including justification) Cancellation		Name of	f Contact h A Zito		170-170-1		Telephone Number							
				LITY INFORMATI	ON					w	100-11-				
Name of Facility Where Abater	ment is Taking Place (3)					Туре о	f Facility (4)								
Sharp Plaza Street Address				· · · · · · · · · · · · · · · · · · ·		□ S) (Other than K- vate & commer		dinas	home	es.			
1 Sharp Plaza					c.)										
City (5) Mahwah						Square 147,0	00	# of Floors 3	1	3ldg. <i>A</i> 1986	\ge 				
County (6) Bergen				Code (7) USE ONLY)	Current Use (Prior if being demolished) Commercial										
Name of Monitoring Firm Hired Enviro-Sciences (of Dela			ASCN	/I No.			ement Contr ration Inc	741.000							
Street Address 781 Route 15 South					100000000000000000000000000000000000000	Address Corpor		Suite 5484							
City, State, Zip Code Lake Hopatcong, NJ 078	349					state, Zip	Code age NY 1	0989							
Project Manager for Monitoring Brian Mende	Firm		Telephoi 973-81	ne No. 10-9015	173.00	none No. 364-71		License 01289	No.						
Start Date (10) 10/21/2016	Schedulee 10/28/2		npletion I	Date (11)			A Monitor ntejano								
Occupancy Status During Abat	ement (Check Only One	e)			Street Address										
➤ Facility Closed/Vacated D	uring Entire Period of Al	baten	nent		2535	W. 17	th St								
Abatement Performed Out Other – Describe:						tate, Zip klyn, N	Code IY 11214								
Scope of Work (Check All That	Apply)											- Landelan			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova			×	Mini- Glov	Enclosure ebag Proce	it with Negative dure (*) and Non-Fria			·a				
		ocat			No.	2 14011	xomptou \) and north	1	Abat	ement rpe				
Location of Asbestos-Containing Mater TO BE ABATED In Facility (13)	ormal I Sole ntena odial S (12)	ly by	Asbestos Cont (i.e. thermal surfa	aining N system cing, VA	cription of sining Material (ACM) systems insulation, ing, VAT, or iscellaneous)		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure				
	Yes	No	N/A								9				
1st Floor Kitche	n	X		Hood D	uct Ins	ulation		100							
1st Floor Break Ro	oom	X		Sink U		4	Х								
2nd Floor Break Ro	oom	X		Sink Undercoating 4 x											

NJDEP Waste Hauler ID No.

SW24310

Senior Project Executive

Cubic Yards

Disposal Date

Signature

of Waste

10/22/16

6

Completed by

Shirley, NY 11967

ATC

City, State

Name of Registered Waste Hauler

Date

10/12/16

Name of Registered Landfill

Waynesburg, OH 44688

Minerva

City, State

	N		ATION	OF ASBES	STOS A			Ch	ock 1	57)	3			
Date of Notification (1) 10/14/16		10000	ame of I yoti Sh	Building O narma	wner/Op	perator	(2)	Company of the Compan) EGE		\mathbb{V}_{-}	E			
Agencies Notified Type Notification		S	treet Ad	dress					1	8.6	ABIE	Total Control of the			
▼ EPA □ DEP □ DOL □ Amended △ Amendment #				e, Zip Cod ck, NJ (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	U OCT		2018				
Emergency (including particular) DOH justification) Cancellation	cluding	10.63		Contact ti Sharm	na				TASSET NO	D	NTR	OL 8	3.		
	. (0)		FACIL	ITY INFO	RMATIC	ON	Typo	of Facility (4)							
Name of Facility Where Abatement is Taking F house	Place (3)		School (K-12)												
Street Address								Subchapter 8	Other than K-12 vate & commerci	2) al build	ings,	home	s.		
City (5) Wyckoff						Square Feet # of Floors BI 2100 2 68						ge			
County (6)			County C	ode (7) SE ONLY)			Curre	nt Use (Prior	if being demolish	ned)					
Bergen Name of Monitoring Firm Hired by Building Ov	/ner (8)		ASCM			Name of Abatement Contractor (9)									
Street Address						ABS Environmental Services, LLC Street Address									
\$10.00 (\$10.000)\$10.00 (\$10.00)							Box 483, 4 E Gate Drive State, Zip Code								
City, State, Zip Code						50000		, NJ 0741	8						
Project Manager for Monitoring Firm	Т	elephon	ne No.			none No 764-2		License N 703	lo.						
Start Date (10) 5 10/16/16	pletion [Date (11)		Name	of OSF	A Monitor									
Occupancy Status During Abatement (Check	Only On	e)				Street	Addres	SS							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of A I Facility	Abateme Hours	ent		_	City, S	State, Z	ip Code				_			
Scope of Work (Check All That Apply)						_	_								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		tenovat emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		90 2/29				L	_l No	n-Exempted	(*) and Non-Frial	ole Pro		e ment			
Location of	1	Location Normall	y		Des	scription	n of				Ту	ре			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	d Solel intenan todial S (12)	ce/ taff?		os Cont thermal surfa	aining I	Materia ns insula AT, or	I (ACM) ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
third flags	Yes	No	N/A	wal	l mate	rial 8.	cailing	ı tile	400 SF	x					
third floor			X	Wai	I IIIale	IIai Q	Cennig	, the	400 01	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
Name of Registered Waste Hauler	N	JDEP W	/aste		Yards	s Name of Registered Landfill									
Freehold Cartage	auler ID 5959	No.	of Wa TBD	ste		Westerr	estern Berks Landfill								
City, State Freehold NJ		Dispo TBD	sal Date	е	City, State Birdsbo										
Completed by A. Scott Higgins		Signature Date 10/14/16													

				CATION	OF ASB	ESTOS	ABATE		C	le		It	575	7	ĺ		
Date of Notification (1) 10/14/16					f Building Munford		Operator	(2)			EC						
Agencies Notified	Type Notification			Street A	Address					M				1911	#		
X EPA DEP X DOL	Initial Amended Amendment	#	-	City, Sta	ate, Zip C	ode					OCI	2.0	20	16			
IX DOH	Emergency justification)	(including	-	Name o	f Contact					L TAI	EMBERG N	യകല	ONT	ROL	8		
DCA	Cancellation			Chris	Munford	I			Į		· · · · · · · · · · · · · · · · · · ·	-					
Name of Facility Where	Abatement is Takin	g Place (3)	FAC	ILITY INF	ORMAT	ION	Tyne	of Facility	(4)							
house		3	-,				ool (K-12)										
Street Address							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildir etc.)							hom	es.		
City (5) Englewood								Squa 2300	re Feet)		Bldg. A	\ge					
County (6) Bergen					Code (7) USE ONLY)		Curre	ent Use (Pr	ior if bei	ng demoli	ished)					
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.			Name of Abatement Contractor (9) ABS Environmental Services, LLC									
Street Address				Street Address PO Box 483					ess 483, 4 E Gate Drive								
City, State, Zip Code									ip Code , NJ 074	418							
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph		0.		License 703	No.					
Start Date (10) 10/17/16		ed Con	npletion	Date (11)				HA Monitor									
Occupancy Status During	g Abatement (Chec						Street	Addres	SS .				-		_		
Facility Closed/Vaca Abatement Performe Other – Describe: _	ed Outside of Norm	Period of A	Abatem / Hours	ent			City, S	tate, Zi	ip Code								
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ll That Apply)	processes	Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						e				
Location	of	200	Locati			De	iti	-6					ement pe				
Asbestos-Containing TO BE ABA In Facilii (13)	Material (ACM) ATED	Ma	intenar todial S (12)	nce/ staff?		tos Cont thermal surfa	scription taining M systems cing, VA niscellan	laterial s insula T, or		(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure		
baseme	ant	res	140	N/A	=3-2-17-1113-111-3	nina	inaula	tion		2	0.1.5	-	-				
Dasenie	5111			x pipe insulation							0 LF	X					
Name of Registered Wast	I KI	JDEP W	laste				News	Darini	and the 10								
Freehold Cartage	H	auler ID 5959		of Was			200000 V	120	red Landf s Landf								
City, State Freehold NJ						Dispos TBD	sal Date		City, Stat		ι						
Completed by A. Scott Higgins Title President						S	ignature		A	_	1.000	ate 0/14/	16				
				111													

CK 7554

		,	Name of Building Owner/Operator (2) Wineland Deve											
Date of Notification (1)	~		TO THE PARTY OF	f Building Owne		10.75	WITE	baple	De	vet	ngc	nen		
10-12-201			Sta	1 to 31.	Vew	Jersey.	1 C	enter	8	200	t' (am		
Agencies Notified Type No	otification		Street A			(, V	A	SBEST				- &		
☐ EPA ☐ Init	tial				F MO	indis A	ignu	e lic	ENS	SING	i	_		
	nended			ate, Zip Code	1 . 1			000	\sim					
	nendment # nergency (including	-			1, Ne	w Jerse		7830	<u> </u>					
DOH jus	tification)	1		f Contact	224	V	1918	phone Num	ber			-		
DCA Ca	incellation			CE D.M		400 U								
Name of Facility Where Abatemer	nt is Taking Place (3)	FACI	LITT INFORMA	ATION	Type of Facility ((4)					-		
	tage			177		property (55.65 10.00							
Street Address		_1	17	101 1-10 21	- 41	School (K-1		than K-12)					
on East Campu	5 VIII	ziar	10 r	levelopr	renigi	Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home etc.)								
City (5)	<u> </u>	<u>~~1.1</u>	اساما			Square Feet	# of i	Floors	В	ldg. A	ae			
Vineland						3800			(20	Vr:			
County (6)		T	County (Code (7)		Current Use (Pri	or if bein	a demolish	ed)	<u> </u>	Àt.	2		
Cumberlan	A		(STATÉ	USE ONLY)		Disable				_				
Name of Monitoring Firm Hired by	Building Owner (8)	ASCN	A No.	Name	of Abatement Cor	ntractor (9)	-160	-6		\neg		
Quality Environmental Con		50 	. NA	-	Quality Environmental Concepts, Inc.									
Street Address	-				Street Address									
1053 North Tuckahoe Road	d				1053		-							
City, State, Zip Code					City, S	State, Zip Code				\neg				
Williamstown, New Jersey	08094				Willia	amstown, New	Jersey	08094						
Project Manager for Monitoring Fir	m		Telepho	ne No.	Teleph	none No.		License No				\neg		
Edward J. Knorr			856-62	29-1166	856-	629-1166		01086				1		
Start Date (10)	Schedul	led Con	npletion	Date (11)		of OSHA Monitor					201112-2011			
10-15-5016	5 1	0-1	12-8	3016	Qual	ity Environmer	ntal Cor	ncepts, Ir	IC.					
Occupancy Status During Abatem	ent (Check Only O	ne)				Address		v						
Facility Closed/Vacated Durin	ng Entire Period of	Abatem	nent		1053	North Tuckah	oe Roa	ıd						
Abatement Performed Outsid Other – Describe: Emergence		y Hours	3			City, State, Zip Code Williamstown, New Jersey 08094								
					Willia	amstown, New	Jersey	08094						
Scope of Work (Check All That Ap	ply)				-	-								
≥3 sf or ≥3 lf	Strong	Renova	200		-		Full Containment with Negative Pressure Mini-Enclosure							
≥160 sf or ≥260 lf		Demolit	ion		No.	Mini-Enclosure Glovebag Procedure								
						Non-Exempted		Non-Friable	e Prod	Procedure				
i i	l is	s Locati	on								ment			
Location of		Normal		: 1	Description	of				1 y	pe	_		
Asbestos-Containing Material (AL MILE	ed Sole aintenar				Material (ACM)		ount	_		田	ш		
TO BE ABATED In Facility	Cus	todial S	Staff?		iai system: facing, VA	s insulation, T. or		ecify or LF)	₹em	Repair	cap	nclo		
(13)	4 -	(12)			r miscellar				Remova	air	Encapsulate	Enclosure		
	Yes	No	N/A	4		and the same of th					ite	0		
CTS Office	-	~		15,,×15	11 =1	oor Tile	112	C =	V					
UIS OFFICE			1	-			110	26	\triangle			-		
				" Pres								_		
			1	yet.	test	ed								
	and the same of th		and Thomason	•										
Name of Registered Waste Hauler	V	1	JDEP W		Cubic Yards Name of Registered Landfill									
Quality Environmental Conc	epts	4	auler ID	No. of V	1.5 Cumberland					124	•			
City, State				Dier	oosal Date	City, Stat	6	اللا الل	اللا	UIII	- y			
Williamstown, New Jersey					TRI		<u>elar</u>	IN L.	7					
Completed by	Title				Signature	VIII	المادم	Dat	<u>)</u> е			-		
Edward J. Knorr	Vice		13	Diarrell	do	V741 \1	7-1	2-	201	6				
			enous -	-1116	100	U 1	-	الاسا	101					

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT Schedule as per. Original (Pursuant to NJAC 8:60 and 5:16)

NOTIFICATION

NOTIFICATION

Date of Notification (1)					Name	of Buildin	а Ом	/ner/Operator (2)	FIE	3 1	W	- [5	1 000						
	12 /	16						nmunities, In		11D) 15 6 1	<u> </u>	<u> </u>	_ Ŀ	-						
Agencies Notified	Type Notific	ation			Stree	Address				IIII DOT	2.0	20	10							
□ EPA	☐ Initial				Wo	odbridge	Pla	ace		III LI OCT	20	ZU	10	L						
☑ DOLWD ☑ DHSS		700			City, S	State, Zip C	Code							1						
□ DCA	Emerger			1	517	Route C	ne	South, Suite	5500	ASBESTO	SO	ONT	ROL	_&						
(NJAC 5:23-8)	justificati		ora a i i i g	,	Name	of Contac	t			Telephone Numb	er\S	ING								
	☐ Cancella	tion			Alb	ert Hrom	iin					1								
May 2					FA	CILITY IN	IFOI	RMATION												
Name of Facility Where A				(3)					Type of Facility	5 (A) 5)										
Former Ashland Inc	Office Bui	lding	ľ.						(2)											
Street Address 1 Wootton Street										8 (Other than K-12) private and commerce)	cial bu	uilding	js,							
City (5)			70.000			***	_		Square Feet	# of Floors	BI	dg. A	ae							
Boonton								117,000	3		50+	90								
County (6)					Cour	nty Code (7)(STA	ATE USE ONLY)	Current Use (P	rior if being demolish	ned)									
Morris									Vacant / Of	fice Building										
Name of Monitoring Firm	ding O	wner (8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)											
Environmental Heal	ation	s, Inc		2973	37	5	Superior Aba	tement Inc												
Street Address	reet Address							eet Address												
655 West Shore Tra	5 West Shore Trail								Drive											
City, State, Zip Code	City, State, Zip Code								City, State, Zip Code											
Sparta, NJ 07871							West Caldwell, NJ 07006													
Project Manager for Monit	oring Firm	Direct-		Tele	phone	No.	Tel	ephone No.		License No.			STOCK!							
Jean Paul Von Doehren (609) 704-88								73-808-1616		00411										
Start Date (10)		Schedu	uled C	omple	tion Da	te (11)	Nai	me of OSHA M	lonitor											
09 /12 /	16	_ 1	0_/	12	2_ /	16	S	Superior Aba	tement Inc	¥8										
Occupancy Status During	Abatement (Check	only c	ne)			Str	eet Address			200									
□ Facility Closed/Vacated	d During Entir	re Peri	iod of	Abate	ment		2	Henderson	Drive											
☐ Abatement Performed							City	, State, Zip Co	nde											
Time of Abatement:	AM	PN	1/	_PM		AM		Vest Caldwe												
Scope of Work (Check all	that apply)																			
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			□ Re 図 De					Mini-Encl Glovebag	Procedure	gative Pressure on-Friable Procedure	÷									
				Loca							Ab	atem	ent T	vpe						
Location of		.		lorma d Sole			2 1	Description o												
Asbestos-Containing N TO BE ABAT		1)	Mai	intena	nce/			Containing Mar rmal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure						
IN Facility			Cust	odial (12)	Staff?		S	surfacing, VAT,	or	SF or LF)	val	=	nsd	Sun						
(13)			Yes	No.	N/A		ot	ner miscellane	ous)				ate	o						
Hallways/Offices					\boxtimes	Floor Ti	le			8,624 SF										
Sub Grade Exterior W	all				\boxtimes	Interior	Wat	ter Proofing		9,628 SF										
Computer Room					\boxtimes	Mastic (Flo	or Posts)		2,200 SF	\boxtimes									
Roof							Ma	terial / Roof	Flashing	45,745 SF/1840										
Name of Registered Waste Hauler NJ						Vaste	Cut	oic Yards of	Name of Registered Landfill											
Service Transport Group Inc						No. 17	Wa:	ste 00	Minerva Enterprises											
City, State							Disposal Date City, State													
New Castle, DE							1	0/12/2016	Waynesbu	rgh, OH										
Completed By (Print or Type) Title							Signature Date													
Nick Petrovski President							111/1/hry 10-14-16													

State of New Jersey

☐ EPA ☑ DOLWD ☐ DHSS	2 / 16	20 14-15-15 No.				C 8:60 and 5:16	~)	In									
Agencies Notified Ty EPA DOLWD DHSS DCA					13	Owner/Operator (TI OCT	2	0 0	016						
☐ EPA ☐ DOLWD ☐ DHSS ☐ DCA ☐	ne Natification			Ava	ilonBay (Communities, In	c.	ПП		U (UIU	1					
☑ DOLWD ☐ DHSS ☐ DCA ☐				Street	Address							\exists					
☑ DHSS ☐ DCA ☐	Initial			Wo	odbridge	Place		ASBESTOS CONTROL									
□ DCA □	Amended Amendment #			City, S	State, Zip C	ode		LICENSING									
	Emergency (in	-		517	Route O	ne South, Suite	5500										
	justification)	rodunity.	•		of Contact			Telephone Number	er	_							
	Cancellation		in														
			-		-	34	-										
Name of Facility Where Abat	ement is Taking	Type of Facility	sility (4)														
Former Ashland Inc O	ffice Bullding	1			School (K-12)												
Street Address		-	-		Subchapter 8 (Other than K-12)												
1 Wootton Street					Other (i.e., private and commercial buildings, homes, etc.)												
City (5)				Square Feet	# of Floors	BI	dg. A	ne									
Boonton							117,000	3	4 0	50+	ge						
County (6)		-	(STATE USE ONLY)	8	ior if being demolish		-										
Morris		n		ice Building	,												
Name of Monitoring Firm Hire	ed by Building (Owner (ent Contractor (9)			_		_									
Environmental Health	Contraction of the Contraction o			2973	7	Superior Aba	, ,										
Street Address		-			-	Street Address											
655 West Shore Trail						2 Henderson	on Drive										
City, State, Zip Code						City, State, Zip Co					-						
Sparta, NJ 07871						West Caldwe											
Project Manager for Monitorin	ng Firm		Tele	phone	No.	Telephone No.	11, 110 07 000	License No.									
Jean Paul Von Doehre	0		1		4-8850	973-808-1616		00411									
Start Date (10)	Sched	luled C		tion Da		Name of OSHA M		33411		-							
09 / 12 / 1	THE REAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY ADDR			_ / _		Superior Aba	tement Inc										
Occupancy Status During Ab	atement (Check	k only c	ne)			Street Address					-	\neg					
☐ Facility Closed/Vacated D						2 Henderson	Drive										
Abatement Performed Ou						City, State, Zip Code											
Time of Abatement:	_AIVIPI	VV	PM-		AM	West Caldwe	II, NJ 07006										
Scope of Work (Check all tha	t apply)										Marine						
≥3 sf or ≥3 lf		□Re	nounti	00		Full Cont	ainment with Neg	gative Pressure									
≥160 sf or ≥260 lf		⊠ De					Procedure	n-Friable Procedure	•								
		F 1755	Locat						_	atem	ent Ty	ype					
Location of Asbestos-Containing Mate	adal (ACM)		Norma d Sole		4-5-	Description o											
TO BE ABATE		Ma	intena	nce/		stos Containing Ma ., thermal systems		Amount (Specify	Remova	Repair	nca	nclo					
IN Facility		Cust	todial ((12)	Staff?		surfacing, VAT,	or	SF or LF)	lave	=	Encapsulate	Enclosure					
(13)		Yes	No.	N/A		other miscellane	ous)				ate	cp (
Hallways/Offices					Floor Ti	le		8,624 SF		П	П						
Sub Grade Exterior Wall					Interior	Water Proofing		9,628 SF									
Computer Room					Mastic ((Floor Posts)		2,200 SF									
Roof		П	П		Roofing	Material / Poof	Flaching	45,745 SF/1840	\boxtimes								
Name of Registered Waste H	auter	<u> </u>		JDEP V		ng Material / Roof Flashing 45,745 SF/1840 🗵 🗌 Cubic Yards of Name of Registered Landfill											
Service Transport Gro			0.000	auler IC	Waste Minerva Enterprises												
City, State		-		SW21	17	300		101 h 1969									
New Castle, DE						Disposal Date	City, State	h O!!									
						10/21/2016	Waynesbu				2/4/2011/-						
Completed By (Print or Type)						Signature	///	Date	5								
Nick Petrovski	P	reside	int			- Inh	Mathre	Erm. 9	7	2	-/	6					

nock			FICATIO	State of Ne N OF ASE It to NJAC	BESTOS	SABATE		T A	A o	~ N	11	7	7	4		
Date of Notification (1) 10/14/16				of Building Munford		/Operato	r (2)			EC	E		V	<u>(</u> 		
Agencies Notified Type N	otification		Street	Address					11		/ (5)	U				
DEP A	itial mended		City, S	tate, Zip C	ode					-00	1 2	6-2	016			
П Er	nendment # nergency (including															
Ď DOH ☐ jui	stification)	,		of Contact Munford					Te	(ebphone)	dumbe	CON	TRO	1 8		
	ancenation			ILITY INF		TION				-						
Name of Facility Where Abateme	nt is Taking Place (3)	1 //	SIELLI HAL	OKIVIA	HON	Тур	e of Facility	(4)							
house								School (K-	12)							
Street Address							×	Subchapter Other (i.e. petc.)	8 (Oth	er than K & comme	-12) rcial bi	uilding	s, hon	nes.		
City (5) Englewood							Squ 230	uare Feet # of Floors Bldg. Age								
County (6) Bergen				Code (7) USE ONLY)		Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by	Building Owner (8)	ASC	M No.		Name ABS	ame of Abatement Contractor (9) ABS Environmental Services, LLC									
Street Address								Address Box 483, 4 E Gate Drive								
City, State, Zip Code					City, S	tate,	Zip Code d, NJ ()74									
Project Manager for Monitoring Fir		Telepho	one No.		Teleph 973-	none N	٧٥.		License	No.						
Start Date (10)	ed Cor	mpletion	Date (11)				HA Monitor		703							
10/23/16	16															
Occupancy Status During Abatem						Street	Addre	ess								
Facility Closed/Vacated Durir Abatement Performed Outsid Other – Describe:	ng Entire Period of a e of Normal Facility	Abater / Hour	rs City, State, Zip Code													
Scope of Work (Check All That Ap	ply)															
≥3 sf or ≥3 If × ≥160 sf or ≥260 If	F	Renova Demolit				×	GI	III Containme ni-Enclosure ovebag Proc on-Exempted	edure				ro			
	Is	Locati	ion						() 4110		1010 1 1		temen	t		
Location of Asbestos-Containing Material (Vormal d Sole			De	scription	of				_	T	уре	,		
TO BE ABATED In Facility (13)	Ma Ma	intena odial S (12)	nce/	Asbest (i.e.	thermal surfa	taining M systems cing, VAT niscellan	insul T, or	ation,	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure		
	Yes	No	N/A								-		ate	6		
basement			Х		pipe	insulat	ion		20) LF	х					
Name of Registered Waste Hauler	e of Registered Waste Hauler						Yards Name o			of Registered Landfill						
reehold Cartage	JDEP W auler ID 5959	500	of Was			Western										
City, State reehold NJ	Disposal Date TBD					City, State Birdsbor										
Completed by Coott Higgins	Sign					A)		D	ate 0/14/	16						
		and the same of the same		10/15						111.750417						

noch	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)														
Date of Notification (1) 10/10/16		100		f Building (ne Olso		Operator	(2)	and bear	1	0.07	0	0 4	2016		
Agencies Notified Type Notification			Street A	ddress						001	-	U	2010	į	-
× EPA × Initial			City Sta	ate, Zip Co	do						==	001	ITD	71 8	
DEP X Amended Amendment				wood, N		79			AS	BEST	OS CEI	VISI	IG_		
➤ DOH Emergency justification)	(including	100		f Contact					Tel	ephone l	Mary of Street, or other Desires.				
DCA Cancellation				ne Olsoi											
Name of Facility Where Abatement is Takir	g Place (3	3)	FACI	LITY INFO	ORMAT	ION	Тур	pe of Facility (4)						
house	120							School (K-1							
Street Address					13	*	×	Subchapter Other (i.e. p					lings,	home	es,
City (5)			10:					etc.)	#0110111111111111111111111111111111111	f Floors				200000000000000000000000000000000000000	
Maplewood							Square Feet # of Floors Bldg. Age 2300 2 80						ge		
County (6)				Code (7) USE ONLY)			Current Use (Prior if being demolished)								
Essex Name of Monitoring Firm Hired by Building	Owner (8)		ASCN			Nama	of A	hatamant Car	atractor	(0)		- 2- 10			
wante of Morntoning Firm Filled by Building		Name of Abatement Contractor (9) ABS Environmental Services, LLC													
Street Address		Street PO E		ress 483, 4 E G	ate D	rive									
City, State, Zip Code				Zip Code od, NJ 074	18		115								
Project Manager for Monitoring Firm Telephone No.							none			Licens	e No				
Start Date (10)				SHA Monitor		703									
10/20/16															
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Add	ress							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:					_	City, S	State,	, Zip Code							
Scope of Work (Check All That Apply)							-	***********			-				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renovat Demoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	Is	Location	on										Abate		į
Location of Asbestos-Containing Material (ACM)	1000000	Normall ed Solel		Ashaat		escription		rial (ACM)	^	mount			1 9	pe	
TO BE ABATED		intenar todial S			therma	l system	s ins	ulation,	(5	Specify		Re	70	Encapsulate	Enc
In Facility (13)		(12)				acing, VA miscellar			SI	or LF)		Remova	Repair	psul	Enclosure
	Yes	No	N/A									=		ate	e.
living room			×		ceil	ing pla	ster		40	00 SF		x			
Name of Registered Waste Hauler Freehold Cartage NJDEP Waste Hauler ID No. 15959							Cubic Yards Name of Registered Landfill of Waste TBD Western Berks Landfill								
City, State It								City, Stat		J					
Completed by		Signature	В	(A)			Dat								
A. Scott Higgins President						10/10/16									