CX 176	24	Î	тои		ATION	OF AS	New Jersey SBESTOS ABAT AC 8:60 and 5:1		DEGE		W		
Date of Notification (1)	25 /	16			3 200		ng Owner/Operator ( Realty Advisors	1	OCT 2	2 7	2016		
Agencies Notified  EPA	Type Notific				50000	t Address River Re	oad, Suite 200	The state of the s	ASBESTOS	CON	VTRC	La	
<ul><li>☑ DOLWD</li><li>☑ DOH</li><li>☐ DCA</li><li>(NJAC 5:23-8)</li></ul>	Amender Amendm  Emerger justificati	nent #_ ncy (inc	luding	3	Su	State, Zip mmit, No	J 07901	o constant	LICE Telephone Numb	NSIN			
(110/10/0.20/0)	☐ Cancella					arles Tir			Toropriorio Hami	, ,			
			16		FA	CILITY I	NFORMATION				-		
Name of Facility Where Residential	Abatement is	Taking	Place	(3)	1 7		2 2 20	Type of Facility  School (K-1	2)	10			
Street Address									8 (Other than K-12) private and commer .)		uilding	js,	
City (5) Long Brach, NJ 07	740							Square Feet	# of Floors	BI	dg. A	ge	
County (6)  Monmouth							(7)(STATE USE ONLY)		rior if being demolis	hed)			
Name of Monitoring Firm Bio Terra Solution	and the second second second	ding Ov	vner (	(8)	ASCM	No.		ent Contractor (9 NAGEMENT I					92
P.O. Box 1224							Street Address 27 Outwater						
City, State, Zip Code Union, NJ							City, State, Zip Co Garfield, NJ						
Project Manager for Mon	itoring Firm			Tele	ephone	No.	Telephone No.		License No.		-	-	
Rick Eustaquio					73-494		973-928-4888	8	1188				
	16	12	/	_ 0	etion Da	ite (11) 16	Name of OSHA M	lonitor NAGEMENT L	LC				
Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement:	ed During Entired Outside of No	re Perio	od of A	Abate / Hou	rs - Des		Street Address 27 Outwater I City, State, Zip Co	ode			2 5 6		
Scope of Work (Check al				<u>-</u> 1. 383		•	Garfield, NJ	07026	588 N 1 0 0 1746			-2	_
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	п инасарруу)		☐ Rer				☐ Mini-Enc ☐ Glovebag	Procedure	gative Pressure on-Friable Procedure	е			
				Loca Iorma			27 40			Ab	ateme	ent T	уре
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM		Use Mai Cust	d Solontena odial (12)	ely by ance/ Staff?		Description o estos Containing Ma e., thermal systems i surfacing, VAT, other miscellane	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Kitchen			Yes	No	N/A	VAT			200 SF		П		
			<u>-</u>						2000.				
		1	-										
		- 1	5										
Name of Registered Was	te Hauler			1100	IJDEP I lauler II SW-2	O No.	Cubic Yards of Waste As Needed	Name of Regi					
City, State Shirley, NY					GVV-Z	1010	Disposal Date TBD	City, State Waynesbu	ırg, OH				
Completed By (Print or Ty Allen Monchik	ype)	Title Pro	ject	Man	ager		\$ignalure	1	Dat	e /1	35/	16	

CK 17	63	NO		ATIO	N OF A	New Jersey SBESTOS ABA JAC 8:60 and 5:1		) EGE			1	-
Date of Notification (1)	25 /	16		0.45		ing Owner/Operator	(2)	OCT 2	7 20	16	1	圳
<u> </u>						agement	12	-				ĺ
Agencies Notified  EPA	Type Notificat	tion			et Address		Daniel St.	ASBESTOS	CONT	ROL	G.	1
☑ DOLWD	☐ Amended					ghway 22 West		LICE	NSING			أسد
☑ DOH	Amendme	_	_		State, Zip	nfield, NJ 07060	3,740					
☐ DCA (NJAC 5:23-8)	☐ Emergenci justification		ng		e of Conta			Tolonbara N				
(140/10/3.23-0)	☐ Cancellation			The same of		Anderson		Telephone Nu	ımber			
			-			INFORMATION						
Name of Facility Where A	batement is Ta	aking Plac	e (3)	- '	COLLITT	IN OKWATION	Type of Facili	tv (4)				
Commercial		J	1-7				School (K-					
Street Address		-					☐ Subchapte	er 8 (Other than K-				
2 Garfield Avenue								, private and comm	nercial b	uildin	gs,	
City (5)		e <sup>E</sup>					Square Feet	# of Floors	TB	ldg. A	ae	
Jersey City, NJ 0730	05									9	3~	
County (6)	2 11			Cou	nty Code	(7)(STATE USE ONLY)	Current Use (	Prior if being demo	olished)			
Hudson												
Name of Monitoring Firm	Hired by Buildir	ng Owner	(8)	ASCM	l No.	Name of Abateme	ent Contractor (	(9)				
Bio Terra Solutions						ALL PRO MA	NAGEMENT	LLC				
Street Address						Street Address				*		
P.O. Box 1224	. 1. (1)					27 Outwater	Lane					
City, State, Zip Code						City, State, Zip Co			10			
Union, NJ			1-			Garfield, NJ	07026	> _				
Project Manager for Monit Rick Eustaquio	oring Firm			ephone		Telephone No.		License No.				
Start Date (10)	180	hadulad (			1-3762	973-928-4888		1188				
11 /03 / _	16		_ 0:	3 /		Name of OSHA M ALL PRO MA		LLC				
Occupancy Status During  Facility Closed/Vacated  Abatement Performed (	During Entire Outside of Norr	Period of mal Facilit	Abate by Hou	rs - Des		Street Address 27 Outwater I City, State, Zip Co						
Time of Abatement: Scope of Work (Check all I		_PM/	PM		_AM	Garfield, NJ	07026					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	пат арріу)		enovat			☐ Mini-Encl		egative Pressure				
								lon-Friable Proced	lure			
Location o	f		Loca Norma			2			Ab	atem	ent T	уре
Asbestos-Containing M		Use	ed Sole	ely by	Asbe	Description of estos Containing Mat		Amount	Re	Re	Ш	En
TO BE ABAT IN Facility			iintena todial			e., thermal systems in	nsulation,	(Specify	Removal	Repair	cap	Enclosure
(13)			(12)			surfacing, VAT, other miscellaned		SF or LF)	/ <u>a</u>		Encapsulate	ure
	- 1 - 5	Yes	No	N/A			, , , , , , , , , , , , , , , , , , , ,				te	
Main Floor				$\boxtimes$	VAT			2,000 SF				
		П		П						П	П	
				-								
Jame of Posistered W	Houles											
Name of Registered Waste ATC	nauler			JDEP \ auler IE		Cubic Yards of Waste	1	istered Landfill			110	
City, State				SW-2		As Needed		Enterprises				
Shirley, NY						Disposal Date	City, State	611				
	a) I-	741 -				TBD	Waynesb	urg, OH				
Completed By (Print or Type Allen Monchik	6)	itle Project	84	ne or		Signature	A		Date /		1,	
SB-41		Project	ividila	ager		LILLA	-		192	5/1	14	

Date of Notification (1)		7 ACT 1		Name of Building Owner/Operator (2)										
10 /25		16	Dipesh Patel											
	e Notifica	ition		Stree	et Address		in i		Ü	=======================================		1		
	Initial			11	0 Davids	on Avenue	HULL	MARKET ST.		1	1			
	Amended			City,	State, Zip	Code	IINII	00T 0 7 0	015					
	Amendme	cy (includir	_	So	merset, l	NJ 08873	11111	OCT 27 2	UIU	100	notto*	- Land		
	justificatio		ig	Nam	e of Contac	ot .		Telephone Numl	per	-		i i		
1 2 2	Cancellati			Er	nie Gand	olfo				. E		Talva seria		
				FA	CILITY II	NFORMATION	Total members (Caretter Caret	LICENSHA	3	ar on the to		à		
Name of Facility Where Abate	ment is T	aking Plac	e (3)				Type of Facility	(4)						
Somerset/Bridgewater	Hotel						School (K-1							
Street Address								8 (Other than K-12)		مثلماني				
110 Davidson Avenue							homes, etc.	orivate and commer )	Ciai D	ullain	gs,			
City (5)							Square Feet	# of Floors	В	ldg. A	ge			
Somerset							21,000	3		37				
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)			e inselle		
Somerset							Vacant							
Name of Monitoring Firm Hired	by Build	ing Owner	(8)	ASCM	l No.	Name of Abateme	ent Contractor (9	)						
Horizon Environmental		Asbestos and Mold Services, Corp.												
Street Address			Street Address											
PO Box 316						3859 Sylon B	oulevard							
City, State, Zip Code						City, State, Zip Co								
Thorofare, NJ 08086						Hainesport, N								
Project Manager for Monitoring	Firm		Tel	ephone	No.	Telephone No.		License No.	-					
Dave Flanigan			-		3-0800	609-702-0400		00862						
Start Date (10)	S	cheduled	Compl	etion Da	ate (11)	Name of OSHA M		00002						
11 /7 /16		_11_			100	EMSL Analyti								
Occupancy Status During Abat	tement (C	heck only	one)			Street Address								
☐ Facility Closed/Vacated Dur	ring Entire	e Period o	Abate	ement		200 U.S. Rout	te 130 North							
☐ Abatement Performed Outs	ide of No	rmal Facili	ty Hou	rs - Des	scribe	City, State, Zip Co								
Time of Abatement:	AM	PM/	PN		Cinnaminson, NJ 08077									
Scope of Work (Check all that a	apply)					□ Eull Cont	ainment with Ne	antivo Pronouro						
≥3 sf or ≥3 lf			enova			☐ Mini-Encl	osure	gative Fressure						
≥160 sf or ≥260 lf		⊠ D	emoliti	on		Glovebag	Procedure							
				dia m		⊠ Non-Exer	mpted (*) and No	on-Friable Procedur	1					
Location of			s Loca Norma			Danadation			Ab	atem	ent T	ype		
Asbestos-Containing Mater	ial (ACM)	Us	ed Sol	ely by	Asbe	Description of stos Containing Mat		Amount	Re	Re	En	E		
TO BE ABATED		IVI:	ainten	ance/ Staff?		., thermal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure		
IN Facility (13)		Ou.	(12)			surfacing, VAT, other miscellaned	or	SF or LF)	<u>a</u>		Encapsulate	ure		
,,,,,		Yes	No	N/A		other miscellanet	ous)				lte			
Wing B - Three Story Sect	ion			$\boxtimes$	Transit	e Panels		4,224 SF						
				$\boxtimes$						П	П	П		
				$\boxtimes$		113011119					П			
Name of Registered Waste Hau	ıler		1	JDEP 1	Waste	Cubic Yards of	Name of Regis	stered Landfill		ш	Ц			
Freehold Cartage, Inc.			383	lauler II	D No.	Waste	GROWS La							
City, State				02265		5 Disposal Date	City, State							
Freehold, NJ						11/25/16	L	, PA 19067						
Completed By (Print or Type) Title						Signature Date								
Kimberly A. Trumbetti		Office	Coor	dinato	r	( )				C-1	in			
100 11			20011		9	FY	1	-	1-3	2	Ψ			

ASB-41 MAY 11

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

CK 176	5	NO		CATIO	N OF AS	New Jersey SBESTOS ABAT AC 8:60 and 5:1		E G E I	V		1	
Date of Notification (1)	25 /	16				ng Owner/Operator ( Realty Advisors,	111 111	OCT 2 7 2	016	1	力	
Agencies Notified  EPA  DOLWD  DOH	Type Notific	ed nent#		47 City	et Address Z River Ro State, Zip ummit, No	Code		AGBESTOS CON LICENSING		j ë		
DCA (NJAC 5:23-8)	justificat		ng	Nam	e of Conta	ct		Telephone Num	per	is.		
				F	ACILITY I	NFORMATION						
Name of Facility Where Residential	Abatement is	Taking Plac	ce (3)				Type of Facility ☐ School (K-1	2)				
Street Address					-		☐ Subchapter ☐ Other (i.e., phomes, etc.	8 (Other than K-12 private and commer )	cial bu	iilding	js,	
City (5) Long Brach, NJ 07	740		Z.				Square Feet	# of Floors	Ble	dg. A	ge	
County (6)  Monmouth				Cor	unty Code	(7)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)			
Name of Monitoring Firm Bio Terra Solution		lding Owner	(8)	ASC	Л No.	Name of Abateme	ent Contractor (9			. · · ·		
Street Address P.O. Box 1224	*				5	Street Address 27 Outwater	Lane		9			
City, State, Zip Code Union, NJ						City, State, Zip Co Garfield, NJ		# 1 = 3				
Project Manager for Mor	nitoring Firm		Te	elephon	e No.	Telephone No.		License No.				
Rick Eustaquio					4-3762	973-928-4888		1188				
Start Date (10)/		Scheduled 12		oletion D	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Name of OSHA N	lonitor NAGEMENT L	.LC				
Occupancy Status Durin Facility Closed/Vacat	ed During Ent	ire Period o	f Aba	tement	ACC	Street Address 27 Outwater	Lane			Ē		
Abatement Performe Time of Abatement:					escribe _AM	City, State, Zip Co Garfield, NJ				9	a 9	
Scope of Work (Check a $\square \ge 3$ sf or $\ge 3$ If $\square \ge 160$ sf or $\ge 260$ If	II that apply)		lenovi lemoli			☐ Mini-End	g Procedure	gative Pressure	re			
			ls Loc						Ab	atem	ent T	уре
Locatior Asbestos-Containing TO BE AB. IN Facil (13)	Material (ACN ATED	M M	lainte	olely by nance/ al Staff?	(i.	Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
20 850	9,	Yes	N	o N/A	\						Ф	
1 <sup>st</sup> Floor, 3 <sup>rd</sup> Bedroo	m				VAT			200 SF				
Basement					Pipe Ir	nsulation		100 LF				
Basement					Mud E	lbow		10 Elbows				
Exterior						te Siding		2,500 SF				
Name of Registered Was ATC City, State	ste Hauler			Hauler	Waste ID No. 24310	Cubic Yards of Waste  As Needed  Disposal Date		stered Landfill nterprises			-//	
Shirley, NY						TBD	Waynesbu				-;	
Completed By (Print or T Allen Monchik	ype)	Title Projec	ct Ma	nager		Signature	la In	Da	te 10	25	11	b

State of New Jersey

CK 171de	)	NO				AC 8:60 and 5:1		EGE	W		M	Proposition and the second
Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator (	(2)		715	- 11	111	
	25 /	16				Realty Advisors	11111	OCT 27	2016	on - managements	U	and the same of th
Agencies Notified	Type Notific	ation		Stree	t Address		144			- 1	distribution of the second	-
☑ EPA				47	River Ro	oad, Suite 200			1700	أسسا		oteleto
☑ DOLWD	Amended Amendm			City,	State, Zip	Code		ASBESTOS CON LICENSIN	<del>II nui</del> G	_ (X		Eastering
DOH □ DCA	☐ Emergen	0.7	na na	Su	mmit, N.	J 07901	Lymner	And the last of th	-	LE DIVIDADE	oue with	3
(NJAC 5:23-8)	justificati		i ig	Nam	e of Conta	ct		Telephone Numl	oer			
,	☐ Cancella	tion		Ch	arles Tir	nt	-					
				FA	CILITY I	NFORMATION						
Name of Facility Where A	batement is	Taking Pla	ce (3)				Type of Facility					
Residential							School (K-1		`			
Street Address				V				8 (Other than K-12) private and commer		uilding	gs,	
		×					homes, etc	:.)			388	
City (5)							Square Feet	# of Floors	Ble	dg. A	ge	
Long Brach, NJ 077	40			10-	-t- O- d- /	TVOTATE LIGE ONLY	0	\	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
County (6)  Monmouth				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (F	Prior if being demolis	nea)			
Name of Monitoring Firm	Llicod by Duile	dina Own	= (0)	ASCN	I No.	Name of Abatem	ent Contractor (	2)	7.5			
Bio Terra Solutions	THE ROLL WAS THE STATE	ung Owne	1 (0)	ASCIV	I NO.		NAGEMENT					
Street Address						Street Address	MAGLMENT	LLG				-
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code						City, State, Zip C			777			-
Union, NJ						Garfield, NJ						
Project Manager for Moni	toring Firm		Te	elephone	No.	Telephone No.		License No.				
Rick Eustaquio				973-49	4-3762	973-928-4888	3	1188				
Start Date (10)	1.72	Scheduled	Comp	letion D	ate (11)	Name of OSHA N	Monitor				7.	
11 /07 /	16	12	/ _	07_ /	16	ALL PRO MA	NAGEMENT	LLC				
Occupancy Status During	Abatement (	Check onl	one)			Street Address					-	
□ Facility Closed/Vacate						27 Outwater	Lane					
Abatement Performed Time of Abatement:						City, State, Zip Co	ode			III		
**************************************			7.	VI	_Aivi	Garfield, NJ	07026	1 2 1				
Scope of Work (Check all	that apply)					⊠ Full Con	tainment with N	egative Pressure				
≥3 sf or ≥3 If			Renova			☐ Mini-End	losure	sgalive i ressure				
≥160 sf or ≥260 lf		⊠ I	Demoli	tion			g Procedure	on-Friable Procedu	re			
			Is Loc	ation	1		impica ( ) and iv	That is a second		atem	ent T	vne
Location	of		Norm			Description of	of			1	1	T
Asbestos-Containing I TO BE ABA				olely by nance/		estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit		Cı		al Staff?	(1.1	surfacing, VAT	, or	SF or LF)	oval	=	psu	Sur
(13)		Ye	(1: s N	1		other miscellane	eous)				ate	Ф
Living Room		П		N/A	VAT			400 Sf		П	П	П
Basement			1		Pipe In	sulation		160 LF				
Basement					Mud E			8 Elbows				
Exterior					Transi	te Siding		2,000 SF				
Name of Registered Wast	e Hauler			NJDEP		Cubic Yards of	Name of Reg	istered Landfill				
ATC				Hauler I	D No. 24310	Waste As Needed		Enterprises				
City, State				344-7	.4310	Disposal Date	City, State					
Shirley, NY						TBD	Waynesb	urg, OH				
Completed By (Print or Ty	pe)	Title				Signature	1	Da	ate f	9	ĺ.	
Allen Monchik		Proje	ct Ma	nager		1 OUL			Olô	15/	16	

NO CK		N		CATIC	N OF AS	New Jersey SBESTOS ABATE AC 8:60 and 5:16		) ECEI		S	# A .	To the second
Date of Notification (1)				Nam	e of Buildi	ng Owner/Operator	(2)	1		- 11	1 1	
10/	25 /	16				y Turnpike Autho		OCT 27	2016	and the same of	U	4
Agencies Notified	Type Notifica	ation		Stree	t Address					-1'	ORTOP.	1
	☐ Initial			58	1 Main S	t.	Į.	ASBESTOS CON	TOO			
DEP		7.5		City,	State, Zip	Code		LICENSII		- C4		1
□ DCA (NJAC 5:16)     □ DHSS	Amendm		na	Wo	odbridg	e NJ 07095	E-convers.	2000 militari militari di Salaman	ar-market for Book	at I sales Tr	*****	4
☑ DEA DOL	justificati	on)	19		e of Conta			Telephone Num	ber			
(NJAC 5:23-8)	Cancellat	tion		Ro	bert Wo	wensdorf						
				FA	CILITY	NFORMATION						
Name of Facility Where A	Abatement is T	Taking Plac	e (3)				Type of Fac	ility (4)				
Existing Bldg							School (H	(-12)				
Street Address							☐ Subchap	ter 8 (Other than K-12				
MP E111.5							homes, e	e., private & commerc	al build	lings,		
City (5)							Square Feet		BI	dg. A	ge	
Secaucus							6900	1		1960		
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	Current Use	(Prior if being demoli	shed)	- //.232		
Hudson								tor's Office				
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor	(9)			- 120	
Bio Terra Environm	ental Soluti	ions LLC		06-1	5995	APS Contrac	ting, Inc.					
Street Address						Street Address			7 777			
PO Box 1224						155-161 Penr	nsylvania A	venue				
City, State, Zip Code						City, State, Zip C	ode					
Union, NJ 07083						Paterson, NJ	07503					
Project Manager for Moni	toring Firm		Tel	ephone	No.	Telephone No.		License No.			-	
Rick Eustaquio			9	73-494	-3762	973-754-1908	(	01-287				
Start Date (10)	16S	Scheduled (		etion Da	200 200	Name of OSHA M						
Occupancy Status During	Abatement (C	Check only	one)			Street Address						
□ Facility Closed/Vacate						155-161 Penr	sylvania Av	/enue				
Abatement Performed						City, State, Zip Co	ode					
Time of Abatement:	AIVI-	PIVI/	PIV		AM	Paterson, NJ	07503					
Scope of Work (Check all	that apply)					ПЕПО						-
			enova emoliti	0.0000000000000000000000000000000000000		☐ Mini-Enc ☑ Gloveba	losure g Procedure	Negative Pressure  Non-Friable Procedu	re			
			s Loca				.,	1	7.	ateme	ent Ty	vpe
Location of Asbestos-Containing N		1.1	Norma	ally ely by		Description o	f	MERCONO MODELLO				
TO BE ABA		/ Ma	ainten	ance/	(i.e., the	estos Containing Ma ermal systems insula	terial (ACM) ation_surfacing	Amount (Specify	(em	Repair	nca	incl
IN Facility	у	Cus	stodial (12)	Staff?		VAT, or		SF or LF)	Remova	air	sde	Enclosure
(13)		Yes	No	N/A		other miscellane	ous)		-		Encapsulate	Гe
Garage Above Bathro	om				Pipe In	sulation		5 If		П	П	П
Garage Above Bathro	om			10		oupler Vibration		4 If		П		
			П									
			П									
Name of Registered Wast	e Hauler		17	JDEP I		Cubic Yards of	Name of Re	egistered Landfill		ш	ш	
APS Contractors, In			101 0	Hauler II	No.	Waste	Grows L	-				
City, State				21259	)	2 Yards Disposal Date	City, State					
Paterson, New Jerse	ev					11/3/16		ille, PA 19067				
Completed By (Print or Ty	•	Title					1110111341		40			
Svetozar Savreski	,	Presid	ent			Signature	1	Da	_ /		1.	
SD 41		. 10310	JIIL			All	400	Mer !	0/2	5/	16	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

OV	3454		(Pi	ursuai	nt to NJA	C 8:60 and 5:16	3)	周 (** 15)	1 1/7	155	- ( - ()	
Date of Notification (1)	0,00			Name	of Building	Owner/Operator (2	2)	to U to	the same of the	17.		
	24 /	16		Jai	nis Bosse	rt					Ш,	
Agencies Notified	Type Notificati	ion		Stree	Address			OCI 27	2016			4
⊠ EPA	☐ Initial											-
⊠ DOLWD	Amended Amendmer	at #		12272 001 001	State, Zip C			AGBESTOS O	hiten			2
☑ DOH ☐ DCA	Emergency		3	На	ddon Tow	nship, NJ 0803	3	LICERS	B40			
(NJAC 5:23-8)	justification	1)	9	11/2/7/11/10	of Contact			Telephone Nun	nber			
	☐ Cancellation	on			nis Bosse					-		-
		5	(0)	FA	CILITY IN	FORMATION	Type of Facility	(A)				
Name of Facility Where		iking Place	e (3)				School (K-12					
Bossert Residence	)						Subchapter 8	Other than K-1	2)			
Street Address	-,-						Other (i.e., property)	rivate and comme	ercial bui	lding	S,	
0:4-75							Square Feet	# of Floors	Bld	g. Ag	je	
City (5) Haddon Township							2,000	3		0		
				Col	ntv Code (7	)(STATE USE ONLY)		ior if being demo	lished)			
County (6) Camden				000	nty Code (i	//07/172 002 07/27/	Residence	and the control of th				
Name of Monitoring Firm	Hired by Buildi	na Owner	(8)	ASCN	l No.	Name of Abatem	ent Contractor (9)					
Mgmt. & Environme				1		1	onmental, LLC					
Street Address						Street Address						
PO Box 341						623 Cutler A	venue					
City, State, Zip Code						City, State, Zip C	ode					
Chesterfield, NJ 08	3515					Maple Shade	e, NJ 08052	Wells				
Project Manager for Mor	nitoring Firm		Те	lephone	No.	Telephone No.		License No.				
Bill Weisgarber				609-29	8-4070	856-755-0099		00842				
Start Date (10)		cheduled				Name of OSHA						
11 /10 /	16	_11_	/	11_ /	16	EMSL Analy	tical, Inc.					
Occupancy Status Durin						Street Address						
☐ Facility Closed/Vacat	ted During Entire	e Period o	f Abat	tement		200 Route 1:	30 North					
☐ Abatement Performe	d Outside of No	rmal Facil	ity Ho	urs - De	scribe	City, State, Zip C						
Time of Abatement:		PIVI/	5	VI		Cinnaminso	n, NJ 08077					
Scope of Work (Check a	all that apply)					⊠ Full Cor	ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf			enova			☐ Mini-En	closure	ă				
☐ ≥160 sf or ≥260 lf			emoli	ition		☐ Gloveba	ag Procedure empted (*) and No	on-Friable Proced	dure			
			ls I or	ation						atem	ent T	уре
Location	n of		Norn	nally		Description			R	R	Щ	Щ
Asbestos-Containing	Material (ACM)			olely by nance/		estos Containing M e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE AB			stodia	al Staff?	(1.0	surfacing, VA		SF or LF)	val	~	sula	sure
(13)			(1		_	other miscellan	eous)				ate	1 25 25
		Yes		780				45015				+
Crawlspace					Pipe Ir	sulation		150 LF			H	
										Ш		
			1									
N S D = siste and \Ma	asta Haular			NIDE	P Waste	Cubic Yards of	Name of Reg	L istered Landfill				
Name of Registered War Freehold Cartage	aste naulei			Haule	ID No.	Waste 1		nd County La	ndfill			
City, State				159	39	Disposal Date	City, State					
Freehold, NJ						11/11/2016	Newburg,	PA				
Completed By (Print or	Type)	Title				Signature			Date			
Christina Lynch	. 16-1	Contraction (	ation	s Man	ager	Mar	(d)		10/2	4/	16	

NK 14351	NOT	(Pursuar	ON OF ASBE	8:60 and	12:120	))					7	1		
Date of Notification (1) OCTOBER 25, 2016		Name HER	of Building ( RITAGE PL	Owner/O _AZA,	perator LLC	(2)			0	CT :	2 7	201	6	1
Agencies Notified Type Notification			Address S. MAIN S	STREE	T, PO	B 52	0		L	o- 150,500	~: tuke	Server s		10.00
EPA Initial Amended Amendment	#	City, S MILI	state, Zip Co _TOWN, N	de 1J 0885	50			- Mint - I ye.	Market	STOS LICE	OC NSI	HITE NO	Cit. U	
DOH Emergency justification)	including	Name	of Contact K WHITM					Tel	enhone	Numbe	er			
DCA Cancellation			CILITY INFO	CHARLES OF THE STATE OF THE STA	ON						_			
Name of Facility Where Abatement is Takin FORMER FARM HOUSE	g Place (3)					Туре	e of Facility (4 School (K-12							
Street Address 302 RYDERS LANE							Subchapter (Other (i.e. pretc.)	B (Oth	er than I & comm	K-12) ercial l	ouild	ings,	home	ıs,
City (5) MILLTOWN							are Feet 00 SF	# 0	f Floors			dg. A	ge	
County (6) MIDDLESEX			y Code (7) E USE ONLY)			Curr	rent Use (Prio RMER FAI	r if bei RM H	ing demo	olished	1)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	CM No.		Name Finis	of Ab shing	atement Cont Touch Ast	tractor	(9) s Abat	emer	nt C	orp.,	Inc.	
Street Address					Street 17 T		ess ipson Stree	et						
City, State, Zip Code					City, S Wes	state, st Lor	Zip Code ng Branch,	NJ (	07764					
Project Manager for Monitoring Firm N/A		Telepl	none No.		Teleph 732.		No. 8372		Licens 0004					
Start Date (10) NOV.8, 2016	Scheduled (		n Date (11)		Name N/A	of OS	SHA Monitor							
Occupancy Status During Abatement (Chec	k Only One)				Street	Addr	ess							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Aba	atement ours			City, S	State,	Zip Code							
Scope of Work (Check All That Apply)			25-00-02-0											-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation nolition			*	M	ull Containme lini-Enclosure llovebag Proc		100	ve Pre	ssur	e		
			1			N	on-Exempted	(*) an	d Non-F	riable		cedure Abate		
Location of	Nor	cation mally		De	scription	n of							pe	_
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mainte Custod	Solely by enance/ ial Staff? 12)		tos Cont thermal surfa	aining N	Materi s insu AT, or	60	(	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
DACEMENT	Yes 1	No N/A			TSI			1	10 LF		X		Ö	
BASEMENT		^			101				. 0 1		**			
N		I NUDES	Macta	Cubic	Varda		Name of F	Reniet	ered I ar	ndfill				
Name of Registered Waste Hauler Finishing Touch Asbestos Abateme	ent Corp., I	NJDEP Hauler 12058	ID No.	of Wa			TRRF			iuiii		ě		
City, State WEST LONG BRANCH, NJ 07764				Dispo: 11/11	sal Date	/	City, State	TOW	N, PA					
Completed by JOSEPH P. MILLER	Title PRESI	DENT	N	S	Signatur	e //	1/////			Date 10/	25/	16		

10/24/16 16570

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ate of Notification (1)		j N	lame of B	luilding Ow	ner/Operator	12) Derfyl	Ma	199gmin	+			
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L EPA V HEE		C	ity, State,	Zıp Code				UCI 2/ 4	2010	1		
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Emergency (ir	icluding	1	lame of (		<i>y</i> .		K	Telephone Numi	190	3	_	
A, DOH justification Cancellation		1	Ars	thur			1	- Indiana				
DCA L Cantestation		i_		ITY INFOR	MATION	,		*3				-
lame of Facility Where Abatement is Taking	Place (3)					Type of	Facility (4	3)				
Absolute Property						Sol Sol	hool (K-12	2) 3 (Other than I(-12)				
treet Address						Oth Oth	er (i.e. pr	ivate & commercial	buildir	gs. h	ames,	*
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ity (5)						Somere F		# of Floors	5	g. Agr	-	
North Brunswick								or if being demolishe	1	1.		
county (6)		10	County Co	ode (7) SE ONLY)		1			,			
Middlesox					1 82	1 OK	CON Y	Itractor (9)				
tame of Monitoring Firm Hired by Building C	twner (8)		ASCM	No.		e or Abale e Insulati						
			1			at Address						
treet Address					: T	Montrose						
					;	State, Zip I						
ity, State, Zip Code					Coll	ls Neck,	New Je	ersey 07722				
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roject Manager for Monitoring Furn		and the second	i managari mari	3100		294 175	57	00029				
2 (40)	Schedule	d(Con	npletion D	Date (11)	Nam	e of OSHA	Monitor					
Start Date (10)	11/11	1	(0		T .							
1 2 V 1 Occupancy Status During Abatement (Chec	k Only On	e)			Street	et Address	*					
Facility Closed/Vacated During Entire I			nent		A							
Abeliament Performed Outside of Norm	iai raciity	Hour	s		City,	State, Zip	Code					
Other - Describe: 7AM-7	pr											_
Scope of Work (Check All That Apply)					9					20		
1, ≥3 sf or ≥3 lf		enova			Section		Containm Endosor	eni with Negative P	( <del>655</del> 18)	43		
7 ≥160 sf or ≥260 lf	OLD	errosi	EUTH		Separate Sep	Glow	enan Pro	cedure	ta Des	andrer		
~						Non-	-Exempte	d (*) and Non-Friab	le Pro	Abate	meni	1
	l is	Loca	tion						4		pe	5 -366
Location of		Vorme c.4	rlly ely by	5	Descript		18035	Amount	1	1000	1774	riphoto.
Ashestos-Containing Material (ACM)	Ma	inten	ance/	Asbest lie	os Containing thermal syste	y material ens insulat	gon,	(Specify	280	D	nce	The state of the sales of the sales of the
TO BE ABATED  (In Facility	Cus	todial (12)	Staff?	1	surfacing, 1	VAT, or		SF or LF)	Removal	Ropair	Encepsulate	No. of Persons
(13)	<u> </u>	(12)			other miscell	aneous			12	7	lato	A STATE OF
	Yes	No	MA						dicardal and a second			,
12 Halists			V	Con	ugate	1 pan-	els	14000 M	N			41
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		-	7	1				The state of the s	1441	and	1	ererentin
	ž	- Parenter		1	Cubic Yard	le	Name	i If Registered Landii	#	1	2	5
			NJDEP V Hauler ID		of Waste	`	GRO		and a			
Name of Registered Waste Hauler			- 10-01-01	1500	1 36	/ [						_
	ting	Change of the Control	<del>120</del> 86)-	1701	1							
Ace Insulation Co Inc Newark Ca	ting	Citatoreus.	1208G)	170-1	Disposal Da	ate	City, Sta					
Ace Insulation Co Inc Newark (G. City, State Newark	ting	Citatores.	1202G)	1204		10		wn, PA	27.5			-
Ace Insulation Co Inc Newark Ca	Title	- Automatical Control	12086) / Treas	1		10			1	1		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	Name of Building Owner/Operator (2)  DnA Demolition  30.5.91								9		
October 24, 2016		Diliti		- Comment				1.5\	1:		
[X] LIA	n Notification ed Notification	Street Address	3331-03-03-03-03-03-03-03-03-03-03-03-03-03-	Camplain	Road		or or or or	. 12.5 ************************************			
[X] DOL Amendr		City, State, Zip (	Code Hillsb	orough, l	NJ 08844		7 20	)16		Parameter Address	
[ ] DCA justifica	ation)	Name of Contac			1 1	one Number		101	_1	-	
[ ] Cancell			onio Dimuz	210		430co ruo 130tt	4SIHO	, :Uh.	Ca.	1	
		ACILITY INFOR	MATION	Type of	Facility (4)	page at gift on the second and second as	-11-acc-2	w	***************************************		
Name of Facility Where Abatement is Taking Pl Residence	lace (3)			1,750.00	[ ] Sch	100l (k-12)					
Street Address					L J	ochapter 8 (oth- ner (i.e., private			l buildir	ngs	
Street Address						ner (i.e., private nes, etc.)	: & COIII	Шегста	Dunan	igs,	
City	County (6)	County Code (7)	HAD.	Square f		of Floors	Bldg.	Age 80	)		
	Damaan	(STATE USE Of	NLY)		Use (Prior if bein			0(	,	$\neg$	
Ridgewood	Bergen				Residence						
Name of Monitoring Firm Hired by Building Ov	wner (8)	ASCM No.	Name of	f Abatemen	t Contractor (9) Guardian C	ontracting.	Inc.				
N/A Street Address			Street A	ddress							
			City, Str	ate, Zip Coo	1889 Route	9, Unit 61				-	
City, State, Zip Code				30.08.30.0 <del>8</del>	Toms River	River, New Jersey 08755-1271					
Project Manager for Monitoring Firm	Telephone Num		732-34	ne Number 49-9932		00624	umber		•		
Scheduled Start Date (10) 10/25/16	11/2/16	pletion Date (11)		f OSHA M	enitor E.M.S.L. A	nalytical	nalytical				
Occupancy Status During Abatement (Check or [ x ] Facility Closed/Vacated	nly one)	Abatement	Street A	ddress	1056 Stelto	n Road					
[ X ] Facility Closed/Vacated [ ] Abatement Performed O			City, State, Zip Code								
Other - Describe			-   0.05, 0.0	,	Piscataway	, New Jerse	y 088	54			
Scope of Work (Check all that apply)			[	] Full	Containment with	Negative Pres	sure				
Scope of Work (Check an diat apply)			[	1	i-Enclosure						
[ ] >3 sf or ≥3 lf	L 3	novation molition	[ x	*	vebag Procedure -Exempted (*) and	d Non-Friable	Procedu	re			
[ X ] ≥160 sf or ≥260 lf	[x] De	montion	[ ]	] 1101	- Litempre- ( )				Evma		
	<b></b>		Descripti	ion of				ement			
Location of	Is Location Normally used		Asbestos-Co	ontaining		Amount	R E	R E	E N	E N	
Asbestos-Containing Material (ACM)	Solely by	e1. 01.	Material ( (i.e., therma			(Specify SF or LF)	М	P A	C	C	
TO BE ABATED in facility	Maintenance/Custo Staff	dial	insulation, s			Of Dity	0	I	P	0	
(13)	(12)		VAT,				V A	R	S U	S	
	YES NO N	I/A	other misce	Haneous)			L		L E	R E	
		V 200	iding			3500 sf	X	-	ь	1	
Exterior-house	X	Asbestos s Asbestos r				2400 sf	X	1			
Exterior garage	Window g				40 lf	X					
Exterior house	X	77 IIIG077 g									
Name of Registered Waste Hauler	NJDEP Waste H		ic Yards of W		ame of Registered	Landfill					
Guardian Contracting, Inc.	2022	23 Oisposal Date	City,		T.R.R.F.						
City, State Toms River, New Jersey	1/3/16			ennsylvania		Date	۵				
Completed by (Print or Type) Nicholas Fernicola	Signature		-	1		100000000000000000000000000000000000000	24/20	16			

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

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



### DEMOLITION / RENOVATION NOTIFICATION

Operator	Project #:	Postmark:		Notification	on:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised C -	Cancelled): (	O	П.	IS ASBESTOS PRESENT? (Ye	s/No):	Y
III.	FACILITY INFORMATION (identify owner, removal contract	ctor and other opera	ator)				
	OWNER NAME: DnA Demolition						
	Address: 2156 Camplain Road						
	City: Hillsborough State:	NJ		Zip:	08844		
	Contact: Antonio Dimuzio			Tel:	732-713-4496		
	REMOVAL CONTRACTOR: Guardian Co	ntracting, Inc.			NJ License: 00624		
	Address: 1889 Route	9, Unit 61		1123			
	City: Toms River State:	New Jerse	у	Zip:	08755		
	Contact: Nicholas Fer	micola		Tel:	732-349-9932		
	OTHER OPERATOR (if different)				NJ License:		
	Address:			5			
	City: State:	9		Zip:			
	Contact:			Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovation	E - Emergency Ro	enovation):	D		
V.	FACILITY DESCRIPTION (Including building name, numb	er and floor or roor	m number)				
	Building Name: Residence						
	Address: 76-80 Chestnut Stree	t					
	City: Ridgewood State	: New Jerse	ey	County:	Bergen		
	Site Location: Exterior						
	Building Size: 2500 sf # of	Floors: 3	3	Age in Y	Years: 80		
	Present Use: Residence	F	Prior Use:	Resider	nce	· · · · · · · · · · · · · · · · · · ·	
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, I	F APPROPRIATE,	USED TO DETE	ECT THE PRI	ESENCE OF ASBESTOS MATER	RIAL:	
	IS MATERIAL ASSUMED TO BE ASBESTOS?	. [				Non	friable
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING	1,	RACM			250000000000000000000000000000000000000	s Material To Be
	Regulated ACM to be removed     Category I ACM not removed		То Ве		LOCATION	Ren	noved
	Category II ACM not removed		Removed			Cat I	Cat II
	Pipes (Linear feet): 40 lf	Window	glazing		Exterior		
	Surface Area (Square feet): 3500 sf, 2400 sf	Asbestos	siding / roof		Exterior		
	RACM Off Facility Component (Cubic feet):						
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	10/25	5/16	Complete: 11	/2/16	

Χ.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, A	and method(s) to be u	OCT S	7 2016
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS AND RENOVATION SITE:  Prior to removal, the work area around the building will be roped off with caution tape and removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed	warning signs. Plastic sheeting v	vill be placed on the ground b	CONTROL
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.			
An	Address: 1889 Route 9, Unit 61			
		w Jersey	Zip: 08	755
	Contact Person: Nicholas Fernicola			
	WASTE TRANSPORTER #2 Name:			
	Address			
	City: State:		Zip:	
	Contact Person:	'		
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.			
AIII.	Location: Bordentown Road			
		nnsylvania	Zip: 19	007
	25204-09-05 10-05-06-0	ermit #: 10149	94	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE ID	DENTIFY THE AGENCY B	ELOW AND ATTACH C	OPY OF ORDER
	Name:	itle:		
	Authority:			
	Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/I	DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS			
	Date and Hour of Emergency (MM/DD/YY):			
	Description of the Sudden, Unexpected Event:			
	Explanation of how the event caused unsafe conditions or would cause equipme	ent damage or an unreasonab	le financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT TO ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR RED	HAT UNEXPECTED ASBE DUCED TO POWDER	STOS IS FOUND OR PR	EVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE RECAVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.	UIRED TRAINING HAS B	EEN ACCOMPLISHED	BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)	(Signature of Owner/Operat	(or)	October 24, 2016 (Date)
xviii.	The state of the s		/	
	Nicholas Fernicola / Project Manager (Printed Name/Title)	(Signature of Owner/Operat	tor)	October 24, 2016 (Date)

CK 5781	NO	(Purs	suant to	OF ASBES	60 and 1	12:120	)	111				1.4	17	· 
Date of Notification (1) 10/24/16				Building Ov I Duncar					0.0	T 0 -	2010		The second second	
Agencies Notified Type Notification		St	treet Ad	dress				- 11 11	UC	121	2016	and the last of th	entities -	
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Emergency (inc	cluding	_	Carlo 111 111 1111	Contact				12-405 6		hone Num				
DOH justification) Cancellation		N	/lick						1					_
Name of Facility Where Abatement is Taking F	Place (3)		FACIL	ITY INFOR	RMATIO	N	Type	of Facility (4	1)				10000	$\dashv$
Michael Duncan Private Home	1000 (0)							School (K-12	2)					
Street Address				7/	52		×	Subchapter Other (i.e. poetc.)	8 (Other rivate &	than K-12 commercia	) I buildi	ngs, l	nome	s,
City (5) Ocean City NJ 08226								re Feet	# of F	Floors	35	dg. Ag	je	
County (6)		C	ounty C	ode (7) SE ONLY)			Curre	ent Use (Prio	or if being	g demolish	ed)			
Cape May  Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.			of Aba	tement Con	tractor (	9)				
N/A Street Address					-		Addre							
Oli Cel Address							30x 3							
City, State, Zip Code		**	Att.			Wes	t Berl	ip Code in NJ 080	i de					
Project Manager for Monitoring Firm		T	elephor	ne No.		856-	none N 753-9	008	100	License No 00727	0.			
	Schedule		oletion [	Date (11)		Name Sam		HA Monitor						
Occupancy Status During Abatement (Check	Only On	e)				Street	Addre	SS						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of A I Facility	bateme Hours	ent		_	City, S	State, Z	ip Code						
Scope of Work (Check All That Apply)														- 1-07 6.01
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Courtellerin	enovati emolitio					Mi	III Containme ni-Enclosure ovebag Proc on-Exemptee	e cedure				9	
	Is	Locatio	on									Abate		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solely intenan todial S (12)	y y by ce/	Asbest (i.e.	os Conta thermal	system	Materia ns insu AT, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						40	00.05		-		
Exterior Siding			Х		Exte	rior S	iding		190	00 SF	х			
											1			
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic of Was			Name of	Registe	red Landfil				
United Roll off								G.R.O.	X-2-10-10-100					
City, State Elm NJ					Dispos 11/7/		е	City, Sta		19067				
Completed by Anthony T Perna	Title	ident	240		S	Signatu	re (	7		1,000	ate 0/24/	16	***	

State of New Jersey

CK 2017	(P	ursuant	to NJAC	8:60 and	1 12:120	0)							1
Date of Notification (1) 10/24/16			Building ( e Farley		perator	(2)		00	T 2 7	201	6		
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□ Emergency (includin justification)     □ DCA     □ Cancellation	ig		Contact					Telepi	none Nu	mber			
DCA Cancellation		Deirdre	e Farley					1					
Name of Facility Where Abstract is Taking Place	(2)	FACII	LITY INFO	RMATI	ON	т	e of Facility (4						
Name of Facility Where Abatement is Taking Place Private House	(3)					Тур							
Street Address						H	School (K-12 Subchapter I		han K-1	2)			
C. COLVISION CO.						×	Other (i.e. pretc.)				dings,	home	es,
City (5)			2019-4			Squ	are Feet	# of F	oors	В	ldg. A	ge	
Montclair													
County (6)	37	County C	Code (7) JSE ONLY)			Curr	ent Use (Prio	r if being	demolis	ned)			
Essex	0)				NI	-£ A'	-1101						
Name of Monitoring Firm Hired by Building Owner ( Competent Supervisor	8)	ASCM	1 No.				atement Cont  Construct						
Street Address					Street	•	0-5000000000000000000000000000000000000		8				
Street Address					000000000000000000000000000000000000000		6 West Su	ite 14					
City, State, Zip Code					City, S	tate,	Zip Code						
Section #857 Condition to Advict the Condition Section 5					Toto	wa, l	NJ 07512						
Project Manager for Monitoring Firm		Telephor	ne No.		Teleph	none l	No.	L	icense N	lo.			
					973-	832-	4244	0	1155				
		npletion [	Date (11)				SHA Monitor						
11/5/16 11/12							above						
Occupancy Status During Abatement (Check Only C	One)				Street	Addre	ess						
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility	f Abaten	nent			City S	tata	Zip Code			44,000,000			
Other – Describe:	ity i louis			_	Oity, O	itate, i	Zip Oode						
Scope of Work (Check All That Apply)													
× ≥3 sf or ≥3 lf	Renova	ation				] <sub>F</sub>	ull Containme	nt with N	egative F	Pressu	re		
≥160 sf or ≥260 lf	Demolit					М	ini-Enclosure		ogaaro ,	10000			
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	Is Locat	ion			-			( / /				ement	
Location of	Normal			Des	scription	of					Ту	pe	
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IO BE ABATED	ustodial S	Staff?	(i.e.	thermal	system: cing, VA		lation,	(Spe		Rem	Repair	ncap	nclo
(13)	(12)				niscellar		)			Remova	pair	Encapsulate	Enclosure
Yes	No	N/A								-		te	œ l
Basement		X		Pipe	Insula	tion		150	LF	Х		Χ	
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Name of Registered Waste Hauler	N	JDEP W	laste	Cubic	Yarde		Name of F	Registera	d Landfil		L	L	L
	F	Hauler ID		of Was			GROWS	-588					
Academy Construction Inc.	0	34422		3					111				
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Completed by Title Filip Geleski Su	perviso	vr.		S	ignature	J.	lig Del	11		ate 0/24/	16		
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Date of Notification (1)	24-16			Na —	me of Build	ing Owner/Operato	MACHI	WES:	ing the second s	TIL	 31 - Ja	أس	
Agencies Notified	Type Notificati	on		Str	eet Addres	225 F	REMONE	τ/\	LE ISI	6.		4	
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DOL DEP	Amended Amendmen			City	, State, Zip			. –	40				
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						FORMATION				_			
Name of Facility Where	Abatement is Tak	ing Pla	ce (3)		ACILITIN	TORMATION	Type of Facili	tv (4)					
THERE OF THE DAILY THEFE T	RESIDE						School (K-						
	NC ) (UC	NO.					Subchapte		than K-12	)			
Street Address						5- 405	Other (i.e., homes, et	private &			dings	;,	
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Name of Monitoring Firm		Owne		ASC	vi No.	Name of Abatem						_	
(8)	WIA	, 011110		,		A telephone and the control of the c	LEMCO	IN	C				
Street Address	*/*					Street Address				ı a	_		
						City, State, Zip C	9 5.	3 PVCU	Ct 1	HU!			
City, State, Zip Code						- MAP	CE SH	ADE	M	) (	280	50	2
Project Manager for Moni	torina Firm		Tele	phone	e No.	Telephone No.		Licen	se No.				
, 19,001			_			856-77	9-0472	-	004	14			_
Start Date (10)	Sche	eduled (			ate (11)	Name of OSHA N	Monitor	A					
10-4-16		11-	11	-11	0		N. //	4		_			
Occupancy Status During						Street Address							
▼ Facility Closed/Vacated													
Abatement Performed	Outside of Norma	al Facili	ty Hour	2		City, State, Zip Co	ode	4.					
Other - Describe:													
Scope of Work (Check all	that apply)					D Full Con	tainment with Ne	agativa Dra	SCHEO				
	•	По	enovatio	20		Mini-Enc		syauve Fie	SSUIC				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			emovation			-	g Procedure						
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			omally			December					Тур	е	
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TO BE ABATE IN Facility	D	1	Staff?		(1,0.,	surfacing, VAT,		SF or		еп	Repair	de	CC
(13)			(12)			other miscellaneou			100.00	Removal	air	Encapsulate	Enclosure
1.27										=		ate	9
( English of the Control of the Cont		Yes	No	N/A		4				,	_		
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Name of Registered Waste	Hauler			DEP V		Cubic Yards	Name of Regi	stered Lar	dfill	٥	- 20		
Kurmco	_		1	uley ID	500	of Waste	C.	M. C	M.	),	A		
City, State				,		Disposal Date	City, State	00					
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Completed By	Title	C	. 0			Signature	DO B		Date 0-	-7	U-	-11-	,
MICHAEL KU	Chur_	21	JP -			- Mes			-10		1	18	_

CK 4 4085

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

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Date of Notification (1)	4-16		Nam	ne of Buildi	ng Owner/Operator		BUILDOR				_
Agencies Notified T	ype Notification		Stre	et Address			ASPESTOS			. 12	-
	Initial						MOEN	011 II.	-		
	Amended Amendment #		City,	State, Zip	Code	0 60 ==	- 11 -	10 102			
₩ DOL	Emergency (included)	ding		W	MUDWOO	D CKEST					
DOH C	justification) Cancellation		Nam	e of Conta	sow.		Telephone Numb	per			
			F/	-	FORMATION						_
Name of Facility Where Aba	tement is Taking Pl	ace (3)				Type of Facility	y (4)				
PES	SINTNICE					School (K-1	12)				
Street Address							8 (Other than K-12				
						homes, etc					
City (5)	WOON	CiRt	ST	7		Square Feet	# of Floors		SC		
County (6)	UAY		Cou	inty Code ( E ONLY)	7) (STATE		rior if being demolis	hed)			
Name of Monitoring Firm Hire		er T	ASCN	No.	Name of Abatem						_
(8)	12					LEMCO	INC				
Street Address					Street Address						
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City, State, Zip Code					City, State, Zip Co	ode LE St	HADE W.	5	08	05	2
Project Manager for Monitoria	ng Firm	Tel	ephone	No.	Telephone No.		License No.				
		-			856-77	19-0367	004	44			_
Start Date (10)	Scheduled	200			Name of OSHA N	Ionitor	1.				
11-4-16		-10	-11	2.		N	A		_		_
Occupancy Status During Ab					Street Address		•				
Facility Closed/Vacated D	uring Entire Period	of Abate	ment		0: 0: 7: 0	7-				_	=
Abatement Performed Out Other - Describe:	tside of Normal Fac	nity Hou	rs		City, State, Zip Co	ode					
											_
Scope of Work (Check all that	it apply)				☐ Full Conf	ainment with Ne	egative Pressure				
≥3 sf or ≥3 lf		Renovat			Mini-Enc						
160 sf or ≥260 lf		Demolitic	n		Non-Exe	g Procedure mpted (*) and No	on-Friable Procedur	e			
		Location			<i>y</i> *			T	bate		
T 50000 10000 10000		Normally ed Solel		=	Description of				Ту	е	
Location of Asbestos-Containing Materi		aintenan		Asbest	os Containing Mate	erial (ACM)	Amount			ш	
TO BE ABATED	, ,	Custodia Staff?	al	(i.e.,	thermal systems in		(Specify SF or LF)	Rei	Re	nca	Encl
IN Facility (13)		(12)			surfacing, VAT, other miscellaneou		SP G LF)	Removal	Repair	Encapsulate	Enclosure
1.3/	Yes	No	N/A					<u>a</u>		ate	е
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Name of Registered Waste Ha	_		JDEP V auler_ID		Cubic Yards of Waste	Name of Regi	stered Landfill		1 1		
	NC	_ [ ]	auler ID	24		011 611	M.C.M.	U.	H		
City. State MAPLE SA	ADE N.	Τ.			Disposal Date	City, State	ODBINE				
Completed By	Title				Signature	A 17.	Date	7	4.1	1	1
	mar S	UP.			Me	hul M	10	- (	4.	- 1	0_

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Date of Notification (1)	-24-16			Nam	e of Buildin	ng Owner/Operator	S CON	STRUCTI	Oal		1	1
Agencies Notified	Type Notification	ח		Stree	et Address		TH CT	AGBES   Com	38 (1) 413	Wind I		
□ BPA	Initial					300 7	11. 21.	1,27-1,17-2				=
□ DEP	Amended Amendment	Ħ		City.	State, Zip		0.00	NITO	580	112		
<b>⊠</b> DOL	Emergency (		ng		SEA	ISLE	CITY			٣_		_
Ø DOH	justification)			Nam	e of Conta			Telephone Num	ber			
DCA	Cancellation				V-0	PANIC				_		_
	99			FA	CILITY IN	FORMATION						
Name of Facility Where			e (3)	-2X251181			Type of Facility					
K	ESIDEMI	E					School (K-1	2) 8 (Other than K-1	2)			
Street Address								private & commerc		dings	i	
City (5)	`In\	₩.					Square Feet	# of Floors		1dg. A	ge +	
	CHAW ()	TY		T Cou	shi Codo /	7) (STATE		rior if being demol	-   -			=
County (6)	MAY				ONLY)			ACHUT				_
Name of Monitoring Firm		Owner		ASCM	No.	Name of Abatem		8				
(8)	ILA					1<1	COMCO	INC				_
Street Address	7					Street Address	S. SPI	ence Au	<i>I-</i>		7	
City, State, Zip Code						City, State, Zip C		-000				
City, State, 21p code	70.0 26 (2000)					MAP		ADE M.	T	280	25	2
Project Manager for Mor	nitoring Firm		Tele	ephone	No.	Telephone No.	c Allaa	License No.	1,11	1		
			1_			856-77			140			=
Start Date (10)					ite (11)	Name of OSHA N	Monitor	<b>(</b> A				
11-4-1		-	-	-16		- Address	- 14/	4				_
Occupancy Status Durin						Street Address						
Facility Closed/Vacate	ed During Entire Pe	enod ol I Facili	tv Hou	ment		City, State, Zip C	nde			_		_
Other - Describe:	Outside of Norma	и гаси	ty 110u			City, State, 2p C						_
Scope of Work (Check a	Il that apply)					□ Eull Con	tainment with No	egative Pressure				
		□R	enovati	ion		Mini-End		gauve r ressure				
≥160 sf or ≥260 lf			emolitic			Gloveba	g Procedure	on Eriable Brood	IFO			
						Non-Exe	empted (*) and N	on-Friable Proced		Abate	ment	
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Location of	of	Used	i Soleł	y by		Description of		Amount		Г		
Asbestos-Containing M			ntenan ustodia			tos Containing Mat thermal systems in		(Specify	N Z	_ T	Enc	En
TO BE ABAT IN Facility		23.775	Staff?		(1.0.,	surfacing, VAT,	or	SF or LF)	Removal	Repair	aps	clos
(13)			(12)			other miscellaneo	ous)		oval	#	Encapsulate	Enclosure
		Yes	No	N/A							e	
SIDIM	<u>r</u>			X		TRANSIT	E	3250sE	X			
JIDIN				-								
Name of Registered Was	te Hauler		IN	JDEP V	Vaste	Cubic Yards	Name of Reg	istered Landfill				
ICLEM CO			Н	auler ID	No.	of Waste	C.M.	C.M.O.A.				
City, State	JUC,		=1-			Disposal Date-	City, State					
MAPLE.	SHLOVE	MI.	I	08	250		1 W001	DBINE	N.			_
Completed By	/ Title		11.0			Signature -	100u	Date	-7	4-	11	,
MICHAEL 1	LUMIH _	2	UP			- July				,	3_7=	

Scope of Work (Check All That Apply)  □ ≥3 sf or ≥3 lf  区 ≥160 sf or ≥260 lf  □ Demolition  □ Seription of Asbestos-Containing Material (ACM) In Facility (13)  MAIN STORE AREA  No N/A  Name of Registered Waste Hauler  WRIGLE TRUCKING/RED TECH.    Senovation Demolition   Description of Asbestos-Containing Material (ACM) Amount (Specify Specify Surfacing, VAT, or other miscellaneous)   SF or LF)   Description of Asbestos Containing Material (ACM) (Specify Surfacing, VAT, or other miscellaneous)   SF or LF)   Description of Asbestos Containing Material (ACM) (Specify Surfacing, VAT, or other miscellaneous)   SF or LF)   Description of Asbestos Containing Material (ACM) (Specify Surfacing, VAT, or other miscellaneous)   SF or LF)   Description of Asbestos Containing Material (ACM) (Specify Surfacing, VAT, or other miscellaneous)   SF or LF)   Description of Asbestos Containing Material (ACM) (Specify Surfacing, VAT, or other miscellaneous)   SF or LF)   Description of Asbestos Containing Material (ACM)   Amount (Specify Surfacing, VAT, or other miscellaneous)   SF or LF)   Description of Asbestos Containing Material (ACM)   Amount (Specify Surfacing, VAT, or other miscellaneous)   SF or LF)   Description of Asbestos Containing Material (ACM)   Amount (Specify Surfacing, VAT, or other miscellaneous)   Description of Asbestos Containing Material (ACM)   Amount (Specify Surfacing, VAT, or other miscellaneous)   Description of Asbestos Containing Material (ACM)   Amount (Specify Surfacing, VAT, or other miscellaneous)   Description of Asbestos Containing Material (ACM)   Description of Asbestos Co	$\mathcal{C}$	k (,	016			CATION	OF ASB	ESTOS	ABATE				0	1 - 2	44.48.00		1	
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Do.		Notified	500					13 (C	OUNT	Y ROAI	D) -	ann 1	_07 Year 1 Sub-	130 111 113				-
DOH	X DEP		Amended	#		City, Sta	ate, Zip Co	ode				AS reservación	PEST: LL	iens Sens		nci.	<u></u>	
Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   School (K-12)   Subchapter 8 (Other than K-12)   Su			Emergency ( justification)	including		Name o	f Contact		IXOL I	07000		Tel	ephone	Num	ber			
Name of Facility Where Abstement is Taking Place (3) FORMER A&P FOOD STORE  Street Address  431 COUNTY ROAD (RT. 513)  County (6) CALIFON  County (6) CALIFON  County (7) COUNTY (8) CALIFON  County (8) CALIFON  County (8) CALIFON  County (8) COUNTY ROAD (RT. 513)  County (9) COUNTY (8) COUNTY (9) COUNTY (10) COUNTY (10	L DCA		Cancellation				SECRETARIOS SECULIDADES	113342545104	ION									
Street Address				g Place (	3)	PACI	ILIT INT	JRIVIAT	ION	-	-							
City (5)			ND ( RT 513)							S S	ubchapte ther (i.e.	er 8 (Oth				dings,	home	9S,
County (6)	City (5)		(11.010)							Square	Feet	0.000.70					ge	
Name of Monitoring Firm Hired by Building Owner (8) BIOTERRA ENVIRONMENTAL SOLUTION Street Address 1360 CLIFTON AVENUE, UNIT #365 City, State, Zip Code UNION, NEW JERSEY 07083 UNION, NEW JERSEY 07083  Telephone No. 973-494-3762 CIty, State, Zip Code UNION, NEW JERSEY 07012  Telephone No. 973-494-3762 Street Address 1360 CLIFTON, NEW JERSEY 07012  Telephone No. 973-450-9500 01036  Start Date (10) 11/31/2016  Cocupancy Status During Abatement (Check Only One) INIONAL CONTRACTING, INC.  Street Address 1360 CLIFTON, NEW JERSEY 07012  Telephone No. 973-450-9500 01036  Start Date (10) 11/31/2016  Cocupancy Status During Abatement (Check Only One) INIONAL CONTRACTING, INC.  Street Address 1360 CLIFTON NEW JERSEY 07012  Street Address 1360 CLIFTON NEW JERSEY 07012  Street Address 1360 CLIFTON NEW JERSEY 07012  Street Address 1360 CLIFTON AVENUE, UNIT #365 City, State, Zip Code CLIFTON, NEW JERSEY 07012  Street Address 1360 CLIFTON AVENUE, UNIT #365 City, State, Zip Code CLIFTON, NEW JERSEY 07012  Street Address 1360 CLIFTON AVENUE, UNIT #365 City, State, Zip Code CLIFTON, NEW JERSEY 07012  Street Address 1360 CLIFTON AVENUE, UNIT #365 City, State, Zip Code CLIFTON, NEW JERSEY 07012  Street Address 1360 CLIFTON AVENUE, UNIT #365 City, State, Zip Code CLIFTON, NEW JERSEY 07012  Street Address 1360 CLIFTON AVENUE, UNIT #365 City, State, Zip Code CLIFTON, NEW JERSEY 07012  Street Address 1360 CLIFTON AVENUE, UNIT #365 City, State UNION, NEW JERSEY 07012  Street Address 1360 CLIFTON AVENUE, UNIT #365 City, State UNION, NEW JERSEY 07012  Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) (Specify Clip State UNION, NEW JERSEY 07012  Asbestos Containing Material (ACM) (Specify Clip State UNION, NEW JERSEY 07012  Asbestos Containing Material (ACM) (Specify Clip State UNION, NEW JERSEY 07012  Asbestos Containing Material (ACM) (Specify Clip State UNION, NEW JERSEY 07012  Asbestos Containing Material (ACM) (Specify Clip State UNION AND AND AND AND AND AND AND AND AND AN	County (6)									Curren	t Use (Pr	ior if bei	ing dem	nolishe				
BIOTERRA ENVIRONMENTAL SOLUTION  Street Address  1380 CLIFTON AVENUE, UNIT #365  City, State, Zip Code  UNION, NEW JERSEY 07083  Project Manager for Monitoring Firm  R. AQUI  Scheduled Completion Date (11)  11/31/2016  Scheduled Completion Date (11)  11/31/2016  Scheduled Completion Date (11)  11/31/2016  Coccupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Other Possoribe:  Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  CLIFTON, NEW JERSEY 07012  Street Address  1360 CLIFTON AVENUE, UNIT #365  City, State, Zip Code  CLIFTON, NEW JERSEY 07012  Street Address  1360 CLIFTON AVENUE, UNIT #365  City, State, Zip Code  CLIFTON, NEW JERSEY 07012  Scope of Work (Check All That Apply)  23 sf or 23 if  24 abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  CLIFTON, NEW JERSEY 07012  Scope of Work (Check All That Apply)  Asbestos-Containing Material (ACM)  10 BE ABATED  In Facility  (13)  MAIN STORE AREA  MAIN STORE AREA  Normally  Vest Solely by Maintenance/ Custodial Staff?  (12)  Yes No N/A  NAME of Registered Waste Hauler  NADEF Waste  NAME of Registered Landfill  MINERVA LANDFILL  Disposal Date  WayNESBURG, OH  Completed by  Title  Signafuse  Signafuse  City, State  Location of WayNesburg, OH  Coving State  Date  City, State  Disposal Date  Date  Date			Hired by Building (	Owner (8					Name	000000000000000000000000000000000000000								
1030 WEST CHESTNUT STREET # 1224  1360 CLIFTON AVENUE, UNIT #365  City, State, Zip Code  CLIFTON, NEW JERSEY 07012  Project Manager for Monitoring Firm  R. AQUI  Scheduled Completion Date (11)  11/31/2016  Cocupancy Status During Abatement (Check Only One)  Stare Ballity Closed/Vacated During Enlire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Cher − Describe:  Scope of Work (Check All That Apply)  23 of or ≥3 fi  In Facility  Asbestos-Containing Malerial (ACM) TO BE ABATED In Facility (13)  MAIN STORE AREA  NAME of Registered Waste Hauler  NAME of Registered Waste Hauler  WRIGLE TRUCKING/RED TECH.  Title  1360 CLIFTON AVENUE, UNIT #365  Cliv, State, Zip Code CLIFTON AVENUE, UNIT #365  Cliv, State, Zip Code Clir, State Location of Asbestos-Containing Malerial (ACM) (i.e. thermal systems insulation, Specify Specif	BIOTER	RA ENVIR						77.4-47	INCI	INIA CO	ONTRA		20070	). 				
Project Manager for Monitoring Firm R. AQUI Start Date (10) 10/31/2016 Scheduled Completion Date (11) 11/31/2016 Name of OSHA Monitor INCINIA CONTRACTING, INC.  Coccupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code CLIFTON, NEW JERSEY 07012  Renovation Demolition  Scope of Work (Check All That Apply)  ≥ 35 of ≥ 31 ff Demolition  Scope of Work (Check All That Apply)  ≥ 35 of ≥ 260 if Demolition  Scope of Work (Check All That Apply)  ≥ 35 of ≥ 260 if Demolition  Scope of Work (Check All That Apply)  ≥ 35 of ≥ 260 if Demolition  Scope of Work (Check All That Apply)    ≥ 35 of ≥ 260 if Demolition  Scope of Work (Check All That Apply)   ≥ 35 of ≥ 260 if Demolition  Scope of Work (Check All That Apply)    ≥ 360 of ≥ 260 if Demolition    Description of Abatement Type Custodial Staff? (12)    Abatement Type   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, Surfacing, VAT, or other miscellaneous)   Of Waste Hauler (I) No. (Specify Waste May Nessburg)   Description of Waste (I) No. (Specify Waste	1030 WI	EST CHES	TNUT STREET	# 1224	1	•			1360	CLIF	TON A	/ENU	E, UNI	T #3	65			
R. AQUI  Start Date (10)  Name of Registered Waste Hauler  WRIGLE TRUCKING/RED TECH.  Start Date (11)  In Date (11)  Start Date (11)  Name of Registered Waste Hauler  Name of Registered Landfill  Minimal Name of Registered Landfill  Mi	5.0		SEY 07083									ERSE'	Y 070	12				
10/31/2016  11/31/2016  INCINIA CONTRACTING, INC.  Occupancy Status During Abatement (Check Only One)    Street Address   1360 CLIFTON AVENUE, UNIT #365     Street Address   1360 CLIFTON AVENUE, UNIT #365     City, State, Zip Code   CLIFTON, NEW JERSEY 07012     Scope of Work (Check All That Apply)   ≥3 sf or ≥3 if   Renovation   Demolition   Personal Street Address   Street Address   1360 CLIFTON AVENUE, UNIT #365     City, State, Zip Code   CLIFTON, NEW JERSEY 07012     Scope of Work (Check All That Apply)   ≥3 sf or ≥260 if   Renovation   Demolition   Personal Street   Personal			itoring Firm		2-10-1-10-10-10-10-10-10-10-10-10-10-10-1			200000000000000000000000000000000000000						),				
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other − Describe:  Scope of Work (Check All That Apply)  ≥3 sf or 23 lf ≥160 sf or ≥260 lf    Demolition   Description of Asbestos-Containing Material (ACM) (Ise. thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   Description of Asbestos Containing Material (ACM) (Ise. thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   Description of Asbestos Containing Material (ACM) (Ise. thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   Description of Asbestos Containing Material (ACM) (Ise. thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   Description of Asbestos Containing Material (ACM) (Ise. thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   Description of Asbestos Containing Material (ACM) (Ise. thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   Description of Asbestos Containing Material (ACM) (Ise. thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   Description of Asbestos Containing Material (ACM) (Ise. thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   Description of Asbestos Containing Material (ACM) (Ise. thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   Description of Asbestos Containing Material (ACM) (Ise. thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   Description of Asbestos Containing Material (ACM) (Ise. thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   Description of Asbestos Containin						npletion	Date (11)		T 500 000 000 000 000 000 000 000 000 00				G. INC	· · ·				
Abatement Performed Outside of Normal Facility Hours Other - Describe:    City, State, Zip Code		2410010011	g Abatement (Chec	ON TANKEDOOR	supplies of the same				Street	Address					c E			
Scope of Work (Check All That Apply)    23 sf or ≥3 lf	Abate	ment Perform							City, S	State, Zip	Code		20 11		00			
≥3 sf or ≥3 lf		3	II That Apply)					-	CLIF	-TON,	NEW J	ERSE	Y 070	12			-112-1-	
Is Location Normally Used Solely by Maintenance Custodial Staff? (12)   Yes   No   N/A	≥3 sf	or ≥3 If	ш тасуруу						2	Full 6 Mini- Glov	Enclosur ebag Pro	re ocedure					9	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  MAIN STORE AREA  Name of Registered Waste Hauler WRIGLE TRUCKING/RED TECH.  City, State LINDEN, PA  Completed by  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About 15,000 SF  X  VAT/MASTIC  16,000 SF  X  MINERVA LANDFILL  Disposal Date  City, State  UNJDEP Waste  TBD  Date		•									•					Abate	ment	
MAIN STORE AREA  X  VAT/MASTIC  16,000 SF  X  Name of Registered Waste Hauler  WRIGLE TRUCKING/RED TECH.  City, State  LINDEN, PA  Completed by  Title  VAT/MASTIC  16,000 SF  X  Name of Registered Landfill  MINERVA LANDFILL  City, State  WAYNESBURG, OH  Date	Asbesto	os-Containing TO BE AB In Facil	Material (ACM) ATED	Use Ma	ed Sole aintenar todial S	ly by nce/		tos Con therma surfa	taining N I system icing, VA	//aterial ( s insulati T, or		(5	Specify		Removal			Enclosure
Name of Registered Waste Hauler WRIGLE TRUCKING/RED TECH.  City, State LINDEN, PA Completed by  NJDEP Waste Hauler ID No. 17634  Cubic Yards of Waste 100 CY Disposal Date TBD WAYNESBURG, OH Date				Yes	No	0.09.00												
WRIGLE TRUCKING/RED TECH.  Hauler ID No. 17634  Of Waste 100 CY  MINERVA LANDFILL  City, State  LINDEN, PA  Completed by  Title  Disposal Date TBD  WAYNESBURG, OH  Date	M	AIN STOR	E AREA		X		VA	T/MAS	TIC		16,	000 S	F	X				
WRIGLE TRUCKING/RED TECH.  Hauler ID No. 17634  Of Waste 100 CY  MINERVA LANDFILL  City, State  LINDEN, PA  Completed by  Title  Disposal Date TBD  WAYNESBURG, OH  Date																		
WRIGLE TRUCKING/RED TECH.  Hauler ID No. 17634  Of Waste 100 CY  MINERVA LANDFILL  City, State  LINDEN, PA  Completed by  Title  Disposal Date TBD  WAYNESBURG, OH  Date			35															
City, State LINDEN, PA  Completed by  Disposal Date TBD  WAYNESBURG, OH  Date					Н	lauler ID		of Wa	ste									
Completed by Title Signature Date	City, State	PA						Dispo			100		IRG. C	)H				
	Completed	by		5.00(5.00)	CUT	VE DIE	RECTOR	5	Signature		~			Dat		2016		

CK 3792

Date of Notification (1)		P	Name o	of Building	Owner/Operator	(2) EN GR	+SS4A		1			1
Agency Notified Type Notification		1		Address			~<					300
□ EPA ☑ Initial							OCT	2 7 20	116		1 40	4
□ DEP □ Amended		(	City, St	ate, Zip C	sode J Rocic	417	07/52					
DOL Amendment # □ Emergency (inc	hudina					. 60.					1	4
DOH justification)	eduning.	П		of Contac			Telephone Num	per	C	1.0	8	-
□ DCA □ Cancellation					AIRRANE						dr-E-	-
			FACIL	JTY INFO	ORMATION	Teles of Parities	10					4
Name of Facility Where Abatement is Taking						Type of Facility	(4)					
MR. GRASS	SIA					School (K-12	2) 8 (Other than K-12)					
Street Address					1	2 Other (i.e. pr	ivate & commercia	i building	s,			-
				1,2	· · ·	homes, etc.		Bldg. A	100			-
City (5)	10		٠		teef a	Square Feet	1	Biog. 7		0		
CLEN ROC	10					2500.	rior if being demoli	1		_		4
County (6) BERGEN			County ONLY)		(STATE USE	Current Use (P	DEN E					
				٠.	No. of Abota	nent Contractor (			-			$\dashv$
Name of Monitoring Firm Hired by Building (8)	wner	ASCM	No.									
					Street Address	moval In	С		_			$\dashv$
Street Address						th River	C+					
Cin. Cont. Tin Code					City, State, Zip		SL			-		7
City, State, Zip Code						ack, N.J	. 07601					
Project Manager for Monitoring Firm	Te	lephon	e No.		Telephone No.	3011, 1110	License No.					٦
Project Manager for morning turn	"		o no.			-7444 -	00388					
Start Date (10)   Schedule	d Completi	on Dat	e (11)		Name of OSHA							
11/8/16	1/9/19				Omega	Environm	ental					
Occupancy Status During Abatement (Check					Street Address							
☐ Facility Closed/Vacated During Entire Per	od of Abate	ement				uyler St			_		_	
☐ Abatement Performed Outside of Normal	Facility Hou	ITS.	214	1	City, State, Zip		N T 07	(0)	*			
De Other - Describe: 7:00 AU TO	1) 00:3	4			S. Ha	ckensack	,N.J. 07	000				4
Scope of Work (Check all that apply)					□ Full	Containment with	Negative Pressure	e				
_223 sf or ≥ 3 lf	7.23			ovation		-Enclosure rebag Procedure						
D≥ 160 sf or ≥ 260 lf			□ Dem	IORGOII	□ Non	-Exempted (*) an	d Non-Friable Proc	edure				
	ls	Locatio	on						Ab	aten Type		6
	l N	lorma!!	У	:	Description			1	T	7	T	_
. Location of Asbestos-Containing Material (ACM)		d Solei			Description stos Containing M	laterial (ACM)	Amount	1	_	Ē	5 1	π
TO BE ABATED	1	ustodi		(Le	, thermal system	s insulation,	(Specify SF or LF)	1	Rem	Rep	Encap	5
IN Packty	1	Stati?		1	other miscellar	1,40		1	BAC			
(13)		(12)			outer miscendi	ieous)		1	=	1	ulate	5
	Yes	No	N/A							_	4	_
BASEMENT			X	THER	MAL SURFACI	NG	45 SF		X			
BASEMENT			7	THERM	ILL SYSTEMIN	SUMTION	201-6	=	X	$\perp$		
								',				
					*)							
Name of Registered Waste Hauler	100000		Vaste i	lauler	Cubic Yards of		istered Landfill			A	II/I/SS	
Best Removal Inc	ID	No.	109		2 1/20	Minerv	a Enterpr	ises	,	LL	C	
07. 04.4		1/	109		Disposal Date	City, State						-
City, State Hackensack , N.J.	07601				11/9/16		sburg, Oh	446	22			
Completed by Title	07001				Signature			Date ,	00			-
	stima	tor			1	Paions	سع ا	10	24	1/11	6	
			o for ac	haetne li	censure exempte	1				-		-

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

2016-155 B & G proj. #:

Check # 8078

				*	** EMER	GEN	C Y ***	Check	# 0070		
Date of Notification	1 (1)	I I Na	me of Buil	dina Own	er/Operator (2)	)		parameter and the state of the	and appropriate the state of th		**********
11 10 1/12 14	1/116	1.1			p Developn		Corporation	MEC	EIV		M
Agencies Notified	Type Notificat	ion Stre	eet Addres	SS				11471		1	11 111
☐ EPA ☐ DEP	X Initial				s Plaza, Nor	th To	wer, 9th Floor	<u> </u>	T 2 7 201	8	
₩ DOL	Amendr		, State, Z Morristo	•	07960			And both s		i i	Aller value
X DOH			ne of Con	tact					e Number NTF	iol &	i
☐ DCA	☐ Cancella	ation	John Ku	ıskin				E.,+ et .1		a angunat sata ipin	, southwest
				FAC	ILITY INFORM	IATION					
Name of facility wh	nere abatement i	s taking place	e (3)					Type of Facility (	4) I (K - 12)		
The Green @	Florham Par	k (NON SI	UB 8)					Subch	apter 8 (Other		12)
Street Address 80 Park Aven	nue							Bldgs./	Private/Comm Homes, etc. # of Floors		g. Age
City (5)		County	(6)			Cou	nty Code (7)				
Florham Parl	k, NJ 07932	Morr	is			(Sta	te use only)	Current Use (Pi			i)
Name of Monitorin	50.0E19.10.0 P.10.10.0E19.9-0.00.0E.9-10.00	Bldg. Owner	(8)		ASCM No.		Name of Abatement		or porate car	приз	
	N/A		**************************************				B & G Restora	tion, Inc.	1000-000-000-000		
Street Address							Street Address 105 Ryerson F	Road			
City, State, Zip Cod	e					-	City, State, Zip Code				
Oity, Otato, Esp 000							Lincoln Park,	NJ 07035			
Project Manager for	r Monitoring Firm	1	Pho	one Numb	per		Telephone Number (973)696-686	9	License Num 00378		
Scheduled Start Da	to:(10)	ISchool (	Completio	n Date (1	1\	_	Name of OSHA Mor	itor			
10/25/2016	ite (10)		5/2016	II Date (I	17		B & G Restora	tion, Inc.			
Occupancy Status	During Abatamar						Street Address 105 Ryerson F	load			
	d/vacated during			ment.			City, State, Zip Code				
Abatement pe	erformed outside	of normal fa	cility hours	S-							
Other-Descri	be: non-occur	oied & star	t: 7:00ar	m			LincolnPark, N	J 07035			- 12 - 2
Scope of Work (ch	eck all that apply	/)					W100000 2004 991 190000				
Demolition	X	Renovation				70.000	ull Containment w/ne		Glovebag p		
$\boxed{} > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	X	≥160 sf or ≥2	yes variety a				fini-enclosure		Non-friable		
Location of	. talalaa	Is location to by mainten	normally u ance/cust	ised solel odial	4			Amount	е	R	E n E n
asbestos-cor material to be	е	staff(12)			Descripti		sbestos-containing	(Specify S	F or o	p a	a c
abated in fac	ility (13)	Yes	No	N/A				LF)	v e	i	p L
underground (exte	derground (exterior)							200 lf	X		
										님	님님
										井	님님
					1					岩	片片
Registered Waste F	lauler	INJDEE	Hauler II	D# 10	Ubic Yards of	Waste	Name of Registered	I Landfill		111	
B & G Restora			9563		40 yards		Tullytown	Resource & Re	ecovery Cer	iter	
City, State Lincoln Park, N	NJ			Disposal I 10/2	Date 5/16-10/27/1	16	City, State Tullytown,	PA			4
Completed by (Prin	t or Type)	Title			Signature	)	Gordana Luna		Date	2010	
Gordana Luna	l	Secretary	/Treasu	rer			zoraana Luna		10/24/2	2016	

Date of Notification (1)			-	Nam	e of Buildir	na Owner	Operator (	2)		(A) 10'	2000-01-01		F53	de trou	-
	24 / 1	5		4	Catania	3	oporator (		E	GE	1	Ŋ.	E		
Agencies Notified	Type Notification				et Address			115						11 1	+
EPA	Initial									OCT 2	7 2	016		1	/[-
☑ DOLWD ☑ DHSS	Amended Amendment #			City.	State, Zip	Code		- 141	1		• 50 =27			Service:	
□ DCA	Emergency (i		-	Mon	tclair, NJ	07043				Cartill and the cartillation of the second	- Dr. WOLLT ELSEN		4.3	5	1
(NJAC 5:23-8)	justification)	ICIUOIII	9		e of Contai			E .	4	Telephone	Nomble	TRI	N. Or		- 1
	☐ Cancellation			Joe C	Catania			1,,,,,,,	٠.	, oroping	14601141			14 to 3 x2	e el
				1	CILITY	NEORM	ATION		-						
Name of Facility Where A	batement is Takin	g Place	e (3)			THE OTHER	11014	Type of Facil	ty (A)	1					
Private house								School (K	Co-Contract	l.					
Street Address								Subchapte	er 8 (	Other than I	K-1 2)				
								Other (i.e homes, e	. priv	rate and cor	mmerci	al bi	uildin	gs,	
City (5)								Square Feet	2.5	# of Floors		Тр	da A		
Montclair, NJ 07043								Oqual C 1 CCt		# 01 1 10015	5		ldg. A	ge	
County (6)				Cou	nty Code (7)	(STATE L	ISE ONLY)	Current Use	Prior	if heing de	molish	247			
Essex				100411000000	~~#	A00.00.000		ourion occ	1 1101	ii being de	11011511	euj			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name	of Abateme	nt Contractor	(0)	-					
						Gr Tec		in Contractor	(5)						
Street Address							Address				-				
							illey Rd#	283							
City, State, Zip Code							tate, Zip Co					-			
						2000	, NJ 0747								
Project Manager for Monit	oring Firm		Tele	phone	No.	Telepho		· ·		License No	0.		_		
							8-1777			01127					
Start Date (10)	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3						of OSHA M	onitor		01127					
/	16	1 /	04	_ /	16	Environ	vision Co	nsultants,Inc							
Occupancy Status During	Abatement (Chec	conly o	one)				Address	isuitants,inc			1-1-7-7-		-		
Facility Closed/Vacated	d During Entire Pe	riod of	Abate	ment		20-21 \	Vagaraw	Road, Bldg .	# 251	E.					
Abatement Performed Time of Abatement:	Outside of Normal	Facility	y Hour	s - Des	scribe	City, St	ate, Zip Co	de	751		- 10				
		VI/	PIVI_		_AM		wn, NJ 07								
Scope of Work (Check all t	hat apply)						Clean up	and decontan	ninatio	on with neg	ative p	ress	ure		
		M Re	novati	05		A	Full Conta Mini-Encl	ainment with N	legati	ve Pressur	е				
≥ 160 sf or ≥260 lf		De	molitic	n			Glovebad	Procedure [	Ter	nt with Neg	ative P	ress	ure		
					-		Non-Exer	npted (*) and I	Von-F	riable Proc	edure		34		
Location o	f		Locat Vorma									Aba	ateme	ent Ty	уре
Asbestos-Containing M	aterial (ACM)	Use	d Sole	ly by	Ashe		scription of	erial (ACM)		Amount		Ŋ	R	m	ш
TO BE ABAT IN Facility			intena todial S				systems in			(Specify		Removal	Repair	ncar	nclo
(13)		Ousi	(12)	Jian :		surfa	cing, VAT, niscellaned	or		SIF or LF)	)	oval	=	Encapsulate	Enclosure
		Yes	No	N/A	1	outer i	inscenaried	us)						ate	
Basement		П		X	VATO	1					-	K-2	_		
				-	VAT floo	or tiles			40	SF			Ш	Ц	Ш
3rd floor		Ц		$\boxtimes$	Duct insu	ılation			7 I	LF					
													П	П	П
				П					1					_	
Name of Registered Waste	Hauler		NJD	EP Waste	Hauler ID No.	Cubic Ya	rds of Waste	Name of Reg	istor	ad Landfill			Ш	Ш	Ш
Gr Tech LLC				03378				E		Landill					
City, State			0	033/8	٥	TBI		T.R.R.F. Inc	<u> </u>						
Wayne, NJ 07470								City, State							
Completed By (Print or Typ	e) Title					TBE		Tullytown, 1	PA						
N.Jevtic						Sig	nature /	A C	A		Date				
N.Jevtic ASB-41	Own	er					//eu	he Wena	d		10/24	/20	16		

MAY 11

State of New Jersey MINOTIFICATION OF ASBESTOS ABATEMENT

## (Pursuant to N.J.A.C. 8:60 and 12:120)

Chk. #3115-

Date of Notification (1) 10/21	116					wner / Operato	or (2)	FA	F2 []	No Id		7	
	otification			Addres	Ban	K	4	A) E 6		<u> </u>	111	1	
EPA	Ottilication					d Street	1	U/I	Demonstration of the Commission of the Commissio				
	Initial	-			Zip Co			M			###	11	
	Amended		37.5				11	OCT	27	2016	12		
	Emergency			of Con		19107		ad lead		Talanha	A . NI.	J.L	
	Cancellation			Colto			No.	Property of the second		Telepho		itiiDe	31
	Caricellation	31	Leve	COILC	111			ASSEST	08 001				
			FAC	ILITY	INFO	RMATION	l.	Light of the state	CEMPH !	5	un eral bare		
Name of Facility Where Aba	atement is Taking P	lace (3)				Type of Facil							
Wells Fargo NBOC						School (	K-12)						
Street Address						Subchar	oter 8 (O	ther than K-12	2)				
100 Fidelity Plaza						Other (i.e	e. privat	e & commerci	al buildin	gs, hom	es, et	c.)	
Ž.						Square Feet		# of Floors		Bldg. Ag			
City (5)	County (6)	Cour	nty Co	ode (7	)	75,000		2		Jiag. 7 lg	45+		
North Brunswick	Middlesex	Joodi	, 0.	000 (1	,			being demolis	hed)		451		
Worth Brunswick	WIIddiesex					Banking Of	300	being demons	neu)				
Name of Monitoring Firm Hi	rad by Duilding Own	205 (0)		ASCN	A NI.			0(0)					
Environmental Connect		ier (8)		ASCIN	I NO.			Contractor (9)					
Street Address	.1011					Bristol Env		entai, inc.					
120 North Warren Stree	4					Street Addres							
City, State & Zip Code	ι					1123 Beave							
Trenton, NJ 08010						City, State &		е					
Project Manager for Monitor	ing Firm	Teleph	ono N	lumbo	r	Bristol, PA Telephone No		Ti-	iconco N	lumbar			
Rollie Jones	ing Film	609-39			1	(215)788-60			icense N 0509	number			
Scheduled Start Date (10)	Scheduled Cor					Name of OSH	The second secon		70000				
10/22/16	Concauled Con	10/22/		(11)		Bristol Env							
Occupancy Status During A	batement (Check o	nly one)				Street Addres	SS						
Facility Closed/Vaca	ited During Entire P	eriod of	Abate	ement		1123 Beave	r Stree	t					
	ed Outside of Norm	al Hours	s – 7a	am to 3	3pm	City, State & 2	Zip Code	e	2700.3-1-1-1-1				
Describe: 7:00 A	M - 3:30 PM					Bristol, PA							
Facility Occupied Du	uring Abatement												
Scope of Work (Check all th	at apply)												
							F	ull Containme	ent with N	legative	Press	ure	
≥3 sf or ≥3 If			Reno	vation			N	/lini-Enclosure					
≥160 sf ≥260 lf			Demo	olition				Slove Bag Pro	cedures				
		No.					$\boxtimes$ N	Ion-Exempted	and Nor	n-Friable	Proc	edur	е
Location o			catio			Description	n of	A	mount	Aba	teme	nt Ty	/pe
Asbestos-Conta		Norma				Asbestos-Con			Specify			T	
Material (AC			ely by			Material (AC		SF	or LF)	الع		Ē	Ш
TO BE ABAT in Facility		Mainter		200000000000000000000000000000000000000		(i.e., thermal sy		-		em	Rep	cap	ncls
(13)			1ai 31a 12)	all?		sulation, surfac or other miscella				Remova	Repair	Encapsulate	Enclsoure
(10)				V/A	.0	Other miscens	aneous)			=		ate	ē
Training Room			7			Dine incule	tion	1	2015	$\neg$			
Training Room		井남	-	H		Pipe insula	ttion		20 LF	$\dashv \exists \exists$		4	님
		++	4	-					-		님!	4	님
		무무		H	oewore w	0-10-11				ᆜ냄	H	4	님
		닐!									Щ		
Name of Registered Waste I	Hauler		000000000000000000000000000000000000000		Section of the second	Subic Yards	Name of	of Registered	Landfill				
Committee Transport Inc.			100 CO 100 CO	er ID N	5000	f Waste							
Service Transport Inc.			2099	30	1000	/4 CU YD		va Landfill					
City, State					1 1000	isposal Date	City, St						
New Castle, DE						0/22/16	Wayne	esburg, Ohi	0				
Completed By (Print or Type)	)		Title		S	ignature		1 .		Date			
Gino Pizzigoni			Proj			Lino Per	nian	11/0K	-	10/2	1/16		
			Man	ager	1	uno Iny	14 10 1	10					

Date of Notification (1) 10/24/16					Building ( opher Ar				TD.	) =	3 6	5		₩	5	M
Agencies Notified	Type Notification			Street A							OCT	2 7	2	016	And the second second	
EPA DEP DOL DOL DOH DCA	Amended Amendment Emergency ( justification)		-	Sewar	te, Zip Co en , NJ ( Contact						BEST(				 L &	
▼ DCA	Cancellation			FACI	LITY INFO	RMATI	ON				11					
Name of Facility Where Andrew Street Address		g Place (3)		,,,,,,,					l (K-12 apter 8	) B (Othe	er than I					
								etc.)			k comm	ercial l				es,
City (5) Sewaren								Square Fee			Floors			dg. A	ge	
County (6) Middlesex County				STATE L	Code (7) ISE ONLY)	_	_	Current Use			70 	olished	)			
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCN	l No.		Pro /	of Abatemen Abatement		ractor	(9)					
Street Address							1009	Address 87th Stre		ite A	4					
City, State, Zip Code							A STATE OF THE STA	tate, Zip Coo n Bergen,		7047						
Project Manager for Mor	nitoring Firm		Γelephor	ne No.			one No. 293-6305			Licens 0122						
Start Date (10) 11/04/16		d Com 6	pletion [	Date (11)			of OSHA Mo NAMM CO		TING	G LLC						
Occupancy Status Durin								Address ROUTE E	TPA	SHI	TE 10	7				
X Facility Closed/Vac Abatement Perform Other – Describe:							City, S	tate, Zip Cod	le	001	12 10					
Scope of Work (Check A	II That Apply)						UNIC	ON NJ 070	103							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enovat emoliti				×	Full Cont Mini-Encl Glovebag Non-Exer	osure Proce	dure					2	
		Isl	Locatio	on				1 HOIT EXC	Inplod	( ) uni	2 110/11	1100.0	_	Abate	ment	
Locatior Asbestos-Containing <u>TO BE AB.</u> In Facil (13)	Material (ACM) ATED	Used Mair	ormall d Solel ntenan odial S (12)	y by ice/	Asbest (i.e.	os Cont thermal surfa	scription aining M systems cing, VA niscellar	faterial (ACN s insulation, T, or	1)	(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Living Room 8	Room & Entrance						Other		_	60	00 SF	×				
												100				
Name of Registered Was NEWARK CARTING			H	JDEP W auler ID 509	000000000	Oubic of Was	Yards ste	10000000			red Lar		GI	ROV	/S N	l.
City, State HILLSIDE, NJ						Dispos	sal Date		, State		E PA					
Completed by Bryan Parra		Title Projec	ct Ma	nager		S	ignature	SHIAM	M	TA	)	Date 10/2	4/1	6		

State of New Jersey - Notification of Asbestos Abatement Check# 12438
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 000-10								-	FR	E N	11/7	FF	
Date of Notification (1)						of Building Owner/		1111	56	LS I		15 11	
	er 21, 20					GERS, THE ST	TATE UNI	VERS	ITY OF	NJ		71	
Agencies Notified			ication Type			<u>Address</u>	]	UM.					
□EPA			itial Notifica			RONMENTAL						i !!L	
DCA				ification #4 –		OAD 1, BLDG	4086, LIV	NGS	TON CA	MPUS	5		
⊠ DOL				mpletion dates		ate, Zip Code ATAWAY, NJ	00054						
DEP- No Longer REQUI	RED		mergency (			NTR	OL &						
DOH No Eonger REGOR	1		ustification)			of Contact	- NIV	I ele	phone Nu	mbers	NG_		
		□C:	ancelled			AEL SMITH, E		1					
		_		FACILITY IN	AND DESCRIPTION OF THE PARTY OF	TH & SAFET	<u> </u>						
Name of Facility Where Abates	ment is Tak	ing Pla	ice (3)	PACILITY		Facility (4)							
SCHOOL DENTAL ME	DICINE	. BLD	OG# 7253			ool (K-12)							
						hapter 8 (other than	1 K-12)						
Street Address RBHS NEWARK CAM	DHE					er (i.e. private & cor		linas ha	nmes etc	)			
KONS NEWARK CAM	PU3						of Floors:				ears		
City (5)	County	Cou	inty Code (7)			<u></u>	011100101	. 5.0	9.7190.	00 · y	04.0		
NEWARK	(6)	(Sta	te Use Only)		Current	Use (prior if being	demolished	): AC	ADEMIC				
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Name of Monitoring Firm Hired	by Bldg.	ASC	CM No.		Name of	Contractor (9)							
Owner (8)			98										
ATC					GREE	NWOOD ABAT	EMENT C	ONSU	ILTANT	S, INC			
Street Address					Street A	ddress						11000	
3 TERRI LANE					200 84	AIN CTOEST							
						AIN STREET							
City, State, Zip Code	00040					e, ZipCode							
	08016					ER, NJ 07405							
Project Manager for Monitoring BRIAN KEARNY	Firm		hone Number		Telephone Number <u>License Number</u>								
BRIAN KEARNT		609	-386-8800		073-40	2-0477		0084	10				
Scheduled Start Date (10)		Scheo	duled Completic	on Date (11)		OSHA Monitor		0004	•0				
10/28/16			8/16	11.17	1	COLINATIONIO							
					ENVIR	OVISION, INC							
Occupancy Status During Ab	atement (C	Check	only one)		Street Ad	ddress							
☐ Facility Closed/Vacated Du				nt									
XAbatement Performed Out	side of No	rmal F	acility Hours -			WARGARAW F	ROAD						
Describe					City, Sta	te, Zip Code							
Other - Describe:													
Schedule: 5PM - 5AM (24	HOURS	& WE	EKENDS AS	S NEEDED)	FAIRL	AWN, NJ							
Scope of Work (Check all that a	anniu)												
Scope of Work (Check all that a	apply)					п	F!! O4-:		Ale   N   A'.				
≥ 3 sf or ≥ 3 lf				X Renovation			Full Contain		tn Negati	ve Press	sure	1	
≥ 160 sf or ≥	260 16						Mini-Enclosu						
<u> </u>	200 11			Demolition			Glovebag P						
Location of Asbestos-Containing	a I Is I ac	ation N	lormally Used	Description of Asl	nostos Con		Non-Exempt Amount				rocedu	re	
Material (ACM) in Facility (13)			int./Custodial	(ACM) (i.e. therm			(Specify S		Abatement	Type			
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See Hauler Below #1 & 2			elow	1U #	Cubic Ya	ards of Waste:	15 CY	-	of Registe D.W.S. N		_		
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Hauler #1) Greenwood Abatem	ient Consu	ltants,	Inc Butler, N	NJ 07405	6	Disposal Date			City, State				
NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509						11/28/2016			00 New F Iorrisville				
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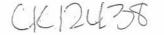
State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16 Date of Notification (1) Name of Building Owner/Operator (2) October 7, 2016 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address □Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. DEPA Amended Notification #3 -27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS DCA new start and completion dates City, State, Zip Code X DOL LICENSING PISCATAWAY, NJ 08854 □ Emergency (including DEP- No Longer REQUIRED Name of Contact Telephone Number justification) X DOH MICHAEL SMITH, ENV. □ Cancelled **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SCHOOL DENTAL MEDICINE, BLDG# 7253 School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) RBHS NEWARK CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years City (5) County Code (7) County Current Use (prior if being demolished): ACADEMIC NEWARK (6) (State Use Only) **ESSEX** Name of Monitoring Firm Hired by Bldg. ASCM No. Name of Contractor (9) Owner (8) 0098 ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/21/16 11/21/16 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD City, State, Zip Code Describe Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure  $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ Renovation ☐ Mini-Enclosure ≥ 160 sf or > 260 lf Demolition Glovebag Procedure / Wrap & Cut Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, (Specify SF or Staff? (12) Remove Repair Encap Enclose surfacing, VAT, or other miscell.) YES NO NA C-Level X VAT 14000 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 15 CY Name of Registered Landfill Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Rd. 11/21/2016 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Morrisville, Pa 19067 215-736-1700 NJ DEP # 4509 Completed by (Print or Type) Signature RAYMOND C. PEDALINO SENIOR PROJECT MANAGER October 07, 2016 Raymond C. Pedalino

CH12438

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16 Name of Building Owner/Operator (2) Date of Notification (1) September 30, 2016 RUTGERS, THE STATE UNIVERSITY OF NJ 2016 Agencies Notified Notification Type Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. □Initial Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ROL & DEPA Amended Notification #2 -DDCA new start and completion dates City, State, Zip Code LICENSING DOL. PISCATAWAY, NJ 08854 ■ Emergency (including DEP- No Longer REQUIRED Telephone Number Name of Contact justification) X DOH MICHAEL SMITH, ENV. □Cancelled **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) SCHOOL DENTAL MEDICINE, BLDG# 7253 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **RBHS NEWARK CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years County Code (7) City (5) County Current Use (prior if being demolished): ACADEMIC (6) (State Use Only) **NEWARK ESSEX** Name of Monitoring Firm Hired by Bldg. ASCM No. Name of Contractor (9) Owner (8) 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. ATC Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number 609-386-8800 BRIAN KEARNY 973-492-0477 00840 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 10/07/16 10/31/16 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ■ Renovation ☐ Mini-Enclosure  $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ Demolition Glovebag Procedure / Wrap & Cut ≥ 160 sf or ≥ 260 lf Non-Exempted (\*) and Non-Friable Procedure Description of Asbestos Containing Material Abatement Type Is Location Normally Used Amount Location of Asbestos-Containing Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing (Specify Material (ACM) in Facility (13) Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) SF or LF) NO YES NA X 14000 C-Level X VAT SF Name of Registered Landfill Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 15 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill Rd. 10/31/2016 NJDEP # 12561 Morrisville, Pa 19067 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 215-736-1700 NJ DEP# 4509 Completed by (Print or Type) Date Raymond C. Pedalino September 30, 2016 SENIOR PROJECT MANAGER RAYMOND C. PEDALINO



### State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16 Date of Notification (1) Name of Building Owner/Operator (2) September 21, 2016 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address □Initial Notification ENVIRONMENTAL HEALTH'S SAFETY DEPT. DEPA MAmended Notification #1-27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS DDCA new start & completion dates City, State, Zip Code DOL. □ Emergency (including PISCATAWAY, NJ 08854 DEP- No Longer REQUIRED Telephone Number Name of Contact justification) 図 DOH MICHAEL SMITH, ENV. □ Cancelled **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SCHOOL DENTAL MEDICINE, BLDG# 7253 School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **RBHS NEWARK CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years City (5) County (6) County Code (7) NEWARK (State Use Only) ESSEX Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 **BUTLER, NJ 07405** Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/30/16 10/31/16 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address Pacility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure > 3 sf or > 3 lf Renovation Mini-Enclosure 図 ≥ 160 sf or ≥ 260 lf ☐ Demolition Glovebag Procedure / Wrap & Cut Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) NO YES MA C-Level X VAT X 14000 SF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 40 CY Name of Registered Landfill Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State N.IDEP # 12561 10/31/2016 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT September 21, 2016 Reguesand C. Padalino MANAGER

CK 124358

### State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16 Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ September 9, 2016 Agencies Notified Notification Type Street Address Initial Notification ENVIRONMENTAL HEALTH& SAFETY DEPT. DEPA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS WIT DDCA Emergency (including City, State, Zip Code IN DOL PISCATAWAY, NJ 08854 justification) DEP- No Longer REQUIRED Name of Contact □ Cancelled Telephone Numb DOH IX MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ASBESTOS CONTROL & SCHOOL DENTAL MEDICINE, BLDG# 7253 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **RBHS NEWARK CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years City (5) County (6) County Code (7) NEWARK ESSEX (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/23/16 10/24/16 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours -Describe City, State, Zip Code Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure  $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ Renovation Mini-Enclosure ≥ 160 sf or ≥ 260 lf ☐ Demolition Glovebag Procedure / Wrap & Cut Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) NO YES NA C-Level X VAT 14000 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 15 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State N.IDEP # 12561 100 New Ford Mill 10/24/2016 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 19067 NJ DEP# 4509 215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT Razumand C. Padalino September 9, 2018 MANAGER

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Date of Notification (1) 10/18/16		100		Building Cartmann	wner/	Operator	(2)			列區	b	E			
Agencies Notified  Type Notification  EPA  DEP  Manual Amended			25,000	te, Zip Coo					Control of the Contro	The second secon	001	2 -	7 20	16	
■ DOL			Name of	n, NJ 07 Contact artmann	'860				Telep	horfe Nt	imber	OS C	FNO:	ROL	
Name of Facility Where Abatement is Taking house	Place (3	)	FACI	LITY INFO	RMAT	ION	Type of Facility (4)								
Street Address								School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newton							24		# of F		1	Bldg. A	ige		
County (6) Sussex				JSE ONLY)				rrent Use (Prio			shed)				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	1 No.		ABS	Name of Abatement Contractor (9) ABS Environmental Services, LLC								
Street Address						Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code									
City, State, Zip Code  Project Manager for Monitoring Firm			Telephor			woo	od, NJ 0741		icense	No					
	Schedule				973-	764	-2276 SHA Monitor	1337	703						
	11/30/1	6	3 03 A					ress							
Facility Closed/Vacated During Entire P. Abatement Performed Outside of Norma Other – Describe: basement	eriod of A	batem					tate,	Zip Code							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	Accordance .	enova emolit				×		Full Containme Mini-Enclosure Glovebag Proce Non-Exempted	edure				e		
Location of	1	Locati	ly		De	escription						Abate Ty			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	d Sole intenar odial S (12)	nce/ Staff?		herma surfa	ntaining M Il systems acing, VA miscellar	s ins T, o	r	lation, (Spe SF or			Repair	Encapsulate	Enclosure	
basement	Yes	No	N/A X		pipe	e insula	tion		75	LF	x				
Name of Registered Waste Hauler Freehold Cartage		Н	NJDEP Waste Hauler ID No. 15959			Yards aste		Name of R Western	500 00 <del>7</del> 0/00 500 00-50				100,000		
City, State Freehold NJ				TBD Dispo	sal Date		City, State Birdsbor								
Completed by A. Scott Higgins	dent	Signature Date							e 18/16						

					N OF ASE t to NJAC	BESTOS	ABATE				1	5	7	3	7	
Date of Notification (1) 10/21/16					of Building Ielen Ma			(2)				E	C	E		$\mathbb{V}$
Agencies Notified  EPA DEP DOL	Type Notification  Initial Amended Amendment			City, State, Zip Code Dover, NJ 07801-2536											2018	
∑ DOH DCA	Emergency justification) Cancellation		]		of Contact Manog					Tele	phone	Nturnal			CO	NTP NG
Name of Facility Where A	batement is Takin	g Place (	3)	FACILITY INFORMATION  Type of Facility (4)												
Street Address								×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe			build	lings,	home	es,
City (5) Dover								Squi 230	are Feet	# of Floors Bldg. Age 2 67						
County (6) Morris				Code (7) USE ONLY	?			ent Use (Prid			olishe	d)				
Name of Monitoring Firm	Hired by Building	)	ASC	M No.		ABS	Name of Abatement Contractor (9) ABS Environmental Services, LLC									
Street Address  City, State, Zip Code							PO E	Det Address Det Box 483, 4 E Gate Drive State, Zip Code								
Project Manager for Monit	oring Firm			Telepho			wood	d, NJ 074	18	Licens	o No					
Start Date (10)	J	Schedul	ed Co	mpletion		973-	764-2			703	e ivo.					
10/31/16 Occupancy Status During	Ahatement (Chec	11/30/	16	Str				Addre								
Facility Closed/Vacat Abatement Performe Other – Describe: ba	ed During Entire F	Period of	Abate						Zip Code							
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)	-	Renov Demol				×	Mi GI	ull Containme ini-Enclosure ovebag Proc on-Exempted	edure					e	
Location	of.	1000	Loca Norma			Do	scription		a ( ) and rom mad			Abateme Type				
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basement & cra	wl space	Yes	No	N/A X		pipe	insulat	tion		60 LF		,	ς .		Ф	
				# #/ Si												
Name of Devices 2100	L laula "			LIBERT		I 6 · ·										
Name of Registered Waste Freehold Cartage	1	NJDEP W Hauler ID 5959		of Wa	Yards ste		Anna Carlo	of Registered Landfill ern Berks Landfill								
City, State Freehold NJ				Dispo TBD	sal Date		City, State Birdsbor									
Completed by A. Scott Higgins	ident			Sig				Signature Date 10/2101/				/16	16			

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Date of Notification (1) 10/24/16				of Building os Dodge							0		) <u>U</u>	U	15		
Agencies Notified Type Notifi	cation		Street Address 48-94 Bayway Avenue								OCT	2	7	2016	)		
EPA Initial Amen	ded dment #		City, State, Zip Code Elizabeth, New Jersey 07202							ASBESTOS CONTRO							
× Emer	gency (including	]		Tol	ASB					OL 8							
	ation) ellation		Name of Contact Jonathan Costello							эргиогис	INGLING	eri s		·· <u>J</u>			
Name of Facility Where Abatement is	Taking Place	(3)	FAC	ILITY INF	ORMAT	ION	Tyna	Type of Facility (4)									
Freeport McMoRan Elizabeth			it				Towns 1	School (K-1	nest Meson								
Street Address 48-94 Bayway Avenue							×	Subchapter	.2) 8 (Other than K-12) private & commercial buildings, homes								
City (5) Elizabeth			Square Fee 20,000					re Feet	# of Floors Bldg. Ag								
County (6) Union			Code (7) USE ONLY	)			ent Use (Prid ehouse	or if bein	ng dem	olished	i)			David Co.			
Name of Monitoring Firm Hired by Bu	)	ASC	M No.		The state of the s	e of Abatement Contractor (9) corn Contracting Corp.											
Street Address						Street 205 F		ss 5, Suite 7 <i>F</i>									
City, State, Zip Code					City, State, Zip Code Totowa, NJ 07512												
Project Manager for Monitoring Firm	Project Manager for Monitoring Firm						one No 333-9			Licens 0123							
Start Date (10) 10/28/16								HA Monitor on Consul	tants,	Inc.							
Occupancy Status During Abatement	(Check Only O	ne)	Street /						Dista	25.5	=						
Facility Closed/Vacated During E  Abatement Performed Outside of Other – Describe:								p Code		. 35 E				-			
Scope of Work (Check All That Apply)						I all L	_avvii,	113 074	-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demolit				×	Min Glo	i-Enclosure vebag Proc									
	Is	Locat	ion						( ) and Non-i nabi			Abatemen					
Location of	1100	Normaled Sole		000000000000000000000000000000000000000		scription					-	7	Ty	ре			
Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)	Ma Cus	intena todial ( (12)	nce/ Staff?		thermal surfa	aining M systems cing, VAT niscelland	insula F, or		(Sp	nount pecify or LF)	200	Removal	Repair	Encapsulate	Enclosure		
Above the overhead door at t	Yes	No X	N/A		Pine	Insulat	ion		20	) LF	7						
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Roof of the Mill	X		2.5	Section	ns of As	sbesto	os	10	0 SF	2	2						
	_/`_		"Corru	ugated	Transi	te" Pa	anels	100020			1						
Name of Registered Waste Hauler	1000	JDEP W	aste	Cubic	Yards		Name of R	egister	ed Lan	dfill							
Jnicorn Contracting Corp.	100	lauler ID 035844	2 22	of Was	ste		Tullytow	n Res	ource	Reco	ove	ry F	acilit	У			
City, State Fotowa, NJ		Disposal Date City, State					City, State Sullytow										
Completed by Dimo Golcev	eral M	anager		S	ignature		16			Date 10/24	Date 10/24/16						
						NAME OF TAXABLE PARTY.		1				_					

CK4084

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

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OCT 27 2016

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Date of Notification (1)	-22-16			Na	-	ing Owner/Operato		LDEX	2								
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DEP DEP	Amended Amendmen	nt#_		City	, State, Zip		>10 B1	~	10A	>>							
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DCA	Cancellation			Nai	ne of Conta	OM		reiep	hone Num	ber							
-				J		FORMATION											
Name of Facility Where	Abatement is Tal	king Pla	ce (3)				Type of Facili	ty (4)									
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Street Address							Subchapte Under (i.e., homes, et	private &			lding:	5,					
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County (6)						7) (STATE	Current Use (I	Prior if bei	ng demoli:	shed)							
					E ONLY)			CANI	<u> </u>				_				
Name of Monitoring Firm (8)	Hired by Building	g Owner		ASC	4 No.	Name of Abatem	co IN										
Street Address	I A					Street Address	CO TIVI					_	_				
					369 S SPRUCE AVE												
City, State, Zip Code					City, State, Zip Code  MAPLE SHADE N.J 080												
Project Manager for Moni	toring Firm		Tel	ephone	No.	Telephone No.	9-0472		004	44							
Start Date (10)	Sche	eduled (	Compl	etion D	ate (11)	Name of OSHA N											
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Occupancy Status During						Street Address											
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City, State	1100		-14	790	,4	Disposal Date	City, State	,	v-uV.				-				
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Date of Notification (	1)			Name of B	uilding Own	er / Operate	or (2)							
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Agencies Notified	Type of No				KLIN AVENUE			111		, A. C.				
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Name of Facility Whe	ere Abateme	ent is Taking P	Place (3)		Type of Faci	lity (4)								
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D14 (F)	C(C)		County Code (	(7)	Square Feet		# Of Floors		Building	Age				
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Name of Monitoring	Firm Hired	by Blda Owne	er (8)	ASCM NO	Name of Aba	atement Co	ntractor (9)							
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IVI Elivirolimental														
Street Address					Street Addre	ess								
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port washington ny 11	050				City, State, Zip Code east hanover nj 07936									
Project Mngr. For Mo	onitoring Fi	rm	Telephone Nu	mber	east hanove	r nj 07936								
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Sheduled Start Date		Sched. Comp	letetion Date (1		Telephone N 9737723660			License	Number					
$\frac{10}{10} / \frac{15}{15}$	/ <u>16</u>	/	/ <u>26</u> /	16	9/3//23000				0	0860				
Occupancy Status D	uring Abate	ment (Check )	Only 1)		Name of OS	HA Monito	r							
Facility CI	osed/Vacat	ed During Ent	ire Period of		northstar cor	tracting gro	up inc							
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					east hanover	r nj 07936								
Scope of Work (Che	ck All That	Apply)												
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Name of Registered	Waste Hau	ler	NJDEP Waste Hauler ID No.		iesi bethlehe		anuilli							
newark carting				of Waste	NAME OF TAXABLE PARTY OF TAXABLE PARTY.									
City, State				Disposal					_					
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Signature C

Date

10/26/16

Completed by (Print or Type) paul mast

Title vp