(K 5557

Date of Notification (1)		es Owner/Operator (2)									
4-2-2015	13. 7	ANZMAN	į								
Agency Notification Type Notification	Street Address	STERN DRIVE	The Arrange of the Control of the Co								
DEP CAmended											
-B DOL Amendment#	SHOPE	- HILLS NJ DE	7078								
□ Emergency (include justification)	Name of Conta	et /	Telephone Number								
D DCA Cancellation	B. TA	UZMAN '	<u> </u>								
	FACILITY IN										
Name of Facility Where Absternent is Taking Pl	ace (3) -	Type of Facility (4)									
B. TANZMAN	•	☐ School (K-12)	Other Mark								
Street Address 91 WESTERN DRI	VE	U Subchapter 8 (Control of the privation	te & commercial buildings.								
City (5)		····	e of Floors Bidg. Age								
SHORT HILLS		4500.	2 70 YRS								
County (6)	County Code (7) (STATE USE Current Use (Prior	if being demolished)								
LSSEX	1	RFS 100	ENCE								
Name of Monitoring Firm Hired by Building Own (5)	ner ASCM No.	Name of Abatement Contractor (9)	12								
Street Address		Best Removal Inc									
- Copper Passagoo		450 South River St									
City, State, Zip Code		City, State, Zip Code									
		Hackensack, N.J.	07601								
Project Manager for Monitoring Firm	Telephone No.		icanse No.								
C 104444	15.24.80	201-329-7444	00388								
Start Date (10) Scheduled C 4-13	ompletion Date (11)	Name of OSHA Monitor Omega Environmen	tel								
Occupancy Status During Abatement (Check on		Street Address	261								
☐ Facility Closed/Vacated During Entire Period of	of Altertament	280 Huyler St									
C) Abelement Performed Outside of Normal Faci	By Hours	City, State, Zip Code									
Char-Describe: 8AM 5PM		S. Hackensack , l	N.J. 07606								
Scope of Work (Check all that apply)	9	Full Containment with Neg	ative Pressure								
- 182 3 sf or ≥ 3 ff - 12 ≥ 160 sf or ≥ 260 ff	Renovation Demotion	Mini-Enclosure Glovebag Procedure									
G-0 104 G-0 0 204 B-	a bonosbar	2 Non-Exempted (*) and No	a-Priable Procedure								
	Is Location		Abatement Type								
. Location of	Normally ::	Description of									
Achostos-Containing Material (ACM) TO SE ABATED	Maintenance/ Asbest	es Containing Material (ACM) flormel systems insulation,	Amount 2 m								
N. Facility	Çushdai (i.e.,	surfacing, VAT, or	Amount (Specify Romoval Renopourte Renopourt								
(13)	(12)	other miscellaneous)	Val 4 Line								
	Yes No N/A										
2 MD FLOOR BATHROOM	X PLAST	ER SURFACIO 6	140 SF X								
			>>								
Name of Registered Waste Hauler Best Removal Inc		Cubic Yards of Name of Registered Maste									
pest removat IUC	17109	1 40 Minerva E	nterprises ,LLC								
City, State		Disposal Date City, State									
Hackensack , N.J. 076		. —	rg, Oh, 44688								
Completed by Title		Signature	Date								
R-VELDRAN Estin	mator	or R Veldian 4-2									

CK 1073

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

Date of Notification (1) 04/03/15				Name of E John &													
	Type Notificati	ion		Street Add 134 Hu						Ē,	g = 1000		20		69		
DEP DOL	Initial Amended Amendm			City, State Secauc						7							
DOH DCA	Emergen justification Cancellat		1	Name of 0 Katty N		ne			a)	Tele	nhone N	, make			-		
				FACIL	ITY INFO	RMATI	ON	_		1							
Name of Facility Where A John & Katty McFar				,,,,,,,,					of Facility (4 School (K-12								
Street Address 134 Hubert St									Subchapter of the control of the con	(Othe			lings,	home	es,		
City (5) Secaucus		1 (4)							re Feet	# of 2	Floors		ldg. A 930	ge			
County (6) Hudson				County C		2			nt Use (Prio idence	r if beir	ng demoli	shed)					
Name of Monitoring Firm	Hired by Buildi	ing Owner (8)		ASCM	No.				tement Cont ow Indust								
Street Address								Addres Mill S									
City, State, Zip Code									ip Code NJ 07501								
Project Manager for Moni	toring Firm			Telephon	e No.			none No -653-9			License 1183	No.					
Start Date (10)		Schedule	d Com	pletion D	ate (11)		Name , Gora		HA Monitor				(1)				
Occupancy Status During	Abatement (C	heck Only One	2)				Street	Addres	SS	(10.0)			-25-				
								Mill S	2(7/5). b.								
Facility Closed/Vaca Abatement Performe Other – Describe:									ip Code NJ 07501								
Scope of Work (Check Al	That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova					Mir	Containme ni-Enclosure ovebag Proc	edure							
							<u>~</u>	_ No	n-Exempted	(*) and	d Non-Fria	able Pro	ususse				
-		3,000	Locati	0580,000										ment pe			
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM ATED) Used Mai	ormal d Sole ntenar odial S (12)	ly by nce/		tos Con thermal surfa	scription taining N system cing, VA miscellar	Material s insula T, or		(S	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A			T- 1							e			
Roof	Roof					Miso	cellane	ous		15	00SF	х	no e				
Name of Registered Was Atlantic Carting	Н	JDEP Walauler ID I 6085		of Wa			Name of I		ered Land	fill		-					
City, State Wayne NJ		**				Dispo TBD	sal Date	ı	City, State	e vn PA							
Completed by Goran Igev		Title Secre	etary			5	Signatur	e A	14)	1	Date 04/03/	15				
		- 5							04/05/15								

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)				Name of Building Owner/Operator (2)											
03/31/2015				Jacklyn Monpoint	f										
Agencies Notified	Type of Notific	ation		Street Address	f /5- ~										
/ \EDA	(X) Initial	latification		232 Village RD	i to o	100	20								
() EPA (X) NJDEP	() Amen			City, State, Zip Code	9		61								
(X) NJ DOL	V /	dment#		C NI 10707			r i								
(X) DOH		ency (includi	na	South Orange, NJ 0707		-1.34	-11,								
() DCA	justific		9	Name of Contact	1	el. Num	iber								
	() Cance			Jacklyn Monpoint	1			H(H)							
			ACILIT	YINFORMATION											
Name of Facility Where Abateme	nt is Taking Place	(3)		Type of Facility (4) () School (K-12)											
Residential Property Street Address				() Subchapter 8 (other than K-1	2)										
				(X) Other (i.e. private & commerce		nes, et	C.								
232 Village RD	Causty (6)	County Cod	o (7)		-										
<u>City (5)</u>	County (6)	County Cod (State Use 0		Sq. Feet: <u>5,000</u> # of Floor	s <u>3</u>	Bldg.	Age <u>6</u>	<u> </u>							
SOUTH ORANGE	Essex			Current Use (if being demolished).										
Name of Monitoring Firm Hired by	/ Bldg Owner (8)	ASCM No.		Name of Contractor (9)).										
N/A	blug. Owner (o)	N/A		Industrial Safety & Environ	mental Soli	itions	Inc								
Street Address				Street Address	inicitai bott	*110113	, IIIC.								
N/A				3300 Hudson Avenue											
City, State, Zip Code				City State, ZipCode											
N/A				Union City, NJ 07087											
Project Manager for Monitoring F	irm Telephone	Number		Telephone Number License Number											
N/A				(201)325-0055 01124											
Scheduled Start Date (10)	PEDICHE STRANGO TOTAL	Completion Dat	e (11)	Name of OSHA Monitor											
04/01/2015	04/02/20			ISES, Inc.											
Occupancy Status During Abatem () Facility Closed/Vacated During				Street Address											
() Abatement Performed Outs				3300 Hudson Avenue											
(X) Other - Describe:				City, State, Zip Code											
Work area in basement unocc	supled during at	atement		Union City, NJ 07087											
Source of Work (Check all that ap	oply) () Demolition	l	(X) Renovation											
(X) Minor Project (< 25 SF	or < 10 LF AC	M)		() Full Containment with Negative Pressure											
() Small Project (>25 <16	30 SF or >10 <2	60 LF ACM)		(X) Mini-Enclosure											
() Large Project (>160 SF	or > 260 LF A	M		(X) Glove-bag Procedure											
Location of Asbestos-	Is Location No	rmally I land		() Non-Exempted (*) and Non-Friable Procedure Description of ACM Amount Abatement Type											
Containing Material (ACM)	Solely by Mai		(i.e.	thermal systems insulation, surfacing,	(Specify SF		Daterne	пгтуре							
To be Abated in Facility (13)	Custodial S	taff? (12)		VAT, or other miscellaneous.)	or LF)	71		Щ	т						
	YES NO	N/A				Remova	Repair	icap	nclo						
						ova	air	Encapsulate	Enclosure						
9.								e	(D						
Basement elbow (2 pieces		X	TSI P	ipe Insulation	10 L. FT.										
next to each other)															
=															
			-												
					26										
Name of Reg. Waste Hauler		P Waste Haule	er ID#	Cubic Yards of Waste	Name of Reg.			DEILI							
NEWARK CARTING City, State	045	UJ	Dien	Disp. Date IESI BETHLEHEM LANDFILL City, State											
369 Raymond Blvd., Newa	ark. NJ 07105			01/2015	BETHLEHE	M P	180	15							
Completed by (Print or Type)	Title		Signa	The state of the s	Date	21149 1 1	1100								
100 100 100 100 100 100 100 100 100 100					NORTH CONTROL OF THE PERSON OF										
David Camacho	Project Su	pervisor		03/31/2015											

NO CK

			(NJAC 8:60-7 at					in.		
Date of Notification (1)				1		owner/Operator (2 OHME CORPORA	*				14,2	· · · · · · · · · · · · · · · · · · ·
4 / 1	15			Stre	et Address	MICE			00.			~
	otification	1				ILL ROAD , K-15-	1 1480		2015	ADI	? - 7	7
	itial Notifi				, State, Zip Code	#	15 10 10 10 10 10 10 10 10 10 10 10 10 10				1	11/12:
	mended N		tion #1			; W JERSEY 0703;	3	Λ	4 00	Pre-		AM 12:
	ancellatio		non a i	1	,,,,	TT DERIOE 1 D700		4-1	31	- 3	110	No.
	n Hold			Nan	ne of Contact		Telent-	er	- 5		1	- William
DCA E	MERGEN	ICY NO	TIFICAT	ION MIK	E LATRONICA					4-1	4:1	1-6
				FAC	ILITY INFORMA	TION						
Name of Facility Where Abatemer	it is Takir	ng Plac	ce (3)			Type of Facility	/ (4)					
						School (K-	-12)					
MERCK SHARP & DOHME CORPO	RATION						er 8 (Other tha					
127							private & com		gs., ho			
Street Address	~					Square Feet	# of Floor	S		Bl	dg. Ag	е
2000 GALLOPING HILL RD	4 (8)					115,000	3		B		44	
	ounty (6))		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nty Code (7)	Current Use (Pri	ior if being de	molishe	d)			
Name of Monitoring Firm Hired by	NION	a Own	or /9\	(SIAI	E USE ONLY) ASCM No.	VACANT Name of Abates	mont Contra	etor (0)				
ENVIRONMETAL HEALTH INVEST		The second second			17	PAR ENVIRON			ION			
Street Address	IOATION	10, 1140			1 1/	Street Address	VILITIAL COI	ti Oloti	1014			
655 WEST SHORE TRAIL						313 SPOOK RO	CK ROAD					
City, State, Zip Code			37752-31	(City, State, Zip C						
SPAR	TA, NEW	JERSE	EY 07871			SUFFERN, NEV	V YORK 1090	01				
Project Manager for Monitoring Firm		T	elephone	Number		Telephone Num	ber L	icense N	lumbe	er		
WILLIAM S. KERBEL, CIH		9	73-729-5	649		845-369-7500	1	101				
Expected State Date (10)		Sched	. Comple	tion Date	(11)	Name of OSHA	Monitor		7			
3 / 30 /1	5		8 /	30/	15	QUALITY ENVIR	RONMENTAL	SOLUT	IONS	& TEC	CH.	
Month Day Year		Mon		Day	Year							
Occupancy Status During Abatemen						Street Address						
X Facility Closed/Vacated Abatement Performed O					and hav	1376 ROUTE 9						
	ONDAY-S				scribe.	City, State, Zip C	ode					
A State Pessine.	OHDA T	0/11/0/1	DATE TAIL			Oity, Otato, Zip C	WAPPING	ERS FAL	LS. N	Y 125	90	
Scope of Work (Check all that apply)				Full Cont	। ainment with Nega					0707-10	
X Demolition		Renova	ation		Mini-Enc							
>3SF OR LF		**********				g Procedure						
X >160 SF OR 260 LF					X Non-Fria	ble Procedure						
Location of			ocation		Description of A						ment	Туре
Asbestos-containing			ally used		Containing Mater	- 15 A	Amount	굒	REPAIR	E	E	
Material (ACM)		108000	lely by		(ie. Thermal s		(Specify	S	PA	18	5	
TO BE ABATED			Custodial	1	nsulation, surfac		SF or LF	REMOVAL	Z	PS	SC	
in Facility (13)			iff (12)	-	or other miscell	aneous)		-		ENCAPSULE	ENCLOSURE	
		Yes N					-	-	+	1111	m	
KEN 006		×		METAL R	ADIATOR COVE	RS- UNDERSIDE	5,056 SF	X	1	+		
				MASTIC C	COATING,316 C	OVERS @16SF						
				EACH								
								-	-	1	-	
KEN 006		X		DUCT SE	AM SEALANT-2	ND FL 12 FT @	50 SF	X	-	+	-	
				4 DUCTS								
KEN 006		×		1	R SIDELIGHT W	INDOWS WITH	360 LF	X				
13213 000		1	-				JOOU LI	1	+	1	1	
				FRAME, 4	,300 FT X 1" (21	5 WINDOWS)			-	1	1	
KEN 006		×		PIPE INSI	JLATION-SADD	LES 340 @3 LF	1,020 LF	X				
			-							1		
									+	-	-	
V		-	-	-				_	-	-	-	
	- 1											9
Name of Registered Waste Hauler			Waste	Cubic Yar	ds of Waste	Name of Registe						
FREEHOLD CARTAGE, INC.			ID No.		80	LYCOMING COL			ANAG	SEMEN	VT SE	RVICES
825 HIGHWAY 33		15	5939	Dianasati	Data	447 ALEXANDE	R DRIVE/RO	UTE 15				
City, State FREEHOLD, NEW JERSEY				Disposal I	Date 8/30/2015	MONTGOMERY	PΔ 17752		, ,		,	_
Completed by (Print or Type)	Title			10/00/10 - (Signature	/ / X		Date Z	11	,	111	
BENJAMIN SANCHEZ		CTOR	OF OPER	RATIONS	1	$\prec Y V$			7/	1 /	15)
	-					The second secon		THE RESERVE	The same of the same of	THE REAL PROPERTY.	-	The second second second second

1 15	D. L. of N. W. C. W.		Name of Building C	5.0		2.4				
Agancies Nulfield Pape Pa	Date of Notification (1)			OHIVIE CORPOR	ATION			15.		1 100 615
EPA DEP NOT DOL Anneated Notification Cancellation Cancel				W. I. DOAD 1/45	4.4400					
DEP					-1 1480	2191	200	-		
MIRC LATRONICA MIRC	DEP Ame	ended Notification			13	/A* #i-	MI A	- ;	141	* K: 25
Name of Racility Where Abatement is Taking Place (3) WERCK SHARP & DOHME CORPORATION WACANT Name of Racility Where Abatement Is Taking Place WERCK SHARP & DOHME CORPORATION WERCK SHARP & DOHME CORPORATION WACANT Name of Racility (1) WERCK SHARP & DOHME CORPORATION WERCK SHARP & DOHME CORPORATION WERCK SHARP & DOHME CORPORATION WACANT Name of Racility (1) WERCK SHARP & DOHME CORPORATION WERCK SHARP & DOHME CORPORATION WERCK SHARP & DOHME CORPORATION WACANT Name of Racility (1) WERCK SHARP & DOHME CORPORATION WERCK SHARP & DOHME CORPORATION WERCK SHARP & DOHME CORPORATION WACANT Name of Racility (1) WERCK SHARP & DOHME CORPORATION WERCK SHARP & DOHME CORPORATION WERCK SHARP & BORNING CORPORATION WERCK SHARP & SACRE & SQUARPEN CORPORATION WERCK SHARP & SACRE & SAC					Telephone NA	- E	3	115 17 =	Li,	RIROL
Street Address Subchapter 8 (Other flan K-12) Subchapter 9 (FACILITY INFORMA	TION	-					
Street Address	Name of Facility Where Abatement i	s Taking Place (3)						5//125		
Street Address Square Feet of Floors Bligg, Age 2000 GALCPING HILL RD										
115.000	MERCK SHARP & DOHME CORPOR	ATION					gs., ho	omes,	etc.)	
Name of Monitoring Firm Hires by Suitiding Owner (8)	Street Address 2000 GALLOPING HILL RD				The second secon			Bl		ie
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PAR EMPIRONMENTAL CORPORATION Street Address	City (5)	nty (6)	County Code (7)	Current Use (P	rior if being dem	olished	d)			
ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 17										
Street Address	그리다 아들이 많아 아들이 아이를 하면 하면 하면 하면 하면 하는데						101			
313 SPOOK ROCK ROAD		ATIONS, INC.	1/		MENTAL CORP	ORAI	ION			
Project Manager for Monitoring Firm	655 WEST SHORE TRAIL			313 SPOOK RO						
Project Manager for Monitoring Firm WILLIAMS , KERBEL, CIH Syza-25-649 WILLIAMS , KERBEL, CIH Syza-25-649 Scheed. Completed Date (10) Scheed. Completed Date (11) Scheed.	500 200 200 200 200 200 200 200 200 200	NEW JERSEY 07871								
WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101			Number			ense N	lumbe	er		
Expected State Date (10) 3 / 30		Total Control of the		The second second second second second				77		
3					1.77.170	-			- 17	
Occupancy Status During Abatement (Check only one) X		The second secon				OLUTI	ONS	& TE	CH.	
X			Day Year							
City, State, Zip Code WaPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) X Demoition Renovation Renovation Renovation Full Containment with Negative Pressure Mini-Enclo	X Facility Closed/Vacated Du	iring Entire Period of Ab								
Scope of Work (Check all that apply) Renovation Ren				City, State, Zip						
Renovation Renovation Renovation Mini-Enclo	Coope of Mark (Check all that apply)		□ Full Cont	innantude Nan		S FAL	LS, N	Y 125	90	
Safe OR LF		Renovation			ative Pressure		19			
Location of Asbestos-containing Material (ACM) Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) Waint/Custodial Staff (12) Yes No N/A KEN 006 X METAL RADIATOR COVERS- UNDERSIDE 5,056 SF X MASTIC COATING,316 COVERS @16SF EACH KEN 006 X DUCT SEAM SEALANT-2ND FL 12 FT @ 50 SF X INTERIOR SIDELIGHT WINDOWS WITH 360 LF X FRAME, 4,300 FT X 1* (215 WINDOWS) KEN 006 X PIPE INSULATION-SADDLES 340 @3 LF 1,020 LF X Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 80 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type) Title Disposal Date 3/30/215 - 8/30/2015 Title Disposal Date 3/30/215 - 8/30/2015 Title Disposal Date 3/30/215 - 8/30/2015 Date 7 / 2 / 5										
Asbestos-containing Material (ACM) Material (ACM) TO BE ABATED in Facility (13) KEN 006 X METAL RADIATOR COVERS- UNDERSIDE 5,056 SF X MASTIC COATING,316 COVERS @16SF EACH X DUCT SEAM SEALANT-2ND FL 12 FT @ 50 SF X METAL RADIATOR SIDELIGHT WINDOWS WITH 360 LF X MITTERIOR SIDELIGHT WINDOWS WITH 360 LF X FRAME, 4,300 FT X 1* (215 WINDOWS) KEN 006 X PIPE INSULATION-SADDLES 340 @3 LF 1,020 LF X Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD NEW JERSEY Completed by (Print or Type) Title Containing Material (ACM) (é. Thermal systems (Septisms) (fe. Thermal systems) (for thermiscellaneous) For LF) FROM CONTROL REPORT SET IN THE STATE SET IN THE S	X >160 SF OR 260 LF		X Non-Frial	ole Procedure	,			2000		
Staff (12)						-				Туре
Staff (12)		The state of the s	The state of the s		I 1000	品	유	N N	N N	
Staff (12)		35 (55)			1 2 1 20	Ò	All	I AF	15	
KEN 006 X METAL RADIATOR COVERS- UNDERSIDE 5,056 SF X MASTIC COATING,316 COVERS @16SF EACH KEN 006 X DUCT SEAM SEALANT-2ND FL 12 FT @ 50 SF X 4 DUCTS KEN 006 X INTERIOR SIDELIGHT WINDOWS WITH 360 LF X FRAME, 4,300 FT X 1* (215 WINDOWS) KEN 006 X PIPE INSULATION-SADDLES 340 @3 LF 1,020 LF X PREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type) Title MASTIC COVERS- UNDERSIDE 5,056 SF X MASTIC COVERS @16SF X MASTI					01 01 21)	A	1	US	USC	
MASTIC COATING,316 COVERS @16SF EACH X DUCT SEAM SEALANT-2ND FL 12 FT @ 50 SF X 4 DUCTS KEN 006 X INTERIOR SIDELIGHT WINDOWS WITH 360 LF X FRAME, 4,300 FT X 1* (215 WINDOWS) KEN 006 X PIPE INSULATION-SADDLES 340 @3 LF 1,020 LF X Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 80 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type) Title MASTIC COATING,316 COVERS @16SF EACH LUCTS Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 610, State 3/30/15 - 8/30/2015 Date Date Date Date Date Date Date Dat	25, (13)							Fi	RE	
KEN 006 X DUCT SEAM SEALANT-2ND FL 12 FT 50 SF X 4 DUCTS KEN 006 X INTERIOR SIDELIGHT WINDOWS WITH 360 LF X FRAME, 4,300 FT X 1" (215 WINDOWS) KEN 006 X PIPE INSULATION-SADDLES 340 @3 LF 1,020 LF X PIPE INSULATION-SADDLES 340 @3 LF 1,020 LF X Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Disposal Date 3/30/15 - 8/30/2015 Date Date Date Date Date Date Date Dat	KEN 006	x	METAL RADIATOR COVE	RS- UNDERSIDE	5,056 SF	x				
KEN 006 X DUCT SEAM SEALANT-2ND FL 12 FT 50 SF X 4 DUCTS KEN 006 X INTERIOR SIDELIGHT WINDOWS WITH 360 LF X FRAME, 4,300 FT X 1" (215 WINDOWS) KEN 006 X PIPE INSULATION-SADDLES 340 @3 LF 1,020 LF X PIPE INSULATION-SADDLES 340 @3 LF 1,020 LF X Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Disposal Date 3/30/15 - 8/30/2015 Date Date Date Date Date Date Date Dat			MASTIC COATING 316 C	OVERS @16SF			T			
X DUCT SEAM SEALANT-2ND FL 12 FT @ 50 SF X 4 DUCTS KEN 006 X INTERIOR SIDELIGHT WINDOWS WITH 360 LF X FRAME, 4,300 FT X 1" (215 WINDOWS) KEN 006 X PIPE INSULATION-SADDLES 340 @3 LF 1,020 LF X Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. Hauler ID No. 25 HIGHWAY 33 15939 247 ALEXANDER DRIVE/ROUTE 15 City, State FREEHOLD, NEW JERSEY Disposal Date 3/30/15 - 8/30/2015 MONTGOMERY PA 17752 Completed by (Print or Type) Title Date							1			
KEN 006 X INTERIOR SIDELIGHT WINDOWS WITH 360 LF X FRAME, 4,300 FT X 1* (215 WINDOWS) KEN 006 X PIPE INSULATION-SADDLES 340 @3 LF 1,020 LF X Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 80 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Disposal Date 3/30/15 - 8/30/2015 Date Date						-	+	+	+	
X INTERIOR SIDELIGHT WINDOWS WITH 360 LF X FRAME, 4,300 FT X 1* (215 WINDOWS)	KEN 006	N X		ND FL 12 FT @	50 SF	X	+-	-	+	
REN 006 X PIPE INSULATION-SADDLES 340 @3 LF 1,020 LF X Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type) FRAME, 4,300 FT X 1* (215 WINDOWS) X PIPE INSULATION-SADDLES 340 @3 LF Lycoming country Resource Management Services 447 ALEXANDER DRIVE/ROUTE 15 City, State 3/30/15 - 8/30/2015 Signature Date			4 DUCTS				-	1	1	
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type) X	KEN 006	x	INTERIOR SIDELIGHT W	INDOWS WITH	360 LF	X				
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type) X			FRAME 4 300 FT X 1" (21	5 WINDOWS)				T		
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 80 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 825 HIGHWAY 33 L5939 L51 83/30/15 - 8/30/2015 L75 80 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 80 LYCOMING COUNTY RE	KEN 006				1 020 1 5	\ \		1	1	
FREEHOLD CARTAGE, INC. 80 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 825 HIGHWAY 33 15939 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type) Title Signature Date Date	NEW 000		FIFE INSULATION-SADD	LES 340 @3 LF	1,020 LF	1		1	1	
FREEHOLD CARTAGE, INC. 80 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 825 HIGHWAY 33 15939 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type) Title Signature Date Date									1	
FREEHOLD CARTAGE, INC. 80 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 825 HIGHWAY 33 15939 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type) Title Signature Date Date		e .								
FREEHOLD CARTAGE, INC. 80 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 825 HIGHWAY 33 15939 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type) Title Signature Date Date	Name of Pagistared Wests Hauter	N IDED Waste	Cubio Vardo of Manta	Nome of Basis	arad Landfill				-	
825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State FREEHOLD, NEW JERSEY 3/30/15 - 8/30/2015 MONTGOMERY, PA 17752 Completed by (Print or Type) Title Signature Date 7/2/15			100000			CF M	ANAG	EME	VT SF	RVICES
City, State Disposal Date 3/30/15 - 8/30/2015 Completed by (Print or Type) Title Signature Date 3/30/15 - 8/30/2015 Date 3/30/2015 Date 3/30/	825 HIGHWAY 33		00				2		02	.,
Completed by (Print or Type) Title Signature Date 7/12/15	City, State		Disposal Date	City, State						
	FREEHOLD, NEW JERSEY	1=:		MONTGOMER					/	
	Completed by (Print or Type) BENJAMIN SANCHEZ			2.1	Dat	e 🔽	2//	3/	15	-

MO 22252848030

		(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2)															
Date of Notification (1) 03/30/15				Name of I Jeff Str		Owner/0	Operator	(2)	91								
Agencies Notified	Type Notification	า		Street Ad 15 4th					0.00		R-7						
× EPA × DEP × DOL	Initial Amended Amendmen			City, State Park Ri			56		20-4 ₁ 4	35ES	105 1051	ČL.		30L			
X DOH X DCA	justification Cancellation	1)	Ī	Name of	Contact					Tele	ephone	Num	ber				
		1.010		FACIL	ITY INFO	RMAT	ION	200704									
Name of Facility Where Jeff Strat	Abatement is Tak	ing Place (3)					Тур	e of Facility (School (K-1	2)	5964 5						
Street Address 15th 4th Street								×	Subchapter Other (i.e. p etc.)	orivate 8	k comme		build			es,	
City (5) Park Ridge								Squ	uare Feet	# of	Floors		В	dg. A	ge		
County (6) Bergen County				County C (STATE U		-		Cui	rrent Use (Pri	or if bei	ng demo	olishe	ed)				
Name of Monitoring Firm	n Hired by Building	g Owner (8)		ASCM	No.				batement Cor tement	ntractor	tractor (9)						
Street Address							Street 1009		ress th Street S	uite A	4						
City, State, Zip Code									Zip Code ergen, NJ (07047							
Project Manager for Mor	nitoring Firm			Telephon	e No.		Teleph	none			Licens 0122						
Start Date (10) 04/06/15		Schedule 04/16/		npletion D	ate (11)	4	Name	of O	SHA Monitor							¥ :	
Occupancy Status Durin	ng Abatement (Ch	eck Only Or	ne)			-	Street									-	
× Facility Closed/Vac Abatement Perform	cated During Entire	e Period of A	Abatem	atement 1600 ROUTE EAST S City, State, Zip Code							TE 10	7					
Other – Describe:						-			NJ 07083								
Scope of Work (Check A	All That Apply)	_					-	X - no									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit	71000000			-	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
				T				r	Non-Exempte	d (*) and	non-F	riable			e ement		
Locatio	n of	754	Locati	000000		De	escription	of							ре		
Asbestos-Containing TO BE AB	Material (ACM) SATED	Ma	d Sole intena todial S	nce/		tos Cor therma		/later s ins		(5	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure	
(13)		Yes	(12) No	N/A		other	miscellar	neou	s)				oval	air	sulate	sure	
Kitch	en	100	-1.0	1307			VAT			15	50 SF		х				
Name of Registered Wa	ste Hauler		I	JDEP W	aste	Cubic	Yards		Name of	Registe	red Lan	ndfill					
SAN TON SERVIC				lauler ID I 2430	No.	of Wa	200-2000			3573			MM	MMISION			
City, State KENILWORTH, NJ						Dispo	sal-Date		City, Star		ı						
Completed by Bryan Parra	mpleted by Title						ect Manager Signature				Date 03/30/15						

RECEIVERECK # 1569

Date of Notification (1) 04/01/2015		Name of Building Owner/Operator (2) Stone Industries Inc.													
Agencies Notified	Type Notification		1 1/1%	Street Ad		/enue	3	× A	SdES.	OS EL	N. I.	iû			
EPA DEP DOL	Initial Amended Amendment	#		City, Stat Haledo	e, Zip Co	de			å Li	CERS	NG				
▼ DOH DCA	justification) Cancellation			Name of Mr. Bill	Contact	1000		9	Т	elephone	Numb	er	-		
				FACIL	ITY INFO	ORMAT	ION								
Name of Facility Where Corridor/Tunnel	Abatement is Takin	g Place (3)	Ü					Type of Fa	cility (4) ol (K-12)						
Street Address Valley View Road 8	& Kattak Parkwa	ay						Subch	apter 8 (O	ther than I e & comm		build	lings,	home	es,
City (5) Haledon								Square Fee 18,000	et #	of Floors		B 7	ldg. A	ge	
County (6) Passaic				County C				Current Us Commer			emolished)				
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.			of Abatemer Contractin		tor (9)					
Street Address					-			Address Valley Ro	oad, Suit	e K					
City, State, Zip Code								ate, Zip Conne, New J		470			6)		
Project Manager for Mor	nitoring Firm		Telephon	ie No.	170	227.0	one No. 928-5040)	Licens 00874						
Start Date (10) 04/13/2015								of OSHA Mo			*				
Occupancy Status Durin	g Abatement (Chec	k Only One	e)				Street	Address	- any and any						
Facility Closed/Vac Abatement Perform	ated During Entire	Period of A	batem	ent				Valley Ro		e K					
Other – Describe:		nai Facility	Hours			_	244000000000000000000000000000000000000	ate, Zip Coo ne, New J		470					
Scope of Work (Check A	All That Apply)			*******			□ 5-110								
≥160 sf or ≥260 lf		PERMITTE	enova emolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		le	Locati	on			- Lance	NOTELA	inpled ()	and Mon-	TIADIC			emeni	t
Locatio	n of	N	ormal	ly		De	escription	of					Ту	ре	_
Asbestos-Containing	Material (ACM)		d Sole			tos Cor	ntaining M	aterial (ACN		Amount				ш	_
TO BE AB		Custo	odial S	Staff?	(ı.e.		al systems acing, VA	insulation, T. or		(Specify SF or LF)		Rem	Repair	ncap	ncl
(13)			(12)				miscellan			,		Remova	oair	Encapsulate	Enclosure
		Yes	No	N/A										te	Ф
See atta	See attached						Various			SF & LF		x			
								7							
Name of Registered Wa	al Harden														
Service Transport G			NJDEP Waste Hauler ID No. 20990 Cubic Yards of Waste 40 Name of Registered Landfill Minerva Enterprises, LLC												
City, State New Castle, Delawa	are						osal Date		, State aynesbur	ra Ohio					
Completed by	2000	Title	_				Signature		.,1100001	9, 01110	Date				
Predrag Sarcev		Vice President Signature								04/01/2015					

RCHECK# 1568

Date of Notification (1)			T			Owner/Op	erator	(2)				1 002	en.				
04/01/2015				Stone I		es Inc.			5515	1,50	-7	311	71	50			
Agencies Notified X EPA	Type Notification Initial			Street Ac 400 Ce		venue								. (*			
EPA DEP DOL	Amended Amendment		_	City, Stat Haledo								NH					
X DOH DCA	justification) Cancellation	including	T	Name of Mr. Bill		ns				Tele	ephone l	Numb	er				
	Record				5.65	ORMATIO	N										
Name of Facility Where Main Building	Abatement is Taking	g Place (3)						Type of	f Facility (4)							
Street Address					_				chool (K-1 ubchapter		er than k	(-12)					
Valley View Road	& Kattak Parkwa	ıy						X Ot	ther (i.e. p	rivate 8	& comme	ercial	build	dings	hom	es,	
City (5) Haledon								Square 75,000	Feet	# of	Floors			ldg. A	ge		
County (6)			Т	County C	ode (7)			E. 1. CONT. E. C.	t Use (Prid		na demo	olishe					
Passaic	*			(STATE U	SE ONLY		_	Comn	nercial -	Vaca	nt		- e				
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCM	No.				ment Con cting, LL		(9)						
Street Address								Address Valley	Road,	Suite	K						
City, State, Zip Code								State, Zip	Code w Jersey	v 0747	470						
Project Manager for Mo	nitoring Firm		Telephon	e No.		Teleph	none No.) 928-5		License No. 00874								
Start Date (10) 04/06/2015		Scheduled 05/18/20		npletion D	ate (11)		Name	of OSHA			-	-					
Occupancy Status Durin	ng Abatement (Chec				_		100000	Address									
Facility Closed/Vac	cated During Entire F	Period of Ab	aten	nent			1385	Valley	Road,	Suite I	K						
Other – Describe:		al Facility F	lours	3				state, Zip ne, Nev	Code w Jerse	y 0747	70						
Scope of Work (Check A	All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		portugues and a second	nova molit			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proced											
H:	59	le I	ocati	on										ement	t		
Locatio			rmal	ly		Desc	cription	of				.			ре		
Asbestos-Containing TO BE AB		Main	tenai	nce/		tos Conta					mount pecify		ZJ		En	ш	
In Faci		Custo	dial 8 (12)	Staff?	(surfaci	ng, VA	T, or	-		or LF)		Remova	Repair	Encapsulate	Enclosure	
(10)	10	Yes	No	N/A		oulei IIII	Scenar	leous)					val	#·	ulate	sure	
See atta	ched	Х	1.01.7		Va	arious	3		SF	& LF		x					
Name of Registered Wa	ste Hauler		IN	JDEP Wa	este	Cubic Y	Cubic Yards Name of Registered Landfill										
Service Transport G			Н	auler ID 1		of Wast				2012 40		ses, LLC					
City, State New Castle, Delawa	are					Disposa TBD	al Date	1.00	City, State Waynes		Ohio		-				
Completed by		Title	77-			100000000000000000000000000000000000000	nature		-7	31		Date					
Predrag Sarcev		President						04/01/2015									

State of New Jersey NOT

State of New Jersey			
TIFICATION OF ASBESTOS ABATEME	ENT	2 11	1: 7
(Pursuant to NJAC 8:60 and 12:120)	RECEIV	ALECKE	1001

Morristown County (6) Morris County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) TBD County Code (7) (STATE USE ONLY) ASCM No. Name of Abatement Contractor (9) Sky Contracting, LLC Street Address								
Street Address Stre	uildings, homes, Bldg. Age							
Name of Contact Mr. Tom Fryer FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residential Street Address 11 Milton Place City (5) Morristown County (6) Morris Name of Monitoring Firm Hired by Building Owner (8) Telephone Number FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildetc.) Square Feet 2,800 2 1 County (6) Morris Name of Monitoring Firm Hired by Building Owner (8) TBD ASCM No. Name of Abatement Contractor (9) Sky Contracting, LLC Street Address	uildings, homes, Bldg. Age							
Name of Facility Where Abatement is Taking Place (3) Residential Street Address 11 Milton Place City (5) Morristown County (6) Morris Name of Monitoring Firm Hired by Building Owner (8) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial builded etc.) Square Feet 2,800 2 1 County Code (7) (STATE USE ONLY) Residential Name of Abatement Contractor (9) Sky Contracting, LLC Street Address	Bldg. Age							
Residential Street Address 11 Milton Place City (5) Morristown County (6) Morris Name of Monitoring Firm Hired by Building Owner (8) TBD Street Address School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial builded etc.) Square Feet # of Floors #	Bldg. Age							
Street Address 11 Milton Place City (5) Morristown County (6) Morris Name of Monitoring Firm Hired by Building Owner (8) TBD Subchapter 8 (Other than K-12) Other (i.e. private & commercial builded) Square Feet 2,800 County Code (7) (STATE USE ONLY) Residential Name of Abatement Contractor (9) Sky Contracting, LLC Street Address Street Address	Bldg. Age							
City (5) Morristown County (6) Morris Name of Monitoring Firm Hired by Building Owner (8) TBD Square Feet 2,800 2 1 County Code (7) (STATE USE ONLY) ASCM No. Current Use (Prior if being demolished) Residential Name of Abatement Contractor (9) Sky Contracting, LLC Street Address								
County (6) Morris County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) TBD Current Use (Prior if being demolished) Residential Name of Abatement Contractor (9) Sky Contracting, LLC Street Address								
Name of Monitoring Firm Hired by Building Owner (8) TBD ASCM No. Name of Abatement Contractor (9) Sky Contracting, LLC Street Address Street Address								
Street Address Street Address								
1385 Vallay Poad Suita K	et Address 5 Valley Road, Suite K							
City, State, Zip Code City, State, Zip Code								
Project Manager for Monitoring Firm Telephone No. Telephone No. (973) 928-5040 Uayne, New Jersey 07470 Telephone No. (973) 928-5040 Uicense No. (973) 928-5040								
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor								
and contracting, 220								
Occupancy Status During Abatement (Check Only One) Street Address 1385 Valley Road, Suite K								
Abatement Performed Outside of Normal Facility Hours Other – Describe: Abatement performed within unoccupied floor level - attic City, State, Zip Code Wayne, New Jersey 07470								
Scope of Work (Check All That Apply)								
≥3 sf or ≥3 lf □ Pemolition □ Pull Containment with Negative Pressu Mini-Enclosure □ Glovebag Procedure Non-Exempted (*) and Non-Friable Pro								
Total Examples () who from This is the	Abatement							
Is Location Location of Normally Description of	Туре							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Location of Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Romanda Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Enclosure Encapsulate Repair							
Yes No N/A	re							
Basement x Pipe Insulation & Fittings 200 LF x	5							
Basement x Floor Tiles 400 SF x								
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill								
Service Transport Group, Inc. Hauler ID No. 20990 of Waste 2 Minerva Enterprises, LLC								
City, State New Castle, Delaware Disposal Date TBD City, State Waynesburg, Ohio								
Completed by Predrag Sarcev Title Signature Date 4/01/2								

AUTO #1498

Date of Notification (1) 3/26/2015		Name of Building Owner/Operator (2) Mrs. Veronica Taboada Street Address Att 12: 5 &													
Agencies Notified	Type Notification			treet Add				2	615 APR -7	Alt	12	56			
	,,		1		crest Ro	ad									
× EPA × DEP × DOL	Initial Amended Amendmen				, Zip Code ood, NJ		0	£,	& LICE	100 116M	∜G	nOL			
□ DOH DCA	Emergency justification Cancellation			lame of C	Contact ronica T	aboa	da		Telephone N	lumbe	r				
_ DCA	Caricellation		1.		TY INFOR				1						
Name of Facility Where Residential	Abatement is Taki	ng Place (3)						f Facility (4							
Street Address							T S	chool (K-12 ubchapter	(Other than K-	-12)					
607 Hillcrest Road							▼ ○	ther (i.e. pr	rivate & comme	rcial b	uildii	ngs, t	nomes	S,	
City (5)							Square		# of Floors		Blo 10	ig. Ag ∩	e		
Ridgewood				County Co	ado (7)		2,800		r if being demol	lished)		-			
County (6) Bergen					SE ONLY)		F 10 CONT. CO. CO. CO. CO. CO. CO. CO. CO. CO. CO	dential	in It being demonstred)						
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCM	No.		Name of Abate Sky Contra		220 500	12. 57					
Street Address							Street Address 1385 Valle		Suite K						
City, State, Zip Code			_				City, State, Zi		Julie IX						
							Wayne, Ne								
Project Manager for Mo	nitoring Firm			Telephon				73) 928-5040 00874							
Start Date (10) 3/27/2015		Scheduled 3/31/201		pletion D	ate (11)		Name of OSH Sky Contra		.C						
Occupancy Status Duri	ng Abatement (Che	eck Only One)					Street Addres 1385 Valle		Suite K						
Abatement Perform	cated During Entire	rmal Facility H	lours				City, State, Zi		outo ix					_	
X Other – Describe:	Abatement perform	ned within uno	ccupi	ed floor le	evel - attic	_	Wayne, Ne	ew Jerse	y 07470						
Scope of Work (Check	All That Apply)					W YES									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		2001	novat moliti				× Min	i-Enclosure vebag Pro	cedure						
							L No	n-Exempte	d (*) and Non-F	riable		10000000	ment		
1	on of	100000000000000000000000000000000000000	ocati rmal	2000		D	escription of					Ту		_	
Location Asbestos-Containing	ng Material (ACM)	Used Main				os Cor	ntaining Material		Amount (Specify		_ l		Ē	Е	
TO BE A		Custo			(I.e.	surfa	al systems insula acing, VAT, or	ation,	SF or LF)		Removal	Repair	Encapsulate	Enclosure	
(13	3)			T		other	miscellaneous)				val	¥.	ulate	sure	
A 44	io	Yes	No	N/A		Roof:	& Window Si	II	10 SF	-	x	111111111111111111111111111111111111111			
Att		X		-	September 2007	Clean up	"	825 SF	-						
	**							\dashv	8						
Name of Registered W	/aste Hauler		1 (3.1)	NJDEP W		400000000000000000000000000000000000000	c Yards	1 2 22	Registered Lar		_				
Service Transport	Hauler ID No. 20990 of Waste Minerva Enterprises, LLC														
City, State New Castle, Delay	Disposal Date City, State TBD Waynesburg, Ohio														
Completed by		Title	Ores	ident			Signature	>		3/26)15			
Predrag Sarcev		vice i	Vice President 3/26/2015												

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) Wood Ridge Industrial															
Agencies Notified [X] EPA	L 3	Notificat			Street Ad	dress	1 Passa	NEC 1000	2815 15	R-7 /4/2	£5					
[] DEP [x] DOL [x] DOH	Amen [x] Emer	ded Notif dment #_ gency (inc				e, Zip Cod	wood	Ridge	, NJ 07075		9.4					
[] DCA	1 E	cation) ellation			Name of	Abe			Te	elephone Number		2				
				FAC	ILITY II	NFORM	ATION									
	batement is Taking ilding 2	Place (3)						Туре	of Facility (4) [] []	School (k-12) Subchapter 8 (oth	er than	k-12)				
Street Address	Passaic Street								[x]	Other (i.e., private homes, etc.)			al build	ings,		
City		County	(6)		County Co	ode (7) JSE ONLY	n		re feet 00,000 sf	# of Floors	Bldg	. Age 6	0			
Wood Ridg	e	Berge	en		(0,,,,,,	1	X		nt Use (Prior if	being demolished)						
Name of Monitoring Firm	Uired by Building	Dumar (8)		-	ASCM N		Name of	Abatem	Wareho ent Contractor			-				
Name of Monitoring Film		JWIICI (6)	1		ABCMIN	J.	Tvairie of	rioutem		in Contracting,	Inc.					
Street Address							Street Ad	dress	1889 R	oute 9, Unit 61						
City, State, Zip Code							City, Stat	e, Zip C	Code	Foms River, New Jersey 08755-1271						
Project Manager for Moni	Project Manager for Monitoring Firm Telephone N						Telephon	e Numb		License N		33-1,	-/1			
	_			732-34			00624									
Scheduled Start Date (10) 4/2/15	Scheduled Start Date (10) Scheduled Co 4/2/15 4/3/15						Name of	OSHA		L. Analytical						
Occupancy Status During				J - C A L -			Street Ac	ldress	1056 St	telton Road						
	cility Closed/Vacate atement Performed						G': G	77. /		Citon Road						
	her – Describe		4		City, State, Zip Code Piscataway, New Jersey 08854									12		
Scope of Work (Check all	that apply)						[] [x]		all Containment neapsulation	with Negative Pres	sure					
[x] >3	sf or ≥3 lf		[x]	Renova	ation		[X]		lovebag Procedi	ire						
1 5 1	60 sf or ≥260 lf		[]	Demol	ition		[]	N	on-Exempted (*) and Non-Friable	Procedu	re				
					T						Abat	ement	Туре			
			Is Locatio				Descriptio		_	Amount	R	R	Е	Е		
Location Asbestos-Containing		N	Normally us Solely by				oestos-Con Material (A		g	Amount (Specify SF	E	E P	N C	N C		
TO BE AB		Main	tenance/Ci			(i.e	., thermal	system		or LF)	M O	A	A	L		
in facili	ity		Staff			ins	ulation, su		3,		V	I R	PS	OS		
(13)			(12)			oth	VAT, of the contract of the co		(3)		A	K	U	U		
YES NO N					E.	Oth	ici iiiiscon	ancous	·)		L		L E	R E		
Building 2 X					Dama	aged pipe	e insulation	on		100 lf			Х			
Building 2 X																
										1,,						
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler 20223						Cubic Ya	ards of Was	ite 1	Name of Registe T.R.R.F.	ered Landfill						
City, State				Dispo	osal Date		City, St		ī	2)						
Toms River, New Jersey 4/4 Completed by (Print or Type) Title					4/4/15 Tullytown, Pennsylvania Date											
	Nicholas Fernicola Project Manager															

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				Name of	Building O	wner/Opera	ator (2)	in the	M = 175_1				
April 2, 2015						Mercei	General W			6	100)	
r., 1 2.,,	Notificat			Street Ac	ldress	2401 P	ennington I	Road	-7 /1/10	54			
[x] DOL Amen	ded Notif dment #_ gency (inc			City, Star	te, Zip Cod	e Pennin	gton, NJ 08	3534	-3 - 1 A IR				
[] DCA justific	cation) llation			Name of	Contact Ron M	0.000			lephone Number				
			FACI	LITY	NFORM	ATION							
Name of Facility Where Abatement is Taking Residence	Place (3)						Type of Faci	ility (4)	School (k-12)				
Street Address 480 Strickland Blv	d.						[[x]	Subchapter 8 (other Other (i.e., private homes, etc.)			ıl build	ings,
City	County	(6)		County C	ode (7) USE ONLY	7)	Square feet 700 s	sf	# of Floors	Bldg	. Age 6	0	
Chadwick Beach	Ocean	n						(Prior if b Residence	being demolished)	0			
Name of Monitoring Firm Hired by Building O	Owner (8)	1	ASCM N	0.	Name of	Abatement Co	ontractor (Inc.			
Street Address						Street Ac	ldress		oute 9, Unit 61				
City, State, Zip Code					City, Sta	te, Zip Code		iver, New Jerse	v 087	755-10	71		
Project Manager for Monitoring Firm	mber			200	e Number 9-9932	10111310	License No 00624	_	JJ 12				
Scheduled Start Date (10) 4/3/15		Scheduled Co 4/6/15	mpletio	n Date (1	1)	Name of	OSHA Monito		. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacated [] Abatement Performed [] Other – Describe	During	Entire Period o				Street Ad	te, Zip Code		elton Road vay, New Jerse	y 088	54		
Scope of Work (Check all that apply)		2				[]	Full Con	tainment v	with Negative Press				
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf		4 4 1	Renovati Demoliti			[x]		g Procedu	re and Non-Friable F	Procedu	ire		
										Abat	ement '	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	d todial N/A		Asi N (i.e ins	Description Descri	ntaining ACM) systems arfacing, or		Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Exterior		Asbe	stos sidii	ng			700 sf	X					
			70.										
		1											
Name of Registered Waste Hauler Guardian Contracting, Inc.	Hauler	ID No.	Cubic Y	ards of Was		of Register R.F.	red Landfill						
City, State Toms River, New Jersey	_	al Date		City, S		1							
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ect Manager		Signa	ture	achi	17		1	Date 4/2.	2015		

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Data of Natification (1)		N	D 1111 0 10	(0)					
Date of Notification (1) April 2, 2015		Name of I	Building Owner/Oper Equip	rator (2) ment Leasing Spec	cialists, LLC		65	21	
	tion I Notification nded Notification	Street Add		ladison Avenue		ارگ سه کی			
[X] DOL Ame	ndment # rgency (including	City, State	e, Zip Code Toms	River, NJ 08753	Est :	77	7 1	12:	54
DCA	fication) cellation	Name of 0	Contact Lou Santora		elephone Number			IST P	· I.
	I	FACILITY IN	NFORMATION						
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility (4)	School (k-12)		9 West		3
Street Address 23 E Barnegat Wa	ny			[x]	Subchapter 8 (oth Other (i.e., prival homes, etc.)			al build	dings,
City	County (6)	County Co (STATE U	de (7) ISE ONLY)	Square feet 700 sf	# of Floors	Bldg	. Age	50	-
Toms River Twp.	Ocean			Current Use (Prior i Reside	nce)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No	Name of	Abatement Contractor Guardi	(9) an Contracting,	Inc.			
Street Address			Street Ad		oute 9, Unit 61				
City, State, Zip Code			City, Sta	te, Zip Code	River, New Jers	10.000.0000	55-1	271	
Project Manager for Monitoring Firm	Telephone Num	iber		ne Number 9-9932	License N 00624		55-17	2/1	
Scheduled Start Date (10) 4/3/15	Scheduled Com 4/6/15	pletion Date (11)		OSHA Monitor	L. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate	only one) d During Entire Period of		Street Ad	ddress	telton Road				
[] Abatement Performed	Outside of Normal Facilit	y Hours	City, Sta	te, Zip Code Piscata	way, New Jerse	ey 088:	54		
Scope of Work (Check all that apply)			[]		with Negative Pres	sure			
[] >3 sf or ≥3 lf	L J	novation	[]	Mini-Enclosure Glovebag Proced	ıre				
[X] ≥160 sf or ≥260 lf	[X] De	molition	[x]	Non-Exempted (*) and Non-Friable	Procedu	re		
			Acetes 25 Acetes			Abate	ment '	Гуре	
Location of	Is Location Normally used		Description Asbestos-Cor		Amount	R	R	Е	E
Asbestos-Containing Material (ACM)	Solely by		Material (A	ACM)	(Specify SF	E M	E P	N C	N C
TO BE ABATED in facility	Maintenance/Custoo Staff	dial	(i.e., thermal insulation, su		or LF)	0	A I	A P	L
(13)	(12)		VAT, o	or		V	R	S	S
£	YES NO N	/A	other miscella	aneous)		A L		U L	U R
Exterior	I X		tos siding		650 sf	X		Е	Е
					000 01	1	-		-
N. CD. C. CO.									
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Ha	3	Cubic Yards of Wast	T.R.R.F.	red Landfill				
City, State Toms River, New Jersey	100	isposal Date /7/15	City, Str Tullyt	ate own, Pennsylvania	ie 2				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signatur		U'Le)	7	Date 4/2/2	2015		
		form for asbes	stos licensure exem	apted activities.				-	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notificatio	n (1)		CAMPINE S		(1) (1) (1) (1) (1) (1) (1) (1) (1)	Owner/Operator	(2)	AF.				
4-1-15			Kea	arfot	t,	Inc.		RE				
Agencies Notified	Type Notificat	ion	Stree	t Addre	ess			FESS IN				
[]EPA	[X]Initial	-ion				de Ave.		2015 AFR	-7 /	H.	2:51	7
[]DEP			-	State	-			45aEcar	,			-
[X]DOL	[]Amended Notificat	tion	L1	ttle	ra1	ls,NJ,0742	24	4/10	10 C	1	Pil	
[X]DOH			Name	of Cont	tact		Telephon	e Number	-11.	46		
[]DCA	[]EMERGENCY		Da	ve								
	[]Cancellat:	ion										
		- m-1-:	51-		LITY :	INFORMATION	man of Book 1	: t (A)				
Name of Facility Wh		s Taki	ng Pia	ace (3)			Type of Facil:					
Same as above	-						[]School	(K-12) ter 8 (Othe	er tha	n K	-12)	
Street Addres	+1						[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	i.e., priva				
							cial b	uildings, h	nomes,	et	c.)	
	10		1617			-1- 0-1- (7)	Square Feet	# of Floo	ors	Bld	J. Age	<u> </u>
City (5	C	ounty	(b) ESS	sex		nty Code (7) ATE USE ONLY)		n : : : : : : :		Walles and		**
							Current Use (Prior ii be	eing o	lemo	lishe	d)
Name of Monitoring	Firm hired by B	nildin	G AS	CM No.		Name of Abate	ment Contracto	r (9)				
Owner (8)	riim nired by b	<u> </u>	, J.D.	u1 1.0.			IANAGEMENT					
N/A Street Address						Street Addres						
Street Address							topher St					
						City, State,		•				
City, State, Zip Co	ode					37.000	r, NJ 070	42				
		-	1 1							- 1		
Project Manager for	Monitoring Fir	100	/A	ie Numb	er	Telephone Num (973)744		ľ	Licens 003			i.
	44.01				(4.5)					,,_	8	•
Scheduled Start Dat 4-17-15	e (10) Sched	1	letion	n Date	(11)	Name of OSHA:	Monitor					
	Year Mon		Dav	Year		N/A						
Occupancy Status Du		(Check	only	one)		Street Addres	s					
of Abateme	nt											
	erformed Outside cribe: «OffHours			Facili	ty	City, State,	Zip Code					
	cribe: «Other Occ			ript»								
Scope of Work (Chec	k all that appl	y)	-			Ш	***************************************					
[X]>3 sf or	- \3 1f		1 Popo	vation			Containment w.	ith Negativ	ve Pre	ssu	re	
	or >260 lf			molitic	n		bag Procedure					
		_	Is			[]Non-F	riable Procedu	re				
Locatio	on of		Locati			Description	on of		A	Date	ement E	
Asbestos-Co	10 10 10 10 10 10 10 10 10 10 10 10 10 1	1 '	Normal Used			Asbestos-Con	50	Amount		RE	R C	
Material TO BE A			Solel By Mai	n-		Material (i.e., thermal	**************************************	(Specify	· .	M	E A	
In Faci	lity	0	tenanc	ial	in	sulation, surf	acing, VAT,	LF)		VA	I S	S
(13))	Yes	No	12) N/A		or other misce	llaneous)			L	RL	
Mechanical Ed	quipment			X	Pi	e Insulat	ion	140 1	fX		<u> </u>	
Room 1st & 2nd												
Work will be	performed											
in two phases												
			1	1		200				+	-	-
Name of Registered	Waste Hauler	N	JDEP V	Vaste	Cu	bic Yards	Name of Regi	stered Land	fill			
AZTECH MANA	그리아 아이들이 모양하는 아이들이 나는 그래?		auler 7040	ID No.	of	Waste 1.5	G.R.O.W.					
City, State		-	. / 0 4 (J	Di	sposal Date	City, State					
Montclair, No	07042					4-28-15	Morrisvi.	lle. PA	190	67		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

		(Pursi				and IZ:IZ	0.000						
Date of Notificatio 4-2-15	n (1)				Book	wner/Oper er	ator	(2)	RECE	11/12			
Agencies Notified	Type Notif	ication	Stree	t Addre	ess								
[]EPA	[X]Initia	al	110) Mou	int A	venue	Sout	th 🐉	15 AFR -7	1112		,	
[]DEP	NOTLI	fication	City,	State	, Zip C	ode						-	
[X]DOL	[]Amende Noti:	ed Fication	Wes	st Or	ange	,NJ,07	052		BESTOS.		Rill		
[X] DOH	I Immoo		Name	of Cont	tact			Telephor	ne Number	3149	**		
[]DCA	[]EMERGI		Err	nest	Book	er		ī	-				
	1 100.00			FACT	T.TTY TN	FORMATION	1						
Name of Facility Wh	ere Abateme	nt is Tak	ing Pla	(5-0)/929355		2 014212 2 01		Type of Facil	ity (4)		_		
Same as above													
Street Addres					_			[X]Other (ter 8 (Other	ate & c	omme	r-	
									uildings, h			8	
City (5		County	(6)Ess	ex	Coun	ty Code (Square Feet 3500	2	DIS B	1dg. 82	Age	
•						TE USE ON	T.Y)	Current Use (eing de		shed	L)
Name of Monitoring	Firm hired	by Buildin	ng ASC	M No.		Name of A	bateme	ent Contracto	r (9)				
Owner (8) N/A						AZTEC	H MA	ANAGEMENT	, Inc.				
Street Address			-			Street Add		topher St					1)
City, State, Zip Co	ode					Monto		ip Code	42				
Project Manager for	Monitoring	Firm T	elephon	e Numb	er	relephone		nut rentelet introduction		License	Niin	her	
Troject manager for	1101111 001 11119		/A			(973)				003			
Scheduled Start Dat	e (10) S	ched. Com	7	Date	S20 30 11	Name of O	SHA M	onitor					
4-13-15			5-15		- 11	N/A							
Month Day :	Year ring Abatem	Month ent (Chec	Day k only	Year		Street Add	drace						
[X]Facility Clo	osed/Vacated				1.0	Street Ad	mess				80		
[]Abatement Pe				Facilit	ty	City, Sta	te, Z	ip Code					
Hours - Des	-			ript»		-							
Scope of Work (Chec	k all that	apply)							87				
[X]>3 sf or []>160 sf	r ≥3 lf or ≥260 lf		[X]Reno			[]M [X]G	ini-E loveb	Containment winclosure ag Procedure riable Procedu		ve Pres	sure		
			Is							Ab	atem		Туре
Locatio			Normal.	ly		Descri	-		Amount	R		E	E
Asbestos-Co Material	777		Used Solel			Asbestos		~	(Specify	E	E	CA	C
TO BE A	BATED		By Main	n-		i.e., the			SF or	0	1 2	P	0
In Faci			Custodi	al		ulation, : r other m		cing, VAT,	LF)	V A	T	S	S
(13)	,	Yes	taff (N/A	0.	r other m	Iscei.	Taneous)		L	1	L	R
Basement				X	Pipe	Insula	atio	on	140 lf	X			
Garage				X	Pipe	Insula	atic	n	30 lf	X			
										L			
Name of Registered AZTECH MANAC		INC.	NJDEP W Hauler	ID No.	100000	ic Yards Waste 1.5	5	Name of Regi G.R.O.W.		ifill			
City, State			17040	,	Dier	oosal Date	۵	City, State					
Montclair, No	07042				1000	-16-15		Morrisvi	lle, PA	190	67		
Completed By (Print	Or Tune	Title				Signa	turo			Dat			
Constantine \		Presid	ent			Signa	21/11	16-		Date	2-1	5	
		1					11	V. 1/					



RECEIVED

				C 8:60 and 12:12	6013	LPR-7 FM	19-5	2		
Date of Notification (1)				ing Owner/Operator	(2)			-		
9/2/15				NESFOR	47T10W	ENTERP	215	<u>65</u>		_
Agencies Notified Type Notific	ation		Street Addres	s W.CLPn		& LICENSON	Gar	i.		
☑ ⊕A ☑ Initial ☐ Amende	d		City, State, Zip		KS LAA	310210	JVI B			=
DOL Amenda	nent#	_		ic lyong	10m 10	T 083.	٥			
☐ DOH ☐ Emerger	ncy (includir tion)		Name of Conta		, , ,	Telephone Nun	ber			_
□ DCA □ Cancella				DRBARA		1		007/4		
				FORMATION						_
Name of Facility Where Abatement is	Taking Dlac	0 (3)	PACELITI	I OTOMATION	Type of Facili	tv (4)				
Name of Facility Where Abatement is R & S / DEN.C		e (3) .			School (K-					
2: 14/4					Subchapte	er 8 (Other than K-1				
ZA 6 N. R	UMS	W 6	1 voi		homes, et	private & commert c.)	al Dull	aings		
City (5)						# of Floors	В	ldg. A	vge	
MARGATE					1500		-	4	5 4	
Coimty (6)			County Code USE ONLY)	(7) (STATE		Prior if being demo	shed)			
ATLANTIC	3				1	DONT				_
Name of Monitoring Firm Hired by Buil	ding Owner	A	SCM No.	1	nent Contractor					
(8) N/A				Street Address	EMCO I	WC,				_
Street Address					95,5	proje Au				
				City, State, Zip C						_
City, State, Zip Code						ADE, NIJ	08	05	2	
Project Manager for Monitoring Firm		Telep	hone No.	Telephone No.		License No.				
A) / A				856-7	79-047	2 004	44			_
Start Date (10)	Scheduled C	completic	on-Date (11)	Name of OSHA I	Monitor				-5574	
4/13/15	4/20			^	J/A					
Occupancy Status During Abatement				Street Address						
T Facility Closed/Vacated During Enti	re Period of	Abatem	ent						_	=
Abatement Performed Outside of N	ormal Facilit	y Hours		. City, State, Zip C	-ode					
Other - Describe:										
Scope of Work (Check all that apply)				Full Cor	ntainment with N	egative Pressure				
>3 sf or ≥3 lf		enovation	١	Mini-En	closure	5				
_≥160 sf or ≥260 H	De De	emolition			ag Procedure empted (*) and N	Ion-Friable Proced	ure			
-	Isl	ocation			*		F	bate		
	N	omally		Description of				Тут		
Location of Asbestos-Containing Material (ACM)	100000	Solely Interior	/ Asbe:	stos Containing Mat	erial (ACM)	Amount			m m	E
TO BE ABATED	1	ustodial Staff?	(i.e	, thermal systems in surfacing, VAT,		(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
IN Facility (13)		(12)		other miscellaned			lova	bair	sula	Sure
(13)	Yes	No	NIA				-		10	
SIDING	153	-110				1500 4	1			
JIDING				TRANSITE		4700 7.	1		-	
							+-	-	_	-
			1				-	-	-	-
-										
Name of Registered Waste Hauler			EP Waste	Cubic Yards of Waste	Name of Reg	gistered Landfill				
KLEMCO INC		Hau	ter 10 No. 7904	of waste	_AC	UA.				
City. Stale				Disposal Date	City, State		4	ا د ر	<u>.</u> ,	13
MARCE SHOPE, N.	T, 080	952			1 - KU	EASIATI	AA	,-1,	E 1	7 4
Completed By	Title			Signature	1 Kilia	Date	12/1	1		
JOSEPHILUFRAM	00	WER		- John	ry recent		11	1	_	

Check#2155

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

			1)		
7 ~	C.	20			
1		1-	 -		

Date of Notification (1)				Niczo	of Duildin	a Owens/On/	21		~ : H =	11	
04 /	04 15			Ivaille	or bullain	g Owner/Operator (^{∠)}	TRIE EDD			
	04 / 15			Wasse	em Ahma	ıd		1015 APR - 7	7 EH 12	. = 1	
Agencies Notified	Type Notification			Street	Address		^			·0/-	
☐ EPA	⊠ Initial			78 Ma	aple Aver	nue	5.3	SBESTOS & LICE	[GILT		
☑ DOLWD ☑ DHSS	Amended Amendment #			City, S	State, Zip (Code		& LICF	MSIMO	TUL	
□ DCA	☐ Emergency (ir			Marlto	on, NJ 08	053		/	THE STATE OF		
(NJAC 5:23-8)	justification)	iordonię			of Contac			Telephone h	Vumber	-	
18 18 18 18 18 18 18 18 18 18 18 18 18 1	Cancellation			Wasse	em Ahma	d		- Control of the Cont			
				-		NFORMATION		-			
Name of Facility Where A	hatement is Takin	n Dince	(3)	IA	CILIII II	ALOUMA HOM	Type of Facility	141			
	Datement is ranii	g i iace	(3)		G.			20020			
Private house							School (K-1) Subchapter	2) 8 (Other than K	(-1.2)		
Street Address							Other (i.e.,			ildings,	
78 Maple Avenue							homes, etc.)			
City (5)							Square Feet	# of Floors	BI	dg. Age	
Marlton, NJ 08053											
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (P	rior if being der	nolished)		
Burlington											
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			
						Gr Tech LLC					
Street Address						Street Address					
						576 Valley Rd #	[‡] 283				
City, State, Zip Code						City, State, Zip Ci	the state of the s				
We - Control of Street Control of Control						Wayne, NJ 0747	70				
Project Manager for Mon	toring Firm	-	Tele	ephone	No.	Telephone No.		License No).		
						973-638-1777		01127			
Start Date (10)	Sche	duled C	omple	tion Da	te (11)	Name of OSHA N	fanitor	01127			
04 /14 /	2000			5 /	200	THE RESERVE THE TAXABLE PARTY.					1
Occupancy Status During						Envirovision Co Street Address	insultants, Inc				
∑ Facility Closed/Vacate				ment			201				
Abatement Performed	Outside of Norma	Facilit	v Hou	rs - Des	cribe	20-21 Wagaraw City, State, Zip Co		35 E			
Time of Abatement: _	AMp	M/	PM_		AM	the management of					
Scope of Work (Check all	that analy)					Fair Lawn, NJ 0					
	mot apply)					H Full Coni	and decontaming and decontaminate	nation with neg	ative press	ure	
>3 sf or >3 lf		X Re	novati	on		Mini-Fnc	losure				
≥ 160 sf or ≥260 if	*:		molitic	on		Glovebay Non Eve	g Procedure mpted (*) and No	Tent with Nega	ative Press	ure	
		ls	Local	ion	T		inpled () and 140	Tier Hable Floc			
Location	of		Vorma	lly		Description of	of		Ab	atemeni	Type
Asbestos-Containing I			d Sole		Asbe	stos Containing Ma	terial (ACM)	Amount	Re	Repair	
TO BE ABA			intena todial		(i.e	e., thermal systems i		(Specify		pai	Enclosure
(13)	ry.		(12)			surfacing, VAT, other miscellane		SIF or LF)	Va.	Repair	U 0
78 V.		Yes	No	N/A			000)			a	Ĭ
Crawl Space		П		X	Dine inc	ulation		2015			1
					Pipe ins	шанин		30 LF			닉닉
		In	П								
Name of Registered Was	te Hauler	1	N.II	EP Wasia	Hauler ID No.	Cubic Yards of Wast	al Name of Box:	stered Landill			
Account to the control of the contro						URAC 4655 1 HADV					
Gr Tech LLC			(003378	35	TBD	T.R.R.F. Inc				
City, State						Disposal Date	City, State		*		
Wayne, NJ 07470						TBD	Tullytown, P	A			
Completed By (Print or Ty	rpe) Titl	е				Signature /	7 1 1	11.	Date		
N.Jevtic	Ow	ner				10/	Sic New	Lao	04/04/20	15	
ASB-41						//ex			04/04/20	13	
MAY 11		1)o no	use t	his foru	i for asbes	tos licensure etemp	ted activities.				

Check#2153

MAY 11

			3		SUMILL	20 1007.0	0.00 0.11	,		1	111				
Date of Notification (1)					Name o	of Building	Owner/Ope	rator (2)				1 -			
04	04	15		1	Risetta	Dangelo			94	N / 20 -	200				
Agencies Notified	Type Notificat	tion			A STREET, STRE	Address			E, §	1: 12:	F. 1.	1	1		
☐ EPA	X Initial				134 No	rth Main	Street		A				80		
DOLWD	☐ Amended			100		ate, Zip Co				·	Video e e e e e e e e e e e e e e e e e e	7	1		
▼ DHSS	Amendme			,	Milltov	vn, NJ 08	850			E will.	11		-		
☐ DCA (NJAC 5:23-8)	☐ Emergence justification		iing	1		of Contact		11970		Telephone Nu	mber				
[1010 0.20 0]	Cancellati			1	Risetta	Dangelo				1					
		-					FORMATIO	ON							
Name of Facility Where A	hatement is Tr	okina Dis	202 /3	(1)	170	111111111111111111111111111111111111111	ONMATI		Type of Facility	4)					
	Determent 19 H	annig i is	300 (0	7					School (K-12						
Private house Street Address									Subchapter 8	(Other than K-1	1 2)				
									Other (i.e., p	rivate and comn	nercial b	ulid	ings	9	
134 North Main Street									Square Feet	# of Floors		Sido	. Age	۵.	
City (5)									oquare r cor	0. 1 10010					
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City, State, Zip Code							City, State		720						
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Project Manager for Mon	itoring rifm			Tele	phone I	VO.	Telephone			54410740000					
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Date of Notification (1) 03/23/15 CK#35	51 \$200				Building O Park Bo				f p						
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City, State, Zip Code Oceanville, New Je	reav 08231						City, S	State, Zij	p Code	(8/2 <u></u>	sey 07424	1			
Project Manager for Mor			11 1	Telephon			Teleph	none No 225-84).		License No				
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Momo Glavatovic		Vice	ries	ident					1			,, 201			

NO CK

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 7785 Date of Notification (1) Name of Building Owner/Operator (2) 4/3/15 c/o Mauro Contracting Street Address Type of Notification Agencies Notified 151 Walnut St [] EPA Initial DEP Notification City, State, Zip Code [] Emergency DOL Northvale, NJ 07647 Amended [X] DOH Notification Name of Contact Telephone Number [] DCA [x] Cancellation Frank Mauro FACILITY INFORMATION Type of Facility (4)

School (K-12)
Subchapter 8 (Other than K-12)

X Other (i.e. private and commercial buildings, Name of Facility Where Abatement is Taking Place (3) Former retail building/greenhouse Street Address homes, etc.) 518 Tappan Road Square Feet # of Floors Bldg-Age City (5) County Code (7) 20000 County (6) ~ 70-Current Use (Prior if being demolished) (STATE USE ONLY) Norwood Bergen Retail/greenhouse Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Jupiter Environmental Services, Inc. Street Address Street Address 323 Changebridge Road, Suite 100 City, State, Zip Code City, State, Zip Code Pine Brook, NJ 07058 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 973-575-8700 00852 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 4/6/15 4/31/15 J & S Environmental Laboratories, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: Other - Describe: partially vacated Union, NJ 07083 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini - Enclosure [X] ≥3 sf or ≥3 If [] Glovebag Procedure Non - Friable Procedure ≥160 sf or ≥260 lf Is Location Abatement Normally Used Description of Type Location of Solely by Asbestos - Containing Amount R R Ε E Maintenance/Cus Asbestos - Containing Material (ACM) (Specify Ε Ε N N P Material (ACM) todial Staff (12) (i.e., thermal systems SF or LF) M C C TO BE ABATED insulation, surfacing, VAT, 0 Α L In Facility or other miscellaneous) V 0 (13)Yes No N/A R S Α S U Ground floor - various 3500 SE 36 Floor tile × 500 SF Greenhouse ¥ Transite panels ¥ Exterior of greenhouse 100 SE Window glazing Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Of Waste Jupiter Environmental Services Minerva Landfill 04782 City, State Disposal Date City, State Pine Brook, NJ 4/30/15 Waynesburg, OH Completed By (Print or Type) Title Signature Date Pane Repic General Manager 4/3/15 ASB-411

VIA U.S. MAIL

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT NEAC 8-60 and 12:120)

	1.7	(Pursuant to NJAC	8:60 and 12:1	20) . 2618 AFR - 1	M12:18	
- 41	1 24	Neme of Buildin	ng Owner/Operator	(S) / / (S)	Pri	ĺ
Date of Notification (1)	3/10	Smile	W. J. amily	1 LEDTHOTIYE	70	
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E DOL	© Emargency (including justification)	Name of Conta		/		411
D DCA	CI Cancellation	1)7. 00	sh Omi	10W 11		
	•	FACILITY IN	FORMATION	Type of Facility (4)		
Name of Facility Where A	Abatement is Taking Place ((3)		Committee (15-12)		
				O Subchapter 8 (Other	·than K-12) commercial buildings	
Street Address	STAIN AUE		18	homes, etc.)		
		•		Square Feet #of F		
SPRINGF	TELD NO.		TO APPLIE LISE	Current Use (Prior # ba	eng demolished)	-
2-1-15		County Code (7) (STATE USE	OFFICES BU)	
UN1		ASCM No.		ment Contractor (9)		
Name of Monitoring Firm (8)	Hired by Building Owner		HOUAL	Ech. INC	· · ·	
Sireet Address			Street Address	0x 814 =-	-	
Street Motorcas			City, State, Zip	Code	· 620CZ	. -
City, State, Zip Code		e (45)	GID BO	SIDGE NIJ.	08857	
Project Manager for Man	Horing Firm-	Telephone No.		38x7500	00806	-
, 1	1 1	phillion Date (11)	Name of OSH	A Afornius		
Start Date (19)	15 5/12	115	Street Address	ECY) INC.		
Occupancy Status Duri	ng Abatement (Checklonly C	oud)	P.O.1	30x 814		
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Abatement Performs	ed During Single Parish d Outside of Normal Facility		1010 BG	1000		
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Date of Notification (1)		hiame	of Bullding	Owner/Or	perator	(2)									
4/6/2015					CRD				,-,		7			- 1	
Agencies Notified	Туро	Notification			Street	Address				-					
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⊠ DOL		Amendment			Atlan	itic City,	New Jer	rsey 0	B401						
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Name of Facility Where		nent is Taking	Place (3	3)					Type of Facility	(4)					
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City (5)					3100				etc.) Square Feet	1#0	f Floors	TE	Bldg.	1.00	
Atlantic City									3,800 sf		. 1 (05/5		30+	rge	
County (6)						Code (7)		-	Current Use (Pr	ior if be	no demolish			-	
Atlantic					(STATE	USE ONLY	7	-	n/a						
Name of Monitoring Firm		by Building C	wner (8)		ASC	M No.		Name	of Abatement Co	ntractor	(9)		-		
Health and Safety								Site i	Enterprises, I	nc.					
Street Address 318 12th Street									Address						
City, State, Zip Code	1								2th Street						
Hammonton, NJ 0	2027								ate, Zip Code						
Project Manager for Mor		Ciem		-	Talask.				monton, NJ	08037			000000		
James Proctor	rmonnig			The state of the s		04-8850)	315	one Na. 567-1250		License No 01172).			
Start Date (10)					mpletion	Date (11)			of OSHA Monitor				-		
4/6/2015		1	4/15/2					Healt	h & Safety S	ervices	s, Inc.				
Occupancy Status Durin									Address						
Facility Closed/Vac Abatement Perform	ated Du	iring Entire P	eriod of A	bater	nent		L		2th Street				2		
Other - Describe:	100 Out	side of Norma	at Facility	Hour	\$				ate, Zip Code						
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CIL 24418

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

Date of Notification (1)					Name	of Building	g Own	er/Operator (2)		44				
4/6	_ / _	15	_		Ver	izon			(201	107 . 7 8	ł .	5	2		
Agencies Notified Type	Notifica	ation			Street	Address					11.00	٤.	-		
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	nended					State, Zip (- t						
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	stificatio				10000000		353			Telephone N	umber				
	ancellat	ion				x Baylor				1					
N 65 W 140					FAG	CILITY IN	NFOR	MATION							
Name of Facility Where Abatem	ient is T	aking	Place	(3)					Type of Facility						
Verizon									School (K-12						
Street Address									☐ Subchapter 8 ☐ Other (i.e., p			bu	ildina		
34 Englewood Street									homes, etc.)	iivate and com	mercia	Du	namę	15,	
City (5)	-								Square Feet	# of Floors		Blo	ig. A	ae	
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Bergin					Cour	ity Code (/	MOTAL	L USL ONLI)	Current Ose (F)	ioi ii being den	101151160	1)			
				a)			1								
Name of Monitoring Firm Hired	by Build	ding O	wner (8)	ASCM	No.			ent Contractor (9)						
TTI Enviornmental							J١	/N Restorat	tion Inc						
Street Address							Stre	et Address							
1253 North Church Stree	t						47	Foster Ro	ad						
City, State, Zip Code							City	State, Zip Co	ode						
Moorestown, NJ 08057				Staten Island NY 10309											
Project Manager for Monitoring	Firm		-	Tole	phone	No		phone No.		License No.			_		
Harold Baldwin	1.11111			1			-				*				
						2-6742		18-605-6256		00774					
Start Date (10)	- 1			- 27	tion Da		20000	ne of OSHA M	lonitor						
04 /6 /15	- 1	0	4_ /	14	_ /	15	Te	estor Tech							
Occupancy Status During Abate	ement (0	Check	only o	ne)			Stre	et Address							
□ Facility Closed/Vacated Duri							10	59 Jackso	n Avenue						
☐ Abatement Performed Outside					s - Des	cribe	City	State, Zip Co	ode						
Time of Abatement: 9AM-7F	PM/	PN	l	_AM				C NY 11101							
Scope of Work (Check all that a	pply)											200			
2222									ainment with Neg	gative Pressure					
≥3 sf or ≥3 lf			⊠ Re	novati	ion .			Mini-Enc							
≥160 sf or ≥260 lf			☐ De	molitic	on				g Procedure mpted (*) and No	n-Friable Proce	adura				
			ls	Local	ion			- Itoli Exc	mpted () and 140	II-I Habic I Tool		6 h		T	
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TO BE ABATED				intena	ince/ Staff?		e., ther	mal systems	insulation,	(Specify		Removal	Repair	cap	clos
IN Facility			Cus	(12)				urfacing, VAT		SF or LF)		<u>a</u>		Encapsulate	Enclosure
(13)			Yes	No	N/A		OLI	er miscellane	ous)					ate	1000
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					NJ-56	6	1			., 1110.					
City, State							1	osal Date	City, State						
Hackettstown, NJ							4/	14/15	Morrisville	,PA					
Completed By (Print or Type)		Title					1	Signature	L		Date				
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100.44			3,000		-901			Vaniel	r bolesme	in	4	- () .	0	

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

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Date of Notification (1) April 6, 2015						Building				mor Prop	orty G	roup	, V	- 1		
Agencies Notified	Type No	otification			Street Ac		5 1 11115 L		אוום כ	ттог г тор	erty C	noup		6		
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Ď DOH DCA		tification) ncellation		100		Dinger	r				1 1 616	phone Nun				
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Name of Facility Where A Morris Hills Shopping)					Туре	of Facility (4	4)					
Street Address	ig Cerit	ei - Spa	CE #2							School (K-1) Subchapter		er than K-13) \			
3035-3189 Route 4	6								Ti (Other (i.e. p				dings,	home	es,
City (5)										etc.) re Feet	# of	Floors	В	ldg. A	ge	
Parsippany									159,		1			0+		
County (6) Morris					County C (STATE U	Code (7) ISE ONLY)	_		ent Use (Pricail (Unocc			ied)			
Name of Monitoring Firm Accredited Environi					ASCM	No.				tement Con	tractor	(9)				
Street Address 28 N. Pennell Road						-	6	Street	Addres	SS	ا جاما	Contract	-00			
City, State, Zip Code										Lincoln H ip Code	ignwa	iy, Sulte t	OUU			
Media, PA 19063										19341						
Project Manager for Mor Dave Turotsy	itoring Fir	rm		- 1	Telephor 610-89	ne No. 11-0114		1 5-25-56	none N 872-8			License N 01161	0.			
Start Date (10) 4/20/15	*		Schedule		npletion [Date (11)	1	Name		HA Monitor						
Occupancy Status Durin	g Abatem	ent (Chec	k Only On	ie)					Addres	SS						
× Facility Closed/Vac	ated Durir	ng Entire f	Period of A	Abatem	ent					130 Nort	th					
Abatement Perform Other – Describe:	ed Outsic	de of Norn	nal Facility	Hours						ip Code son, NJ						
Scope of Work (Check A	II That Ap	ply)														
≥3 sf or ≥3 lf				Renova				F		II Containme		Negative P	ressu	re		
≥160 sf or ≥260 lf				emolit	ion				J Glo	ni-Enclosure ovebag Prod						
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TO BE AB				todial S		(i.e	. thermal surfa	system cing, VA		ation,		Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	8721			(12)				niscellar				53	oval	oair	sulat	sure
			Yes	No	N/A										Te	
Space	#2				X		Floor ti	le and	masti	ic	45	50 SF	X			
							_						22			
Name of Registered Was ecoservices, LLC	ste Haule			0.000	JDEP W auler ID		of Wa	Yards ste		Name of I		red Landfill				
City, State	- 11						JAHAN	sal Date		City, State	е					
Exton, PA		le verene e e					TBD			Morrisv		A				
Completed by Jack Bally			Title Sr. P	roject	Mana	ger	5	Signature	u A	alla.	a	Da 4/	te 6/15			
ASB-41 (R-06-08)					6:			Do no	ot use t	this form for	asbest	os licensure	e exen	npted	activi	ties.

Date of Notification (1) 04/04/2015				100		Building (Bambino		perator	(2)			SPE -		1	: 21	3
Agencies Notified	Type Noti			11.32	Street Ad 610 Pir	ddress ne Stree	et				<u> </u>					
EPA DEP DOL	Ame	nded endment #_				te, Zip Co e, New .		07203				1.00			***************************************	
DOH DCA	justif	ergency (inc fication) cellation	cluding	0.20		Contact					Tele	ephone Nun	nber			
	L Out	Collection				LITY INFO		ON								
Name of Facility Where 610 Pine Street	Abatement	is Taking F	Place (3)		racii	LITT INC	JI MINIT	OIN	Тур	oe of Facility (4						
Street Address 610 Pine Street									×	School (K-12 Subchapter Other (i.e. p	8 (Oth			dings,	home	es,
City (5) Roselle, New Jerse	ev 07203	V-				-			Sq	etc.) uare Feet	# of	Floors	В	ldg. A	ge	
County (6) Union	, 0.200.					Code (7) JSE ONLY)		Cu	rrent Use (Pric	or if bei	ng demolish	led)			
Name of Monitoring Firm	n Hired by E	Building Ow	rner (8)		ASCN	No.				batement Con			110			
Street Address								Street	Add			Colations	,			
City, State, Zip Code								City, S	tate	, Zip Code		2				
Project Manager for Mor	nitoring Firm	n		Τ.	Γelepho	ne No.		Teleph	none		0708.	License N	0.			
Start Date (10)		S	chedule	d Com	pletion I	Date (11)				-2737 SHA Monitor		01227				
04/09/2015 Occupancy Status Durin	ng Abateme		04/10/2 Only One					Street	Add	ress						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside							City, S	tate	, Zip Code						
Scope of Work (Check A		sly)														
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	лі тпас дрр	ny)	THE REAL PROPERTY.	enovat emoliti				×		Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e edure				3	
	•			Location										Abate Ty		t
Locatio Asbestos-Containing TO BE AE In Faci (13)	g Material (A BATED ility	ACM)	Used	ormall d Solel ntenar odial S (12)	y by nce/ .		tos Cont thermal surfac		later s ins T, o	г	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A					1, 1		18			Э	
Basen	nent			Χ			Pipe	Insula	tior	ı .			Х			
Name of Registered Wa	oto Havila-			- N-1	JDEP W	lanta	Cubic	Vorde		Nema of	Dociet	ered Landfill				
Newark Carting	iste mautei			Н	auler ID		of Was			G.R.O.\		ered Landiiii				
City, State	a						Dispos TBD	sal Date		City, State Tullytoy		A				
Completed by Emmanuel			Title Opera	ations	Mana	iger	S	Signature 11	} 11℃	melo	:ln	0- Da 04	ite 1/04/2	2015	- 2.	
ASB-41 (R-06-08)							***	(~		se this form for	asbes	tos licensur	e exen	npted	activi	ties.

CK 005937

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2015-110			(Pursu	ant to NJAC	8:60	and 12:120)			a il				
Date of Notification (1)	[N	ame of Bu	ilding Own	er/Operator (2))		30		- 1				
0 4 / 0 1 / 1 5		oob kurla	nd								2		
Agencies Notified	on St	reet Addre	ess					121					
_		23 rock r	oad					1	200	A.			
Amendment #:		ty, State, 2											
DOL Emergency		GLEN R	OCK, N.	I 07452									
DOH (including	Na	me of Cor					Therefore the Principles of th	Telephone	e Number		to War		and the same
DCA justification)		hah laval	and										
Cancellation	Щ	bob kurl		UTVINEODIA	ATION								
Name of facility where abatement is	taking pla	20 (2)	FAC	ILITY INFORM	ATION		Type	of Facility (4	1)				
Name of facility where abatement is	taking pia	ce (3)					I Type C		(K - 12)				
bob kurland							[Subcha	pter 8 (C	ther th	nan K	-12)	
Street Address									Private/C		rcial		
23 rock road							Squa		Homes, e		BI	dg. A	ge
City (5)	Coun	ty (6)			Cou	nty Code (7)							
GLEN ROCK	RER	RGEN			(Sta	te use only)	Curre	ent Use (Pr	ior if bein	g dem	olish	ed)	()
Name of Monitoring Firm Hired by B			1	ASCM No.	+	Name of Abatement	Contract	or (9)					
						D & S RESTOR.	ATION	, INC.					
Street Address						Street Address							
						20 California A	ve.						
City, State, Zip Code						City, State, Zip Code	V.5.+ (63000)						
					_	Paterson, NJ 07	503						
Project Manager for Monitoring Firm		Ph	one Numb	er		Telephone Number			License		er		
						973-345-8020 Name of OSHA Mon	itor			1169	_	_	_
Start Date (10)	Sched.	Completio	on Date (1	1)		D & S Restorati							
04/14/15	04/30	/15				Street Address	on, me					-	
Occupancy Status During Abatement	(Check or	nly one)				20 California Av	enue						
Facility closed/vacated during						City, State, Zip Code							
Abatement performed outside of Describe:		acility nour	S-										
Other-Describe: NORMAL HO					-	Paterson, NJ 07	503						
Scope of Work (check all that apply)								ainment'w	negative/	press	ure		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	Renovation	1 .					Mini-end	losure g procedur	-				
≥160 sf or ≥260 lf	Demolition							empted (*)		friable	proce	edure	
Location of	Is location			/						R	R	Е	E
asbestos-containing material (acm) to be	by mainter staff(12)	nance/cus	todiai			sbestos-containing		Amount		e m	e p	n	n
abated in facility (13)	Yes	No	N/A	material (ACM)			(Specify SI LF)	- 01	0 V	a	а	C
, and a second of the second o	103	140	INA							e	r	р	
BASEMENT		X		PIPE INSU	LATI	ON	81	ft					
					The State of					Ш	ᆜ	Ц	Ш
										Ш	ᆜ	<u></u>	Щ
Registered Waste Hauler	INJE	Dillaulari	D# 10	ubio Vardo of V	Macta	INIama of Desistered	Landfill				Ш	Ш	Ш
D & S RESTORATION, INC.	1350	P Hauler I 06		ubic Yards of V Lyd.	vasie	Name of Registered TULLYTOWN,		IRCE RE	COVER	Y			
City, State			Disposal D	Date		City, State					on the	400000000000000000000000000000000000000	-
PATERSON, NJ 07503			04/15/1			TULLYTOWN,	PA						
	Title	TA I/ID		Signature					Date				
	PRESIDE Do not use		for ashest	os licensure ex	emoter	d activities			04/01/	15			
TO 10 / T /					120,000								

(K005935

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

Date of Notification (1) 0 3 / 3 1 / 1 5 Agencies Notified	
Agencies Notified	2
☑ EPA ☐ Initial ☐ DEP Amended Amendment #: ☐ Amendment #: ☑ DOL ☑ Emergency (including justification) Initial 147 beech street City, State, Zip Code nutley, nj 07109 Name of Contact Telephone Number	2
DEP Amended Amendment #: DOL Emergency (including justification) Amendment #: DOA DOA Telephone Number	
Amendment #: DOL Emergency (including justification) Amendment #: City, State, Zip Code nutley, nj 07109 Name of Contact Telephone Number	9
DOH (including justification) Name of Contact Telephone Number	
justification)	
Cancellation brian canova	
FACILITY INFORMATION	
Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12)	
	0)
Street Address Subchapter 8 (Other than K-1 Street Address Street Address Subchapter 8 (Other than K-1	2)
Bldgs./Homes, etc.	
147 beech street Square Feet # of Floors Bidg City (5) County (6) County Code (7)	. Age
(State use only) Current Use (Prior if being demolished)	
nutley essex	3
Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9)	
D & S RESTORATION, INC.	
Street Address Street Address	
City, State, Zip Code 20 California Ave.	
Paterson, NJ 07503	
Project Manager for Monitoring Firm Phone Number Telephone Number License Number	
973-345-8020 01169	
Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor	
D & S Restoration, Inc. 04/01/15 Street Address	
Occupancy Status During Abatement (Check only one) 20 California Avenue	
Facility closed/vacated during entire period of abatement. City, State, Zip Code	
Abatement performed outside of normal facility hours- Describe:	
Other-Describe: NORMAL HOURS Paterson, NJ 07503	
Scope of Work (check all that apply)	
□ >3 sf or >3 lf	
≥ 160 sf or ≥260 lf	ure
Location of Supported acentaining Supported Su	EE
asbestos-containing material (acm) to be staff(12) Description of asbestos-containing motorial (ACM) Description of asbestos-containing motorial (ACM)	n
abated in facility (13) The second of the s	a C L
e r	
roof/attic vermiculite attic insulation 364 sq ft	
	쉬片
	+++
	計
Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY TULLYTOWN, RESOURCE RECOVERY	
City, State Disposal Date City, State	
<u>PATERSON, NJ 07503</u> <u>04/02/15</u> <u>TULLYTOWN, PA</u>	
Completed by (Print or Type) Title Signature Date BOGDAN JOLDZIC PRESIDENT 03/31/2015	
BOGDAN JOLDZIC PRESIDENT 03/31/2015 ASB-41 * Do not use this form for asbestos licensure exempted activities.	

CK 005939

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

D&S Proj. #: 2015-111			(Pursu	ant to NJAC	8:60	and 12:120)		1 2 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		. (
Date of Notification (1) 0 4 / 0 2 / 1 5		lame of Bu	20758	er/Operator (2))			The first of the second	2.1.3	() j	Betate		
Agencies Notified Type Notification EPA Initial Amended		treet Addre		venue				ž L L			112		
Amendment #:	0	ity, State, 2	Zip Code										
DOL Emergency		THE RESERVE OF THE PERSON NAMED IN	ark, nj 07	7205									
DOH (including justification)	N	ame of Cor	ntact					Telephone	Numbe	r			
DCA Cancellation		susan za	ragoza					_ '	=				
•			FACI	ILITY INFORM	IOITAI	١							
Name of facility where abatement is	taking pla	ace (3)					T	ype of Facility (4	(K - 12)				
susan zaragoza								Subcha	pter 8 (C	Other th	nan K	(-12)	
Street Address								Other (F Bldgs./F	Private/C Homes, e		rcial		
304 east webster avenue							3		of Floor		В	dg. A	ge
City (5)	Cour	nty (6)			- SALES	inty Code (7) ite use only)	-		if b -!-		- 11 - 1	11	
roselle park	UN	ION			(Old	tte use offly)		Current Use (Pri	or it bein	g aem	iolisn	ea)	
Name of Monitoring Firm Hired by B	ldg. Owne	er (8)		ASCM No.		Name of Abatemer		W 50					
Street Address					_	D & S RESTO	RAT	ION, INC.					
Street Address						20 California	Ave.						
City, State, Zip Code					_	City, State, Zip Cod	-					-	
						Paterson, NJ (7503	3					
Project Manager for Monitoring Firm		Ph	one Numb	er		Telephone Number			License		er		
						973-345-802 Name of OSHA Mo			0	1169			
Start Date (10)	Sched	. Completio	on Date (11	1)		D & S Restora		Inc.					
04/14/15	04/30					Street Address							
Occupancy Status During Abatement Facility closed/vacated during 6			mont			20 California A		ie					
Abatement performed outside	of normal					City, State, Zip Cod	le						
Other-Describe: NORMAL HO					_	Paterson, NJ (7503	5					
_	Renovatio				= 1		Min	Containment w/ -enclosure /ebag procedure	34	press	ure		
≥160 sf or ≥260 lf	Demolition						Nor	-Exempted (*) a	and Non-	friable T R		edure	
Location of asbestos-containing	by mainte	n normally inance/cus			on of o	sahaataa aantaining		Amount		е	·R e	n E	E
material (acm) to be	staff(12)		T -	material (sbestos-containing		(Specify SF	or or	o m	p a	c a	n
abated in facility (13)	Yes	No	N/A	=		2		LF)		v e	i	p	L
BASEMENT		X		PIPE INSU	ILAT]	ION		160 l ft		X			
BASEMENT BOILER		$\square X$		BOILER IN	NSUL	ATION		36 sq ft					
										무	ᆜ		
										ዙ	片	片	뷰
Registered Waste Hauler	NJD	EP Hauler I	D# I C	ubic Yards of \	Waste	Name of Registere	ed Lar	ndfill		<u> </u>		Ш	
D & S RESTORATION, INC.	135	506	2	2 yds.		TULLYTOWN			COVER	RY			
City, State PATERSON, NJ 07503			Disposal D 04/15/1			City, State TULLYTOW	TDA						
	Title		0 11 13/1	Signature		1 TOLLTTOWN	1, FF		Date				
BOGDAN JOLDZIC	PRESID								04/02/	2015			
ASB-41 *	Do not us	e this form	for asbesto	os licensure ex	empte	d activities.						The state of the s	

Completed by (Print or Type) Gordana Luna

Title Secretary/Treasurer

Signature

Gordana Luna

Date

04/03/2015

State of NJ

B & G proj. #: 2015	-59	N (Pur	otification of A suant to NJAC	sbestos Abateme 8:60-7 and 12:12	nt 20-7) 무료()	x = 1 = 1 = 1			
Data of Marie					Affine to	ck # 7151			
Date of Notification (1)		Name of Building	Owner/Operator (2)					
10 14 1/10 13 1/11 15		David Kenas		<i>1000</i> €	2015 1 PP - 7 - 8	3 it			
Agencies Notified Type No	otification	Street Address			1				
	nitial	279 Essex A	venue		Ž LICERO	13 64			
		City, State, Zip Co	nde			174			38
	mendment	Bloomfield, N	J 07003						
▼ DOH		Name of Contact			Toloph	one News	-		
DCA C	incellation	David Kenas			relepti	one Number			
		F	FACILITY INFORM	MATION					
Name of facility where abaten	nent is taking p	lace (3)			11-				
David Kenas		. ·			Type of Facility	y (4) pol (K - 12)			
Street Address						chapter 8 (Oth	or the	n V 4	(0)
279 Essex Avenue			72	4	X Other	(Private/Com	nmerci	ial	.2)
City (5)			<u></u>		Square Feet	# of Floors			
V.S. 200	Cou	nty (6)		County Code (7)	-	# OI FIDOIS		Blag	g. Age
Bloomfield		sex		(State use only)	Current Use (F	Prior if being d	— — lemoli	shed))
Name of Monitoring Firm Hired	by Bldg. Own	er (8)	ASCM No.	Name of Abate	residential ement Contractor (9)				G 0
n/a				0 [1]	6500				
Street Address				Street Address	storation, Inc.				
City State 71 0		27-28		105 Ryers					# 1 h 1 h 1 h 1 h 1 h 1 h 1 h 1 h 1 h 1
City, State, Zip Code				City, State, Zip	Code				
Project Manager for Monitoring I					ark, NJ 07035				
reject manager for Monkoffing P	-irm	Phone Nur	mber	Telephone Num		License Nur	mber		
Scheduled Start Date (10)	Cohed			(973)696		00378	8		
04/15/2015		Completion Date	(11)	Name of OSHA	Monitor toration, Inc.				
		6/2015		Street Address	toration, mc.				15
Occupancy Status During Abater	nent (Check or	nly one)		105 Ryerso	on Road				
Facility closed/vacated duri	ing entire perio	d of abatement.		City, State, Zip C				_	
Describe:				_					
Scope of Work (check all that ap	nhv)			LincoinPari	k, NJ 07035				
Demolition P			,	_					#1 ·
			2-	Full Containment v	v/negative pressure	Glovebag p	roced	ure	
	≥160 sf or ≥	normally used sole		Mini-enclosure		Non-friable	proce	dure	
Location of asbestos-containing	by mainten	ance/custodial		1780 BS		. R	R	E	T-
material to be abated in facility (13)	staff(12)		Description material (A)	of asbestos-containin	g Amount (Specify SF	e m	e	n	E n
abuted in facility (15)	Yes	No N/A	1	,	LF)	0 0	a	a	C
garage		X	duct (thick) i	nculation	2	е е	r	p "	1.
garage		X	duct (thin) ins		45 sqft	X			
					50 sqft	×			
-		4 2 1	1				님		111
Registered Waste Hauler							님		14
B & G Restoration, Inc.	NJDEP 19	Hauler ID# C	ubic Yards of Was	The divide divide	red Landfill	니		Ш.,	
City, State		Disposal D	1 Pate	Tullytov	vn Resource & Rec	overy Cent	er		
Lincoln Park, NJ	I		16/2015	City, State Tullytow	n, PA				

State of NJ

B & G proj. #: 2015-60

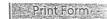
Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

										Chec	K# /152	2	_	4.4	
Date of Notification	1 (1)		11	Name	of Bu	ildina Ow	ner/Operator (2)		TATE	in -				
10 14 1/10 13	1/115					ozlowsk		-,		6. 整过度	APR - 7	#	13	: 6.0	}
Agencies Notified	Type Notific	cation	\exists	Street						gias a ma					
☐ EPA	Initia	ı	Ш	117	Mid	land Av	/enue				LICE	1-7		10	
☐ DEP			It	City, S	tate, 2	Zip Code						4 1	4 14	_	
X DOL	☐ Amen	ndment	t	Gle	n Ri	dge, N.	J 07028								
⋉ DOH			- 11	Name o	of Cor	ntact				Telepho	ne Numb	er		*****	
☐ DCA	☐ Cance	ellation	'	Ing	rid K	ozlows	ki			1					
						FAG	CILITY INFORI	MATIC	ON		000.				
Name of facility wh	ere abatemen	t is tak	king p	lace (3))		**************************************	water to the		Type of Facility	(4)				
Ingrid Kozlows											ol (K - 12)	12		
Street Address		-		-	-						hapter 8 (-	
117 Midland A	Avenue										(Private/0./Homes,	Comm etc.	ercia		
City (5)			Col	inty (6)				T =		Square Feet	# of Floo		E	Bldg. A	Age
			COL	ility (0)				1000	ounty Code (7)	Current Har (F			_		
Glen Ridge	2000			ssex				(-		Current Use (F	rior it bei	ng der	nolisi	ned)	
Name of Monitoring	Firm Hired by	y Bldg.	. Owr	ner (8)			ASCM No.	-	Name of Abatement	Contractor (9)					
839070	10								B & G Restorat	ion, Inc.					
Street Address									Street Address 105 Ryerson F	Poad					
City, State, Zip Code)								City, State, Zip Code	·					
	(*)								Lincoln Park,	NJ 07035					
Project Manager for	Monitoring Fire	m			Pho	one Numi	per		Telephone Number		License	Num	ber		
									(973)696-686		00	378			
Scheduled Start Date	e (10)	18	Sche	d. Com	oletio	n Date (1	1)		Name of OSHA Moni B & G Restorat	PRIN.					
04/23/2015				23/20					Street Address	1011, 1110.	==				2.7
Occupancy Status D									105 Ryerson R	oad					
Facility closed/ Abatement per	vacated during formed outside	g entire e of no	e peri ormal	od of a	baten hours	nent. -			City, State, Zip Code			1000			
Describe: Other-Describe								-1	LincolnPark, N.	J 07035					
Scope of Work (che		ly)												- 1	1 -1
☐ Demolition	X		ovatio	n					Full Containment w/neg	ative pressure	Glove	ים ממ	ocodi	uro	
>3 sf or >3 lf		≥160	sf or	≥260 If					Mini-enclosure]	Non-fr	•			
Location of						sed solely	/			T		R	R	E	1
asbestos-conta material to be	aining		nainte f(12)	enance/	custo	dial			asbestos-containing	Amount	2 5 2	e m	e	n	E n
abated in facilit	ty (13)	Ye	es	No		N/A	material (ACM)		(Specify S LF)	For	0 V	a	a	C
asement-boiler r	room '				-					16.		е		p _	_
· ·	OOM	-	=		-	×	pipe insula	ation		90 lf		X			早
			=		=					_		님	片		H
			Ħ					-				님	屵		H
89												뉘	H	뉘	
egistered Waste Hau B & G Restoratio	uler In Inc			P Haul 9563	er ID	# C	ubic Yards of V	Vaste	Name of Registered I			<u></u>		<u> </u>	
ity, State	, 1110.			0000	IDi	sposal D	1 ate		City, State	Resource & Re	covery (Cente	er		
Lincoln Park, NJ					_ _		23/2015		Tullytown, F	PA				40	
ompleted by (Print o Gordana Luna	r Type)	Title	!-			01555	Signature		Gordana Luna		Date			<u>x</u>	
Cordana Luna		oeci	etar	y/Trea	asure	er l			Jordana Luna		04/03	/201	5		

CK005934

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

D&S Proj.	#: 2015-107	_					and 12:120)		Por Carlotte					
Date of Notification	1/1/5			Building Ow	ner/Operator (2 CE)			THE AFR -	7 64	3: 1	9		
Agencies Notified EPA DEP	Type Notificati Initial Amended Amendment #:			dress ATE PARE e, Zip Code	K ROAD				3110	£i	Ç	1		
☑ DOL ☑ DOH ☐ DCA	Emergency (including justification)	IN	ame of C						Telephone	e Number				
	Cancellation		MICH	ALE JOY				_				_		
				FAC	CILITY INFORM	ATION	1	1 1-	, ,					
Name of facility wh		s taking pi	ace (3)						Subcha	(K - 12) opter 8 (C			-12)	
Street Address 55 STATE PAI	DV BOAD								Bldgs./l	Private/C Homes, e	tc.			
City (5)	KK KUAD	Cour	nty (6)				nty Code (7) te use only)			# of Floor			dg. A	ge ——
CHESTER			RRIS			Ola	te use offiy)		Current Use (Pr	or it bein	g aem	iolish	ea)	
Name of Monitoring	g Firm Hired by E	3ldg. Own	er (8)		ASCM No.		Name of Abatemer D & S RESTO							
Street Address							Street Address 20 California							
City, State, Zip Code	е						City, State, Zip Cod Paterson, NJ (е	3					
Project Manager for	Monitoring Firm			Phone Num	ber		Telephone Number 973-345-802	0		License 0	Numb 1169	er		
Start Date (10) 04/07/15		Sched 04/24	1050	etion Date (1	11)		D & S Restora							
Occupancy Status D	Ouring Abatemen	t (Check c	nly one)	itement.			20 California A		ue					
Abatement pe Describe:	rformed outside		facility ho	ours-		_	Paterson, NJ (3					
Scope of Work (chi	eck all that apply	Renovation	1			-		Full Mir Glo	Containment was ni-enclosure evebag procedure n-Exempted (*) a	е	.*		edure	
Location of asbestos-con material (acm abated in faci) to be	by mainte staff(12) Yes		ly used sole ustodial N/A	7 No. 10 No. 10		sbestos-containing		Amount (Specify SI LF)	= or	H e E o v e	Repair	E n c a p	EncL
BASEMENT 3 L	OCATIONS		X		PIPE INSU	ILATI	ON		20 L FT		×			
					-						ዙ	屵	부	뷰
-					1			-			片	片	片	H
	-				1						H	ᆸ	금	盲
Registered Waste H D & S RESTOR		NJDI 135	EP Haule	20.7 .7. 200.	Cubic Yards of 1 yd.	Waste	Name of Registere TULLYTOWN			COVER	Y			
City, State PATERSON, N.	J 07503			Disposal 04/08/		NEWS (1994)	City, State TULLYTOWN	N, P	A					
Completed by (Print BOGDAN JOLI		Title PRESID	ENT		Signature					Date 03/31/	/15			



& Emergency &

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

CR 47.47

Date of Notification (1) 4/2/15						Building Ow udebush				95	ir ,-	1, 1	* £	14		
		Notification nitial		11 82	treet Add	dress Isea Dr.				4.0	1.1 V.	K-7 A	H IZ	: 47	5	
DEP X DOL		Amended Amendment # Emergency (in		_ 1	/lalaga	e, Zip Code NJ 0832				•	Œ L	i IURUH	17:	τŌĹ		
▼ DOH DCA	jı	ustification) Cancellation	lorddirig		lame of 0 lay	Contact					l Tele	ephone Num	iber/			
					FACIL	ITY INFOR	MATIC	N	_	6 E 104 - 74	,					
Name of Facility Where Al Jay Roudebush Prive			Place (3)			is.	a		☐ Sc	Facility (4 chool (K-12	2)	4h I/ 40	Ň.			
Street Address 326 Delsea Dr.					ž.				X Of et	ther (i.e. pr c.)	ivate 8	er than K-12 k commercia) al build	ings,	nome	s,
City (5) Malaga NJ 08328									Square 1000+		# of	Floors		dg. Ag 5+	ge	
County (6) Gloucester					County C	ode (7) SE ONLY)			Curren	t Use (Prio	r if bei	ng demolish	ed)			
Name of Monitoring Firm N/A	Hired	by Building O	wner (8)		ASCM	No.			of Abate	ement Cont	ractor	(9)				
Street Address									Address Box 329							
City, State, Zip Code								City, S	State, Zip		91					
Project Manager for Moni	toring	Firm		· T	elephon	e No.		Teleph	none No. 753-98		-	License N 00727	0.			
Start Date (10)			Schedule	d Com	pletion D	Date (11)		Name	of OSH	A Monitor		,				
4/3/15			4/6/15					Sam								
Occupancy Status During Facility Closed/Vaca Abatement Performe Other – Describe:	ated Di	uring Entire P	eriod of A	batem	ent		_		Address State, Zip							
Scope of Work (Check Al	ll That	Apply)							-0.0							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enovat emoliti					Mini Glov	-Enclosure vebag Prod	e edure	n Negative F			e	
	-		1								. () = .		T	Abate		
Location Asbestos-Containing TO BE ABA In Facili (13)	Mater ATED ity	ial (ACM)	Use Mai Cust	Location International States (12)	ly by nce/ Staff?	(i.e. t	os Cont hermal surfa	system cing, V	Material ns insula		(Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
Kitabaa Dathaa	1	la lluvav	Yes	No	N/A			loor Ti	ilo		2	80 SF	x	-		
Kitchen, Bathroo	om, r	laliway	-		Х			1001 11	116			00 01	^	-		
													+			
			+-			[]							\top			
Name of Registered Was	ste Ha	uler		N	JDEP W	/aste		Yards		Name of	Regist	ered Landfi	1			-
United					lauler ID 2459	No.	of Wa 2			G.R.O.						
City, State Elm NJ							Dispo 4/6/1	sal Dat 5	e	City, Stat Morrisv		A 19067				
Completed by Anthony T Perna			Title Pres	ident			5	Signatu		7			ate /2/15			

& Emergency &

111	INUX
1 1	41110

Date of Notification (1) 4/2/15					Building Ov auskis F					Sair	100		17	- 1		
	tification		1 770	reet Add 7 Sylvi		N				, re19	APR -	7 ;	H	2: 1	+7	
X DOL Am	ial lended lendment #_ lergency (in		_ N	lanaha	e, Zip Code awkin NJ		50		,	8 8			i Hu	TRE	ÌL.	
DOH jus	tification) ncellation	ordanig		ame of (rank	Contact					Tele	ephone No	umbe	r** (2		
				FACIL	ITY INFO	RMAT	ION									
Name of Facility Where Abatemer Frank Dauskis Private Hon		Place (3)						☐ Sc	f Facility (4 chool (K-12	2)						
Street Address 57 Sylvia		8.						X O	ubchapter ther (i.e. pr				uildi	ngs, l	nome	s,
City (5) Manahawkin NJ 08050					*			Square 1000-	Feet	# of	Floors		Blo 35	ig. Ag	je	
County (6)				ounty C	ode (7) SE ONLY)			100000	t Use (Prio	r if bei	ng demoli	ished	. 300			
Ocean			1-				TN	C A L - L			(0)					
Name of Monitoring Firm Hired by N/A	Building Ov	wner (8)		ASCM	No.			aco In	ement Con	tractor	(9)					
Street Address								Address 30x 32								
City, State, Zip Code								State, Zip t Berlir	Code NJ 080	91						
Project Manager for Monitoring Fi	irm		Т	elephon	e No.		1	none No 753-98			License 00727					
Start Date (10) 4/3/15	common PI 2	Schedule	d Com	pletion D	ate (11)			of OSH	A Monitor							
Occupancy Status During Abaten		Marie Samo	-1	-				Address	e							_
Facility Closed/Vacated Duri Abatement Performed Outsi Other – Describe:	ing Entire Pe	eriod of A	bateme	ent		_		State, Zip						14		
Scope of Work (Check All That A	nnlv)															-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ppiyy	-	enovat emoliti					Min Glo	Containme i-Enclosure vebag Prod i-Exempted	e cedure					9	
						1		1101	- Exemple	1/ 0.				W. C.	ment	
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	I (ACM)	Use Mai	Location I company of Soleh International Soleh (12)	y . y by ice/	Äsbest (i.e.	os Co therm sur	escriptio intaining al systen facing, V r miscella	Material ns insula AT, or	(ACM) tion,	(Amount Specify F or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
Exterior Siding		100	140	X		Fy	terior S	idina		12	200 SF	1	ς .			
Exterior Siding		-		^			torior o	idirig				+				
				-								+				
Name of Registered Waste Haul	er	11	100	JDEP W			ic Yards		Name of	Regist	ered Lan	dfill				-
United Containers			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	auler ID 2459	No.	of V	Vaste		G.R.O.						S-U-	
City, State Elm NJ						Disp 4/7			City, Sta		A 1906	7				
Completed by Anthony T Perna		Title Presi	dent				Signate	re)				Date 4/2				

Check#2149

in the second			
	-	t-,	1-11

				1000				*	1,1	17/	~	1						
Date of Notification (1)		000			Name	of Buildin	g Owner/Operator (2) 9 8	15		-							
04	02	15			Expre	ess Displa	y Real Estate As	#3 Sociates II C	15 APR -7	Ald 1	^ .							
Agencies Notified	Type No	tification				t Address	y real Estate As.	A .		MIT	4: 4	6						
⊠ EPA	Initial				1440 East State Street													
☑ DOLWD ☑ DHSS	Amer	ided idment #			1440 East State Street City, State, Zip Code													
DDCA		gency (ir			Hamilton, NJ 08691													
(NJAC 5:23-8)		gency (ii cation)	Clubin	3		of Contac			Telephone	Numbe	r	VI						
	☐ Canc	ellation			Brad	Vander V	liet				,							
					-		VEORMATION											
Name of Facility Where	Abatement	is Takin	n Place	(3)		OILIII II	41 OKIMA HOM	Tune of English	. / / 5									
Warehouse non-occup		ie ranni	9 1 1000	. (0)				Type of Facility (4)										
Street Address	ieu						School (K-12) Subchapter 8 (Other than K-1 2)											
105 Avenue L								Other (i.e.,	private and co	mmercia	al bu	ilding	5,					
City (5)								homes, etc										
Newark, NJ 07105								Square Feet	# of Floor	S	Bio	g. A	ge					
County (6)					10	+ 0 1 (7)	(07175 1/05 01111											
Essex					Cour	ity Code (7)	(STATE USE ONLY)	Current Use (P	rior if being de	emolishe	ed)							
Name of Monitoring Firm	Hirad by	Building	Junos	701 1	10011													
institution of monitoring them	riffed by	oununig i	JWHEI	(0)	ASCM	No.	Name of Abatem	ent Contractor (9	9)									
Street Address							Gr Tech LLC											
Oneer Mediess							Street Address	104										
City State 7: 0-d-							576 Valley Rd #											
City, State, Zip Code							City, State, Zip C	ode						3000				
Decided Manager 5- 35							Wayne, NJ 07470											
Project Manager for Mon	itoring Fin	n .		Tele	phone	No.	Telephone No.		License N	lo.								
0. 10 : 20							973-638-1777	*	01127									
Start Date (10)	1.5					ite (11)	Name of OSHA N	Monitor										
04 /11 /					/ .	15	Envirovision Co	nsultants.Inc										
Occupancy Status During	Abateme	nt (Chec	conly (one)			Street Address	,			-		73.07	-				
X Facility Closed/Vacate	ed During I	Entire Pe	riod of	Abate	ment		20-21 Wagaraw	Road Blde #	35 E									
Abatement Performed	Outside o	f Normal	Facilit	y Hour	s - Des	cribe	City, State, Zip Ci	ode	30 B					-				
			VI/			_AM	Fair Lawn, NJ 0											
Scope of Work (Check all	that apply	()					Clean up	n up and decontamination with negative pressure										
■ >3 sf or >3 lf			V Pa	novati	on.			tainment with Ne	gative Pressu	re								
≥ 3 sf or >3 lf ≥ 160 sf or ≥260 lf			De	molitic	n		Mini-End Gloveba	g Procedure	Tent with Nec	ative Pr	ressi	ıre						
							Non-Exe	mpted (*) and N	on-Friable Pro	cedure		233410						
			100	Locat							Aba	teme	nt T	vpe				
Location Asbestos-Containing I		CMY		Norma ed Sole			Description of						3000	1				
TO BE ABA		.0,	Ma	intena	nce/		stos Containing Ma ., thermal systems		Amouni		Removal	Repair	nca	Enclosure				
IN Facili	ty		Cus	todial	Staff?	(surfacing, VAT		(Specify SIF or LF	=)	SVO	ar	psu	usc				
(13)			Tours.	(12)	T	-	other miscellane	ous)			<u>=</u>		Encapsulate	œ.				
			Yes	No	N/A	-							10					
Second floor-north side	office			Ш	\times	VAT flo	or tiles		900 SF		X		П	П				
Second floor-east side o	office				X	VAT flo	or tiles		200 CE									
									200 SF				Ц	Ш				
Outside siding-roof leve	el		Ш		\boxtimes	Transite	siding		1,000 SF		X							
												П	П	П				
Name of Registered Was	te Hauler			NJE	EP Waste	Hauler ID No.	Cubic Yards of Wast	e Name of Regi	stered Landfill									
Gr Tech LLC				0	03378	35	TBD	T.R.R.F. Inc										
City, State							Disposal Date	City, State										
Wayne, NJ 07470							100 	100										
Completed By (Print or Ty	/pe)	Titie					TBD Signature	Tullytown, P	A									
N.Jevtic	UNIOSSINES						Signature	Date Date										
N.JEVIIC ASB-41		Owi	ner				1/20	he wen	20	04/02	/201	5						
MAY 11		3	Do no	use th	is forn	for ashesi	os licensure/exemp.	ted activities.										

				(Pu	rsuant	to NJAC 8	:60 and	12:120	0)	1,53)		7	nh.	4-	85	92					
Date of Notification (1) April 1, 2015				Name of Building Owner/Operator (2) March Associates Construction Inc.																	
Agencies Notified	Type Notin			- 1	Street A	ddress amburg ⁻	Γurnpil	κe , Sι	uite	300	111	P = 1									
EPA DEP DOL	Ame Ame	nded ndment				te, Zip Coo e, New J		07470)	2	5-6		-	16							
DOH DCA	justifi	rgency (ication) cellation	including	1		Contact arch Sr.					Tele	phone Nun	ber	· ·							
					FACI	LITY INFO	RMATI	ON			- //										
Name of Facility Where	Abatement i	is Taking	g Place (3)					Ту	pe of Facility (4 School (K-12	And the second										
Street Address 1835 Route 23 North	th					a .			Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)												
City (5) Wayne									uare Feet 000	# of 1	Floors	100000	ldg. A 5	ge							
County (6) Passaic						Code (7) USE ONLY)	-			rrent Use (Prio arage/Retail		g demolish	ed)								
Name of Monitoring Firm CSA Consulting Se		Owner (8)		ASCN	No.				batement Con Construction		(9)										
Street Address 26 Lorenzo Court								reet Address 64 Getty Ave.													
City, State, Zip Code Matawan, New Jers	ey 07747							State, Zip Code fon, New Jersey 07011-1802													
Project Manager for Mon Mr. Michael Chain	- 1	Telephor	ne No. 21-9223		Telepi 973-		No. 3-4848		License N 00724	0.											
Start Date (10) April 20, 2015	d Com		Date (11)				OSHA Monitor Construction	Inc.													
Occupancy Status During	g Abatemer	nt (Chec	k Only Or	e)					et Address												
Facility Closed/Vaca Abatement Perform Other – Describe: 2	ed Outside	of Norm					_	City, S	State	ty Ave. , Zip Code New Jersey	0701	1-1802									
Scope of Work (Check A	II That Appl	y)												3							
23 sf or ≥3 lf 2160 sf or ≥260 lf	•		-	enova emolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
CONTRACTOR OF THE PROPERTY OF			5070	Locati Iormal	T () () ()		11.501100					Abatement Type									
Location Asbestos-Containing TO BE AB In Facil (13)	Material (A ATED	CM)	Use Ma	d Sole intenar odial S (12)	ly by		os Cont thermal surfa		Mate ns ins AT, o		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure					
Entranca Ma	in Office		Yes	No	N/A X		Ve	t/Mas	tio		1.5	55SF	X		le l						
Entrance, Ma	Entrance, Main Office							IVIVIAS	uc		- 1	0001	Δ.								
			11																		
Name of Registered Was	IN	JDEP W	/aste	Cubic	Yards		Name of I	f Registered Landfill													
Slavco Construction				Н	lauler ID 3508		of Wa			G.R.O.\	W.S L		69	(<u>*</u>)							
City, State Clifton, New Jersey	07011-18	802			Disposal Da TBD					Date City, State Morrisville, Pa											
Completed by Vivian D. Jurcevic	e Mar	1 - 9 - 7								ate pril 1, 2015											

CK 6776700488

Date of Notification (1) 3/20/15			Name of Building Owner/Operator (2) Ed Cerbone												
Agencies Notified	Type Notification	1		Street Address 33 Burnett Street											
X EPA	× Initial		33 E	Burnett Str	eet			7					+		
× EPA × DEP × DOL	Amended Amendmer			City, State, Zip Code Maplewood, NJ 07040								-1			
≥ DOH	Emergency justification)		of Contact Cerbone					T Tele	ephone Nu	ımber				
☐ DCA	☐ Cancellatio	n			ODMATI	ON									
Name of Facility Where	Abatement is Taki	ng Place (3)	FA	CILITY INF	ORMATI	ON	Type of Facility (4)								
House							School (K-12)								
Street Address				-			S	Subchapter 8	8 (Othe			diana	h		
33 Burnett Street							e e	other (i.e. pr tc.)						es,	
City (5) Maplewood							Square N/A	e Feet	# of N/A	Floors		3ldg. A	Age		
County (6)			Coun	ty Code (7)				nt Use (Prio	1000000	2		N/A			
Essex				É USE ONLY	o	 3	Hous			3	,				
Name of Monitoring Firm	n Hired by Building	Owner (8)	AS	CM No.				ement Cont ement, Inc		(9)					
Street Address	(3			5			Addres		ue						
City, State, Zip Code						City, S	1 Rosengren Avenue y, State, Zip Code otowa, NJ 07512								
Project Manager for Mor	nitoring Firm		Telep	hone No.			none No		1	License I	No.				
Charl Date (40)					200000000000000000000000000000000000000	345-86			#00675						
Start Date (10) 4/14/15		Scheduled 4/15/15	Completio	on Date (11)				A Monitor ement, Inc	D.						
Occupancy Status Durin	ig Abatement (Che	eck Only One)					Address	Ti. (10)							
Facility Closed/Vac Abatement Perform	ated During Entire	Period of Aba	tement					ren Aven	ue						
Other – Describe:	Occupied Occupied	mai r acility rii	Jui 5			9,500	state, Zip wa. N.	J 07512							
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf			ovation			Ę		Containme		Negative	Pressu	ire			
≥160 sf or ≥260 lf		Den	nolition			>	IVIII II	i-Enclosure vebag Proce							
4.3						Non-Exempted (*) and Non-Friable Pro									
		773.7	cation mally		1.0							. Abatement Type			
Locatio Asbestos-Containing		Used S	Solely by	Asbes	De: stos Cont	scription taining N		(ACM)	A	mount		Π			
TO BE AB		0.000	enance/ ial Staff?		, thermal		s insulat		(S	pecify	Rer	Re	nca	Enc	
(13)		('	12)			niscellar			31	or LF)	Remova	Repair	Encapsulate	Enclosure	
		Yes 1	No N/	Α							=		ate	e)	
basem	ent		X		pipe	insula	tion		8	0 LF	Х				
													-		
Name of David and															
Name of Registered Wa D&S Abatement, Inc			Hauler		Oubic of Was	Yards ste		Name of R	. 5					2022	
	٥.		#2099	6	TBD			Waste N		gement o	DT PA				
City, State Totowa, NJ					Dispos	sal Date	City, State Tullytown, PA								
Completed by		Title			S	Signature	9	7/		. D	ate				
Deanna Brkusanin		Project	Manag	er		Ville	Perus Melueren 3/20/15								

Same on the

CX 6774400483

Date of Notification (1) 3/20/15			Name of Building Owner/Operator (2) Estate of Joanne Stradekakis Street Address 369 South Ridgewood Road																	
Agencies Notified EPA	Type Notification	n	1000	Street Ad 369 Sc	6.5	- AT	-	e	His	, i	4									
EPA DEP DOL	Amended Amendme		City, State, Zip Code South Orange, NJ 07079								* 121 33 1 1 1 1 1 1 1									
➤ DOH DCA	justification Cancellation		100	Name of Joanne	Telephone Number															
			_	FACII	LITY INFO	RMATI	ON									-				
Name of Facility Where House	Abatement is Tak	ting Place (3)		Type of Facility (4)																
Street Address 369 South Ridgewo	ood Road				8 (Other than K-12) private & commercial buildings, homes,															
City (5) South Orange									etc.) re Feet	# o	f Floors			Bldg. Age N/A						
County (6) Essex				County Code (7) Current Use (STATE USE ONLY) House							ng dem	olishe	ed)							
Name of Monitoring Firm	Hired by Buildin	g Owner (8)		ASCM	l No.				tement Cont ement, Inc		(9)									
Street Address								Addres	ss gren Aven	ue										
City, State, Zip Code				City, State, Zip Code Totowa, NJ 07512																
Project Manager for Mor	nitoring Firm		Telephor	ne No.		200000000000000000000000000000000000000	none N 345-8			Licens		•								
Start Date (10) 4/15/15	×	Scheduled 4/16/15	Com	pletion [Date (11)		THE RESIDENCE OF THE		HA Monitor ement, Inc	 >.										
Occupancy Status Durin	g Abatement (Ch	eck Only One)					Street	Addres	SS		The state of			-0						
Facility Closed/Vac Abatement Perform	ated During Entir	e Period of Ab	atem	ement 11 Rosengren Aven City, State, Zip Code																
Scope of Work (Check A	Occupied			Totowa, NJ 07512																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ы тыс друу	-	novat	vation ×					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
		A CONTRACTOR	ocatio	55.55									Abatement Type							
Location		Used	rmail Solel	y v bv			escription of					Ì		, ,	PC					
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	ATED lity	Maint Custoo	enan	ice/		thermal surfa	taining N systems cing, VA miscellar	s insula T; or		(5	mount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure				
			No	N/A									X		te	, to				
basem	ent	X			pipe insulation					135 LF										
Name of Degistered Me	ete l leviles		LN	IDED W	(I -	0 1:						1611								
Name of Registered Wa D&S Abatement, Inc			Ha	JDEP W auler ID 20996		of Wa	Yards ste			Registered Landfill Management of PA										
City, State Totowa, NJ				Disposal Da TBD					City, State Tullytow		Ą									
Completed by Deanna Brkusanin		Title Project	Ма	nager		S	Signature													

CK 523463848

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

TEAT

Date of Notification (1) 3/20/15						Building O / Lacroix		perator	(2)	011	1.7	-7 F	: 12:	. 3						
Agencies Notified	Type Not			1 3	Street Ad 1302 P	dress ark Aver	nue			43	35.1	·								
× EPA × DEP × DOL	Ame Ame	ended endment #			City, State, Zip Code Hoboken, NJ 07030								-							
DOH DCA	justi	ergency (ir fication) cellation	ncluding	11.5	Name of Andrew	Contact / Lacroix	(Tele	ephone No	mher							
				FACILITY INFORMATION																
Name of Facility Where A House	Abatement	is Taking	Place (3))					Ту	pe of Facility (4 School (K-12	2)									
Street Address 22 Rynda Road					Subchapter 8 (Other Other (i.e. private & etc.)								than K-12) commercial buildings, homes,							
City (5) Maplewood						Sq N/	uare Feet	# of N/A	Floors		Bldg. Age N/A									
County (6) Essex		County C	ode (7) ISE ONLY)				rrent Use (Pric	r if bei	ng demolis	shed)										
Name of Monitoring Firm J&S Environmental			#0004					Abatement Con atement, In		(9)		100								
Street Address 2333 Route 22 Wes				N	Street 11 R		iress engren Aver	nue				,								
City, State, Zip Code Union, NJ 07083				City, State, Zip Code Totowa, NJ 07512																
Project Manager for Mor Sherrill Gelsomino		Telephor	ne No. 6-0073		Telephone No. License No. 973-345-8685 #00675															
Start Date (10) 4/17/15		100000000000000000000000000000000000000	Date (11)				OSHA Monitor patement, In	C.												
Occupancy Status Durin					Street															
Facility Closed/Vac					nent			11 R	lose	engren Aver	nue			111-200						
Abatement Perform Other – Describe:		e of Norm	al Facility	Hours	5			1200		e, Zip Code , NJ 07512										
Scope of Work (Check A	All That App	ply)							500											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
			Is	Locat	ion								. Abat			ent				
Locatio	n of		1	Normal	lly		De	scription	n of				-	T	Гуре	-				
Asbestos-Containing TO BE AB In Fact (13)	BATED	(ACM)	Ma	d Sole intena todial ((12)	nce/		thermal surfa		ns in		(mount Specify F or LF)	Remova	Kepair	Licaponian	Enclosure				
			Yes	No	N/A					57					7	5 6				
basem	nent			Х			pipe	insula	atio	n	3	30 LF	X							
basem	nent			X			f	loor tile	е		4	00 SF	X							
	52																			
Name of Registered War D&S Abatement, In	H	NJDEP W Hauler ID 20996		of Wa	Yards ste			15.000	ered Land gement											
City, State Totowa, NJ			3		Disposal I TBD					City, Stat		A								
Completed by Deanna Brkusanin			Title Proje	ect Ma	Signa					ignature Date 3/20/1					15					

Check # 9672

Date of Notification (1)				Name of Building Owner / Operator (2)														
	April 1, 2015				Street Address													
Agencies Notified	Type Notification	on		Street A	Address			6.6.6.6.11	排售 AFR - 7 系统 12- 43									
□EPA □DEP				6050 B	ergenlin	e Avenue	9	ASSES ASSESSMENT										
DOL	Initial			City, St	City, State & Zip Code													
⊠doh	Amend	ed ment #		West N	lew York	k, NJ 070	93											
DCA	Cancel		5	Name o	of Contac	ct			Telephone Number									
	_			Jim Ka	lafsky													
				FAC	CILITY													
Name of Facility When Bank of America	re Abatement is	Taking P	Place (3)			T	ype of Facil		³ / ₂									
Street Address								pter 8 (Other tha	n K-12)									
6050 Bergenline Ave	nue								commercial buildings			tc.)						
City (5)						S	quare Feet 10,00	3556	oors Bldg	g. Age	69							
West New York								(Prior if being de			00							
County (6) Hudson			ounty Code															
Name of Monitoring F		Iding Ow			ASCM													
Environmental Testin Street Address	ng Consultants	, LLC																
413 North Black Hors	815,13,13155					8	treet Addre 29 Radio R											
City, State & Zip Code Runnemede, NJ 080							ity, State &	Zip Code arbor, NJ 08087	7									
Project Manager for M Howard Zenobi				lephone N 6-482-131		Т	elephone N 09-296-691	lumber	License Numl	oer 0081	7							
Scheduled Start Date	(10) S	cheduled		on Date (1				HA Monitor		0001								
April 18, 20		/OL 1		17, 2015			ynatech, Ir											
	ring Abatement ed/Vacated Duri			Abatemen	it	100	treet Addre 29 Radio R											
	erformed Outsid	le of Norr	mal Hours	i			ity, State &											
Other – Desc	ribe: pied During Aba	tement				ľ	ittle Egg H	arbor, NJ 08087	7									
Scope of Work (Check		tement		7,557														
								Full Containme	nent with Negative Pressure									
≥3 sf or ≥ 50 lf			=	Renovatio			\boxtimes	Mini-Enclosure										
≥160 sf or ≥260	O If			Demolition	n			Glovebag Proce										
l a a	ation of		Tie Leesti	on Norma	llu I Inna		Descript		(*) and Non-Friable Pr	_		47	F					
Asbestos-Contai	THE PARTY NAMED IN COLUMN TWO IS NOT	CM)		y Mainten			Asbestos-C		Amount (Specify	AD	atem	ent i	ype					
	ABATED Facility		Custo	dial Staff?	(12)		Material i.e., therma		SF or LF)	<u> </u>		_						
	(13)							rfacing, VAT		7		E	т					
, and the second se	•					0	r other misc	cellaneous)	1	em	Repair	cap	nclo					
			Yes	No	N/A					Removal	air	Encapsulate	Enclosure					
			res	NO	N/A							te	w					
Main Banking Area					Χ		Ceiling F	Plaster	9 SF	X								
	77			-														
Name of Registered V	Vaste Hauler		NJDEP \		Cubic \	Yards of V	Vaste	Name of Registered Landfill										
Synatech, Inc.	No. 429	1			Grows Landfi	ill												
City, State	THE RESERVE OF THE PERSON OF T	Dispos	al Date		City, State	100												
Little Egg Harbor, N.		May 18	3, 2015		Morrisville, PA													
Completed By		Title			Signatu		1) -	1	Date	ite								
Diane Aloia		Executiv	e Admini	strator	LAU	And.	allera		April 1, 2015									