1K 2303

State of New Jersey NOTIFICATION OF

ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2)
Essex County Vocational School Date of Notification (4/7/15 Agencies Notified Type Notification Street Address 60 Nelson Place XEPA X Initial Amended City, State, Zip Code Newark N.J. 07102 X DOL Amendment # Emergency (including X DOH Telenhone Ni. justification) Name of Contact John Healy DCA Cancellation FACILITY INFORMATION name of Facility Where Abatement is Taking Place (3) Type of Facility (4) United Medical Center Annex Building School (K-12) Subchapter 8 (Other than K-12) Street Address x Other (i.e. private & commercial buildings, homes, 498-544 West Market St. City (5) Newark Square Feet # of Floors Bldg. Age 72,950 100 + 5 County (6) County Code (7) Current Use (Prior if being demolished) Vacant Essex (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Remington & Vernick Tricon Enterprises Inc Street Address Street Address 232 Kings Highway East 322 Beers St City, State, Zip Code City, State, Zip Code Haddonfield, NJ 08033 Keyport N.J. 07735 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Marco Carulli 732-739-1200 (856)795-9595 Ext.1066 01095 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4/20/15 10/1/15 n/a Occupancy Status During Abatement (Check Only One) Street Address X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation x Containment with Negative Pressure x ≥160 sf or ≥260 lf x Demolition x Mini-Enclosure x Glovebag Procedure x Non-Exempted () and Non-Friable Procedure Abatement Is Location Туре Normally Used Location of Description of Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Enclosure Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A See attached X X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No of Waste Minerva Landfill Hilltop Enterprises, Inc. 0035966 800 City, State Disposal Date City, State West Chester, PA 19380 11/1/15 Waynesburg, OH 44688 Completed by

James Mahoney

Title

Project manager

Date

4/7/15

Signature

		s Locati					Abat		nt
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	M	ormally L Solely b aintenar stodial S (12)	y nce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Remova	Repair	e Encapsulate	Enclosure
70.00	Yes	No	N/A	- 20		'al	-	late	Jre
Throughout all floors			X	Pipe insulation	9,000 LF	X			
Throughout all floors			Х	Duct Insulation	10,000 SF	X			
Throughout all floors			Х	VAT & MASTIC	57,500 SF	X			
Upper Central Roof			Х	Black asphaltic exterior duct coat	1,000 SF	X			
Lower Roof Level			X	Roof felt	6,500 SF	X			
Lower Roof Level			X	Roof flashing	500 SF	X			
Upper Center Roof Level			X	Roof felt	2,500 SF	X			
Upper Center Roof Level			Х	Roof Flashing	500 SF	Х			
							4		
						-			
*			-	8					
					+0.1				
9									
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Truling the

Date of Notification (4/	7/15				Name of Esse	f Building (x Coun	Owner/C ty Voc	operator cation	(2) al Scho	ool 20	15 AP	210,	Eta in			
Agencies Notified	Type Not	tification			Street A											
XEPA	X Initi	al			30 Nelso					4.5	625	IOS.		٠		
v DOI	000000	ended			City, Sta	ate, Zip Co rk N.J.	de 07102)			& L	ICFHS	INT	MUL		
X DOL		ndment # ergency (i									1000 1000		11.873			
X DOH DCA	just	ification)		N	lame of	Contac J	ohn Hea	aly			Tel	ephone N	ıımhe	r.		
20/1	Car	ncellation														
name of Facility Where	Abatement	is Taking	Place (3)		FAC	ILITY INFO	DRMAT	ION	Type of	Facility (4)					
United Medical Ce									Marian Service	hool (K-1						
Street Address									Su	bchapter	8 (Oth	er than K-	12)			
498-544 West Mark	ket St.								eto	: .)		& comme	rcial b	uildings	, hom	nes,
City (5) Newark									Square 154,	Feet 650	# or 7	Floors		Bldg. A 100 +	\ge	
County (6) Essex						Code (7) USE ONLY)		_	Current Vacar	Use (Pri	or if bei	ng demol	shed)	9		
Name of Monitoring Firm	n Hired by B	Building C	wner (8)		ASCN	/I No.		Name	of Abater	ment Cor	tractor	(9)				
Remington & Vernick								Trico	n Enter							
Street Address 232 Kings Highwa	ay East								Address Beers	St						
City, State, Zip Code Haddonfield, NJ	08033							City, S Keyp	tate, Zip ort N.J.	Code 07735						
Project Manager for Mor Marco Carulli	nitoring Firm	n			Telepho (856)795	ne No. 5-9595 Ext	t. 1066		none No. 739-120	00		License 01095				
Start Date (10) 4/ 20/15			Schedule 10/	d Con	npletion I	Date (11)		Name n/a	of OSHA	Monitor						
Occupancy Status Durin	g Abateme	nt (Check	Only One	e)				Street	Address							
X Facility Closed/Vaca	***************************************				ent											
Abatement Perform				Hours				City, S	tate, Zip	Code						_
Other - Describe:							_									
Scope of Work (Check A	II That App	oly)														
≥3 sf or ≥3 lf				enova					x Conta	inment w	rith Neg	ative Pre	ssure			
x ≥160 sf or ≥260 lf			x D	emolit	ion				7.75	nclosure ebag Pro						
												Non-Fri	able P	rocedur	е	
			le	Locati	on									Abat	ement	t
Locatio	n of		Non	mally l	Jsed		De	scription	of					Ty	/ре	
Asbestos-Containing	Material (A	ACM)		olely b			tos Con	taining N	Material (A			mount			m	_
TO BE AB In Faci			1,000,000	odial S	PO 10 10 10 10 10 10 10 10 10 10 10 10 10	(I.e.		system: cing, VA	s insulatio	on,		pecify or LF)	Ren	Re	ncal	Encl
(13)	7.9		V	(12)	NI/A			niscellar				/	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A										ate	e)
See attached					Х								Х			
						7										
							-									
Name of Registered Was	ste Hauler			N	JDEP W	/aste	Cubic	Yards	1	Name of I	Registe	red Landf	ill			
Hilltop Enterprises, Inc.				Н	auler ID 03596	No	of Was 1,800	ste		/linerva L						
City, State West Chester, PA 193	80						Dispos 11/1/1	sal Date 5		City, State Vaynesb		1 44688				
Completed by			Title				S	ignature)		1	Date			
James Mahoney			Project	mana	ger		4	Jam	eso	nah	me	5	/7/15			

		s Locati rmally U						emen vpe	ıt
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mi	Solely baintenar stodial S (12)	ry nce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A			<u>a</u>		late	re
Throughout all floors			Х	VAT & Mastic	142,000 sf	Х			
Throughout all floors			Х	Pipe insulation	18,500 lf	X			
Throughout all floors			X	Pipe fittings	1000 lf	X			
All window units			X	glazing	600 ea	X			
All Window units			Х	caulking	600 ea	X			
Ground floor elevator 5			х	Spray on fireproofing	500 sf	X			
Main entrance 1st floor			Х	Ceiling plaster	950 sf	x			
6 th floor fume hood			x	Transite panels	100 sf	х			
Connector wing			х	Window caulk	120 units	х			
Throughout all floors			х	Damp proofing wall	60,000 sf	x			
Sixth floor rooftop HVAC units			Х	Black Duct insulation	550 sf	х			
Sixth floor roof			х	flashing	3,500 sf	x			
Sixth floor roof			х	Coping stone sealant	200 sf	х			
First floor roof			X	Cap flash caulk	25 sf	х			
First floor roof			Х	Roof flashing	1500 sf	х			
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (4/	/7/15				Name of Esse	f Building (X Count ddress	Owner/O	operator cationa	al Scho	ol ₂₀₁₅			=			
Agencies Notified	Type No	otification			Street A 30 Nelso	ddress n Place				# # · ·	TK f	O KK	2: 3	G = 2		
X DOL	An Am	nended endment#_		_	City, Sta Newa	ate, Zip Co rk N.J. (de 07102	2		* // C	LICE	NSIN	[1]	ÌĹ		
X DOH DCA	jus	nergency (in stification) uncellation	ncluding	N	lame of 0	Contac Jo	ohn Hea	aly			-	hone Nu				
					FACI	ILITY INFO	RMAT	ION			•					
name of Facility Where United Medical C			Place (3)						Scl	Facility (4))					
Street Address 498-544 West Mar	ket St.									bchapter 8 ther (i.e. p)				uildings	, hom	nes,
City (5) Newark									Square 13,20		# of F 8	loors		Bldg. A 100 +	Age	
County (6) Essex						Code (7) USE ONLY)			Current Vacar	Use (Prior nt	r if being	demolis	hed)			
Name of Monitoring Fire Remington & Vernic	m Hired by k	Building O	wner (8)		ASCN	ЛNo.				nent Control		9)				
Street Address 232 Kings Highwa	ay East								Address Beers St	t						
City, State, Zip Code Haddonfield, NJ	08033								State, Zip (ort N.J.							
Project Manager for Mo Marco Carulli	onitoring Fi	m			Telepho 356)795-	ne No. 9595 Ext.	1066		none No. 739-120	0		License N 01095	No.			
Start Date (10) 4/ 20/15			Schedule 10/1		npletion I	Date (11)		Name n/a	of OSHA	Monitor						
Occupancy Status Durin	ng Abatem	ent (Check	Only One	e)				Street	Address		-07-325					
X Facility Closed/Vac Abatement Perform	cated Durin	g Entire Pe	riod of Ab	atem				City, S	state, Zip (Code						
Other – Describe:																
Scope of Work (Check	All That Ap	ply)														
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf				enova emolit					x Mini-E	inment wit nclosure ebag Proc Exempted	edure			rocedur	e	
	22		52,52	Locati		=	5255	10200						Abat	ement	t
Location Asbestos-Containing		(ACM)	S	olely b	ру	Ashas		scription	n of ∕/aterial (A	CM	Δm	ount			İ	
TO BE A		(ACIVI)	0.000	ntena odial S			therma	system	s insulatio			ecify	R		Enc	ᄪ
In Fac (13			Custo	(12)	olan r			cing, VA			SF	or LF)	Removal	Repair	aps	Enclosure
(10	,,		Yes	No	N/A		Otheri	Illacellal	leous)				val	=	Encapsulate	ure
See attached					X								х			
														-		
				-									+			
Name of Registered Wa	aste Haulei			N	JDEP W	/aste	Cubic	Yards	l N	lame of R	egistere	d Landfil				
Hilltop Enterprises, Inc.	2				auler ID 03596		of Wa 1600	3.000	N	linerva La						
City, State West Chester, PA 193	80						Dispo: 11/1/1	sal Date 5		City, State Vaynesbu	rg, OH 4	14688				
Completed by James Mahoney			Title Project	mana	iger		S	Signature	nes o	nul	ner		ate 7/15			

Location of		ls Locati ormally l		Descriptions			Abate Ty	emer /pe	nt
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	М	Solely blaintenar stodial S (12)	oy nce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
***************************************	Yes	No	N/A	outer missenanceae)		/al	=	ılate	ure
Throughout all floors			Х	VAT & Mastic	94,000 sf	Х			
Throughout all floors			X	Pipe fittings	7,760 lf	х			
Throughout all floors			X	Fire doors	150 ea	X			
Rooftop Penthouse			X	White rope gasket	60 sf	х			
Throughout all floors			X	Wall Dampproofing	60,000 sf	x			
Exterior Windows			X	Window Caulk	230 ea	x			
First Story Roof HVAC unit			X	Black Pipe Sealant	40 If	х			
Seven & Eight Story Rooftops			Х	Roof Flashing	800 sf	х			
					-				
						-			
						-			
		-				-	_		
3	_								

			-						

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

Date of Notification (4/7	7/15		Nam Es	e of Building sex Cour	Owner/o	Operator cation	al School	Pa 17	7 100				
Agencies Notified	Type Notification	1		et Address elson Place									
AEPA	Amended		City.	State, Zip C	ode		7	110-	E-HE				
X DOL	Amendment		_ Nev	vark N.J.	07102	2	4.5	Livi	FOR THE				
X DOH	Emergency justification		Name	of Contac	John Hea	aly		Te	lephone N	umbe	r		
DCA	Cancellatio							1					
			F.	ACILITY INF	ORMAT	ION				-			
name of Facility Where A United Medical Ce	Abatement is Takir enter South 10 th S	ng Place (3) treet Building					Type of Facility School (K-	12)					
Street Address 498-544 West Mark	ket St.		(£)				Subchapte x Other (i.e etc.)				uildings	, hom	nes,
City (5) Newark							Square Feet 35,000	# 0	f Floors		Bldg. / 100 +	Age	
County (6) Essex				nty Code (7) TE USE ONL	n		Current Use (Pr Vacant	ior if be	ing demoli	shed)			
Name of Monitoring Firm Remington & Vernick	Hired by Building	Owner (8)	AS	SCM No.			of Abatement Co n Enterprises		(9)				
Street Address 232 Kings Highwa	y East						Address Beers St						
City, State, Zip Code Haddonfield, NJ	08033					City, S Keyp	state, Zip Code ort N.J. 07735	5					
Project Manager for Mor Marco Carulli	nitoring Firm	2		phone No. 95-9595 Ext	1066		none No. 739-1200		License 01095	No.			
Start Date (10) 4/ 20/15		Scheduled 10/1/		on Date (11)		Name n/a	of OSHA Monitor						
Occupancy Status Durin	g Abatement (Che	ck Only One)				Street	Address						
X Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire I	Period of Aba	tement			City, S	tate, Zip Code						
Coope of Mark (Charle A	II That Analys												
Scope of Work (Check A	ii i nat Appiy)	D					0 1						
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			novation molition				 Containment Mini-Enclosur Glovebag Prox Non-Exempt 	e ocedure			rocedur	e	
		ls Li	ocation								7.000.000.000	emen	t
Location	n of	Norma	ally Used		De	escription	of				Ty	ре	
Asbestos-Containing	Material (ACM)		lely by tenance/		stos Con	taining N	Material (ACM)	100	mount			m	
TO BE AB		Custo	dial Staff?	(i.e		Il system: acing, VA	s insulation,		Specify F or LF)	Ren	Re	nca	Enc
(13)		The second second	(12)			miscellar			OI LI)	Remova	Repair	Encapsulate	Enclosure
		Yes	No N/	Α						Ē		ate	6
See attached			Х							X			
										17			
										1			
Name of Registered Was	ste Hauler		N.IDEF	P Waste	Cubic	Yards	Name of	Registe	ered Landfi	11			
Hilltop Enterprises, Inc.			Hauler 0035	ID No	of Wa		Minerva		rea Landii				
City, State West Chester, PA 1938	80				Dispo:	sal Date 15	City, Sta Waynest		H 44688	+			
Completed by James Mahoney		Title Project m	nanager			Signature	resMaho	ner	V 4.	ate /7/15		8	

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

			Location		8			Abate Ty	emen /pe	it
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM)	Ma	Solely b aintenan stodial S (12)	y ice/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
98 - 64 		Yes	No	N/A				-	late	ıre
First and Second Floors				Х	12x12 VAT & Mastic	24,000 SF	X			
First Floor Ramp to Annex				Х	Brown linoleum and mastic	800 sf	X			
First and Second Floors				X	Grey sink undercoat material	20 ea	X			
Throughout all floors				X	Wall damp proofing	12,500 SF	X			
						,				s
					-					
		4								
	40		#1							

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)						Name of Building Owner/0							
April 3, 2015						The First Reformed	d Chur	ch	157	- ADD	1-		
Agencies Notified			fication			Street Address	.		_		TV I		£ 4
X EPA		X		al Notifi		529 Newark Pompto	on Turi	прік	е				
DCA		100		d Certif		City, State, Zip Code	т			p 7	ATI.		172
x DOL					ncluding	Pompton Plains, N.	J		T 1			1117	
X DEP			justifica		×.	Name of Contact Elaine Bednarek		I	<u>l ele</u> p	hone N	Imner		
x DOH			Cancel	iea							·		
Name of Facility (Afficient About		leine Di	(2)		FACILITY INF								
Name of Facility Where Abatem The First Reformed Ch		KING PI	ace (3)			Type of Facility (4) School (K-12)							
The First Reformed Ci	iuicii					Subchapter 8 (other than	n K-12)						
Street Address						Other (i.e. private & con		huildin	as ho	mes etc	.)		
529 Newark Pompton	Turnpi	ke				Sq. Feet: Unknown						ars	
City (5)	County (6	3)		County	Code (7)	Oq. 1 Cot.	11 011	10010	<u>. 2.</u>	09.719			
The state of the s	Passai	_			Jse Only)	Current Use (prior if being	demolis	hed):					
							50	(180)					
Name of Monitoring Firm Hired	by Bldg.	Owner	(8)	ASCM	No.	Name of Contractor (9)							
EnviroVision Consu				0007								2	
						GREENWOOD ABAT	LEMEN.	T CO	NSU	LTAN	rs, inc)	
Street Address						Street Address							
20-21 Wagaraw Road,	Bldg #	34A	4			511 MAIN STREET							
City, State, Zip Code		-				City State, ZipCode							
Fairlawn, NJ 07410						Butler, NJ 07405							
Project Manager for Monitoring	Firm		Telephone Number			Licens	se Numb	er					
Fred Larson													
		Cooper		A A Water Section		973-492-0477			0084	-0			
Scheduled Start Date (10)					n Date (11)	Name of OSHA Monitor							
April 6, 2015		Ap	ril 10,	2015		EMSL inc.							
		(0)		\									
Occupancy Status During Ab Facility Closed/Vacated						Street Address							
Abatement Performed						1056 Stelton Road							
Describe	Outside (01 14011	mar i aoi	nty i loui	5	City, State, Zip Code							
Other - Describe:													
						Piscataway, NJ 08	854						
Source of Work (Check all that	apply)												
										vith Neg	ative Pre	essure	
≥ 3 sf or ≥ 3 lf					Renovation		Mini-E						
□≥ 160 sf or ≥ 26	60				Demolition		Gloveb						
La cation of Asharatan Cantainin	- Lat		. Name al	الممطاييا	Description of Ash	pestos Containing Material		=xemp mount			on-Friab nent Typ		eaure
Location of Asbestos-Containin Material (ACM) in Facility (13)	•		n Normal Maint./Cu			ial systems insulation, surfaci		Specify					
material (Figure)		ff? (12)			VAT, or other mis			LF)	1701	Remov	Repair	Encap I	Enclose
	YE	S	NO	NA									
Basement			X		VAT & Masti	C	1,	,500	SF	X		-	
										15		1.511	
Name of Reg. Waste Hauler	ě			te Hauler	- ID #	Cubic Yards of Waste:					stered La Landfill	indtill	
See Hauler Below # 1 & 2 See Below						20				O.W.S	Landilli		
										rva En	Ohio		
Hauler #1) Greenwood A	A hatam	ant C	oneul#	ante In	c - Butler N I C	7405	Disposa	al Date			City, Sta	te	
	2561 NY DEP #					71400	April			1.0	Route 2,		
Hauler #2) Newark Cartin				04509.1	NJ DEP # 19551			, .			Bridgepo		
Additional framework Cartin	-5, 1110.	1.1011		,							304-842	-2/84	
											9000 Mi	nerva Ro	oad
						Signature					Waynes	ourg, OF	1
Completed by (Print or Type)									Date		045		
Marin Graure					· I	Marin Graure			Apr	il 3, 2	015		
		MAN	AGEF	1									

GAC # 2015-482



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

Date of Notification (1)						f Building				*	Fre se					
04-06-15					04/10/08/20 20/	Vestwoo	d Aver	nue LLC	;	ž.	The Alb	9 11	10	1-,		
Agencies Notified		otification			Street A 649 V	iddress Vestwoo	d Ave.			á.			N-HO	16.	Ü	
EPA DEP	-	tial nended		-	City, Sta	ate, Zip Co	ode				1	i, i, \ldots		141	7.5	
DOL	Ar	nendment #		_	River	Dale, N	J 0767	5				Artel I.	, e ę			
DOH.	Er ins	nergency (i stification)	ncluding		Name o	f Contact					Teleph	none Nu	mber			
DCA		ancellation			Keith	A. Mich	els				\$60 -					
					FAC	ILITY INF	ORMATI	ION					-		7.0	
Name of Facility Where	Abateme	nt is Taking	Place (3	3)					Type	of Facility (4	•)					
Private Residence										School (K-12						
Street Address		200								Subchapter 8	8 (Other t	han K-1	12)			
649 Westwood Av	e.									Other (i.e. pretc.)	ivate & c	ommero	cial buil	aings	nome	es,
City (5)										re Feet	# of FI	oors	E	Bldg. A	Age	
River Dale																
County (6)				T		Code (7)	110		Curre	ent Use (Prio	r if being	demolis	shed)			
Bergen					(STATE	USE ONLY	· —									
Name of Monitoring Firm	n Hired by	Building C	wner (8)		ASC	M No.		Name o	of Aba	tement Cont	ractor (9)		1000	₽.	= NE = []	5040
N/A					3,500,000			Delfa	Cor	ntracting L	LC				**	
Street Address			-		٠			Street A	Addre	SS		1				2 0.00
								522 7	7th S	treet						
City, State, Zip Code		-				(4)		City, St	ate, Z	ip Code		1				
								Unior	n Cit	y NJ 0708	7	* + " -			0.000	
Project Manager for Mo	nitoring F	irm			Telepho	ne No.		Telepho	one N	0.	L	icense l	No.			
		10 10	1111			31 (3)		201 2	216-9	9603	0	1206	5 5 75 35			Krange (+)
Start Date (10)	.03		Schedule	ed Cor	npletion	Date (11)		Name o	of OSI	HA Monitor		1				
04-08-15			04-09-	-15				Delfa	Cor	tracting L	LC				84 II 83	4.40
Occupancy Status Durin	ng Abaten	nent (Check	Only Or	ne)		100		Street A	Addre	ss		1				
Facility Closed/Vac	ated Duri	na Entire P	eriod of	Abater	nent	100		522 7	7th S	treet				* # #		
Abatement Perform	ned Outsi	de of Norm	al Facility	Hours				City, St	ate, Z	ip Code	W. 2	147 147				
Other - Describe:					31	1 1 1 1 1	-	Unio	n Cit	y NJ 0708	7			5 (15) S10		
Scope of Work (Check A	All That A	oply)														
≥3 sf or ≥3 lf	()			Renova	ation				Ful	Il Containme	nt with Ne	egative	Pressu	re		
2160 sf or ≥260 lf				Demoli	tion			×		ni-Enclosure		· · · · · ·				
	i e							×		ovebag Proce n-Exempted		on-Fria	ble Pro	cedur	e	
			l lo	Locat	ion										ement	
Locatio	- of		17753	Vorma		13	Do	scription o	o.f		4	- *	100	Ty	pe	2.
Asbestos-Containing		(ACM)		d Sole		Asbes		taining Ma		(ACM)	Amo	unt	4.		m	
TO BE AB		(A) (SE)	5/22/533	intena todial S		(i.e.		systems		ation,	(Spe		Rei	R	Encapsulate	Enclosure
In Faci (13)				(12)	35	10.00		cing, VAT niscellane			SF or	LF)	Remova	Repair	psu	losu
			Vesi	NIE	N/A	1						(ac +)	2	Ι.	late	ire
Fig. Floor	IZH ala a		Yes	No	IN/A			\	-			-	-			
Firts Floor /		1		X	-			VAT			140		X			
Firts Floor / Li		OIII		X	-		D - 11 - 1	^			140		X			
Basem	ent	DOT 1811		X	-		Boller	Insulat	ion		24.9	SF:	X			
				1.5		ļ					1-7	11 15				
Name of Registered Wa		r			IJDEP W lauler ID		Cubic of Was			Name of R	-14-00 (0.00 (0.00)					
Delfa Contracting L	LC	- va		1	5240		3			Tullytow	n Reso	urce F	Secov	ery F	acili	ty_
City, State	,						Dispos	sal Date		City, State		1				
Union City NJ 0708	7						04-10	0-15		Tullytow	n, PA			11 11 4		
Completed by			Title				S	ignature		11	1	D	ate			\neg
Jaime Delgado	2 8 53		Proj.	Man	ager				1	19		0	4-06-	15	17-17	More The

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Check#2151		20	eQ I IE			to NJAC			EMENT	Emer	gency n	atific	ation	,
Date of Notification (1)					Name o	af Building	Ovmer/O	perator (2	1 -			1	+	
04	03 /	15	_		'Buddy	1990 LL	C"			AFI. A	1 115	1	1	
Agencies Notified	Type Notif	noisean				Address			1	-1/1		1		
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S DOLWD	Amend	ed			CH" BI	tate, Zip Co	MAG			I WA VER	(A)	(7)	+	
E DHSS	Amend	ment #_		i					VALA	Car Albert	1. 1.	11	- 1	
DCA	Emergi	ency (inc	iuding			air, NJ 0	7043		Remarks and age					
(NJAC 5:23-8)	_ justifica				Neme (of Contact				Talephone Nur	nbar	5	2	5
	_ Cancel	letion			Brando	n Rogers		- Contract Contract		1	2=			
					FAC	ILITY IN	FORMA	TION				(i)	-	D
Name of Facility Where	Abatementi	a Teking	Place	3)					Type of Facility	(4)	G			
Private house		A-1030							Bohgal (K-12	3)	FT			5
Street Address									Supchapter	Other than K-1	2)			
									homes sto.	nivete and comm				
64 Hawthorns Place									Squere Feet	# of Figors	4 BK	-		
1000									Signa a Leav	a at timbre	3.0	ائي بال		
Montciair, NJ 07043											_ C	.,	(%)	_
County (6)					Count	y Cods (7) (STATE US	E ONLY)	Current Use (P	nor if being demo	(bedel)		_	
Essax														
Name of Monitoring Fig	m Hired by 5	uliding C	wner (8)	ABCM	No.	Namao	f Abatem	ent Contractor (9)				
						14	Or Tech	LLC						
Strawt Address							Street A	ddress						aviii-
						-	576 Va	lley Rd #	283					
City, State, Zip Code							City, St	ate, Zlp C	ode					
50 0 0							Wayne.	NJ 074	7Ô	(**)				
Project Manager for M	onitor ng Firm	1		Tel	schone.	No,	Telepho			License No.				
1							973-63	9_1777		01127				
Start Date (10)		Scheo	ulad C	ampie	tion Da	te (11)		FOSHA N	dantar	- I				
04 / 04	, 15	1			5 /									
	77.0		-		_ ' -		1		msultants, Inc					
Ocoupancy Status Dur								Searbook		34				
Facility Closed/Vac									Road, Bldg .#	35 E				
Time of Abstement	AM-	noimai	Machei Machei			AM	City, St	ete, Zip C	ode					
			ти			C.id	Fair La	wn, NJ 0	7410					-
Scope of Work (Check	all that apply)					H			nacion with negal	Ne Xed			
107 52 of 00 53 16			91 p.	ומעסה	inn		Н	Mini. End	Acure	egative Pressure				
>3 af or >3 lf ≥ 160 af or ≥260 if				moiti			×	Gloveba	g Procedure	Tent with Negat	ive Press	Lite		
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				Loca							Ab	alem	ent Ty	ype
Locati		Chal		d Sol	siv by		De	scription	pf		20	Į.	II.	Щ
Asbestos-Containir		(PM)			ence/	ARDE	Stos Dom	aming sag	aterial (ACM) insulation.	Amount (Specify	3	Repair	153	dat
IN Fa			Cus		Staff?	1,11		cing. VAT		SIF or LF	Remova	E.	Encapsuláte	Enclasure
(13	3)			(12)		-	other r	miscellensim	eous)		=		ale	U.
			Yes	No	NA									
Basement			П		X	Pipe ins	ularion -			220 LF	X	П		
First floor					8	VAT fic	-	; ·	-	150 SF	×		П	
Second Roor		41			X	VATE	- 1			80 SF	×			
					Z	1				500 55	S			П
Third floor	North Idead			1-			or tiles		ite Name of Rec	500 SF	10	-		ب
Name of Registered V	vaste matagr			l'a					+01					
Gr Tech LLC					00337	85	TB		T.R.R.F. In	C				
City, State							Dispos	al Date	City. State					estie-
Wayne, NJ 07470							TB	D	Tullytown,	PA				
Completed By (Print of	r Tynel	Tit	R				THE OWNER OF TAXABLE PARTY.	gnature /	TEMESTOWN SE		Date			_
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N.Jevtic		Ow	ner					Me	we was	44.8	04/03/2	015		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

CH# 1/20

		(Pursuant to NJAC			PRIO AMO	7
Date of Notification (1)	TIT OF TICE	Neme of Building	g Omnes/Operatio		•	Chippenh
Dam in Manageon (.)	4/07/15	THE JACK	. FERULETIE			DL 2 -
Agency Notified	Type Notification	Street Address	IK ST		Litering	-
EPA .	C initial C Amended	City, State, Zip.	Code	-		material de
	Amendment#	NEWAI	716 .		Telephone Number	
000	C Emergency (including institution)	9 Name of Conta	ot -	-1	References seminar	1
E DOH D DCA	Cancellation	TR	FERREIR			7
		FACILITY IN	ORMATION .	Type of Facility (6)	
Name of Fariffly Where	Abstament is Taking Place	ce (3) ·				1
remine of a configuration				O School (K-12)	TO SERVICE PROPERTY PLANS OF P	
Street Address				m Other file. priv	ale & commercial bui	dings,
113 Pak S				homes, etc.) Square Feet	#of Floors BI	dg. Age
City (5)		-		2500	2	80
NEWA	RK		. ASTATELISE	Ownerst Use (Pri	or if being demolished	n
County (6)		County Code () (STATE USE	1-1-1-1	OUSE _	
ESSE	Χ.		I Name of Abate	ment Contractor (9)	
Name of Moreloring Fir	m Hiseri by Building Owne	ASCM No.	NOUALE	=ch INC		
(8)			Street Andress	0111	:	
Street Address	i		160 RC	× 814_	-	
		-	City, State, Zip		10. U886	. 73
City, State, Zip Code	n .	2 59	1010 10	5100E V	License No.	<u> </u>
Project Manager for life	noncente l'ant-	Telephone No.	Telephone No.	DUZCOO	00000	. '
Project Manager in in			Hame of OSH	N T SOO		
Start Date (10)	Scheduled C	ompleton Data (11)	0.000	TECH 1	toc -	<u>. </u>
11 111-1		6/15	Street Address	0111	*	
Occupancy Status De	ing Abelement (Check on	th cust	PO. K	30X 814		
	- Calina Danieri	of Ahalement	City, State, Zip	Code	0.08857	
A Blackstradity in Cellulus	ated During Eithe Petro ed Outside of Normal Fac	any rous	010 190	1000		
Other - Describe: Scope of Work (Check	ෙන් වැන් පැහැරු)	.*	. DPu	e Cordeinment with	Negative Pressure	
	F SET CHET ALL 23	Q Renovation	2 . 13.66	ni-Enclosure		To compa
C≥3507≥35		Demotizon	· DN	in-Exempted (*) ar	d Non-Frishle Proces	
M21603012201		is Location .		-	-	Type
	-	Normally .	Description	m of	Amount	
Loc	ation of	Liced Solely by As	testos Conteino Le., themal syste	BASSES (L. Carre)	(Specify	Encapsulate Repair Removat
Ashestos-Conta	ining Malerial (ACM) ABATED	E STEERINGS	CONTRACTOR OF THE PARTY OF THE	7.82h. N (F.10)	SFORLE)	ovalr love
193	Facility	Staff? (12)	other miscell	eneous)		- 6
	(13)	1 200				
		Yes No NA				
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EXIERIO	12	1 1 1 1 1 1	<u> </u>	7		-
FATER						
<u> </u>		NUDEP Waste Hauter	Cubic Yards	of Name of Reg	istered Landfill	
Name of Registered	Waste Hauter	DNo.	Waste	600	7(0)5.	
NOIST	to inc.	18501	BA 1-	e Caty. State	13.6	1
NOVHIEC	VI 1100	2000	Disposal Date	5 Harris	suilse Kil	1
City, State	IGE NO.	0885+	17/10/1	- Ward	() () · I	Date 12/15
(11) BISCH	Joe ()	1.2011	Signature	1/2/ DA	sulli 1	4/07/13
Completed by	YEINAL M	ESIDENI	Secure Supra	nted activities.		1
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ASB-41

CK # 23161

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

D-t f N - t/5 t/ (4)		7		_	h1	- (D 11-11	0 10 1	0,					
Date of Notification (1) 04 /	06 /	15				of Building ger, Esta	o Owner/Operator (ote L.J		BAPRIO.		- sa		
Agencies Notified	Type Notif	ication			Street	Address			and that the same	EH 12.	2. 83		
⊠ EPA						. BOX 32		400			- 61		
□ DEP □ DCA (NJAC 5:16)	Amend				City, S	tate, Zip C	ode			1. The			
DHSS	☐ Emerge	ment #_	cluding		Sole	eburry, P	A			1-19			
☐ DCA	justifica	ation)	Jiddillig		Name	of Contact	t		Telephone Nur	mber			
(NJAC 5:23-8)	☐ Cancel	lation			R. T	rzaskon	a	27.92					
					FAC	CILITY IN	FORMATION						
Name of Facility Where A	Abatement is	s Taking	Place	(3)				Type of Facility	(4)				
Private Home								School (K-12		121			
Street Address								Subchapter 8	(Other than K-1		dinae		
302 Rancocas Ave.								homes, etc.)		ciai buii	uniys,		
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Delanco New Jerse	y 08075-4	038						2980	2.5		114		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)			
Burlington								Private Hom	ne				
Name of Monitoring Firm	Hired by Br	uilding C	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					-
Health & Safety Se	rvices	· · · · · · · · · · · · · · · · · · ·			117		Diamond Hu	ntbach Constru	uction Corpor	ation			
Street Address							Street Address						
318 12th Street							500 East Luz	erne Street					
City, State, Zip Code							City, State, Zip C	ode					
Hammonton, NJ 08	8037						Philadelphia						
Project Manager for Mon	08.3887/			Tele	phone	No.	Telephone No.		License No.				210017
Jim Proctor					9-704		215-739-8166	,	00646				
Start Date (10)		Sched	uled C	1/	tion Da		Name of OSHA N				_	112.7.2	
_ 04 / 07 /	15	200000000000000000000000000000000000000			' /	and the second	SAME AS AE						
Occupancy Status During				15, 5		10000	Street Address						
☐ Facility Closed/Vacate					ment		Street Address						
☐ Abatement Performed	_					cribe	0:4 0:4-1-7:-0	- 1-					
Time of Abatement: 7					0 000	OTIDO	City, State, Zip C	ode					
Scope of Work (Check a	II that apply)				-)								
Scope of Work (Check at	п пат арргу)						☐ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			Re			2. 8	☐ Mini-End						
⊠ ≥160 sf or ≥260 lf			⊠ De	molitic	on	35		g Procedure mpted (*) and No	n-Friable Proced	lura			
			100	Locat			Z Non Exc	impled () and ite	THE HADIO THOSE		patem	ent T	vne
Location				Norma	lly ely by `		Description of				1		Ī
Asbestos-Containing		CM)		intena			stos Containing Ma		Amount	Remova	Repair	Enc	Enclosure
TO BE ABA			Cus		Staff?	(i.e., the	rmal systems insul: VAT, or	ation, surracing,	(Specify SF or LF)	VOD	air	aps	losi
(13)	,	10		(12)	1 22 22	-	other miscellane	eous)		<u>n</u>	-	Encapsulate	Jre.
			Yes	No	N/A							te	
Exterior of House				\boxtimes		Transit	e Siding		3700 SF	\boxtimes			
							P ₂						
Name of Registered Was	ste Hauler			N	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
Diamond Huntbach	or Service	e Tran	sport	Н	lauler II	No. 9/20990	Waste 20	Minerva					
City, State					. 5505		Disposal Date	City, State					
Philadelphia, PA 19	9124 / New	Castle	e, DE				US		rg, OH 44688				
Completed By (Print or T	ype)	Title				2	Signature]	Date		1	
Wayne Huntbach	300	P	roject	Man	ager		11 bus	1		4/	6	11	5

State of New Jersey APPROVED: TOM VOORHEES, NJDOL NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	(1)			Name	e of	Buildir	a Owner	/ Opera	tor (2)			# 64 12	Ā I D	p.		
	4/6/15			Old E	3rio	dge To	ownship	Board	of Ed	ucation	1	107 15.44	11 110	F. [2:	56
Agencies Notified EPA	Type Notific	ation		Street	t Ac	dress					É		7/2			
□ DEP	Initia			Patri	ck	Torre	Admini	stration	n Bldg	, Count	y Route	516	-117			
□ DOL	Ame						Code						1 4	1	10	
□ DOH		gency				Contac	07747									
☐ DCA		ellation				ik Fra							Teleph	one N	lumi	oer
				FA	CII	ITY IN	IFORM/	ATION								
Name of Facility Wh	nere Abateme	ent is Taking Pl	ace ((3)				e of Fac	cility (4)							
Old Bridge HS							Ø	School	(K-12)	NON SL	B-CHAP	TER 8				
Street Address					A-1						an K-12)					
4209 Route 516								Other (i	i.e. priv	ate & co	mmercial	buildin	gs, hor	nes, e	etc.)	
07. (5)							Squ	uare Fee	t	# of Flo	oors		Bldg. Ag			
City (5)		County (6)	Co	ounty (Cod	e (7)		5000			1		(20. 3	40+		
Matawan		Middlesex							(Prior	if being o	demolishe	d)				
Name of Manitorine	Firm I lies of h	D. II.II.	(0)					hool								
Name of Monitoring Environmental C		y Building Own	er (8))	A	SCM N		ne of Ab	atemer	t Contra	ctor (9)					
Street Address	omection							stol En		nental,	inc.					
120 North Warren	Street							eet Addre 23 Beav		oot						
City, State & Zip Coo								, State &								
Trenton, NJ 0801	ect Manager for Monitoring Firm							stol, PA								
	ect Manager for Monitoring Firm ninick Dercole						Tele	phone N	Number		Lice	ense N	umber			
								5)788-6			004	509				
4/8/15								ne of OS stol Env								,
Occupancy Status D	uring Abaten	nent (Check on	4/8/ lv on	e)				et Addre		ieniai n	IC.					
Facility Close	ed/Vacated D	ouring Entire Pe	eriod	of Aba			112	3 Beave		et						
☐ Abatement P	Performed Ou	tside of Norma	І Но	urs – 7	am	to 3pr		, State &								
Describe:								stol, PA								
Facility Occu																
Scope of Work (Che	ck all that ap	ply)								F C					×10000000	
≥3 sf or ≥3 lf			\boxtimes	Reno	ova	tion				Mini-En	ntainment	WITH IN	egative	Pres	sure	
≥160 sf ≥260	If		\Box	Dem	oliti	ion					ag Proced	lures				
											empted ar		Friable	Proc	edu	re
	cation of			Locatio			D	escription	n of		Amo		_	teme		
	s-Containing rial (ACM)			nally U		i		stos-Con aterial (A		-	(Spe					
	E ABATED			tenanc		r		hermal s			SF or	LF)	R	77	Enc	. п
in	Facility			odial St			insulatio	on, surfac	cing, VA	AT			Remova	Repair	aps	cls
	(13)	-	Yes	(12) No	N/A		or othe	r miscell	laneous	()			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ai-	Encapsulate	Enclsoure
Auxiliant Cum Mo	zzanino.			NO	IN/F	`	D:						-		Ф	
Auxiliary Gym Me	ZZamne				님		Pip	e Insula	ation		9 L	.F				
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			H	H	님	-								님	4	닏
			H	H	H	+							井片	님	4	님
			H	H	H								╁┼┼	HI	4	님
Name of Registered \	Waste Haule						Cubic Y		Name	of Regis	stered Lar	ndfill				
Sanvice Transport	Inc					ID No.				100						
Service Transport City, State	IIIC.			209	90		1 Cu Y			rva Lan	dfill					
New Castle, DE							Disposa 4/8/15	al Date	City, S	state n, Ohio						
Completed By (Print of	or Type)			Title			Signatu	Ire	LISUC	ii, Oiii	,		Data			
Sino Pizzigoni	, , , ,			Proj		t	olynatu 01) •	• ,	1.0		Date	E		
3				Man			Du	wo Try	Brigh	one	1-11		4/6/1	0		
I 15060							1/		00		0					

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

Date of Notification (1)				N				Operator (2								
04 /	03 /	15			New J	lersey So	chool	s Develop	ome	nt Authority	200	7.7	9	fu	17.	-53
Agencies Notified	Type Notific	ation		S	treet Ac	ddress										
⊠ EPA					32 E.	Front Str	reet				(A)				24	
□ DOLWD □	☐ Amende			C	ity, Sta	te, Zip Coo	de									1
□ DHSS □ □ □ □ □ □ □ □ □	Amendm				Trent	on, NJ 08	3625									
DCA (NJAC 5:23-8)	☐ Emerger justificat		uaing	N	lame of	Contact					Telephone Num	ber				
(NJAC 3.23-0)	☐ Cancella				Robe	rt Zeider	s							_		
					FACII	LITY INF	ORM.	ATION		- of Facility (4)						_
Name of Facility Where A		Taking	Place (3)						e of Facility (4)	į.					
Trenton Central Hig	h School								П	School (K-12) Subchapter 8 (Other than K-12	2)				
Street Address										Other (i.e., priv	ate and comme	ercial	builo	lings		
400 Chambers Stre	et									homes, etc.)			D1-1-	Α		
City (5)									100	are Feet	# of Floors			. Age	1	
Trenton										50000	2			- 85		
County (6)					County	Code (7)(3	STATE	USE ONLY)			if being demol	ished)			
Mercer										acant					. 5	
Name of Monitoring Firm	Hired by Bui	ilding O	wner (8) A	SCM N	0.				ontractor (9)						
CB&I Government							US	A Environ	men	ntal Manager	ment, Inc.					
Street Address							Street	Address								
200 Horizon Center	Boulevard	d					843	6 Enterpr	ise /	Avenue						
City, State, Zip Code							City, S	State, Zip C	ode							
Trenton, NJ 08691							Phi	ladelphia	, PA	19153						
Project Manager for Mon	itorina Firm			Telep	hone N	0.	Telep	hone No.			License No.					
Mike Vollo				100000000000000000000000000000000000000	9-584-8	protosen in	215	3-365-5810	0		001156	1				
Start Date (10)		Sched	uled Co	mpleti	ion Date	(11)	Name	of OSHA N	Monit	or						
04/15/	15				_ / _	0.00	US	A Environ	nmer	ntal Manage	ment, Inc.					
							Stree	t Address								
Occupancy Status Durin					nent			36 Entper	prise	e Avenue						
☐ Abatement Performer	d Outside of	Normal	Facility	Hours	s - Desc	ribe		State, Zip C								
Time of Abatement:	7:00 AM-3:3	30PM/_	P	M	AM			iladelphia		19153						
Scope of Work (Check a	Il that apply)									700 008						
Coope of Work (Check)								☐ Full Cor		ment with Nega	ative Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Rei					☐ Gloveba	ag Pr	ocedure						
≥ 100 St 01 ≥200 II								Non-Exe Non-Exe	empt	ed (*) and Nor	-Friable Proced	dure				
	10		(2.75)	Locati									Aba	teme	ent Ty	/pe
Location				Normal d Sole				Description		-1 (4 CM)	Amount		Re	Re	四	En
Asbestos-Containing		CM)		intena		Asbes	stos C	ontaining M mal systems	iateria s insu	ulation.	(Specify		Removal	Repair	Encapsulate	Enclosure
TO BE AB			Cus	todial S	Staff?	(su	rfacing, VA	T, or		SF or LF)		/al		sula	ure
(13)				(12)	1		othe	er miscellan	eous	5)					te	
			Yes	No	N/A											
SEE ATTACHED												_				
														<u>_</u>		
														Ш		
Name of Registered Wa	aste Hauler			- 32	JDEP \		Cubi	ic Yards of	1	Name of Regis	tered Landfill					
Service Transport	t Group		3.5	F	lauler II	J NO.	25	50		GROWS						
City, State					osal Date	(City, State	DA								
New Castle, DE							12	2/31/2015		Morrisville	, PA					
Completed By (Print or	Type)	Tit	le					Signature	11 6	WV		Date			_	
Dilip Kumar		1	Progra	am Ma	anager			by	W.	Mua		14.	_3	-1	5	

ASB-41 MAY 11

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

Location of Asbestos- Containing Material (ACM)		ation Norma by Maint./C	ustodial	Description of ACM (i.e. thermal systems insulation,	Amount (Specify SF or LF)	Abaten	nent Ty	ype	
in Facility (13)	YES	Staff? (12) NO	NA	surfacing, VAT, or other miscellaneous)		Rem.	Rep.	Encap	Enclos
Building A			x	Exterior Caulk	1650 LF	Х			
Building B			X	Exterior Caulk	4145 LF	X	1	-	
Building C			X	Exterior Caulk	5276 LF	x			_
Building D			X	Exterior Caulk	1747 LF	X			+
			X	Exterior Caulk	65 LF	X	+		-
Building E			X	Exterior Caulk	21 LF	×	-	-	_
Building F					110 Each		+		_
Building A			X	Exterior Glazing		Х			
Building F			X	Exterior Glazing	69 Each	х	-		_
Building A			X	Roofing	65517 SF	X			
Building B			X	Roofing	27500 Sf	Х			
Building C			X	Roofing	29325 SF	Х			
Building D			X	Roofing	45820 SF	Х			
Building A			X	Floor Tile and Mastic	19472 SF	х			
Building C			X	Floor Tile and Mastic	220 SF	Х			
Building D			X	Floor Tile and Mastic	7736 SF	х			
Building E			X	Floor Tile and Mastic	7628 SF	х			
Building A			X	Nail Crete Mastic	51348 SF	X			
Building B			X	Nail Crete Mastic	34340SF	X			
			X	Nail Crete Mastic	19807 SF	X	-		-
Building C				Nail Crete Mastic	9712 SF		-	-	-
Building D			X			X	+	-	-
Building F			X	Nail Crete Mastic	9600 SF	Х	-		-
Building A			X	Duct Insulation	24 SF	х			
Building C & E			Х	Fume Hoods	6 Each	Х			
Building A (Auditorium)			X	Duct Insulation	420 SF	Х			
Building A			X	Acoustical Plaster	7560 SF	х			
Building D			X	Acoustical Plaster	8550 SF	х			
Building C			Х	Transite Table Tops	416 SF	x			
Building A			X	Pipe Insulation	2128 LF	х			
Building B			X	Pipe Insulation	1061 LF	X	-		
Building C			X	Pipe Insulation	951 LF	x			_
			X	Pipe Insulation	170 LF	X	-		+-
Building D							-		_
Building E			X	Pipe Insulation	31 LF	Х	-	_	_
Building F			Х	Pipe Insulation	208 LF	Х	-	_	
Building A (Tunnel)			X	Pipe Insulation	7290 LF	х			
Building B (Tunnel)		l l	X	Pipe Insulation	5238 LF	Х			
Building C (Tunnel)			X	Pipe Insulation	4264 LF	Х			
Building D (Tunnel)			X	Pipe Insulation	4170 LF	Х			
Throughout School			Х	Fire Doors	50 Each	X			
						-			
							-		_
							+	_	_
							-		
							+		_
						-	+		
							-		
	1								
					-		-		-
						I			_

MO#22436295221

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name	of Building	Owner/0	perator (2)			6.2		
04 / 0	7	15			<i>.</i>	01-			·			i, no		
Agencies Notified T	vpe Notif	ication		-		Camacho)			715 122 p	r			
132.5	ype Noth	ication		- 1		Address						.) -		
	Amend	ed		10.0		Street								
⊠ DHSS		ment #			City, S	tate, Zip C	ode							
I Company of the Comp] Emergi	-	ludina	1	North	Bergen, N	NJ 07047	7				17.17		
(NJAC 5:23-8)	justifica				Name	of Contact				Telephone N	lumber			
	Cancel	lation		Ī	Mario	Camacho)			AN AN				
					FAC	CILITY IN	FORMA	TION						
Name of Facility Where Aba	atement is	s Takino	Place	(3)				1	Type of Facility	(4)				_
Private house				1-7					School (K-12					
Street Address									Subchapter 8	Other than K	-1 2)			
									Other (i.e., p		mercial bu	ilding	S.	
552 78 Street									homes, etc.)					
City (5)									Square Feet	# of Floors	B	dg. Ag	je	
North Bergen, NJ 07047					(6									
County (6)					Count	ty Code (7)	(STATE US	SE ONLY)	Current Use (Pr	ior if being den	nolished)			
Hudson														
Name of Monitoring Firm Hi	ired by B	uilding C	wner (8) /	ASCM	No.	Name o	f Abateme	nt Contractor (9)					
							Gr Tech	LLC						
Street Address							Street A	ddress						
							576 Val	lley Rd#	283					
City. State, Zip Code								ate, Zip Co						
White and the second of the se					¥8		0.000	NJ 0747						
Project Manager for Monito	rıng Firm			Tele	ohone I	No	Telepho		0	License No	1			
,				1.5.0							100			1
Start Date (10)		Sched	uled C	nmolei	ion Na	te (11)	973-638	f OSHA M	anitos	01127			_	
04 /16 /	15					15								
									nsultants,Inc					
Occupancy Status During A							Street A	ddress						
Facility Closed/Vacated						SV	20-21 V	Vagaraw	Road, Bldg .#	35 E				
Abatement Performed C	utside ot AM-	ISMITON :	Facility	/ Hours	s - Des	Cribe	City, Sta	ate, Zip Co	de					
Time of Abatement.						MINI	Fair Lav	wn, NJ 0'	7410					
Scope of Work (Check all th	nat apply))		NEASON AND ADDRESS OF THE PERSON ADDRESS OF THE					and decontamin			sure	-	
			N no		200				ainment with Ne	gative Pressure	₿			
≥ 160 sf or ≥260 lf			De Ne	novatio molitio	n n		X	Mini-Enc	osure Procedure	Tent with Near	ative Press	sure		
								Non-Exe	mpted (*) and No	n-Friable Proc	edure	10		
			is	Locati	on						Ab	ateme	ent T	ype
Location of			200011	Vormal				scription o			-	1		i _ l
Asbestos-Containing Ma TO BE ABATI		CM)		id Sole intenai					terial (ACM)	Amount	_	Repair	inca	Enclosure
IN Facility				todial S		(1.6		cing, VAT,	nsulation,	(Specify SIF or LF)	VOL	air	psu	USO
(13)				(12)				niscellane			<u>m</u>		Encapsulate	æ
			Yes	No	N/A								CD.	
Basement-utility room			П		X	Pipe inst	ulation			35 LF	\boxtimes	П	П	
- account anny room	-			t==		r ipe mo	aidiron			33 81			_	
												Ш	Ш	
			П	П	П							П	П	ini
Name of Registered Waste	Hauler			N IT	FP Waste	Hauler ID No	Cubic Vo	rde of Maet	e Name of Regis	stered Landfill		Ш	Ц	
	Hadioi								itallie of Negli	Stered Landini				
Gr Tech LLC				0	03378	35	TBI		T.R.R.F. Inc					
City, State							Disposa	Il Date	City, State					
Wayne, NJ 07470							TBI)	Tullytown, P	A				
Completed By (Print or Typ	e)	Titie					-	inature ,	1		Date			\neg
N.Jevtic		0						/2	11 1	1	04/07/0	115		
ASB-41		Owi	iel		-			Te	who wer	rad	04/07/20	113		
MAY 11		9	Do no	i use ti	us forn	n for ashes	tos licens	ure exfmp	ted activities.					

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

Sept. So. States Sept. 15-4 (4555)					uilding Ov	vner/Operator (2)		17		
Date of Notification (1)				VERIZON							
4 / 20 /15				Street Addi	ess		1			ñ.	
Agencies Notified Type No.	tification			126 LAKES	SIDE BLVD).	2.5				
DEP An	ial Notifi nended I ncellatio	Votification		City, State, LANDING,		SEY 07850	Kir ja .	9 1 2	in C	100	42
	Hold IERGEI	NCY NOTI	FICAT	Name of Co			Telephone Numi	per			- 1
Name of Facility 10th and 61 of		- 51 - 41		FACILITY INFORI	NOITAN						
Name of Facility Where Abatement	is Takir	ng Place (3	\$)			Type of Facility					
VERIZON						Subchapte	er 8 (Other than K- private & commcl.		. home	es etc	:)
Street Address						Square Feet	# of Floors	T		g. Age	
71 MADISON AVENUE	. (6)					113,347	5			40	
JERSEY CITY HU		COUNTY		County Co (STATE USE		Current Use (Pr	ior if being demolis ION BUILDING	shed)	Pha	rm. La	ıb.
Name of Monitoring Firm Hired by E	Building	g Owner (8)	AS	SCM No.		ment Contractor		288971		
ESIS HEALTH & SAFETY Street Address					17	Street Address	MENTAL CORPC	RATIO	ON		-
436 WALNUT STREET						313 SPOOK RO	OCK ROAD				
City, State, Zip Code	A DEL DI	HA, PA 19	106			City, State, Zip (
Project Manager for Monitoring Firm	ADELFI			Number		SUFFERN, NE\ Telephone Num		ense N	umbei		
FRANK WESTFALL			-640-5			845-369-7500	110				
Expected State Date (10)				tion Date (11)	0000a	Name of OSHA				- 1	
4 / 20 /15 Month Day Year		Month	4 /	15 Day	/16 Year	AMERISCI LAB	ORATORIES INC		#11	480	
Occupancy Status During Abatement		only one)			1 Cai	Street Address					
Facility Closed/Vacated Du						117 EAST 30TH	STREET				
Abatement Performed Outs X Other - Describe: MC		FRIDAY 7				City, State, Zip C	Code				
				-		NE	W YORK, NEW Y	ORK 1	0016		
Scope of Work (Check all that apply) Demolition	X	Renovatio	n		Full Contai Mini-Enclo	inment with Negat	ive Pressure				
>3SF OR LF	<u></u>	Inchovatio	u			Procedure					
x >160 SF OR 260 LF						e Procedure					
Location of		Is Loca			ption of Asi			_	batem		
Asbestos-containing Material (ACM)	Ī	normally solely		1	ing Materia hermal sys		Amount (Specify	REMOV	REPAIR	ENCAP	ENCLO
TO BE ABATED		Maint/Cu:	1000	4	on, surfacin		SF or LF)	JO V	AIR	ΆP	10
in Facility (13)		Staff (or oth	er miscellar	neous)		AL		SULE	SURE
		Yes No	N/A	-				-	-	im	m
FLOORS 4 & 5 WEST ELEVATION			X	EXT. WINDOW I	OUVER, [DOOR CAULK	1,120 LF	Х			
FAÇADE AND PENTHOUSE	٠.		X	EXPANSION CA	ULK	1)	600 LF	X			
FAÇADE (THROUGHOUT)	· · ·		Х	CRACK SEALAN	Т	720	660 LF	X			
FAÇADE (THROUGHOUT)			X	RED COATING			1,600 SF	X			
										_	
							-	-		-	\vdash
								T			\vdash
			_								
					W			-			\vdash
Name of Registered Waste Hauler		NJDEP W	aste	Cubic Yards of W	aste	Name of Registe	red Landfill			L	\vdash
EXPRESS WASTE LLC		Hauler ID	No.	120		110 SAND CO.					\neg
614 FRELINGHUYSEN AVENUE City, State		1593	9	Disposal Date		BETHPAGE/SP.	AGNOLI RD				
NEWARK, NEW JERSEY 07114				04/20/15-06/30/20	015	MELVILLE, NY	1704	1/	/	/	1
Completed by (Print or Type) BENJAMIN SANCHEZ	Title	CTOR OF	OPE	Signat	ture	NXX	Date	41	1/2	//	4
DELIGITION OF THE PROPERTY OF	INIKE	O TOR OF	UFER	WIION9	1 /	1111)	1	1 /	VI	1	1

CHECK # STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT 11373

Date of Notification (1)				Name of Building Owner/Operator (2) : (1,,_	nang Hay	# \chi_2	
04/06/2015				Gene Pojawa	2015 APR				
Agencies Notified	Type of Notifical	tion		Street Address	THE DISC	110	AM 12	. ! 0	
	/ N/ N 100 1 11			25 Maple Place	A		1112	43	
() EPA	(X) Initial No			City, State, Zip Code	& LI	631	11 60		
(X) NJDEP	() Amende				& [1	CFI	9:11	TUL	
(X) NJ DOL	Amendr			Nutley, NJ 07110		O F 1+	MeG		
(X)DOH	(X) Emerge		ing	Name of Contact	-	el. Nun			
() DCA	justifica			Gene Pojawa (973)2	320/1				
	() Cancella		A OIL IT						
Name of Facility Where Abatemen	nt is Taking Place (ACILIT	Y INFORMATION Type of Facility (4)					
Residential Property	in io raking riaco (<u> </u>		() School (K-12)					
Street Address				() Subchapter 8 (other than K-1	2)				
25 Maple Place				(X) Other (i.e. private & commercial	cial bldgs., hor	nes, et	C.		
	County (6)	County Cod	o (7)		300 0			_	
City (5)	County (6)	County Cod (State Use C		Sq. Feet: <u>5,000</u> # of Floor	rs <u>3</u>	Bldg.	Age <u>6</u> ()	
Nutley	Essex	101010 000 0	21.117		24-11				
				Current Use (if being demolished):				
Name of Monitoring Firm Hired by	Bldg. Owner (8)	ASCM No.		Name of Contractor (9)			-		
N/A		N/A		Industrial Safety & Enviror	imental Solu	itions	, Inc.		
Street Address				Street Address					
N/A				3300 Hudson Avenue					
City, State, Zip Code				City State, ZipCode					
N/A				Union City, NJ 07087					
Project Manager for Monitoring Fi	rm Telephone No	umber		Telephone Number			cense N	umber	
N/A				(201)325-0055		0	1124		
Scheduled Start Date (10)	Scheduled Co	ompletion Date	e (11)	Name of OSHA Monitor					
04/07/2015	04/09/201	5		ISES, Inc.					
Occupancy Status During Abatem				Street Address					
() Facility Closed/Vacated Dur				3300 Hudson Avenue					
() Abatement Performed Outs (X) Other - Describe:	ide di Noimai Facili	ty Hours -		City, State, Zip Code					
Work area in basement unocc	upied during aba	tement		Union City, NJ 07087					
Source of Work (Check all that ap) Demolition		(X) Renovation					
Source of Work (Check all that ap	() Demondon		(X) Kellovation					
() Minor Project (< 25 SF	or < 10 LF ACM))::		(X) Full Containment with	Negative Pres	ssure			
(X) Small Project (>25 <16				() Mini-Enclosure					
() Large Project (>160 SF	or > 260 LF ACN	Л		(X) Glove-bag Procedure		<u></u>	2		
1 1 6	(- 1 0 K)	11 1		() Non-Exempted (*) ar					
Location of Asbestos- Containing Material (ACM)	Is Location Norm Solely by Mainte		(ie	Description of ACM thermal systems insulation, surfacing,	Amount (Specify SF	A	bateme	it Type	5
To be Abated in Facility (13)	Custodial Sta		(VAT, or other miscellaneous.)	or LF)			m	m
	V/50 NO					Remova	Re	Encapsulate	Enclosure
	YES NO	N/A				NOU	Repair	psul	OSL
						<u>a</u>	~	ate	Гe
Basement	25	T X	TSIP	ipe and Duct Insulation	~ 100 L. FT.				
Basement		^	1011	pe and bust modulation	100 E. 1.1.				
Name of Reg. Waste Hauler	NJDEP	Waste Haule	r ID#	Cubic Yards of Waste	Name of Reg.	Landfill			
NEWARK CARTING	0450			1 _	IESI BETHI			DFILI	
City, State	10.50		Disp.	Date /	City, State		10.5		
369 Raymond Blvd., Newa	rk, NJ 07105		The state of the s	9/2015	BETHLEHE	EM. PA	4 180	15	
Completed by (Print or Type)	Title		Signa		Date	, 1			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
David Camacho	Project Sup	ervisor			04/06/201:	5			

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

				Print For
State of New Jersey CATION OF ASBESTOS ursuant to NJAC 8:60 and	ABATE	MENT (Loc	L 13	778
Name of Building Owner/C Mr. Ben Levine	perator			10 4412:44
Street Address 700 Hanford Avenue				
City, State, Zip Code Westfield, NJ			Abatsi & Lii	CENSING
Name of Contact Ben Levine			Telephone Numb	ner
FACILITY INFORMATI	ON			
7,		Type of Facility (4)		
		Other (i.e. privetc.)	(Other than K-12) vate & commercial	
		Square Feet 2200	# of Floors 2	Bldg. Age 57
County Code (7) (STATE USE ONLY)		Current Use (Prior	if being demolishe	d)
ASCM No.		of Abatement Contr Environmental S		
		Address Box 483, 4 E Gat	te Drive	
		State, Zip Code wood NJ 07418		
Telephone No.	10 10 10 10 10 10 10 10 10 10 10 10 10 1	none No. 583-8500	License No.	
npletion Date (11)	Name	of OSHA Monitor		1
	Street	Address		
nent s	City, S	State, Zip Code		
ation tion		Mini-Enclosure	t with Negative Pre	essure

Agencies Notified	Type Notification			Street A						0.					
× EPA	× Initial				anford A		!			<u> </u>	opi s		-	- (1	
DEP X DOL	Amended Amendment	#		0.5	ite, Zip Co eld, NJ	ae					& L	ICE	31	G	
ĭ DOH	Emergency justification)				f Contact					Teleph	none Nur	nher			
DCA	Cancellation			Ben Le	evine										
Name of Facility Where	Abstament is Takin	a Blace (2)		FACI	LITY INFO	ORMATI	ION	Tuno	of Facility (4						
Name of Facility Where I	Abatement is Takin	y Flace (3)								500					
Street Address		<u> </u>							School (K-12 Subchapter	8 (Other t					
700 Hanford Avenu	ie							100	Other (i.e. pretc.)	rivate & co	ommerci	al buil	dings,	home	es,
City (5) Westfield									re Feet	# of FI	oors		ldg. A	ge	
County (6)					Code (7)			Curre	ent Use (Prio	r if being	demolish	ed)			
Union			(0	JSE ONLY,										
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	/ No.				tement Con conmental						
Street Address								Addre Box 4	ss 83, 4 E Ga	ate Drive	е				
City, State, Zip Code									ip Code NJ 0741	8					
Project Manager for Mor	nitoring Firm		1	Telephor	ne No.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	none N		21757	icense N	0.			
							II. CANADA	583-8	271.765	70	03				
Start Date (10) 4/15/15		Schedule 5/10/15	d Com	pletion I	Date (11)		Name	of OS	HA Monitor						1
Occupancy Status Durin	g Abatement (Chec	k Only One	e)				Street	Addre	ss						
Facility Closed/Vac Abatement Perform							0.1	4-1- 7						-	
X Other – Describe:		iai Facility	nours			_	City, S	itate, Z	ip Code						
Scope of Work (Check A	II That Apply)														-
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Decision of the last of the la	enovat emoliti				×	Mir	Il Containme ni-Enclosure		egative P	ressu	re		
								-	vebag Proc n-Exempted		on-Friab	le Pro	cedur	е	
		Is	ocatio	on					1				Abate		
Location			ormali Solel				scription		54 1 81 8890				l y	ре	
Asbestos-Containing TO BE AB		Mair	ntenan	ice/		tos Cont thermal			I (ACM) ation,	Amo (Spe		R	71	Enc	m
In Facil (13)		Cusio	dial S (12)	taii?		surfa	cing, VA niscellar	T, or		SF or	LF)	Removal	Repair	capsulate	nclosure
(,	*	Yes	No	N/A		01.10.7		10000)				/al	=	ilate	ıre
basem	ent			х		pipe	insula	tion		30 [_F	х			
							2								
15															
Name of Registered Was	ste Hauler			JDEP Wauler ID		Cubic of Wa	Yards		Name of F						
Freehold Cartage			939	.10.	TBD	J.C		Western	Berks	Landfill					
City, State Freehold, NJ					Dispos TBD	sal Date	2	City, State Birdsbor							
Completed by		Title				S	Signature	A			Da				
A. Scott Higgins		Presid	lent/0	Owner				W			4/6	3/15			

Date of Notification (1)

4/6/15

NO CK

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

Date of Notification (1) April 6, 2015					f Building Point Po				TC -	Ch	eck#1	N/A			
Agencies Notified × EPA	Type Notification			Street A 1250 (^{ddress} Crown P	oint R	oad		AFR AFR	ΙÜ	AH 12	: 44			
DEP X DOL	Amended Amendment Emergency				ite, Zip Co ille, NJ (^	e Lic	File	4.11	luL			
■ DOH □ DCA	justification) Cancellation	including		Name of Jeff Ze	f Contact elik					_	phone N	Jumher			
				FACI	LITY INFO	DRMAT	ION			1					
Name of Facility Where Eagle Point Power		g Place (3)					Туре	of Facility (4)						
Street Address 1250 Crown Point F								×	School (K-12) Subchapter 8 Other (i.e. pri	(Othe			ilding	s, hon	nes,
City (5) Westville									etc.) re Feet 00	# of	Floors		Bldg.	Age	
County (6) Gloucester		8			Code (7) USE ONLY			Curre	ent Use (Prior nery	if beir	ng demo	lished)			
Name of Monitoring Firm EHS Environmenta		Owner (8)	ASCN	No.		The Section of the Se		tement Contr vironmenta						
Street Address 411 Southgate Cou	rt, Suite E						Street A	Addres							
City, State, Zip Code Mickleton, NJ 0805	6						City, St	ate, Z	ip Code ade, NJ 08	052					
Project Manager for Mor Jack Carney	itoring Firm	<u> </u>		Telephor 856-22	ne No. 24-0080		Telepho 856-7	one N	0.		License				
Start Date (10) April 6, 2015		Schedul May 8			Date (11)	7	Name o	of OSH	HA Monitor alytical, Inc						
Occupancy Status Durin	g Abatement (Chec		•				Street A								
Facility Closed/Vac Abatement Perform				nent					130 North						
Abatement Perform Other – Describe:	ed Outside of Norm	al Facilit	y Hours	3		_			ip Code son, NJ 08	077	,				
Scope of Work (Check A	ll That Apply)														
≥3 sf or ≥3 if≥160 sf or ≥260 if		and the same of	Renova Demolii				×	Mir Glo	I Containmen ni-Enclosure ovebag Proce n-Exempted (dure				ıre	
		1	Locat	ion	-			1101	Lxomptoo) una	11011111	dbic i i	75050	temer	t
Location	ı of		Normal	ly		De	scription (of					1	уре	
Asbestos-Containing TO BE ABA In Facil (13)	ATED	Ma	ed Sole aintena todial ((12)	nce/		tos Cont thermal surfa	taining Ma systems cing, VAT niscellane	aterial insula , or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										е	
Pole Sh			XXX		Tran	site Ro	oofing a	nd S	iding	1,70	00 SF	X			
Carpentry		XXX		Tran	site Ro	oofing a	nd S	iding	5,00	00 SF	X				
Carpentry	Shop	XXX			Pipe	Insulat	ion		50) LF	X				
Pipe Ra			XXX			Pipe	Insulat	ion		1,00	00 LF	X			
Name of Registered Was	te Hauler	18883	JDEP W auler ID		Cubic of Was	Yards		Name of Re							
Freehold Cartage				2265	10000	40		#6 2	G.R.O.W	.S. N	orth La	andfill			
City, State Freehold, NJ						Dispos 5/8/20	sal Date 015		City, State Morrisville	e, PA					
Completed by Christina Lynch		Title Oper	ations	s Mana	ger	(Signature	hno	R.	,		Date 4/6/20	15		

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

CHECK# 8713

7/1)			3	of Building Own		(2)						
	Ž.			ARC GOTT		(-)	NU Dept	AFTR . of Health	A Sa	nior C	Ornio.	1
Type Notificat	lon	-	Stree	Address			- Tour	CHO	100	11111 0	GLAIC	08
图 Initial				1 LANTA	WA A	VE	1	[_[(signa	ture)	-	11	7.1
			City,	State, Zip Code			Date:	1115	_ Tim	e: / F	164	#
Emergend	v fincludir	ia			ومنه	02031			-	-		31
justification	(מכ	3			PERMINDEN	****	1 70	alephone Ni	imbe	r	-	
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					- William	☐ School (I	K-12)					
2 perh						回 Other (i.e	ter & (Oth L Drivate	er than K-1 & commen	2) lat bu	ildinas	bon	200
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Children Control of the Control of t			Count	(Code (7)			Dear Island	-		ري		
			(STATE	EUSE ONLY)		170	- Itol II De	ing demoisi	ned)	~	3	
ired by Buildin	Owner (8)	AS	CM No.	Name				1	62	orace Comments	
					A.M	AC Contracting !	inc	(8)	5		750	
		~~~	***************************************		Street	Address			1017		70	
	1205				185 ∨	regiand Ave.					=	
	19 5000 0000		MALLA.		City, S	tate. Zip Code	- Villa-		7			
ing Clean					Midla	nd Park, NJ 074	32			Ç"	3	alle To-
ing rests		-	Tele	ohone No.	Teleph	one No.		License N	_		7	5
	7							00156	· -	うこ		£-
	Schedu	led Co	phologion	Date (11)	Name	of OSHA Monito	)r	The same of the sa		- 6-		30
		NAME AND ADDRESS OF	7/1)		Ome	ga Environmen	tal Servic	es Inc.				
batement (Ch	eck Only C	ne)	0000		Street /	Address						A-Million Inc.
Dutside of Nor	mai Facility	Abaten Hours	rent		280 H	luyer Street						
			-		Hacks	aic, Zip Code hsack. NJ 0760	市				111111	d-dunce
hat Apply)			-					777.74				
	Pin F	?ennva	tion		Berry							
	G :	emoliti	ion			Full Containm	ent with M	logative Pr	ssun	ë		
						Glovebao Pro	ceriure					
- the same of the	Ι.	-				Non-Exemple:	र्व (") हमार्व ।	Non-Friable	Proc	edure	-	
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D,				(i.e. thanna	insining ivi	Insulation			-		<u></u>	1 11
		(12)	adari I	surfa	acing, VAT	. pr			rue.	18	c#p	Page 1
	Yes	No	N/A	Una	MINCOILLIE	ous,			5	1	dejna	Enalosure
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	an judge					Mariana and a superior and a			***************************************			
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auler	F	I N.	DEP W	isle Cobin	Varia							
			suler ID I	vo. of Wa		Name of	Registere	d Landill			- Total di	
		ł	04509	1	4	IESI	PA Bethle	hem Landfi	II Con	-		
		-	-		-				001			
-		-		Dispos	7 Date	City, Stab	e. Zip Co	de				-
	Title			4	Printer	City, Stab		de				
	Amended Amendm Amendm Emergend justificatio Cancellat  cancellat  patement is Tat  and the patem	Amended Amendment # Emergency (including justification) Cancellation  Particular of the price of	Amended Amendment # Emergency (including justification) Cancellation  Externent is Taking Place (3)  PANA  Scheduled Co Abatement (Check Only One) During Entire Period of Abatem Outside of Normal Facility Hours  That Apply)  Ac Renova U Demoliti  Is Locat Normal Custodial S (12)  Yes: No	Amended Amendment # City, seminated Amendment # FA Emergency (including justification)	Amended Amendment # City, State, Zip Code Engency (including justification)  Cancellation	Amended Amendment# Semergency (including justification)  Cancellation FACILITY INFORMATION  Paternent is Taking Place (3)  County Code (7) (STATE USE ONLY)  Facility Information  City, Same of Contact  MANC  FACILITY INFORMATION  Paternent is Taking Place (3)  County Code (7) (STATE USE ONLY)  Facility Information  City, Same of Contact  MANC  FACILITY INFORMATION  Name of Contact  MANC  FACILITY INFORMATION  Name of Contact  MANC  FACILITY INFORMATION  Name of Contact  MANC  FACILITY INFORMATION  Information  City, Same of Contact  MANC  Street  185 V  City, Same of Contact  MANC  City, Same of Contact  MANC  Street  185 V  City, Same of Contact  MANC  City, Same of Contact  MANC  City, Same of Contact  MANC  Street  185 V  City, Same of Contact  Manc  City,	Amended Amendment # Emergency (including justification) Cancellation  FAGILITY INFORMATION  PARC  FAGILITY INFORMATION  Type of Facility Subshape Subshape Cherr (i.e. thamper of Abatement Check Only One) County Code (7) Current Use (7) County Code (7) Current Use (7) County Code (7) County Code (7) County Code (7) Current Use (7) County Code (7) Current Use (7) County Code (7) Current Use (7) Cu	Amendment # Date   Date	Amended Amendment # Emergency (including Justification)  Amendment # Emergency (including Justification)  Demonstrated Fundation  FACILITY INFORMATION  FACILITY INFORMATION  FACILITY INFORMATION  Type of Facility (4)  Subchapter # (Coher than K-1 Coher (i.e. private & commence stc.)  Square Feet # of Floors  County Code (7)  Co	Amenanded Amendment#   Emergency (including   Emergency (including	Amenanded Amendment#   Emergency (including   Emergency (including	Amended Amendment # Date   Dat

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

CHECK # 8713

Date of Notification (1)	46/15		*	Name	of Building Ow	ner/Operator	(2)			Mulicin	-174	Priordina
Agencies Notified	Type Notificati	on	-	Strom	Address	WLTE	5	MDept. of H	ealth d	Sen	ior Se	ervic
D EPA D DEP	☑ Initial ☐ Amended			5	SI PAUS			Joux 1/2	(signati	IN	1	401
⊠ DOH	Amendmo	v (including		-		NJ	07657	Date:	75	Time	-0	for
D DCA	lustificatio □ Cancellati		9		of Contact	THE STATE OF THE S		Telephone	Numbe	r	••• /	-
Name of Facility Where Ab	atement is Tak	ing Place (3	31	FA	CILITY INFORM	ATION						
SCHULTES	19872	5	•1				Type of Facility	A. 1886	7-55	- 17-01		
Street Address 561 PRESEE	T AVE						School (K- Subchapter Other (i.e., p	8 (Other than It	-12) relative	ildles	c has	
City (5) PLINISH BLA							etc.) Square Feet	# of Floors	3>	C.	a₄ nor ⇒ aAge	
County (6) BRAGEAU				County	Code (7)		Current Use (Pri	Or if being deman	301	69	2	
Name of Monitoring Firm H	red by Building	Charger (D)			USE ONLY		(Corner)		50		=	
Street Address		CANICI (0)	####**	ASI	No.	Name A. MA	of Abstement Cor C Contracting Inc	stractor (9)	5.5 5.5			
			201.2			Street 185 V	Address resland Ave.	- 19-days - 1-19-days	55-		1112:	
City, State, Zip Code		1.01		111		City, S	tate, Zip Code nd Park, NJ 07432			-	Es.	
Project Manager for Monitor	ot Manager for Monitoring Firm					Teleph	one No.	License	No.			
Start Date (10) 4/6/	Date (10) 4/6/15 Schedulet					Name	262-5841 of OSHA Monitor	00156				
Occupancy Status During A	hatement /Cho	ck Only Or		1/3/1	Α	Ome	ga Environmental	Services Inc.				
Facility Closed/Vacated Abatement Performed C Other - Describe:	Diffing Finting	Dorland of A	hadam	ient		City, Sta	Lyer Street					
Scope of Work (Check All T	hat Apply)					Hacker	nsack, NJ 07506					
Î ≌3 slor≥3 lf ] ≥160 sfor≥260 lf			enovet emaliti			口数效口	Full Containmen Mini-Enclosure Glovebag Proce Non-Exempted (	dure				
Location of		, h	Locati	lv !				,	1	Abat	emen	rl
Asbestos-Containing Mat TO BE ABATE	erial (ACM) D	Use Mai	d Sole ntenar	ly by	Asbestos C	Description on ontaining Ma	aterial (ACM)	Amount	-	1	ype	
In Facility (13)			odial \$ (12)	iteff?	\$ur	ial systems i facing, VAT, miscellane	or	(Specify SF or LF)	Removal	Rapair	Emapsulate	Епореле
BASEMBET		Yes	No	N/A				12	-		라	9
1270mm				X		PIEL		110 4	×			
	7,5					The same of the sa		the state of the s	-			
me of Registered Waste He	aulor			DEP Wa		Yards	Name of Re	gistered Landfill				
wark Carting, Inc y, State, Zlp Code			Ha	iuler ID N 04509	o. ofW	aste /		Bethlehem Land	ifili Çor	p.		
wark, NJ 07105					Oispo 47	Sal Date	City, State.	- control (in the later of the			*****	
impleted by		Title		The same of	1 1							- 9



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

Date of Notification (1) 4/7/15						Building O Iaoli Priv			(2)		Sta a					
Agencies Notified	-	otification		S	Street Ad							H FARA.	IJ,	M. J.	: 48	
EPA DEP DOL	An An	tial nended nendment #_				e, Zip Cod River NJ					À				j.	
DOH DCA	jus	nergency (in- tification) incellation	cluding		lame of arry	Contact		5.5			Tele	ephone Nu	ımber	100		
					FACIL	ITY INFO	RMATIO	N			1			-		
Name of Facility Where Larry Maoli Private		nt is Taking I	Place (3)	ž.		7			Тур	e of Facility (4	500					
Street Address 112 Kathryn Street			•			- 70			×	School (K-12 Subchapter 8 Other (i.e. pr etc.)	(Othe			dings,	home	es,
City (5) Toms River NJ 087	735						1			uare Feet 00+	# of	Floors	1550	31dg. <i>A</i> 35+	ge	
County (6) Ocean						code (7) ISE ONLY)		_		rent Use (Prio	r if bei	ng demolis	shed)			
Name of Monitoring Firm	n Hired by	/ Building Ov	vner (8)		ASCM	No.	,	Name		batement Conf	ractor	(9)				
Street Address							-	Street	Addr	ress						
City, State, Zip Code			-				٠		State,	Zip Code						
Project Manager for Mo	nitorina F	irm		7-	Telephor	ne No.	_	Wes		rlin NJ 0809 No.	91	License	No.			
			, 2-h - d d					856-	753	-9800		00727				
Start Date (10) 4/8/15		4	4/10/15	i	pietion i	Date (11)	4	Sam		SHA Monitor		8	.53			
Occupancy Status Durin	ng Abaten	nent (Check	Only On	e)				Street	Add	ress						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outsi					*		City, S	State,	, Zip Code						
Scope of Work (Check / ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That A	рріу)		enoval emoliti					I O	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure	1000000 <del>0</del> 000000			re	
											1,7		T		emen	t
Locatic Asbestos-Containin <u>TO BE AF</u> In Fac (13	g Materia BATED sility	(ACM)	Use Ma	Location Normall d Solel intenar todial S (12)	y ly by nce/		os Conta thermal	system	Mater ns ins AT, o	rial (ACM) sulation, r	(	Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
Throug	h out				V			oor Ti	ilo		5	00 SF	×		+	1
Throug	n out				X		ГК	001 11			5		X	+	$\vdash$	
	8						- 10									
							9									
Name of Registered Wa	aste Haul	er		IN	JDEP W	/aste	Cubic '	Yards		Name of	Regist	ered Land	fill			
United Containers					auler ID 2459	No.	of Was			G.R.O.		=				
City, State Elm NJ					s	1	Dispos 4/10/1		е	City, Stat Morrisv		A 19067				
Completed by Anthony T Perna			Title Pres	ident			S	ignatur	2	2		1.65	Date 4/7/15	5		

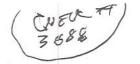


Emergency

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

CK 4758

Date of Notification (1) 4/7/15			of Building Laugoz								Ti.	-		
Agencies Notified Type Notification		Street /	Address North Spi						. P.E	Č i		2	7	
EPA Initial DEP Amended Amendment Emergency (		City, St Little	ate, Zip Co Egg Harl	ode					i, ž			177	1 45	
DOH justification)  DCA Cancellation		Joyce						Tele	ephone	Numb	er			
Name of Facility Where Abatement is Taking Joyce Laugozs Private Horne	g Place (3)	FAC	ILITY INFO	ORMAT	ION	Type o	f Facility (4)	)						
Street Address 161 North Spinnaker						St X Of	chool (K-12 ubchapter 8 ther (i.e. pri	(Othe	er than I	K-12) ercial l	build	dings,	, hom	es,
City (5) Little Egg Harbor NJ 08087						Square 1000+	Feet	# of	Floors			ldg. <i>A</i>	Age	
County (6) Ocean			Code (7) USE ONLY	)		Current	Use (Prior	if beir	ng dem	olished	i)			
Name of Monitoring Firm Hired by Building C N/A	Owner (8)	ASC	M No.	7.		of Abate	ment Contr	ractor	(9)			9		
Street Address			*			Address 30x 329								
City, State, Zip Code				+	City, S	tate, Zip		)1						
Project Manager for Monitoring Firm		Telepho	one No.		Teleph	one No.			Licens					-
Start Date (10) 4/8/15	Scheduled C	Completion	Date (11)			of OSHA	Monitor							
Occupancy Status During Abatement (Chec	k Only One)					Address					_			
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Abat	ement urs				tate, Zip								
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	ovation olition		(8)	×	Mini- Glove	Containmen Enclosure ebag Proce Exempted (	dure	17.				•	
	Is Loc	ation				11011	LXCIIIpteu (	) and	11011-1	nable		v. ii ii ii	ement	
Location of	Norn			D-	o orientia e	-6				1			ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used So Mainter Custodia (1:	nance/ al Staff?		tos Con therma surfa	escription staining M I systems acing, VAT miscelland	laterial (A insulation T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Francisco Cialico	Yes N							300000					e	
Exterior Siding		X		Exte	erior Sid	ling		100	00 SF	x				
										+	-	-		
Name of Registered Waste Hauler		NJDEP V	Vaste	Cubic	Yards		Name of Re	egister	red Lan	dfill				
United Containers		Hauler ID 22459	No.	of Wa	ste		G.R.O.W							
City, State EIm NJ				Dispo 4/10/	sal Date 15		City, State Morrisvill	e PA	1906	7				
Completed by Anthony T Perna	Title Presider	nt		5	Signature					Date 4/7/1	5			



#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	17/15		Nam		og Owner/Operato	r (2) DOSE	in which the			- 8	)
Agencies Notified	Type Notification	٦ .	Stre	et Address	.A. BO	X 37.2	A. C		1	i )	
DEP DOL	Minital     Amended     Amendment     Emergency (		City,	State, Zip		7		20	3		=
DE DOH	justification)  Cancellation		Nam	e of Conta			Telephone "		_		
•				CILITY IN	ORMATION						
	510 ENICE	<u> </u>	•				12) r 8 (Other than K-12				
Street Address 131	行下出 5	7.500	711			homes, etc					
City (5) Bn	MC ANT AT	Võ				Square Feet	# of Floors		dg. A 40	~	
County (6)	ITIC			inty Code ( E ONLY)	7) (STATE		rior if being demolis	shed)			
Name of Monitoring Firm (8)		Owner	ASCN	No.	Name of Abater	ment Contractor (	10.00				
Street Address					Street Address	S. SPK		E			
City, State, Zip Code					City, State, Zip (				280	5	2
Project Manager for Mon	itoring Firm	Te	elephone	No.	Telephone No.	79-047	License No.	14			18
Start Date (10)		duled Comp	letion D	ate (11)	Name of OSHA	Monitor	KLEMM				
Occupancy Status Durin	g Abatement (Che	ck only one	)		Street Address	9 5.51	PRUCE	AUE	-		
Facility. Closed/Vacate Abatement Performed Other - Describe:	Outside of Norma	al Facility Ho	urs		City, State, Zip C		VIII X *********************************	0	४०	52	,
Scope of Work (Check a  ≥3 sf or ≥3 lf >160 sf or ≥260 lf	II that apply)	Renova			☐ Mini-En ☐ Gloveb	ntainment with N closure ag Procedure					
		Is Loca	tion	1	Non-Ex	empted (*) and N	on-Friable Procedu		bate	ment	
		Norma Used Sol	lly		Description o	f			Тур	æ	-
Location of Asbestos-Containing M TO BE ABAT IN Facility (13)	laterial (ACM)	Maintena Custoo Staff (12)	ance/ lial ?		tos Containing Ma thermal systems surfacing, VAT other miscellane	insulation. , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
•		Yes No	N/A				1:0			в	
SipiN	G		X	1	RANSI	IE	18000				$\neg$
			-								
Name of Registered Was			NJDEP Hauler II		Cubic Yards of Waste	Name of Reg	istered Landfill				
City, State	ING				Disposal Date	City, State	-10 5 10 - 15	10	1 1	- M	17
Completed By	SHADE	<u>M</u> ,	)		Signature	1 - 1	Date	11	1,	- <u> </u>	111
MICHAEL	ICLEMM Y	P			Mu	Jul 7	14		16	5	

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

RECEIVED

Date of Notification (1)					Nam	e of Buildin	ng Owner/Operator (	(2)	1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	7 1			
	7/	15	5				Street Loft	2015	APR 10 AH	2.5			
programme and the second secon		ification			Stree	et Address			· · · · · · ·	C 3	U		
	Initial	2.5			95	8 Main St	t., Ste. 3	# 5 = 5	EICE HOTHIC				
⊠ DOH	Amen				City,	State, Zip	Code		LICENSTOR				_
		dment # gency (ir		-	Pa	terson, N	J 07503		Wille	t			
(NJAC 5:23-8)		cation)	icidali	ig	Name	e of Contac	ot .		Telephone Num	her			-
The state of the s	Cance				Ab	dul Ham	dan		Topic itali				
					FA	CILITY IN	NFORMATION						
Name of Facility Where Abar	tement	is Takin	g Plac	e (3)				Type of Facility	(4)				
Commercial Building								School (K-12	14-14-1				
Street Address								Subchapter	8 (Other than K-12	2)			
55-57 Courtland St.								Other (i.e., p	private and comme	rcial b	uildir	ıgs,	
City (5)								Square Feet	# of Floors	10	Olda I	100	
Paterson, NJ 07503								oquare i eet	# 01 1 10015		Bldg. /	Age	
County (6)					Cou	nty Code /	7)(STATE USE ONLY)	Current Hee /Dr	danish a la a	- 1			
Passaic					000	nty Code (	INSTATE USE UNLT)	Current Use (Pr	ior if being demoli	sned)			
Name of Monitoring Firm Hir	ed by R	uilding (	Jwner	(8)	ASCM	I No.	Nome of Abote						
Bio Terra Solutions	ed by b	unung (	JWHEI	(0)	ASCIVI	I IVO.	Name of Abateme						
Street Address								NAGEMENT L	.LC				
P.O. Box 1224							Street Address						
17 Sympathy (19 19 19 19 19 19 19 19 19 19 19 19 19 1							27 Outwater						
City, State, Zip Code Union, NJ							City, State, Zip Co						
• ***				1			Garfield, NJ	07026					
Project Manager for Monitoria	ng Firm			4	ephone		Telephone No.		License No.				
Rick Eustaquio		10.				1-3762	973-928-4888		1188				
Start Date (10) 4 / 17 / 1	15	1				ate (11) 15	Name of OSHA M						
	30.55	1000						NAGEMENT L	LC				
Occupancy Status During Ab  Facility Closed/Vacated D							Street Address						
☐ Abatement Performed Ou	uring E tside of	Normal	Facilit	Abate	ment	aoriba	27 Outwater I						
Time of Abatement:	_AM	Pi	VI/	PM		_AM	City, State, Zip Co Garfield, NJ						
Scope of Work (Check all tha	t apply)						, , , , ,						
≥3 sf or ≥3 lf				enovat			Mini-Encl     Mini-En		gative Pressure				
≥160 sf or ≥260 If			☐ De	emoliti	on		☐ Glovebag	Procedure					
			le	Loca	tion		⊠ Non-Exer	mpted (*) and No	n-Friable Procedu	-			
Location of			50.60	Norma		li .	Description of	•	200	Ab	atem	ent T	уре
Asbestos-Containing Mate		CM)	100000	ed Sole		Asbe	stos Containing Mat	terial (ACM)	Amount	Re	Repair	田田	Enclosure
TO BE ABATED IN Facility	2		0.000	todial	0.0000000000000000000000000000000000000	(i.e	., thermal systems i	nsulation,	(Specify	Remova	pair	cap	clos
(13)				(12)			surfacing, VAT, other miscellaned		SF or LF)	a		Encapsulate	ure
			Yes	No	N/A							te	
Roof - Boiler Room		-,1			$\boxtimes$	Roofing	Mateials		3,000 SF	$\boxtimes$		$\boxtimes$	
Boiler Room					$\boxtimes$	2 Furna	ces		400 SF	$\boxtimes$		$\boxtimes$	
Boiler Room					$\boxtimes$	Pipe Ins	sulation		300 SF				
Boiler Room					$\boxtimes$	Debris	on the floor		1,000 SF				
Name of Registered Waste H.	auler		/ <u></u>	188	JDEP \		Cubic Yards of	Name of Regist	tered Landfill				
Newark Carting					lauler II 04509	0611000000000	Waste	IESI Landfi	H				
City, State					04505	,	As Needed Disposal Date	City, State					-
Newark, NJ							TBD	Bethlehem,	PA				
Completed By (Print or Type)		Title										_	
Allen Monchik		100000000	oject	Man	ager		Signature	M	Da	te 1	7/	10	_
SB-41							- CANA	Ma			11	13	
AN 13		* L	Do not	use th	is form	for asbesto	os licensure exempt	ed activities.					

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION SHEET

				55-57 Courtland Street		Abateme	ent Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Nor S Main	Solely tenand al Staf	Used by ce/Cust ff (12)	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a l	R e p a i	E n c a p s u l	E n c c l o s u r e
Channel Dullette 4 :	Yes	No	N/A						
Shaped Building - 1st			Х	Pipe Insulation	250 LF	X		Х	Х
. Shaped Building-2nd Fl			Х	Pipe Insulation	50 LF	Х		Х	X
Shaped Building-3rd Fl			Х	Pipe Insulation	500 LF	Х		×	Х
Shaped Building -4th Fl			Х	Pipe Insulation	250 LF	Х		X	Х
•	+								
	+	7	1						
						=			
	+	+	-						
	-	-							

Completed by: (Print or type)	Title:	Project Manager	(Isia) (A.	
Allen Monchik		7 Tojece Manager	Signature	Date:

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

RECENTER

Date of Notification (1)					Namo	of Buildin	g Owner/Operator (2	2)				-	
4 /	07 /	15			1		rties LLC	2) 2818	APR 10 AH				
Agencies Notified	Type Noti	ification			Street	Address			<u> </u>	2:5	ţ		
⊠ EPA					52535355	3 rd Stree	et	£ -	£				
☑ DOLWD	☐ Amen					State, Zip (			<u>:                                    </u>				
☑ DOH		dment #_		70	1		NJ 07071	***	- mondatki				
DCA	☐ Emerg		cludin	g		of Contac			Tolophosa Numb	.05			
(NJAC 5:23-8)	justific  Cance				1000000	udine Ra	e Sections		Telephone Numb	er			
	Garico	illation											
N (= )					FA	CILITY IN	IFORMATION						
Name of Facility Where At		is Taking	g Place	e (3)				Type of Facility	559				
Commercial Buildin	g							School (K-12	?) 8 (Other than K-12)				
Street Address							2		rivate and commerc		uilding	as.	
237-239 Stuyvesant	Ave							homes, etc.)				, ,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Lyndhurst, NJ 0707	1												
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolish	hed)			
Bergen							200						
Name of Monitoring Firm I	Hired by B	uilding C	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions							I	NAGEMENT L					
Street Address							Street Address						
P.O. Box 1224							27 Outwater I	_ane					
City, State, Zip Code							City, State, Zip Co	ode					
Union, NJ							Garfield, NJ						
Project Manager for Monito	orina Firm		-1-100-1	Tele	ephone	No	Telephone No.	0.020	License No.				
Rick Eustaquio					73-494		973-928-4888	1	1188				
Start Date (10)		Sched	luled (	1	tion Da		Name of OSHA M		1100		- 50		
4 /18 / _	15	0			3 /		A STATE OF THE STA	NAGEMENT L	LC				
Occupancy Status During	Abatemer	nt (Check	k only	one)			Street Address						
☐ Facility Closed/Vacated					ment		27 Outwater I	ane					
☐ Abatement Performed	Outside of	Normal	Facili	y Hou	rs - Des	cribe	City, State, Zip Co				2.542)		
Time of Abatement:	AM					AM							
Scope of Work (Check all		P	ν/	PM			(Cartiold NI)	17076					
	that apply		M/	PM-			Garfield, NJ	07026					
Coope of Front (Officer all	that apply		M/	PM-			8		ative Pressure				
☐ ≥3 sf or >3 lf	that apply		⊠ Re	enovat	ion		Full Cont	ainment with Neg	ative Pressure				
	that apply		⊠ Re		ion	E) 1962	☐ Full Cont ☐ Mini-Encl ☑ Glovebag	ainment with Neg osure p Procedure					
☐ ≥3 sf or >3 lf	that apply		⊠ Re	enovati	ion on		☐ Full Cont ☐ Mini-Encl ☑ Glovebag	ainment with Neg osure p Procedure	native Pressure	T		- 17	
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Re	enovat	ion on		☐ Full Cont ☐ Mini-Encl ☑ Glovebag ☐ Non-Exer	ainment with Neg osure Procedure mpted (*) and No		Ab	ateme		T
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location of Asbestos-Containing N	of Material (Ar	)	⊠ Re □ De	enovati emolitic s Local Norma	tion tion tilly ely by	Asbe	Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mal	ainment with Negosure Procedure ppted (*) and No		Ab			T
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location of Asbestos-Containing M TO BE ABAT	of Material (A	)	⊠ Re □ De	enovati emolition s Local Norma ed Sole	tion tion tilly ely by	Asbe	Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mal	ainment with Negosure procedure mpted (*) and No ferial (ACM) nsulation,	n-Friable F'rocedure Amount (Specify	Ab	ateme Repair		T
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location of Asbestos-Containing M TO BE ABAT IN Facility	of Material (A	)	⊠ Re □ De	enovati emolitic s Local Norma	tion tion tilly ely by	Asbe	Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mar., thermal systems i surfacing, VAT,	ainment with Negosure procedure mpted (*) and No f terial (ACM) nsulation, or	n-Friable F'rocedure Amount	T			ype Enclosure
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location of Asbestos-Containing M TO BE ABAT	of Material (A	)	⊠ Re □ De	enovati emolition s Local Norma ed Sole aintena	tion tion tilly ely by	Asbe	Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mal	ainment with Negosure procedure mpted (*) and No f terial (ACM) nsulation, or	n-Friable F'rocedure Amount (Specify	Ab		ent T Encapsulate	T
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location of Asbestos-Containing M TO BE ABAT IN Facility	of Material (A	)	☐ Re☐ De	enovati emolitic s Local Norma ed Sole aintena todial (12)	tion llly ely by ince/ Staff?	Asbe (i.e	Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mai , thermal systems i surfacing, VAT, other miscellaneo	ainment with Negosure procedure mpted (*) and No f terial (ACM) nsulation, or	Amount (Specify SF or LF)	A Removal		Encapsulate	Enclosure
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location of Asbestos-Containing M □ TO BE ABAT □ IN Facility (13)	of Material (A	)	☐ Re☐ De	enovati emolitic s Local Norma ed Sole aintena todial (12)	tion ally by since/Staff?	Asbe (i.e	Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mar., thermal systems i surfacing, VAT,	ainment with Negosure procedure mpted (*) and No f terial (ACM) nsulation, or	n-Friable F'rocedure Amount (Specify	Ab			T
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location of Asbestos-Containing M □ TO BE ABAT □ IN Facility (13)	of Material (A	)	☐ Re☐ De	enovati emolitic s Local Norma ed Sole aintena todial (12)	tion llly ely by ince/ Staff?	Asbe (i.e	Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mai , thermal systems i surfacing, VAT, other miscellaneo	ainment with Negosure procedure mpted (*) and No f terial (ACM) nsulation, or	Amount (Specify SF or LF)	A Removal		Encapsulate	Enclosure
Description    ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing M  TO BE ABAT  IN Facility (13)	of Material (A	)	☐ Re☐ De	enovati emolitic s Local Norma ed Sole aintena todial (12)	tion ally by since/Staff?	Asbe (i.e	Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mai , thermal systems i surfacing, VAT, other miscellaneo	ainment with Negosure procedure mpted (*) and No f terial (ACM) nsulation, or	Amount (Specify SF or LF)	A Removal		Encapsulate	Enclosure
Description    ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing M  TO BE ABAT  IN Facility (13)	of Material (A	)	☐ Re☐ De	enovati emolitic s Local Norma ed Sole aintena todial (12)	ion on lilly ely by ince/ Staff?	Asbe (i.e	Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mai , thermal systems i surfacing, VAT, other miscellaneo	ainment with Negosure procedure mpted (*) and No f terial (ACM) nsulation, or	Amount (Specify SF or LF)	A Removal		Encapsulate	Enclosure
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf  Location of Asbestos-Containing M TO BE ABAT IN Facility (13)  Basement	of Naterial (Ar TED)	)	☐ Re☐ De	enovatiemolitics Local Normal Normal (12) No	ion on lilly elly by ince/Staff?	Asbe (i.e	Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mat , thermal systems i surfacing, VAT, other miscellaneous	ainment with Neglosure I Procedure Inpted (*) and Nor  ferial (ACM) Insulation, Insulation	Amount (Specify SF or LF)	A Removal		Encapsulate	Enclosure
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location of Asbestos-Containing M □ BE ABAT □ IN Facility (13) □ Basement □ Name of Registered Waste	of Material (Ar FED /	)	☐ Re☐ De	enovati emolitic s Local Norma ed Sole aintena todial (12) No	ion on lilly ely by ince/ Staff?	Asbe (i.e	Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mai, thermal systems i surfacing, VAT, other miscellaned sulation  Cubic Yards of Waste	ainment with Negosure procedure proted (*) and No ferial (ACM) insulation, or ous)  Name of Regis	Amount (Specify SF or LF)	A Removal		Encapsulate	Enclosure
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location of Asbestos-Containing M TO BE ABAT IN Facility (13)  Basement  Name of Registered Waste All Pro Management	of Material (Ar FED /	)	☐ Re☐ De	enovati emolitic s Local Norma ed Sole aintena todial (12) No	ion on lilly ely by ince/Staff?	Asbe (i.e	□ Full Cont □ Mini-Encl □ Glovebag □ Non-Exer  Description of stos Containing Mail □, thermal systems if surfacing, VAT, other miscellaned  sulation  Cubic Yards of Waste As Needed	ainment with Negosure Procedure Inpred (*) and No ferial (ACM) Insulation, or Dus)  Name of Regis IESI Landfi	Amount (Specify SF or LF)	A Removal		Encapsulate	Enclosure
Description    Location of Asbestos-Containing M TO BE ABAT IN Facility (13)  Basement  Name of Registered Waste All Pro Management City, State	of Material (Ar FED /	)	☐ Re☐ De	enovati emolitic s Local Norma ed Sole aintena todial (12) No	ion on lilly ely by ince/Staff?	Asbe (i.e	Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mai, thermal systems i surfacing, VAT, other miscellaned  Sulation  Cubic Yards of Waste As Needed Disposal Date	ainment with Negosure Procedure Inpred (*) and Nor Iterial (ACM) Insulation, Or Iterial (ACM) Insulation, Ins	Amount (Specify SF or LF)  400 LF	A Removal		Encapsulate	Enclosure
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location of Asbestos-Containing Notes and IN Facility (13)  Basement  Name of Registered Waste All Pro Management  City, State Garfield, NJ	of Material (AI FED /	)	☐ Re☐ De	enovati emolitic s Local Norma ed Sole aintena todial (12) No	ion on lilly ely by ince/Staff?	Asbe (i.e	□ Full Cont □ Mini-Encl □ Glovebag □ Non-Exer  Description or stos Containing Mat □, thermal systems i surfacing, VAT, other miscellaned  sulation  Cubic Yards of Waste As Needed Disposal Date TBD	ainment with Negosure Procedure Inpred (*) and No ferial (ACM) Insulation, or Dus)  Name of Regis IESI Landfi	Amount (Specify SF or LF)  400 LF	A Removal		Encapsulate	Enclosure
Location of Asbestos-Containing M TO BE ABAT IN Facility (13)  Basement  Name of Registered Waste All Pro Management City, State Garfield, NJ  Completed By (Print or Type	of Material (AI FED /	)	⊠ Re □ De □ Use Ma Cus  Yes □	enovati emolitic s Local Norma ed Sole aintena todial (12) No	ion on lilly ely by ince/Staff?	Asbe (i.e	Full Cont Mini-Encl Glovebag Non-Exer  Description of stos Containing Mai, thermal systems i surfacing, VAT, other miscellaned  Sulation  Cubic Yards of Waste As Needed Disposal Date	ainment with Negosure Procedure Inpred (*) and Nor Iterial (ACM) Insulation, Or Iterial (ACM) Insulation, Ins	Amount (Specify SF or LF)  400 LF	Ab Removal		Encapsulate	Enclosure
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location of Asbestos-Containing Notes and IN Facility (13)  Basement  Name of Registered Waste All Pro Management  City, State Garfield, NJ	of Material (AI FED /	CM)	⊠ Re □ De □ Use Ma Cus  Yes □	enovati s Local Norma ed Sole aintena todial (12) No	ion on lilly ely by ince/Staff?	Asbe (i.e	□ Full Cont □ Mini-Encl □ Glovebag □ Non-Exer  Description or stos Containing Mat □, thermal systems i surfacing, VAT, other miscellaned  sulation  Cubic Yards of Waste As Needed Disposal Date TBD	ainment with Negosure Procedure Inpred (*) and Nor Iterial (ACM) Insulation, Or Iterial (ACM) Insulation, Ins	Amount (Specify SF or LF)  400 LF	Ab Removal		Encapsulate	Enclosure

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

(1/ 00 22	N		ATION	te of New OF ASBE o NJAC 8	STOS	ABATE		NT ,	CE.	P	Řφ.,				
Date of Notification (1) 04/07/2015				Building C Carbide				Subsidiary	of The	Dow 0	Che	mica	al Co	mpa	any
Agencies Notified Type Notificati	on	1233	Street Ad 171 Riv					ā i					,		
EPA Initial DEP X Amended Amendm	200			te, Zip Coo Brook, N		805		2.	1.11	L Hillia	. 1-	4-	2.5		
□ Emergen     □ justification     □ DCA     □ Cancellai		1350		Contact Pasqu	arelli		- 111		1 000	ephone N	Viimh	ner			1
	0100.6		FACIL	ITY INFO	RMAT	ION	222	h			sum-			-	7.79
Name of Facility Where Abatement is Ta The Dow Chemical Company	iking Place (3	)					Ту	pe of Facility ( School (K-1	00 <b>5</b> 00		CE		-	n- 	, 5
Street Address 171 River Rd							×	Subchapter Other (i.e. p	8 (Oth				lings,	home	es,
City (5) Bound Brook							10000	etc.) quare Feet 50,000	# 0	f Floors	-11		dg. A		
County (6)			County C	ode (7)				urrent Use (Pri	35	na demo	lishe	1	J y 1 3		
Middlesex County		(	STATÉ L	ISE ONLY)	i		С	hemical Pla	nt		morre	.u)			
Name of Monitoring Firm Hired by Buildi Horizon Environmental Group, I			0007			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Abatement Cor nburg Indus			Со				
Street Address P. O. Box 316						Street 2217		^{dress} pillman Dr							
City, State, Zip Code Thorofare, NJ 08086								e, Zip Code iem, PA, 18	015						
Project Manager for Monitoring Firm Steve Flanigan			Telephor 856-84	ne No. 8-0800		Teleph 610-		e No. 1-1800		License 00721					
Start Date (10) 04/08/2015	Schedul		pletion (	Date (11)				OSHA Monitor nburg Indus	trial S	Service	Cor	npar	ny		
Occupancy Status During Abatement (C			12.77.10			Street 2217		dress pillman Driv	e				STP.		
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:			ent			City, S	State	e, Zip Code nem, pA 180							
Scope of Work (Check All That Apply)						Deti	IICI	iciti, pA 100	710						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti				<u> </u>	×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					e	
	100	Location	77.7%											ement pe	
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	) Use Ma	Normall ed Solel aintenan todial S (12)	y by nce/		tos Cor therma surf		Matens in	erial (ACM) sulation, or	(5	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									110000		te	U
Bldg 98			х	Vapo	r Bar	rier (Ma	asti	c/paper)	13	30,000		x			
Bldg 200			Х	Vapo	r Bar	rier (Ma	asti	c/paper)	11	10,000		x			
Bldg 95			х	Vapo	r Bar	rier (Ma	asti	c/paper)	5	5,000		х			
Name of Registered Waste Hauler Brandenburg Industrial Service (	Со	H	JDEP W auler ID 1838		of W 8,00			Name of IESI Be	ethleh					-360	
City, State Bethlehem, PA					Disp TBD	osal Date	Э	City, Sta Bethlel		PA					
Completed by Jennifer Strobel	Title Conf	ract M	lanage	er		Signatur	e (	AT			Date 04/		2015		

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

B & G proj. #: 2015-63

Check: # 7157

Date of Notification (1)	11	Name of Build	ling Owne	r/Operator (2)		Less so						
10 14 1/10 17 1/11 15		John Chri	stensen			chi Ari	10 45 2:	E4				
Agencies Notified   Type Notification		Street Address		The state of the s		L - ~ .						
DEP   X Initial		7 Normar		kway		<u> </u>						
X DOL Amendme		City, State, Zij Morristov		7960								
X DOH		Name of Conta	act				Telepho	ne Numbe	Г			
☐ DCA ☐ Cancellation	on	John Ch	ristense	n								
			FACI	LITY INFORM	IATION	у-						
Name of facility where abatement is t	aking p	place (3)					Type of Facility	(4) iol (K - 12)	)			
John Christensen							Subo	hapter 8 (0	Other ti	han K	-12)	
Street Address		2000				2/		(Private/C		ercial		
7 Normandy Parkway							Square Feet	# of Floo		Ble	dg. Ag	ge
City (5)	Co	unty (6)				nty Code (7)						
Morristown	_	orristown			(Stat	e use only)	Current Use ( residential	Prior if bein	ng dem	nolishe	ed)	
Name of Monitoring Firm Hired by Blo	dg. Ow	ner (8)		ASCM No.		Name of Abatement						
n/a					_	B & G Restorat	ion, Inc.					
Street Address						105 Ryerson F	Road					
City, State, Zip Code						City, State, Zip Code Lincoln Park,	NJ 07035			*		
Project Manager for Monitoring Firm		Pho	ne Numb	er		Telephone Number (973)696-686	9	License 0	Numb 0378	oer		
Scheduled Start Date (10)	ISche	ed. Completion	n Date (11	1)		Name of OSHA Mon						
04/17/2015		1/18/2015	1 2010 (1	.,		B & G Restora	tion, Inc.					
Occupancy Status During Abatement						105 Ryerson R	load					
✗ Facility closed/vacated during e Abatement performed outside o	ntire pe	eriod of abaten				City, State, Zip Code						
Describe: Other-Describe:					-	LincolnPark, N	J 07035	28 (ME)				
Scope of Work (check all that apply)										-		
☐ Demolition	Renova	tion			F	ull Containment w/ne	gative pressure	<b>✗</b> Glove	bag pr	roced	ıre	
▼ > <u>3</u> sf or > <u>3</u> lf	160 sf c	or ≥260 If			X N	lini-enclosure		☐ Non-	friable	proce	dure	
Location of		ion normally untenance/custo						4	R	R	E n	E
	staff(12		, , , , , , , , , , , , , , , , , , ,	Descripti material		sbestos-containing	Amount (Specify		m	p a	c a	n
abated in facility (13)	Yes	No	N/A		•		LF)		v e	i	p	L
1st floor kitchen area			X	pipe insul	lation	,	60 lf		X		□.	
									10			
					5.				╬	片	H	H
									묶	片		ዙ
Registered Waste Hauler	IN.I	DEP Hauler II	)#   C	ubic Yards of	Waste	Name of Registered	Landfill				Ш,	
B & G Restoration, Inc.		19563		1		Tullytown	Resource & F	Recovery	Cen	ter		
City, State Lincoln Park, NJ			Disposal D 04/	ate 20/2015		City, State Tullytown,	РА				Ŷ.	
	Title Secret	tary/Treasu	rer	Signature		Gordana Luna		Date 04/0	7/201	15		

D&S Proj. #: 2015-113

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

¥(									£2-,-					
Date of Notification		1 1	Name of B	uilding Own	er/Operator (2	2)			**************************************	10 %		**		
Agencies Notified	Type Notificat	ion	paul dep					,5			- 1	ો		
EPA	Initial		Street Addr	ess										
☐ DEP	Amended			nell street					# ( t _a )	44.42.				
☐ DOL	Amendment #:	°	City, State,	Zip Code										
_	Emergency (including			OFF, NJ	07481									
M DOH	justification)		lame of Co	ntact					Telepho	ne Numbe	r			
☐ DCA	☐ Cancellation	1	paul de	prima										
				FAC	ILITY INFORM	MATION	ı							
Name of facility wh	nere abatement i	s taking pl	ace (3)					Тур	pe of Facility					
paul deprima									=	ol (K - 12)				
Street Address								-	-	hapter 8 (0 (Private/C			(-12)	
	2								Bldgs	./Homes, e		iciai		
363 cornell stre	eet							So	quare Feet	# of Floo	rs	В	ldg. A	\ge
City (5)		Cou	nty (6)				nty Code (7)							
WYCKOFF		DE	RGEN			(Sta	te use only)	C	urrent Use (F	rior if beir	ig den	olish	ed)	
Name of Monitorin	a Firm Hired by				ASCM No.	٠,	Name of Abatem	nent Contr	ractor (9)					
ramo or morntoni	g i iiii i iiica by	Diag. Own	51 (0)		ASCIVI NO.									
Street Address						_	D & S REST Street Address	ORATIO	JN, INC.					
Oli eel Address							20 Californi	ο Δνο						
City, State, Zip Cod	е						City, State, Zip C							
							Paterson, N.							
Project Manager for	Monitoring Firm	1	P	hone Numb	er	_	Telephone Numb			License	Numb	er		
							973-345-80	020		0	1169			
Start Date (10)		Sched	d. Complet	ion Date (1	1)	_	Name of OSHA	Monitor						
04/17/15			70	100			D & S Resto	oration, I	nc.					
Occupancy Status [	During Abatemer	04/30			4		Street Address	10.7 <b>4</b> (10.00)						
	d/vacated during			ement.			20 California City, State, Zip C		2					
Abatement pe	erformed outside						City, State, Zip C	oue						
Describe:  Other-Describ	ne NORMAL H	IOURS		10			Paterson, N.	J 07503		D.				
Scope of Work (ch	V 577000			7.					Containment	v/negative	nress	ure		
>3 sf or $>3$ If		Renovation	on		48	9			enclosure	Winegative	bicos	uic		
≥160 sf or ≥2		Demolition		4.					ebag procedi					
2 4 2				used solely	,		. 25	Non-	Exempted (*	and Non-	friable I R	proc	edure	<del>-</del>
Location of asbestos-con	taining	by mainte	enance/cus			ion of a	sbestos-containin	n	Amount		е	e	n	E n
material (acm		staff(12)			material		SDESIOS-CONTAININ	9	(Specify	SF or	o	p a	c a	C
abated in faci	iiity (13)	Yes	No	N/A				- 1	LF)		v e	i	p	L
BASEMENT			X	7	PIPE INSU	JLATI	ON		110 L FT		ă		П	t
													F	盲
				1										盲
														T
Registered Waste H			EP Hauler		ubic Yards of	Waste	Name of Registe							
D & S RESTOR	ATION, INC.	135	006		yds.		TULLYTOW	VN, RES	OURCE R	ECOVER	Y			
City, State PATERSON, N.	I 07503			Disposal D 04/18/1			City, State TULLYTOV	WN DA						
Completed by (Print		Title		0 // 10/1	Signature		I TOLLITON	VIN, FA		Date		-		
BOGDAN JOLI		PRESID	ENT		3					02/06/	2015			
ASB-41				for asbesto	os licensure ex	xempte	d activities.			1				

CK- 005940

D&S Proj. #: 2015-112

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

Date of Notification (1)	15 1	l N	ame of B	uilding Owr	ner/O	perator (2)				$I_{s}, \gamma \subseteq I_{s}$	4 16	7			
10  4  / 0  3  / 1			jana de j											ζ,	
	e Notification tial	S	treet Add	ress	W										
	nended		27 8th a	venue						42 ,	* * t				
Ame	ndment #:	_     0	ity, State	Zip Code											
	nergency		hawtho	rne, nj 07	7506										
	cluding stification)	Na	ame of Co	ontact						Telepho	ne Numbe	r			-
	ancellation		jana de	iong						I					
					CILITY	Y INFORM	OITA	l				95	_		
Name of facility where at	patement is ta	king pla	ice (3)						Т	ype of Facility	(4)				
100 V 140 A		3500	37.3							Scho	ol (K - 12)				
jana de jong									-		hapter 8 (0			-12)	
Street Address									Ш		(Private/C		rcial		
27 8th avenue										Square Feet			В	dg. A	ge
City (5)		Coun	ity (6)				Cou	nty Code (7)	-		4				:574 ::
2 10		2000					(Sta	te use only)		Current Use (	rior if beir	ng dem	olish	ed)	
hawthorne	I fine d by Did	200	SSAIC						<u> </u>						
Name of Monitoring Firm	Hirea by Bia	g. Owne	r (8)		AS	SCM No.		Name of Abateme							
- Charact A 11							_	D & S RESTO	RAT	ION, INC.					
Street Address								Street Address							
City, State, Zip Code							_	20 California City, State, Zip Coo				+			
Oity, Otate, Zip Code										2					
Project Manager for Monit	oring Firm		TE	hone Numb	her		-	Paterson, NJ Telephone Numbe	COUNTY OF THE PARTY OF THE PART	3	License	Numb	or		
, , , , , , , , , , , , , , , , , , , ,	····g · ·····		Ι,	nono riani	501			973-345-802			100000000000000000000000000000000000000	1169	/C1		
Start Date (10)		ICahad	Complet	ion Date (1	141		_	Name of OSHA M							
8 %		Scried.	Complet	ion Date (1	11)			D & S Restor	ation,	Inc.					
04/09/15		04/30						Street Address	_						
Occupancy Status During								20 California		ue					
Facility closed/vacat Abatement performe								City, State, Zip Co	de						
Describe:							_	D-t NII	0750	2					
Other-Describe: No		KS					- 1	Paterson, NJ							
Scope of Work (check all >3 sf or >3 lf								Ļ	_	Containment ii-enclosure	w/negative	press	ure		
A	=	enovation								vebag proced	ure				
≥160 sf or ≥260 lf	_	molition								n-Exempted (			_	edure	9
Location of asbestos-containing	la.		normally nance/cu	used solel stodial	ly					Λ · · ·		R	R	E n	E
material (acm) to be	1	aff(12)			-	Description material (		sbestos-containing		Amount (Specify	SF or	m	р	c	n
abated in facility (13	3)	Yes	No	N/A		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			LF)		o v	a i	a	L
BASEMENT				-	7 Dr	PE INSU	ΙΔΤΊ	ON		30 l ft	1	e	r	-	
DASEMENT				#	╣╧╧	I E INSU.	LAII	ON		30111	-	+121	井	片	쓔
					#-							#	屵	片	ዙ
		==		+	╬		C-104					낚	Η	片	#
					╫						-	#	井	片	+-
Registered Waste Hauler			P Hauler	ID# C	Cubic	Yards of V	Vaste	Name of Register	red La	ndfill		.		Ш	1
D & S RESTORATIO	N, INC.	135			1 yd.			TULLYTOWN			ECOVE	RY			19
City, State	502			Disposal [		- 77		City, State							
PATERSON, NJ 075 Completed by (Print or Type		N.		04/10/1		gnature	_	TULLYTOW.	N, PA	A	Ts:				
BOGDAN JOLDZIC	**************************************	tie RESIDI	ENT		31	griature					Date 04/03/	115			
ASB-41				for asbest	tos lic	ensure exe	empte	d activities.			04/03/	10	-		

D&S Proj. #: 2015-114

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

								Ť-,						
Date of Notification			Name of	Building Owr	er/Operator (2)	)						L. Ye and		
Agencies Notified			HEAT	HER MOO	RE			S.			$\xi_i$			
EPA	Type Notificat	lion	Street Ad	dress										
☐ DEP	Amended				LOW STREE	ET			* 14.		6			
☐ DOL	Amendment #:		City, State	e, Zip Code										
_	Emergency			CLAIR, N	IJ 07042									
M DOH	(including justification)		Name of C	Contact					Teleph	one Numb	er			
☐ DCA	Cancellation	n	HEAT	THER MOO	ORE					.3				
				FAC	ILITY INFORM	IATION	ı		· ·					
Name of facility wi	nere abatement i	is taking	place (3)						Type of Facility					
HEATHER MO	OORE								=	ool (K - 12	-50			
Street Address								- 1		chapter 8 ( r (Private/			(-12)	
20 4 MOTH	III I OXX OMBY	27200							Bldg	s./Homes,	etc.			
29 A NOTH W	ILLOW STRE							=	Square Feet	# of Flo	ors	В	ldg. A	\ge
City (5)			ounty (6)				inty Code (7) ite use only)		O	D-1			-11	
MONTCLAIR		e	ssex			(0.0	ac doc only)		Current Use	Prior it be	ing aen	iolisn	ea)	
Name of Monitorin	g Firm Hired by	Bldg. Ov	vner (8)		ASCM No.		Name of Abatem	nent C	Contractor (9)					
							D & S REST	ORA	TION, INC.					
Street Address							Street Address							
			11 %				20 Californi	a Ave	е.					
City, State, Zip Cod	e						City, State, Zip C	ode						
							Paterson, N		03					
Project Manager for	r Monitoring Firm	i		Phone Numb	er		Telephone Numb				e Numb	er		
							973-345-80		-0.0		01169			
Start Date (10)		Sch	ed. Comple	etion Date (1	1)		Name of OSHA D & S Resto							
04/21/15		05.	/14/15				Street Address	natio.	II, IIIC.					
Occupancy Status I							20 California	a Ave	nue					
Facility closed	d/vacated during erformed outside	entire p	eriod of aba	tement.			City, State, Zip C							
Describe:  Other-Describ	1.00.1-0.00729-0.004					_	Paterson, N.	T 075	02					
Scope of Work (ch							Paterson, N.							
>3 sf or >3 lf			A!					=	ull Containment lini-enclosure	w/negativ	e press	ure		
		Renova							lovebag proced	ure				
≥160 sf or ≥2	100 11	Demoli							lon-Exempted (	) and Nor			edure	
Location of asbestos-con	ntaining		tion normali ntenance/ci	y used solely ustodial					Amount		Re	R	E n	E
material (acm	n) to be	staff(1	2)		material (	on of a ACM)	sbestos-containin	g	(Specify	SF or	m	р	С	n
abated in faci	ility (13)	Yes	No	N/A					LF)		v	i	a	L
BASEMENT				_	PIPE INSU	ΙΔΤΙ	ON		39 1 ft		e	r		┢
BASEMENT abo	ove boiler				CEILING P				85 sq ft			Η	H	╫
BASEMENT					BARE HEA				47 1 ft		+#	片	H	片
											Ħ	금	H	片
			1								H	片	H	一
Registered Waste H			DEP Haule	r ID# C	ubic Yards of V	Vaste	Name of Registe				_			
D & S RESTOR	ATION, INC.	1	3506	ID:			The same of the sa	/N, R	ESOURCE F	ECOVE	RY			-
City, State PATERSON, N	I 07503			Disposal D	ate		City, State	S/NT F	2.4					
Completed by (Print		Title		- 13	Signature		TULLYTOV	VIN, F	A	Date				
BOGDAN JOLI			DENT							2015				
ASB-41	*	Do not	use this for	n for asbesto	s licensure exe	empted	d activities.							

OK 5007653122

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

Date of Notification (1) 3/10/15				1.1-02	of Building		/Operator (2	50	2000					
Agencies Notified	Type Notification	1		Street A	Address Central F			6745 4400	F.F. IV	10 8	 	F 0		
EPA DEP DOL	Initial Amended Amendmer Emergency			City, St	ate, Zip C York, N	ode		Act of the			74.G			
DOH DCA	justification Cancellatio	)		Name o	of Contact rator					elephone	Numbe	Г		
Name of Facility When				FAC	ILITY INF	ORMA			_					
Name of Facility Where A Federal Pacific Elec				ciates.	Site)			Type of Facility  School (K	-12)					
Street Address 207-215 Avenue L								Subchapte Other (i.e. etc.)	er 8 (Oti private	er than I & comn	K-12) ercial bu	uilding	s, hor	nes,
City (5) Newark, NJ 07105							1335	Square Feet 57,000	1.5	of Floors 5	-	Bldg 95 y	Age ears	
County (6) Essex County					Code (7) USE ONLY	,		Current Use (Proport Ware				reho	use)	
Name of Monitoring Firm ARCADIS US	Hired by Building	Owner (8)		ASC	M No.			Abatement Co						7-12-17
Street Address 6723 Tow Path Roa	d Box 66						Street Ad		- 11 2	-				
City, State, Zip Code Syracuse, NY 13214	4						T	te, Zip Code e, MD 2107	5					
Project Manager for Moni Richard Price	toring Firm			Telepho 315-24	ne No. 47-3244		Telephor			Licens 6	100 March 18			
Start Date (10) 3/25/15		Schedule 5/22/15		mpletion	Date (11)			OSHA Monitor Analytical, I						
Occupancy Status During	Abatement (Che	-					Street Ad	750 30						-100
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire	Period of A	bater	nent s			200 Ro	oute 130 Nor e, Zip Code						
Scope of Work (Check All	That Apply						Cinnan	ninson, NJ (	18077					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тпас Арріу)		enova				××××	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	-			re	
		ls l	ocati	ion								Aba	temen	t
Location			ormal Sole				scription of					T	ype	
Asbestos-Containing N <u>TO BE ABA'</u> In Facility (13)	TED	Mair Custo	itena	nce/	Asbest (i.e.	therma surfa	taining Mate I systems in cing, VAT, omiscellaneo	sulation, or	(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
Office		Yes	No	N/A	0 1							_	Ф	
Office			Х				Material o		I CONTRACTOR	71 SF	x	_		
Boiler Ro		X		NI/A	Iner		ystem Ins			0 SF	x	_		
Roofing & S		-		N/A			cellaneous		20,0	000 SF	x	_		
Miscellaneous Areas Name of Registered Waste				N/A			Attached				X			
Services Transport G	Н	JDEP Wa auler ID I W2117	50000000000	of Was	Yards ste	Name of Minerva			fill					
City, State New Castle, DE 1972	0			,			sal Date eeded_	City, State Waynes		———. ОН				
Completed by Eddie Waskiewicz		Title Projec	t Ma	nager			ignature	100			Date 8/10/15	5		
		1		J		_	and	Co	7	5		2		

**ROYCE Building NJ** 

ASBESTON THOU

1				1 35	the rich family
Boller Room			Boiler Room Rage	Varide	
Boiler Insulation	200	SC		1010	Load / 45 toot Trailer
Tank Insulation	150	. 05			
Pipe Insulation	100	sd			
			Total 260	17	T ac
2nd Floor Office			2nd Floor Office		.c.s Haller
ACM on Drywall	2721	sd	200		
Textured Ceiling	350	sd			
Floor Tile	3155	. ps			
Mastic	3155	sd			
MIsc.					0.75 Trailer
Lab Counter Tops	100	daea	Misc.,		
Pipe Flanges	25	each			
Fire Doors	ধ	each	,		
Mastic North Electrical	10	20	r		
Tile and Mastic SW Area 315	315	20			
Aircell Pipe Men's Locker	100	· 1			
Door Caulking	34	生			
Transite Panels	20	each			
Light gaskets	m	each			
Annual control of the					1
Outside ACM					.5 Trailer
Galbestos	10090	Sd			
Windows	224	each			1 Trailer
Doofing	ATAA	SG			9 Trailore
					2.5 Trailers
	The state of the s				-

7 trailers 80 yards trailer 560 yards

Total trailers Est

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1) 4/9/2015				Name of Building Owner/Operator (2) CRDA												
Agencies Notified Type Notification				Street Address												
IX						nsylvanie 4	wani k		11.00							
EPA DEP DOL	Initial Amended		15 South Pennsylvania Avenue City, State, Zip Code											-		
☑ DOL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					vlew Jersey	108401									
☑ DOH					Name of Contact Telephone Number											
DCA Cancellation					elle Knig	ht			1 .6	eprione	HARITH	. 6				
None of Factor Van		1.94.5		FAC	ILITY INFO	DRMATION				-			-	_		
Name of Facility When Apartment	e Abatement is Takir	ng Place (3	)	3.10			Тур	e of Facility (	<b>4</b> )							
Street Address								School (K-1	2)							
122 A,B and 126	A D							Subchapter	8 (Oth	er than	K-12)					
Gity (5)	A,D			48, 10			X	Other (i.e. petc.)	irivate i	& comn	nercial	31 1	ldings	, hon	nes,	
Atlantic City		1.00						are Feet	# of Floors				ildg.	Age		
County (6)				Coutoby	Code (7)		1	100 sf	1				25+			
Atlantic				(STATE	USE ONLY		Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Owner (8)				ASC	W No.	Nan	ne of Abatement Contractor (9)									
Health and Safety Services							e Enterprises, Inc.									
Street Address PO Box 365				1 13 K		The second secon	et Address									
·····································			1	1971 - 19 1971 - 19		81	5 12th	Street								
City, State, Zip Code				1.2			1 2 1	Zip Code	7			-				
Berlin, NJ 08009		- 1.5 july 1						ilon, NJ 0	8037							
Project Manager for Mo James Proctor	onitoring Him	J. 4726	1	Telepho		1 + 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	phone f	art to the first the same of	100	Licens	se No.			111		
Start Date (10)		Cohodida	1		52-1311	and the second second second	809-567-1250 01172 Name of OSHA Monitor									
4/9/2015		4/14/20		npletion	Date (11)				4			_				
Occupancy Status Duri	ng Abatement (Cher						Health & Safety Services, Inc.									
	cated During Entire			120		the second second	21.	Street		53						
Abatement Perform	med Outside of Norr	nal Facility	Hours	ient		the second second		Zip Code						9 .		
X Other - Describe:	Vacant	1/2		-				ton, NJ 0	2027.							
Scope of Work (Check	All That Apply)				1	1.10		1075 140 0	0007							
23 sf or ≥3 if ∑ ≥160 sf or ≥260 if			enova emolit				☐ M G	ill Containme ini-Enclosure ovebag Proc	edure		9			*		
		Isl	ocati	OΠ				on-Exempled	( ) and	nable	T		emen	4		
Location of Norm				ly ("		Description	in në							ibe ibe	•	
					Asbest	os Containing	Materia			nount	- [				1	
			dial 5		(i.e.	hermal syster surfacing, V	ation,	(Specify SF or LF		.	D	R	nca	哥		
			(12)			other miscella	aneous)	5-0		OI TILL		Entimod	Repair	Encapsula	Enclosur	
			No	N/A										ate	160	
122 A,B Entran	ce & Kitchen		1	Х		Floor T	ile		400 sf		٦,	-			-	
126 A,B Entran	ce & Kitchen			Χ		Floor T					-	-	-			
					7,000,100			400 SI			+	-	-	-		
		17.1									-	-			_	
Name of Registered Waste Hauler			IN	JDEP Waste   Cubic Yards				Name of Deviatored 1								
Site Enterprises Inc.			H	auler ID	No.	of Waste		Name of Registered Landfill								
		· 1	10	035220	)	20 cy	n ente	ACUA						0 21 2		
City, State 815 12th Street Hammonton N.I. 09027					1	Disposal Dat	838	City, State	Maria Araba and Araba				- 0.5			
815 12th Street, Hammonton NJ 08037 Completed by						4/14/2015	1 -33 ( ini 20) ( Official), 110									
Thomas Rock	나는 가는 아니라도 가장에 모른 사람들이 되었다. 그는 그는 그는 그는 그는 그를 가는 것이 없는 것이 없는 것이 없는데 그를 가는 것이다.				V- /	-	Signature			Date						
		41.	2. 15.	TIL	- h		4/9			ic.	15					