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

Check 2594

		(Pu	rsua	nt to	N.J.A	A.C.	8:60 and 12	2:12	(0)	v = [j. 11	/ <u>/</u> [3 1	7	L
Date of Notification	(1) 6/13/2013		N:	ame c	of Buildin	g Ov	vner / Operator ((2)					1	1	
Agencies Notified	Type Notificat	tion	1	5 EAS			OMERY PLAC	E		APR 1	1 20	14			
☐ DEP ☐ DOL		ded	Р	ITTS		I, PA	de \ 15212	-			Telen	hone	Min	mhei	
□ DOH □ DCA	☐ Emerg	gency ellation			of Contact BAYLO				1		1122				
				FAC	ILITY IN	NFO	RMATION								
Name of Facility W Market Street Co	here Abatemer entral Office	nt is Taking Pla - VERIZON	ce (3)				Type of Facility School (K-	12)	Other than K	12)					
Street Address								nriva	Other than K-1 ite & commerc	rial buildir	nas, ho	mes	. etc	:.)	
95 William Stree	et						Other (i.e. Square Feet	priva	# of Floors		Bldg.			,	
City (5)		County (6)	Cou	inty C	ode (7)		Current Use (P	riar if	f boing domoli	ched)					
Newark		Essex					Verizon com								
					1400141	NI-	Name of Abate								
Name of Monitoring	g Firm Hired by	Building Own	er (8)		ASCM I	NO.	BRISTOL EN	IVIR	ONMENTAL	INC					
USA Environme	ntai wanage	ment inc.	-	15			Street Address						a 1787		
Street Address 8436 Enterprise	Ave						1123 BEAVE	RS							
City, State & Zip C							City, State & Z	ip Co	de						
Philadelphia pa							BRISTOL, PA			License	Mumb	or			-
Project Manager for Mark Jenkins	or Monitoring F		267-7	784-8			Telephone Nur 215-788-604	0		License)509)		
Scheduled Start Da		Scheduled Con			e (11)		Name of OSH	A Mo	nitor	INC					
4/18/20			4/22/2				BRISTOL EN		UNIVIENTAL	INC		-			
Occupancy Status	During Abater	nent (Check on	ly one	f Aha	tement		Street Address 1123 BEAVE		TREET						
		During Entire Po		ii Aba	ternent		City, State & Z								
	5PM – 1AN	utside of Norma	21				BRISTOL, P								
		n Abatement H	lours -	- 7am	to 3pm		Dittion 02,				- 172				
Scope of Work (Ch												· - r			
Scope of Work (or	Took an arac ap	E-37						\boxtimes	Full Contains		Negat	tive h	res	sure	
≥3 sf or ≥3	3 If		\boxtimes		ovation			\boxtimes	Mini-Enclosu		c				
≥160 sf ≥2	160 If			Den	nolition			\boxtimes	Glove Bag P Non-Exempt	ed and N	on-Fri	able	Proc	edu	re
					1		Description	of .	NOTI-EXEMP	Amount	T	Aba	teme	ent T	ype
	Location of stos-Containin	~		Locati nally l			Asbestos-Cont		q	(Specify		-T			
	aterial (ACM)	g		olely b			Material (AC	(M	- V	SF or LF)	R	_	Enc	ᄪ
	BE ABATED		Main	tenan	ce or		(i.e., thermal sy	stem	IS .			Remova	Repair	aps	clso
	in Facility		Custo	odial	Staff?	İI	nsulation, surfact or other miscella	ing, v	/AI			oval	air	Encapsulate	Enclsoure
	(13)		Yes	(12) No	N/A		of other miscene	111000	,					Ö	
th	- I D		10000000				Pipe fitting ins	ulat	ion	13LF		\boxtimes			
11 th Floor Hous	e Tank Root	n 	\boxtimes	H	H		Pipe fitting Ins			41 LF		\boxtimes			
11 th Floor Hous				片	H		Pipe fitting Ins			8 LF		\boxtimes			
11 Floor Hous	e rank Rooi	II IIaiiway		H	H		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								Щ
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			I			= -0.							Ц	Ш	
Name of Register	ed Waste Haul	er			IDEP Wa auler ID N	٧o.	Cubic Yards of Waste		ne of Register		III				
SERVICE TRAN	SPORT GR	OUP, INC.			20990		3		IERVA LAN	DFILL					-
City, State NEW CASTLE,							Disposal Date 4/25/2014	WA	, State YNESBURO				_		
Completed By (Pr				Tit	le		Signature		2 1			ate	1	,	
Patrick T. DeCa				Es	stimato	r	Patrik	L	Telaw .	61		9	18	11	4

14041

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

Check # 8837

Date of Notification (1)	000	/			-	Name	of Building	g Ow	ner/Operator (2)	3 14 7	7 7	1 1.7	E		1
4 /	7	/ _	14			Am	erican C	onti	nental Prope	erties, LLC				11.1		
Agencies Notified	Type N	lotificat	tion			Stree	Address								_	
⊠ EPA	Initial	al				460	Park Av	e., 1	1 th Floor		AP	R 1 1	2014		1	1
⊠ DOLWD	☐ Am					City,	State, Zip C	ode								
☑ DHSS	Ame	endme	COLUMN TO SERVICE STATE OF THE			Ne	w York, N	Y 10	0022					1		
DCA (NJAC 5:23-8)		ification		auumg	5);	Name	of Contact	1			Talanh	one Nun	nher	4 14	×	
	☐ Can					Gu	y Morton									1
		900			111/2	FA	CILITY IN	FOF	RMATION							
Name of Facility Where A	bateme	nt is Ta	aking	Place	(3)					Type of Facilit	y (4)					
Former KMart Plaza	1									School (K-						
Street Address										☐ Subchapte ☑ Other (i.e.,				ildina	e	
1817 Mount Holley	Rd.									homes, etc		u commi	noiai bu	nung	٥,	
City (5)										Square Feet	# of F	loors	Blo	lg. Ag	je	
Burlington, NJ 0801	16									90,000+	1		4	15+		
County (6)						Cou	nty Code (7)(STA	TE USE ONLY)	Current Use (I	rior if beir	ng demol	ished)			
Burlington										Retail						
Name of Monitoring Firm	Hired by	/ Buildi	ing O	wner (8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)					
VERTEX						NA		Α	Iliance Envi	ronmental S	ystems					
Street Address								Stre	eet Address							
700 Turner Way								5	50 East Unio	on St.						
City, State, Zip Code								City	, State, Zip Co	ode						
Aston, PA 19014								٧	Vest Chester	r, PA 19382						
Project Manager for Monit	toring Fi	rm			Tel	ephone	No.	Tel	ephone No.		Licen	se No.				
Don Heim						10-558			10-701-9000		00	508				
Start Date (10)		So	32				te (11)	SINGS	ne of OSHA M	lonitor						
_4 / _28 /	14		6	_ ′	_3	<u> </u>	14	A	ET							
Occupancy Status During								Stre	eet Address							
☐ Facility Closed/Vacate	7							2	8 N. Pennel	Road						
Abatement Performed Time of Abatement: 7/							scribe		, State, Zip Co ledia, PA 19							
Scope of Work (Check all	that app	oly)				32.0					201102-1-1-	-				
□ >2 of or >2 If			,	M Da		ion				ainment with N	egative Pr	essure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				⊠ Rei □ Dei					☐ Mini-Enc ☐ Glovebag	1120 H201						
		30;					W		Non-Exe	mpted (*) and I	lon-Friable	Proced	ure			
	941				Loca								Ab	ateme	ent T	уре
Location of Asbestos-Containing N	7.5	(Δ Ω (Λ))				ely by	Ache	etne	Description o Containing Ma		Δn	nount	Re	Re	Ē	Ē
TO BE ABA	TED	(ACIVI)		Mai	inten	ance/		., the	rmal systems	insulation,	(S ₁	pecify	Removal	Repair	cap	Enclosure
IN Facilit (13)	У			Cust	odiai (12)	Staff?			urfacing, VAT, ner miscellane		SF	or LF)	<u>a</u>		Encapsulate	ure
(13)				Yes	No	N/A		Oti	iei miscellane	ous)					fe .	
KMart						\boxtimes	VAT/Ma	stic			78,0	000 SF	\boxtimes			
KMart						\boxtimes	Duct Ins	sula	tion		24	0 SF	\boxtimes			
KMart						\boxtimes	Transite	е			100	00 SF	\boxtimes			
KMart						\boxtimes	Roofing	3			42	2,550				
Name of Registered Wast	e Haule	r			100	NJDEP		10-72 FEB. 01.	oic Yards of	Name of Re	gistered La	ındfill				
N.E.T.S.					ŀ	1894		Wa	ste 50	Allied BF	I Imperia	al				
City, State						1094		_	posal Date	City, State			10-1	Maria Company		
Hazelton, PA								100	BD	Imperial,	PA					
Completed By (Print or Ty	pe)	-	Title			Mineral Sec			Signature	1/8			ate	,	/	
Mark Griffin	/			timat	or				3.3	11		1000	, /	,/	111	
												-	4/	1/1	7	

Location of Asbestos-Containing Material (ACM) TO BE ABATED				Decription of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
IN Facility	YES	NO	N/A		APR		2414	te	re
Space # 3			X	Roofing	756 SF	X	Ш	Ш	Ш
Space # 4			X	VAT/Mastic	1400 SF	X			
Space # 5			X	Roofing	1415 SF	X			
Space # 6			X	VAT/Mastic	2000 SF	X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
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			X			X			
			X			X			
			X	1.00		X			
			X			X			
			X			X			

Page 2 - Notification - 1/4/13

State of New Jersey heck# 096603 NOTIFICATION OF ASSESTES ABATELY (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2 MUTTARTIOD JANET Agencies Notified Type Notification Street Address Initial Amended City, State, Zip Code DOL Amendment # Emergency (including **B** DOH Justification) ☐ DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) TANCT School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Ado 4ch 700 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished ORALI INGLE Home Name of Monitoring Firm: Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Street Address State, Zip Code ANTA Project Manager for Monitoring Fir Name of OSHA Occupancy Status During Abatement (Check only onle) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 100 Abatement Performed Outside of Normal Facility Hours
Wither - Describe: REGULAR ITOWAS City, State, Zip Code Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure 160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Location of Used Solely by Type Asbestos-Containing Material (ACM) Description of Maintenance/ Asbestos Containing Material (ACM) TO BE ABATED Amount Cystodial (i.e., thermal systems insulation, (Specify Encapsulate IN Facility Enclosura Staff? Removal surfacing, VAT, or (13) SF or LF) (12)other miscellaneous) No N/A Arcmen Name of Registered Waste Hauler Cubic Yards Name of Registered Landfill of Waste onows City, State New TONNE apleted By 145/HAM Date navigent ASB-41

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

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

Page 1 of 2 Check # 1169

Date of Notification (1) 4-3-2014					f Building C New York				eation			Y 1	1	5//	眉		
	Type Notification			Street A					1,	7					H.z.	-	
	× Initial				Broadway		nue	55.000			ADE	7 1 1	_			1	
DEP DOL	Amended Amendment		_ [ite, Zip Coo New York		07093		1	ě	AI I	1 1	2	U14			
⊠ DOH □ DCA	Emergency (i justification) Cancellation	ncluding	Ī	Name of Rick S	f Contact olares				1	J Tala						•	
					LITY INFO	RMAT	ION			T					*		
Name of Facility Where At		Place (3)					Ту	pe of Facility (4	-)							
Public School # 4 An	nex							×	School (K-12 Subchapter		ar than k	(₋ 12)					
Street Address 317 - 66th Street								E	Other (i.e. pretc.)				iildir	ildings, homes,			
City (5) West New York				1					uare Feet 0,000	# of 3	Floors		Bld 60	lg. A +	ge		
County (6) Hudson				County (Code (7) USE ONLY)	70		30,00	rrent Use (Prio School	rent Use (Prior if being demolished)							
Name of Monitoring Firm H	Hired by Building C	Owner (8)		ASCN	1 No.	95 T	Name		Abatement Con	tractor	(9)						
T&M Associates							GL G	aro	up, Inc								
Street Address 11Tindall Road							Street 140		dress mburg Turnp	ike							
City, State, Zip Code Middletown, NJ 0774	-8			1 ************************************					ity, State, Zip Code Bloomingdale, NJ 07403								
Project Manager for Monito Kevin Burns	oring Firm	H.0.11 2	- 1						phone No. License No. 01084								
Start Date (10) 4-14-2014		Schedule		npletion I	Date (11)				OSHA Monitor up, Inc								
TO THE STATE OF TH	4-20-2 tatus During Abatement (Check Only C						Street		Service Constitution								
	During Abatement (Check Only One) I/Vacated During Entire Period of Ab rformed Outside of Normal Facility H			nent		20			mburg Turnp	ike							
	d Outside of Norm	al Facility	Hours	3		_			, Zip Code ngdale, NJ 0	7403							
Scope of Work (Check All	That Apply)							-100							N-commu	0.000000	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renova Demolit						Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					3		
		le	Locat	ion				_	Tion Examples	1 / 4/1				bate	ment		
Location of	of	1	Vormal	lly		De	escription	of					_	Ту	pe	ı —	
Asbestos-Containing M TO BE ABAT		Ma	d Sole intena	nce/	Asbesto	os Cor	ntaining N	/late	erial (ACM)		mount Specify	7	,	_	Enc	9	
In Facility		Cust	odial 3 (12)	Staff?	(surfa	acing, VA miscellar	T, c	or ·		or LF)	Kemova		Repair	Encapsulate	Enclosure	
(13)		Yes	No	N/A		outer	miscenar	1600	19)			/al	-	7	ılate	ure	
Room 30)1		Χ		V	wall p	laster /	08	&M	4	SF)	X			
Room 30)5		X		v	vall p	laster /	08	&M	2	0 SF)	Χ			
Room 30	08		Χ		V	wall p	laster /	08	&M	1	0 SF)	Χ			
3rd fl Stage	Right		Х		V	vall p	laster /	08	&M	3	3 SF)	Χ			
Name of Registered Waste	Hauler			IJDEP W			Yards	COLUMN TO SERVICE SERV	Name of F	Registe	red Lan	dfill					
GL Group, Inc				lauler ID 033034		of Wa			GROWS								
City, State Bloomingdale, NJ				Dispo TBD	sal Date		City, State Morrisvi		A								
Completed by Elena Solakov		Title Presi	dent			Signature Date 4-3-2014							4				

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

EDS14-022 PS #4 Annex

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

CONTINUATION SHEET

page 2 of 2

APR 1 1 2014

							Abaten	nent Typ	oe ,
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ation N Used Solely b aintena Custod Staff (12	nce	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 R	E N C A P S U L	E NCLOSURE
Room 205	163	X	IV/A	wall plaster /O&M	15 SF		X		
Room 206	1	X		wall plaster /O&M	12 SF		X		
Room 211	1	X		wall plaster /O&M	5 SF		X		
	1			W 10.2					
	1								
	1								7201.0
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	+				1				
	+-	-							
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						-			

Completed By: (Print or Type)	Title	Signature So Company Date
Elena Solakov	President	Clem Stalls 4/3/2014

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

Page 1 of 2

Check	11	1 1	17
t neck	11	1.1	n/

Date of Notification (1) 4-3-2014						Building Ow Iew York I			ion				TE,	- 1			
Agencies Notified	Type Not	ification			Street Ad 6028 B	dress roadway	Avenue			APR	11	2014		,	1		
EPA DEP DOL	The second secon	al ended endment#			City, State	e, Zip Code lew York,		3	1						T		
☑ DOH	Eme	ergency (in fication)	cluding		Name of Rick So	Contact				Tele	nhone I	Numbe	ar 1	/	1		
DCA	☐ Can	cellation				Accepte Section	MATION	_									
Name of Facility Where	Abatamant	is Taking	Place (3)		FACIL	ITY INFOR	MATION	Type	of Facility (4	4)							
Harry L. Bain School		is raking i	nace (o)	(i				×	School (K-1	2)	41 to	(40)					
Street Address 6200 Broadway								IH	Subchapter Other (i.e. p etc.)	8 (Otne rivate 8	comme	ercial	build	ngs, l	nome	s,	
City (5)			M						re Feet	# of	Floors		Ble	dg. Ag	je		
West New York								40,000 2 60+									
County (6) Hudson					County C (STATE U	Code (7) ISE ONLY)		Current Use (Prior if being demolished) School									
Name of Monitoring Firm	1 Hired by	Building Ov	wner (8)		ASCM	No.	5.5 15.00 per 14.00	Name of Abatement Contractor (9) GL Group, Inc									
T&M Associates Street Address				ulinteses t				Street Address									
11Tindall Road								140 Hamburg Turnpike									
City, State, Zip Code Middletown, NJ 077	748						Ble		dale, NJ 0	7403							
Project Manager for Mor Kevin Burns	nitoring Fin	m			Telephor (732) 6	ne No. 376-1725		Telephone No. License No. 01084									
Start Date (10) 4-14-2014			Schedule 4-20-20		npletion [Date (11)	500000000000000000000000000000000000000	me of OS _ Group	HA Monitor), Inc				3				
Occupancy Status Durin	a Abateme	ent (Check	e)			Str	eet Addre	ess									
1. <u>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</u>			Entire Period of Aba				14	0 Hamb	ourg Turn	pike							
Abatement Perform Other – Describe:	ned Outsid	e of Norma	Hours	3		10 2	y, State, Z	Zip Code dale, NJ (07403								
Scope of Work (Check A		nlv)				W. S. J. W.											
	an macrip	P. 37	X =	tenova	tion			Full Containment with Negative Pressur						е			
≥3 sf or ≥3 lf≥160 sf or ≥260 lf				emolit				Mini-Enclosure						iaro			
								Glovebag Procedure Non-Exempted (*) and Non-Friable Proce						ocedure			
			I						on Exempte	a () an	<u> </u>			Abate			
			1000	Locat Iormal	161 161									Ту	ре		
Locatio Asbestos-Containing		ACM)	Use	d Sole	ly by	Ashesto	Descrip s Containir		al (ACM)	А	mount	- 1			ш	_	
TO BE AB		ACIVI)		intena todial S			nermal syst	ems insul			Specify		Rer	Re	nca	End	
In Faci			Cusi	(12)	Jian:		surfacing, other misce)	51	or LF)		Remova	Repair	Encapsulate	Enclosure	
(13)	!	Yes			N/A		***************************************	***************************************		d.,,,			<u>a</u>		ate	rē	
3rd fl, north by 63	3 str stair landing			X		се	iling plas	ter / O8	kM	- 1	2 SF			Х			
Room	Room 315			Х			iling plas				4 SF			X			
Room	304			X			iling plas				2 SF			X			
Room	301			X		Ce	iling plas	ster / O8		l	1 SF			X			
Name of Registered Wa	ste Hauler		-		JDEP W	(100 to 100 to 1	Cubic Yard of Waste	ds	Name of		ered Lar	ndfill					
GL Group, Inc	L Group, Inc 0			lauler ID 033034	1	TBD		GROW									
City, State Bloomingdale, NJ				1	Disposal D TBD	ate	City, Sta Morris		Α								
Completed by Elena Solakov			Title Presi	ident		-	Signa	ture &	Cem Stud	(a)		Date 4-3	-20	14			

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

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

EDS14-022 Harry Bain

CONTINUATION SHEET

Page 2 of 2

APR 1 1 2014

							Abatem	ent Typ	e :
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	M:	ation N Used Solely b aintena Custod Staff (12	nce ial 2)	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	R E P A	ENCAPSU	E N C L O S U R
	Yes	No	N/A	Latina plantas / O&M	1 SF	L	R	L	E
Room 306 A	-	X	-	ceiling plaster / O&M	2 SF		X		
Room 211		Х	-	ceiling plaster / O&M			X		
Room 215	_	Х	_	ceiling plaster / O&M	2 SF		_	_	
Room 101		Х		ceiling plaster / O&M	1 SF		X		
Auditorium Balcony 2 fl	_	X		ceiling plaster / O&M	4 SF		X	_	
Sub Basement back rm				1000			X		
by 62nd Street		X		ceiling plaster / O&M	4 SF		Λ		
P									
	\vdash	+	\vdash						
2	+	-	 				1		
	-	-	-		 		-		
		-	-		+	_	-	_	
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	_				-		-		
							_		
X. T. M.									
Water and the same									
(1		_						

Completed By: (Print or Type)	Title	Signature Ca CLA Date	
Elena Solakov	President	Clerm Solution 4/3/201	4

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

Page 1 of 2

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Date of Notification (1) 4-3-2014			V	lame of B Vest N	Building Over ew York	wner/O Boar	perator of Ec	(2) Iucatio	n .					. 1		
Agencies Notified Type No				treet Add	_{dress} roadway	Aven	nue		pli.	AF	PR 1	1 20	14	,	!! /	
	al ended endment #_				e, Zip Cod ew York		7093							i		
✓ DOH just	ergency (inc ification) ncellation	luding		lame of 0					tion	Tolo	nhone N	lumber				
				FACIL	ITY INFO	RMATI	ON	7/2007								
Name of Facility Where Abatemen Memorial High School	t is Taking F	Place (3)).					X S	f Facility (4 chool (K-1) ubchapter	2)	r than K	(-12)				
Street Address 5501 Park Ave.								o et	ther (i.e. p c.)	rivate 8	comme	ercial bu				s,
City (5) West New York								Square 40,00	0+	3	Floors		60	dg. Aç I+	je	
County (6) Hudson				County C	ode (7) SE ONLY)			Curren	t Use (Prid	or if beir	ng demo	lished)				
Name of Monitoring Firm Hired by T&M Associates	Building Ow	ner (8)		ASCM	No.		Name of Abatement Contractor (9) GL Group, Inc									
Street Address 11Tindall Road								eet Address O Hamburg Turnpike								
City, State, Zip Code Middletown, NJ 07748					City, State, Blooming					Zip Code pdale, NJ 07403						
Project Manager for Monitoring Fir	m		11						one No. License No. 710-9725 01084							
Kevin Burns		م اد م ما د		(25 A Monitor		01084	1				
Start Date (10) 4-14-2014	4	-20-20)14	piedon L	Jale (11)		GL G	aroup,	Inc							
Occupancy Status During Abatem				Street Address 140 Hamburg Turnpike												
Facility Closed/Vacated Durin Abatement Performed Outsic Other – Describe:	ng Entire Pe le of Normal	riod of A Facility	batem Hours	ent			City, S	tate, Zip	100				-100			
	alu A	12.70/2007					БІОО	mingu	ale, No	77 400						
Scope of Work (Check All That Ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	рју)		tenovat emoliti					Mini	Containmoi-Enclosure vebag Prod Exempte	e cedure	-				e	
		7.	1			221-111-111				- ()				Abate	ment	
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM)	Use Ma	Location Normall d Solel intenar todial S (12)	y y by nce/		os Con therma surfa	escription taining N I system acing, VA miscellar	Material s insula AT, or		(5	mount Specify or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
Mand Charage		X	INO	IN/A		ailina	plaster	/ O&N	Λ		4 SF	+		X		
Wood Storage		X				(8,78)	sulation				1 LF	+		X		
Custodial Room		^	X			•	plaste				9 SF	+		X		
1962 Section	.00	V	^				reechir				5 SF		-	X		
Boiler Room Wing 19		X	l Nº	JDEP W			Yards	ig/ Oa	Name of			ndfill				
Name of Registered Waste Haule GL Group, Inc			Н	auler ID 33034	No.	of Wa	aste		GROW	/S		- second to				
City, State Bloomingdale, NJ					Dispo TBD	sal Date	•	City, Sta Morris		A						
Completed by Elena Solakov		Title President					Signatur	e Ele	rm Stoll	(a)		Date 4-3-	20	14		

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

EDS14-022 Memorial HS

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

CONTINUATION SHEET

Page P2R of 12 1 2014

Abatement Type Description of Location of Е N Is Location Normally Asbestos-Containing Amount Asbestos-Containing R N C Used (Specify Material (ACM) C E R L Material (ACM) Solely by SF or (i.e. thermal systems, E 0 M A TO BE ABATED Maintenance insulation, surfacing, VAT, LF) P P 0 S In Facility (13) /Custodial or other miscellaneous) S V Α U Staff (12) R A No N/A R E Yes Boiler Room Generator pipe fitting insulation /O&M 4 LF X Room, 1962 Wing X 7 LF X pipe insulation /0&M Boiler Room X X pipe insulation /0&M 3 LH Electrical Room X pipe insulation /0&M 2 LF Girls Locker Room X Food Storage 002 X pipe insulation /0&M 2 LF Bsmt Hallway from locker X pipe insulation /0&M 4 LF room to Wight Rm X 2 LF Bsmt Air Handling Room pipe insulation /O&M X X /0&M 1 LF Bsmt Hallway adj to boiler rm pipe insulation X 1 LF X 2nd Floor - air handling rm pipe insulation /O&M /0&M X 2nd Fl Storage rm 207 2 SF X Ceiling plaster 3rd Fl Hallways by hatch X /0&M 1 SF (outside rm 303) Ceiling plaster

Completed By: (Print or Type)	Title	Signature Co. Co. Date
Elena Solakov	President	Elem Solla 4/3/2014

EDS14-046

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

Check # 1166

Date of Notification (1) 4-3-2014				Name of Building Owner/Operator (2) Ft. LEE SCHOOL DISTRICT														
Agencies Notified	Type Notification Initial Amended Amendment # Emergency (including			Street Address 2175 Lemoine Avenue 07024														
EPA DEP DOL				City, Sta	ate, Zip Co ee, NJ	ode				 	PR 1	1 2) 4		J			
⊠ DOH ⊠ DCA			f Contact DeNichilo)			Tel	enhane	Numbe	ar _	-1		-					
				FACI	LITY INFO	ORMATI	ON	True of Facility (A)										
Name of Facility Where Abatement is Taking Place (3) Lewis F Cole Middle School								Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)										
Street Address 467 Stillwell Avenue								Other (i.e. private & commercial buildings, homes, etc.)										
City (5) FORT LEE									quare Feet 0,000 +	The fall of the contract of the fall of the contract of the co			Bldg. Age 40+					
County (6) Bergen					Code (7) USE ONLY	Current Use (Prior if being demolished) Middle School												
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental					/I No.		224500000000000000000000000000000000000	e of Abatement Contractor (9) Group, Inc										
Street Address 307 North Walnut Street								et Address) Hamburg Tpke										
City, State, Zip Code West Chester, PA 1		City,					State, Zip Code omingdale, NJ 07403											
Project Manager for Monitoring Firm Paul F. McCaa					Telephone No. 610-431-7545				Telephone No. License No. (201)710-9725 01084									
Start Date (10) Scheduled Cd 4-15-2014 at 4:00 pm 4-20-2014				mpletion	Name of OSHA Monitor GL Group, Inc													
Occupancy Status During							eet Address											
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou				ement				Hamburg Tpke State, Zip Code										
Other – Describe:				Bloc					omingdale, NJ 07403									
Scope of Work (Check Al	I That Apply)						-											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
		Is	Locat	ion								Abatement						
Location of				lly	De	scription	n of	of				\vdash		Туре				
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Ma	ed Sole intena todial (12)	Asbestos Containing				ems insulation, VAT, or		Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A											(D			
Science Wing	g Area 1		Х			Sł	neetro	ck		7	70 SF							
Science Wing		Χ		Sheetre			ock			30 SF								
Science Wing		Χ		Sheetr			etrock			70 SF								
Music Wing Area 4			X		Shee		eetrock		70 SF									
Name of Registered Waste Hauler GL Group, Inc			F	IJDEP W lauler ID 033034	No.	Cubic of Was TBD			Name of Registered Landfill GROWS									
City, State Bloomingdale, NJ					Dispos TBD	sal Date	te City, State Morrisville, PA											
Completed by Elena Solakov		Title Presi	dent			S	ignature	e /	Som S	J. N.	آ ز	Date 4-3-2	201	4				

EDS14-017

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

Page 1 of 1 Check # 1163

Date of Notification (1) 4-3-2014		Name of Millburi	Building C n Towns	wner/O hip Pu	perator ublic S	(2) school	s	() ()		Р Л	F							
Agencies Notified Type Notification			- 1	Street Ad 434 Mil	ldress Ilburn Av	/enue	4711	A DD	1 1	-0014	8							
EPA DEP DOL	Initial Amended Amendment		City, State, Zip Code Millburn, NJ, 07041					1	ALT	7-7-	2014		,					
☑ DOH DCA	justification) Cancellation	11 1	Name of Contact Paula Baker						Jala	L		12.07/H		1				
		FACIL	ITY INFO	RMATI	ON													
Name of Facility Where Hartshorn Element)			41-		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)												
Street Address 400 Hartshorn Driv						Other (i.e. private & commercial buildings, homes, etc.)												
City (5) Short Hills									re Feet 00 +	# of Floors			Bldg. Age 40+					
County (6) Essex		County Code (7) (STATE USE ONLY)					Current Use (Prior if being demolished) Elementary School											
Name of Monitoring Firm TTI Environmental		ASCM 00003		2000/0000000000000000000000000000000000	e of Abatement Contractor (9) Group, Inc													
Street Address 1253 North Church							et Address) Hamburg Tpke											
City, State, Zip Code Moorestown, NJ 08							State, Zip Code omingdale, NJ 07403											
Project Manager for Mon Mary Ellen Leotta						elephone No. License No. 01084												
Start Date (10) 4-21-2014	ed Con	npletion [Date (11)		0,000,000	ne of OSHA Monitor Group, Inc												
Occupancy Status Durin	-					et Address												
➤ Facility Closed/Vac	Abaten	ement				Hamburg Tpke State, Zip Code												
Other – Describe:	riours	Bloomingdale, NJ 0740																
Scope of Work (Check A	All That Apply)						г		2002-00-00-2000-00-00-00-00-00-00-00-00-									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
		•				NC	n-Exempled	riable	Abatement									
Is Loca Norm					- alle									Туре				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used: Maint Custod				Solely by enance/ (i.e. thermal surfa				escription of taining Material (ACM) I systems insulation, icing, VAT, or miscellaneous)			Amount (Specify SF or LF)			Repair	Encapsulate	Enclosure		
Dallar	#0	X		1		R	reechi	na			9 SF		X					
Boiler #2				-		Dieecii				9 01								
		-		-														
Name of Registered Waste Hauler				NJDEP Waste Cubic Ya				eto			ered La	ndfill						
GL Group, Inc			100.0	Hauler ID No. of Waste TBD				GROWS										
City, State Bloomingdale, NJ			Disposal Date				Morrisville, PA											
Completed by Elena Solakov		Title Pres	ident	A. 1838				Signature Eleven Stuller					Date 4-3-2014					