NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		Name of Building	Owner/Opera	tor (2)		-		-		
April 7, 2015				emolition		O-	2	63	100	7
[] DEP [] Ame	l Notification nded Notification	Street Address City, State, Zip Co		amplain Road		fal .				
[X] DOH [X] Emer	rgency (including	onj, oute, p.p oo		rough, NJ 08844		Les Les				
DCA	ication) ellation	Name of Contact Anton	io Dimuzi		elephone	Number				
	FA	CILITY INFORM	IATION							
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility (4)	School ((-12)				
Street Address 30 Ellers Drive				[] [x]	Other (ter 8 (oth			al build	dings,
City	County (6)	County Code (7) (STATE USE ONL	v)	Square feet	home s		Bldg.		0	
Chatham	Morris	(OTATE OSE ONE	1)	2000 sf Current Use (Prior if		olished)		. 8	0	
Name of Monitoring Firm Hired by Building Guardian Contract		ASCM No.	Name of A	Resider	(9)	vati- a	Y			
Street Address	NIN 2222	L	Street Add				inc.			
1889 Route 9, Uni City, State, Zip Code			City, State		oute 9,	Init 61				
Toms River, NJ 08 Project Manager for Monitoring Firm	Telephone Number	r	Telephone	Toms R		w Jerse icense N		55-12	271	
Nicholas Fernicola Scheduled Start Date (10)	732-349-9932 Scheduled Comple		732-349			0624				
4/7/15	4/8/15	* *		E.M.S.I	L. Ant I	tical				
	d During Entire Period of Ab		Street Add	ress 1056 St	elton R	ad				
Abatement Performed Other – Describe	Outside of Normal Facility H	Iours	City, State	, Zip Code Piscatav	way, N	w Jerse	y 0885	54		
Scope of Work (Check all that apply)	(8)		[]	Full Containment Mini-Enclosure	with No g	ive Pres	sure			
[X] >3 sf or ≥3 lf ≥160 sf or ≥260 lf	[] Renov		[]	Glovebag Procedu						
[] 2100 St 01 2200 H	[X] Demo	Hition	[x]	Non-Exempted (*	and No	Friable I				
	Is Location	Si	Description	of			Abate		- 1	
Location of Asbestos-Containing Material (ACM)	Normally used Solely by	Asl	oestos-Cont Material (AC	aining		ount ify SF	R E	R E	E N	E N
TO BE ABATED in facility	Maintenance/Custodia Staff	l (i.e	., thermal sy ulation, surf	stems		LF)	M O	P A	C A	C L
(13)	(12)		VAT, or	C.			V	I R	P S	S
	YES NO N/A		er miscellar	neous)			A L		U L	U R
Utility room	X	Transite			100 :	1	Х		Е	Е
					-					
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule	er ID No. Cubic Ya	ards of Waste	Name of Register T.R.R.F.	ed Lan li	Il				
City, State Toms River, New Jersey		osal Date	City, State							
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	Chot	/ Jo	1		Date 4/7/2	.015		
	*Do not use this for	em for ashestos licer	- V - (ind and the						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2159 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 04 08 15 Jeffrey Rosenberg Agencies Notified Type Notification Street Address □ EPA X Initial 51 Claremont Avenue X DOLWD Amended City, State, Zip Code X DHSS Amendment # Maplewood, NJ 07040 Emergency (including DCA (NJAC 5:23-8) justification) Name of Contact elephi r Number Cancellation Jeffrey Rosenberg FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings. 51 Claremont Avenue homes, etc.) City (5) Square Feet # of Fois Bidg. Age Maplewood, NJ 07040 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if bein a semolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. Licens € No. 973-638-1777 01127 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 04 / 17 / 15 04 / 18 / 15 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35 E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-____PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with a gative pressure Full Containment with Negative Pressure >3 sf or >3 if 2 160 sf or 2260 if Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Fricedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Remova Encapsulate Asbestos Containing Material (ACM) Amo nt Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Spaly Custodial Staff? IN Facility surfacing, VAT, or SIF (r LF) (12)(13)other miscellaneous) Yes No N/A X Basement Pipe insulation 45 LF Name of Registered Waste Hauler NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Lard | | Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner 04/08/2015

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

ASB-41

MAY 11



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

Date of Notification 4	/10/15		Na	ame of NJ S	Building (schools [Owner/C Develo	perator pment	(2) Author	rity		£.º	E 1				
Agencies Notified	Type Notification		1 87.50		ddress Front Stre	et				Air as						
XDOL	Amended Amendment		_ T	ity, Sta rento	te, Zip Co n, NJ 0	de 8625								+		
X DOH DCA	Emerger justification) Cancellation	icy (including	Nar	me of (Contact	Jorge A	Alphonso)				e Nur				
			-	FACI	LITY INFO	RMATI	ON				+			-		
name of Facility Where A Residence Street Address 345 South 11 th S		Place (3)						Sc	Facility chool (K- ubchapte Other (i.e	12) r 8 (Ota				uildings	s, hon	nes,
343 30dtil 11 C	olieet				5			ete	c.)							
City (5) Newark								Square	Feet	# 3	Floo	rs		3ldg. A 100 +	ge	
County (6) Union					Code (7) JSE ONLY)	0	_	Current Reside	Use (Prince	or if b	ig de	molish	ed)			
Name of Monitoring Firm McCabe Environmental		Owner (8)		ASCN	No.				ment Co erprise		(3)					
Street Address 464 Valley Brook	Ave.	No.						Address Beers								
City, State, Zip Code Lyndhurst, N.J. 07	7071		101111111111111111111111111111111111111				City, S Keyp	tate, Zip ort N.	Code J. 077	35	-					
Project Manager for Mon John Chiaviello	itoring Firm			elephoi 01 438			Teleph 732-	none No. 739-12	200		Lice 010	nse N 095	0.			
Start Date (10) 4/13/15		Scheduled 6/30/		letion [Date (11)		Name n/a	of OSHA	Monitor		-					
Occupancy Status During	Abatement (Chec	k Only One)		-			Street	Address					-		-	
x Facility Closed/Vacate Abatement Perform Other – Describe: _	ed Outside of Norm	nal Facility H					City, S	tate, Zip	Code							
Scope of Work (Check A	Il That Apply)										-					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novatio nolitior					x Mini- x Glo	ainment v Enclosur vebag Pr Exempt	re rocedi r				ocedur		
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Location	o of		ocatior ally Us			Do	scription	of							pe	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED ity	Maint Custoo	lely by tenanc dial Sta (12)	e/		tos Con thermal surfa	taining N	faterial (/ s insulati T, or		0	pecif or Li	y	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A			110000100000000000000000000000000000000						<u>a</u>	7	late	re
WET DEMOLITIO	N			Х									х			
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Name of Registered Was Hilltop Enterprises, Inc.	te Hauler		Hau	DEP Wuler ID 35966	No.	Cubic of Was 300			Name of	Regis :	r∋d L	andfill	Gro	ows no	rth	
City, State West Chester, PA 193	80		-				sal Date I/15		City, Sta	е Мот	ville	P.A.				
Completed by James Mahoney		Title Project n	nanage	er		S	ighature	rex	Mak	500	1	Da		/10/ 15	i	

ASB-41 (R-06-08)

// * Do not use this form for asbe \$ 3 licensure exempted activities.



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Date of Notification (I	Name of	Building (Owner/O	perator ((2)				11	4		1
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Agencies Notified	Type No	otification	-	1 27	Street Ad		987			<u> </u>		100	- 1			
XEPA	X Init	tial		3	32 East F	ront Stre	et									
	1000	nended		(City, Stat	e, Zip Co	de					Table 5				-
XDOL		endment # nergency (- 1	renton	, NJ 0	8623				6	(, ned	X	
X DOH DCA	jus	tification)		Na	ame of C	ontact	Jorge	Alphons	0		Tel.	shone Nu	nber-			
DCA	Ca	ncellation									28					
name of Facility Where	Ahatemen	t is Taking	Place (3)		FACIL	LITY INFO	DRMATI	ON	Type of Faci	ity (4)						
Residence	Datemen	it is raking	g 1 1000 (0)						School							
Street Address									Subcha	pter 8 (C		than K-1				
376 South 12 th	Street								X Other etc.)	(i.e. priv	e ti	& commer	cial b	uilding	s, hon	nes,
City (5)			17						Square Feet	;	# c	Floors		Bldg. A	ge	_
Newark											3			100+	•	
County (6)					County C				Current Use	(Prior if	b =	g demolis	hed)			
Union				(STATE U	SE ONLY)			Residence							
Name of Monitoring Firm			Owner (8)		ASCM	No.			of Abatement			(9)				
McCabe Environmental	l Services	L.L.C.						TITICO	n Enterpri	ses ir	10					
Street Address	V0							Street	Address Beers St							
464 Valley Brook A	ive.	1														
City, State, Zip Code Lyndhurst, N.J. 070	171							City, S Keyn	tate, Zip Code ort N.J. 0	7735						
1000 .					F 1 1	N						11	1-			
Project Manager for Mor John Chiaviello	nitoring Fi	rm			Telephor 201 438				one No. 739-1200			01095	10.			3
Start Date (10)			Schedule	d Com	nletion [)ate (11)		Name	of OSHA Mor	itor		- 1	15.00			
4/22/	/15		7/30		piction	outo (11)		n/a	01 001 11 11101							
Occupancy Status Durin	ng Abatem	nent (Chec	k Only One	e)				Street	Address			-				
x Facility Closed/Vacat					t											
Abatement Perform	ned Outsid	de of Norn	nal Facility I	Hours				City, S	tate, Zip Code)						
Other - Describe:	-			-				10								
Scope of Work (Check A	All That Ap	oply)	111117777													
≥3 sf or ≥3 lf			170.77	enovat					x Containme			ative Pres	sure			
x ≥160 sf or ≥260 lf			X De	emoliti	on				x Mini-Encl x Gloveba							
									x Non-Exe				ole Pr	ocedur	е	
			Is	Locati	on										emen	t
Location	on of		100	nally L			De	scription	of				Н	13	/ре	
Asbestos-Containin		(ACM)		olely b ntenar		Asbes	stos Con	taining N	Material (ACM) s insulation,			nount secify	,		E	Е
TO BE AS			Cust	odial S (12)	Staff?	(1.0	surfa	cing, VA	T, or			or LF)	Remova	Repair	caps	nclo
(13)		Yes	No	N/A		other	miscellar	neous)				oval	air	Encapsulate	Enclosure
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See attached					Х								^		-	_
											- 370					
Name of Registered Wa	ste Haule	er		100000	JDEP W			Yards	Nam	e of Reg	i i	ed Landfi	l Gr	ows no	orth	-
Hilltop Enterprises, Inc.				0.000	auler ID 035966	No.	of Wa	ste								
City, State							0.505	sal Date	City	State N	Te r	sville, P.A.			-	
West Chester, PA 193	80							10/15	J. Oity,	J.410 IV						
Completed by			Title				1 5	Signature	9 ./	1	-	, 10	ate			
James Mahoney			Project	mana	iger			Lowas	Mo	hone	4_	1		4/10/1	5	
							1	- /ww	1 la		7					
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							/									

							V.F			
Location of	No	Location	Ised	Description of	1	:2 * : :	15		emen /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	Solely baintenar todial S (12)	ice/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	-	Amount (Specify 3F or LF)	Removal	Repair	Encapsulate	Enclosure
Metal roof			×	tar	1;	sf	X		Ф	
Main roof			X	Roof felt		0 sf	Х			
Basement	-		X	Pipe insulation Debris		() If	X			
Basement chimney	-		X	Flue packing	4		X			
Throughout	_		X	Wall plaster		00 sf	X			_
Stairwells			889			0 sf				
			X	Textured Plaster(top coat)			Х			
3 rd floor kitchen	_		Х	Green linoleum (under 12"tile)	1:	(sf	Х			
			Х		<u> </u>		X			
			Х		<u> </u>		Х			
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Date of Notification (/10/15	5	7	1	Name of NJ Sch	Building C	wner/O evelop	perator (ment A	(2) luthor	ity					n,		
Agencies Notified	Type N	otification		-	Street Ad	dress											-
	10.505					Front Stre	et										
X EPA	XIn Δι	itiai mended		-	City Stat	e, Zip Coo	ie.					-					
XDOL	0.000	nendment #	#	_ '	Trento	n, NJ (8625										
X DOH		mergency		N	ame of C	ontact	lorge	Alfonso			Tel	iho	ne Nun	her			
DCA		stification) ancellation		14	arrie or C	Unitact	Joige	Alloliso				1110	no man	1501			
			'. 		FACIL	ITY INFO	DMATI	ON				. —					
name of Facility Where At	bateme	nt is Takino	Place (3)		FACIL	LITTINEC	KIVIATI	ON	Туре	of Facility (4)	-					
Residence	00.01110		g							School (K-1							
Street Address									5	Subchapter	8 (Ot 1						
354 South 12th St	treet									Other (i.e.	priva	k C	ommer	cial b	uilding	s, hon	nes,
				221711							14	Floo	200		Dida A	~~	
City (5) Newark									Squar	e Feet	# ;	-100	315		Bldg. A 100 +	ge	
HOWAIK																	
County (6) Union					County C	ode (7) SE ONLY)			Curre	nt Use (Pri	or if b	1 de	emolish	ed)			
					• =====================================												
Name of Monitoring Firm	Hired b	y Building	Owner (8)		ASCM	No.		Name	of Abat	ement Cor terprises	tracter	(3)					
McCabe Environmental S	Services	S L.L.C.									5 1110			224/23/02	20.00000		
Street Address	۸							Street 322 I	Addres	S C+							
464 Valley Brook A	ave.							322 1	Deers	o Ol							
City, State, Zip Code								City, S	tate, Zi	p Code .J. 0773							
Lyndhurst, N.J. 07	0/1							Keyp	or N	.J. 0773	50						
Project Manager for Moni	toring F	irm			201 438	4839		Teleph					ense N	0.			
John Chiaviello	6			61 1				732-7	39-12	200		01	095				
Start Date (10)			Schedule	d Con	npletion E	Date (11)			of OSH	A Monitor							
4/22/1	5		7/30)/15				n/a									
Occupancy Status During	Abater	ment (Chec	ck Only One	9)				Street	Addres	S	-	-					
x Facility Closed/Vacate					nt												
Abatement Performe								City, S	tate. Zi	p Code		11		-1000			
Other - Describe: _			2				_	7.									
Scope of Work (Check Al	I That Δ	nnlv)										-	-				
≥3 sf or ≥3 lf	i i i i i i i i i	(PPI)	R	enova	tion				v Cor	ntainment v	vith N	Litiv	e Press	ure			
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X = 100 31 01 = 200 11			7		0727					lovebag Pr							
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Asbestos-Containing		al (ACM)		olely l			tos Con	taining N	/laterial			100				Ш	_
TO BE ABA			10000000		Staff?	(i.e.		I system		ition,		or		Rer	Re	пса	nc
In Facili (13)				(12)	2002000			acing, VA miscellar				01	LF)	Removal	Repair	psu	Enclosure
(10)			Yes	No	N/A									al	7	Encapsulate	ıre
See attached												-	17			1	
Jee attached												-		+		-	
		14															
		85															
r												1					
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Name of Registered Was	ie Haul	ег		1000	JDEP W lauler ID		of Wa			ivalile of	Regist	eu	Lanuni	G	OWS H	erell.	
Hilltop Enterprises, Inc.				100	035966	1000700	100	SECTION .									
City, State							Dispo	sal Date		City, Sta	te Mcr	vill	e, P.A.				
West Chester, PA 1938	80							10/15		ammus Processor							
Completed by			Title				1 5	Signature	9	11		-	Da	ate		676702	
James Mahoney			Projec	t man	ager			1	102	WIN.	-1 DI	1			4/10/1	5	
								Ken		posice	10	-					
ACD 44 /F 22 22							(/* Do n	at usa t	his form fo	ach	e li	censure	9 6 7 0	mnted	activi	ties
ASB-41 (R-06-08)							C	י טט חו	or ase I	1119 101111 10	asut	211	ochoult	CXE	inhied	activi	1100.

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Location of Asbestos-Containing Material (A	CM) <u>TO</u>	Norma	lely by	sed /	Description of Asbestos Containing Material		Amount			emen /pe	-
BE ABATED In Facility (13)		Custo			(ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		(Specify 3F or LF)	Removal	Repair	Encapsulate	Enclosure
Main roof		-	140	X	roofing	10	O sf	X		te	(b)
Parapet wall				х	Capstone waterproofing	10		Х			
Main roof		-		Х	Skylight flashing		0 sf	X			
basement				Х	Pipe insulation		lf	X	-		
Basement		-		Х	Pipe fittings	3(X			
Hallway floors 2&3		+		X	12' white floor tile	5		X			
Dining rm & kitchen		_	-	X	12' floor tile		sf	X			
North &NE side rms 2 nd floor		-		X	Yellow linoleum		sf	X	-		
Bathroom 2 nd floor		-		X	Brown linoleum	8(
Kitchen , bathroom, & hallwa	v 2rd floor	+		X	Yellow flooring (under white		sf	X			
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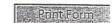
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Date of Notification (1) 4/8/15					of Building C r & Betty			(2)			1:	-			-
Agencies Notified	Type Notifica	ition		Street A	Address ennetts L	.ane					-				
X EPA DEP X DOL	Initial Amende		- 1		ate, Zip Coo	de				_					171
▼ DOH DCA		ncy (including		Name o	of Contact	78		70 To 1	Те	eph	Num	ber			-
DCA	Cancell	ation			Bongiov		N				_				
Name of Facility Where	Abatement is T	aking Place (3)	FACI	ILIT INFO	RIVIATIO	N	Type of Facili	ty (4)						
Street Address 359 Bennetts Lane							-	X Other (i.	K-12) oter 8 (Oth e. private				dings	, hom	ies,
City (5) Somerset								etc.) Square Feet 2100	# 0	f Flo			Bldg. /	Age	
County (6) Somerset					Code (7) USE ONLY)			Current Use (ing d	olishe	1			
Name of Monitoring Firm	Hired by Build	ling Owner (8)		ASCN	M No.			of Abatement (Environmer			LC				
Street Address								Address ox 483, 4 E	Gate D	rive					
City, State, Zip Code			-					ate, Zip Code vood, NJ 0	7418						
Project Manager for Mor	nitoring Firm			Telepho	ne No.	1 8		one No. 64-2276		Lic 70	e No	22			
Start Date (10) 4/13/15	The same	Schedule 5/5/15	d Com	pletion	Date (11)	N	Name o	of OSHA Monit	or			v			
Occupancy Status Durin Facility Closed/Vac Abatement Perform Other – Describe:	ated During En	tire Period of A	batem	ent				Address ate, Zip Code			-		0		
Scope of Work (Check A	II That Apply)										-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		DATE OF THE PARTY	enovat emoliti				×	Full Contair Mini-Enclos Glovebag P Non-Exemp	ure rocedure	1.00.000.00	ve Pr		250	0	
		Is	Locatio	on				HOH-EXCHIP	led () an	u ive	Habit		Abate	ement	t
Location Asbestos-Containing		Llees	ormall Solel		Ashasta		ription o	of aterial (ACM)		mou 1			13	pe	
TO BE AB, In Facil (13)	ATED	Mai	ntenan odial S (12) No		(i.e. t		stems g, VAT	insulation, , or	(5	Spec i or Li		Removal	Repair	Encapsulate	Enclosure
basem	ent	100	110	X		pipe in	sulati	on	7	5 L	-	x			
						P.P			1						
							25					+			
Name of Registered Was	ste Hauler		I N.	JDEP W	/aste	Cubic Ya	ırds	Name	of Registe	red	dfill				
Freehold Cartage			Ha	auler ID i939	No.	of Waste		(20000000000000000000000000000000000000	ern Berk						
City, State Freehold NJ		(4)				Disposal TBD	Date	City, S Birds	tate boro PA						
Completed by A. Scott Higgins		Title Presid	dent			Sign	nature	Re			Date 4/8/				

CK1:33

Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator	(2)		-	-			
4/6/20	15			F 2000 CO.		ndling Supply	(2)						
Agencies Notified	Type Notif	ication			et Address				-				_
☐ EPA	Initial			100	Old Sale	em Road							
DEP	Amend			City,	State, Zip	Code							
DOL	Amend	ment #_ ency (includi	na	Bro	oklawn,	NJ 08030							
DOH	justific	aton)		Nam	ne of Cor	tact		Telepl	e Numi	per			
DCA	Cancell	ation		Brett	Levin			1					
				FA	CILITY IN	FORMATION							
Name of Facility Where Industrial Building	Abatement is	Taking Pla	ce (3)				Type of Facility School (K-						
Street Address								r 8 (Other t	ın K-12	2)			
6965 Airport Highw	av						Other (i.e.,	private 8;			dings	S,	
City (s)							Square Feet	c.) # of	rs	TB	lda	Age	
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County (6)				Cou	inty Code	(7) (STATE	Current Use (I	Prior if bei	demolis		-)		_
Camden				USE	ONLY)		Vacant						
Name of Monitoring Firm (8)	Hired by Bu	ilding Owne		ASCM	No.	Name of Abatem AEi2, LLC	nent Contractor ((9)					
Street Address						Street Address			-		_	_	
						300 S. Lenola	Road						
City, State, Zip Code						City, State, Zip			1				-
						Maple Shade,	NJ 08052						
Project Manager for M	lonitoring F	irm	Tele	ephone	No.	Telephone No.		Licer	No.				
- 1			.			609-481-212	.2	006	1				
Start Date (10)		Scheduled	Comple	tion Da	ate (11)	Name of OSHA N	Monitor						
4/15/15		4/29/15				AEi2, LLC							
Occupancy Status Durin						Street Address							
Facility Closed/Vacat						300 Lenola R			-				
Abatement Performed Other - Describe:	Outside of I	Normal Facil	ity Hou	rs	20	City, State, Zip C Maple Shade	ode , NJ 08052						
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City, State			-12	1376		2 Disposal Date	City, State	7		_	_		=
Maple Shade, NJ						TBD //	TBD						
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Date of Notification (1) 4/9/15						f Building en City S					-					
Agencies Notified	Туре	Notification			Street A 201 N	ddress Front S	treet			1.00		-		- 6		
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Ď DOH DCA	×	Emergency justification) Cancellation			Name of	Contact					Teler	ne Nun	nber			
					FACI	LITY INFO	DRMATI	ON				22				
Name of Facility Where Camden City Scho			ng Place (3)		£.				of Facility (School (K-1	2)					
Street Address 201 N Front Street								=4	×	Subchapter Other (i.e. p etc.)		an K-12 nmercia		dings,	home	es,
City (5) Camden NJ 08102									Squa 100	are Feet	# of F)rs	0.22	ildg. A	ge	
County (6) Camden					County (Code (7) USE ONLY			Curr	ent Use (Prid	or if being	emolish	ned)			
Name of Monitoring Firm SmithCo Engineeri		by Building	Owner (8)		ASCM	l No.	,	Name Pern		atement Cor	tractor (1				
Street Address 808 Market Street				-847110-20	1	***		Street PO E					82			
City, State, Zip Code Camden NJ 08102							-4	97772777		Zip Code Iin NJ 080	91					
Project Manager for Mon Nicole Campbell	nitoring	Firm			Telephor	ne No.		Telepi 856-	one N	No.		ense N	0.			
Start Date (10) 4/10/15			Schedule 4/11/15		npletion (Date (11)			of OS	HA Monitor						
Occupancy Status Durin	ng Abai	tement (Che	ck Only Or	ie)				Street		200		A			-	-
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City, State West Berlin							Dispos 4/13/	sal Date		City, State Morrisv		067				

Completed by

Anthony T Perna

Title

President

Signature

Date

4/9/15



SMITHCO. ENGINEERING GRO JP, INC.

Engineering

Environmental

Development

Con ruction Services

April 8, 2015

Mr. Anthony Perna Pernaco, Inc. P.O. Box 329 West Berlin, New Jersey 08091

Re.:

EMERGENCY LETTER

Administration Building, 9th Floor O&M on Asbestos Pipe Insulation Camden City School District Camden, New Jersey 08102

Dear Mr. Perna:

The Camden City School Administration Building began experienced a significant water leak cities 9th Floor of the Building. This leak has caused water damage to the floor below. The Camden City School your immediate assistance to perform Operation & Maintenance Services for 9th Floor. It abatement work will ensure maximum protection and safeguard from asbestos exposure to our general public, and the environment.

strict is requesting nployees, visitors,

ASBESTOS PROJECT TYPE - O & M PIPE INSULATION REMOVAL

		ation Building t, Camden, New Jersey	
LOCATION	ASBESTOS MATERIAL	EST. QUANT.	RESPO
9 th Floor, Attic	Thermal Pipe Insulation	Approximately 6 LF	Remova

ACTION enable repairs

PROJECT SCHEDULE

Abatement Dates: April 10, 2015

Work Hours: 2nd Shift

Once again, please expedite any process and /or procedure required by local and state agencies obtain approval. Keep in mind this situation is an emergency with the potential for building contamination.

If you have any question, please feel free to contact this office 856-365-9111.

Sincerely,

Nicole Campbell

Nicole Campbell

Project Manager/Asbestos Building Inspector

THE SMITHCO. ENGINEERING GROUP, INC. 808 Market Street, Suite 336 · Camden, New Jersey 08102 Phone 856.365.9111 • Fax 856.365.9333 • www.smithcogroup.com

heck#2160		NOTIFIC (P	ATION (te of New OF ASBI to NJAC	Jersey ESTOS ABAT! 8:60 and 5:16	EMENT	Emer	cy notificatio	on
Date of Notification (1)		7.1	Name of	Building (Owner/Operator (2)	NJ Empty of H	th & Senior Se	ervices
04 /	08 / 15		Brian K	ramer			(De	-	
Agencies Notified	Type Notification		Street A	ddress			41	(gnaitire)	
EPA	☑ Initial			nberton A		- Van	Date:	Time:	20
DOLWD	Amended Amendment #		City, St	ate, Zip Co	ade				
DHSS DOA	IX Emergancy (in			ld, NJ 07					
(NJAC 5:23-8)	justification)		Name	of Contact			Telephone Nu	of	1
M00010-1050-1050-105	Canceliation	1	Brian K	Tamer					
· · · · · · · · · · · · · · · · · · ·	.,		FAC	ILITY IN	FORMATION	9.00.000			
Name of Facility Where	Abatement Is Takir	ng Place (3)				Type of Facility (
Private house						School (K-12)	Other than K-1		
Street Address						Other (i.e., p	ivate and comn	iel buildings,	
	10		53			homes, atc.)			
205 Pemberton Avenu City (5)	ic .				17.00	Square Feet	# of Floors	Bidg. Age	
Plainfield, NJ 07060		nors	Count	v Code (7)	(STATE USE ONLY)	Current Use (Pri	ior if being dam	hed)	
County (6)			1	,			20		
Union Name of Monitoring Fir	n Hired by Hulldler	Owner (8)	ASCM	No.	Name of Abatam	ent Contractor (9)		-	3.
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2 (1)					Street Address			170	
Street Address					576 Valley Rd	#283			
					Olty, State, Zip		-	-	Comment of the
City. State, Zip Code					Wayne, NJ 074				
			Telephone	Ma	Telephone No.	10	License No		
Project Manager for Mi	onitoring initim		1 diebuone	Mu,			01127		
#	178	heduled Con	teletion Do	to (dd)	973-638-1777 Name of OSHA	Monttor	01127		
Start Date (10)	Charles Con Charles		npietich Da						
04 / 09						Consultants, Inc			
Occupancy Status Dur	ing Abatement (Ch	reck anly on	€)		Street Address		200		
☐ Facility Closed/Vec	ated During Entire	Period of A	patement	enika .	20-21 Wagara	w Road, Bldg .#	33 E		
Abatement Perform	ned Outside of Nor . AM-	mai recitity i	FM_	AM	City, State, Zlp				
7.50					Fair Lawn, NJ	Up and decontam	ination with nec	re pressure	
Scope of Work (Check	all that apply)				H FM C	ontainment with N	egative Pressur		
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A CONTRACTOR OF THE PROPERTY O	Macro Hauler		NJDEP W	aste Hauler ID	No. Cubio Yards of	Naste Name of Re	egistered Landfi		
Name of Registered	ANGRED TIRGIDI						7/4		
Gr Tech LLC			0033	785	TBD Disposal Date	T.R.R.F. I	(IC		
City: State						The south of the second			99
					TBD	Tullytown	, PA		
Wayne, NJ 07470						7 1	0.000	Dinés	
Wayne, NJ 07470 Completed By (Print	or Type)	Title			Signatur	14/ #	1 1.	Date	
Wayne, NJ 07470 Completed By (Print N.Jevtic	or Type)	Title Owner			Signatur	Henry We	sugal	04/08/2015	

MAY 11

		N			OF ASE to NJAC					The		11	- /	15	7	2
Date of Notification (1) 4–8–15				Name o	f Building Realt	Owner/	Operator	(2)		- 11	ب .	=	1		5	
Agencies Notified	Type Notification			Street A	ddress I Wash	ingto	on Val	lley	Road				57			
D DEP	Amended Amendment Emergency		_		ate, Zip C Linsvi		NJ (08836				latera.	-1		4	
Ď DOH □ DCA -	justification) □ Cancellation			Ms.	f Contact B renn	an Qu		ana		Te	lept i	a Nun	nber			
Name of Facility Where	Ahatement is Takin	n Plane (3)		FACI	LITY INF	ORMAT	ION	Tuno	of Facility	(4)						
PNC Bank	Abatement is Takin	g 1 1ace (5)								703						
Street Address 76 Nassau Stre	eet							□ S X□ C	chool (K- ubchapte) ther (i.e. tc.)	r 8 (Oth	ert & co	ı K-12 nercia	l) al buil	dings	, hom	es,
City (5) Princeton									e Feet	# 0	f Fli	3	E	30+		
County (6) Mercer					Code (7) USE ONLY)		Currer	nt Use (Pr k	ior if be	ing	nolish	ed)			
Name of Monitoring Firm		Owner (8)		ASCN	I No.		Name	of Abate	ement Co	ntractor	(9)	-			-	
PT Consultants	s, Inc.								Envi	ronme	nt	. Co	.,I	nc.		
Street Address 629 Creek Road	i							Address Haws	Aveni	ıe						
City State, Zip Code Ballmawr, NJ	08031							tate, Zip	Code wn, PA	A 194	01					
Project Manager for Mor Brian Havanki	nitoring Firm			Telephoi 856-2	ne No. 51–998	30		one No -239–			Li	ise No 1398				
Start Date (10) 4-11-15		Scheduled			Date (11)				A Monitor Envir		nt		.,I	nc		
Occupancy Status Durin		100					Street	Address					• , _	iic.		
☐ Abatement Perform ☐ Other – Describe:	ned Outside of Norm	Period of Allial Facility	bater Hours	nent			City, S	tate, Zip	1000		01					
Scope of Work (Check A	II That Apply)								,	. 121	-	_				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enova emolit					l Mini- l Glov	Containm Enclosur ebag Pro Exempte	e cedure		ive Pr			P	
Location	a of	2000000	_ocati	1000		D-								Abate	ement pe	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity		Sole ntenar odial S (12)	nce/		tos Cont thermal surfa	scription taining M systems cing, VA niscellan	laterial (s insulat T, or		(8	moii Spec or .		Remova	Repair	Encapsulate	Enclosure
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basement			Х		fl∞	r til	Le			120	SE		х			
												(1				
Name of Registered Was Robinson Waste				JDEP W auler ID 17304	No.	of Wa	Yards ste 1		Name of GROWS			ndfill				
City, State Voorhees, NJ						Dispos	sal Date		City, Stat		F					
Completed by David Rowley		Title Proje	ect	Manag	ger		Signature			0		Date	e 0 1			

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Amended

Amendment #

justification) Cancellation

Initial

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Date of Nothicetion (1)

4-8-15 Agencies Notified

EPA

改 DOL

DEP

DOH

DCA

PNC Bank Street Address

Princeton

County (6)

Mercer

Street Address 629 Creek Road

Start Date (10) 4-11-15

City, State, Zip Code Ballmawz, NJ

Brian Havanki *

Other - Describe:

23 sf or ≥3 if D ≥160 sf or ≥250 if

76 Nassau Street

PT Consultants, Inc.

Project Manager for Monitoring Firm

Scope of Work (Check All That Apply)

Location of

Asbestos-Confeining Material (ACM)

in Facility

(13)

Name of Registered Waste Haufer

Robinson Waste Disposal

FAX No

P. 002 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuent to NJAC 6:50 and 12:120) Name of Building Owner/Operator (2) PNC Realty Sarvices Street Address 1921 Washington Valley Road MAN City, State, Zip Code Martinsville, NJ 08836 Emergency (Including Name of Contact Telephone F bar Ms. Brennan Quagliana PACILITY INFORMATION Name of Facility Where Abetement Is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K Other (i.e. private & comme i buildings, homes, e(c.) # of Floors Square Feet Bldg. Age 5,800 2 30+ County Code (7) Current Use (Prior if being demail Bank Name of Maniforing Firm Hited by Building Owner (8) ASCM No. Name of Abstement Contractor (8) Plymouth Environmental (.,Inc. Street Address 923 Haws Avenue City, State, Zip Code Nortistown, PA 19401 Telephone No. Telephone No. 610-239-9920 License 856-251-9980 003! Scheduled Completion Date (11) Name of OSHA Monitor 4-11-15 Plymouth Environmental (, Inc. Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours 923 Haws Avenue City, State, Zip Code Norristown, PA 19401 Renovation 00 Full Containment with Negative | issues Demolition Mini-Enciosure ō Glovebag Procedure Non-Exempted (*) and Non-Frie Procedure is Location Abatement Normally Туре Description of Used Spiery by Asbestos Containing Material (ACM) Maintenance/ Amount! (I.a. Inormal systems Insulation, Encapsulate Custodial Staff? (Specify Removal Endosure surfacing, VAT, or (12) other miscelleneous) Yes No × floor tile 120 SF NJDEP Waste Cubic Yards Name of Registered Landfl Hauler 10 No. 17304 of Waste GROWS Landfill Disposal Data City, State 4-11-15 Tullytown, PA Signature D Project Manager

ASB-41 (R-06-08)

Completed by

City, Stale

Voorhees, NJ

David Rowley

basement

* Do not use this form for asbestos iloansui | campted activities.

-15

NOTIFICATION OF ASBESTOS ABATEMENT

		(Purs	uant t	o NJAC 8:60 at	nd 12:120))			Cht.	2	65	3 C	
Date of Notification (1) April 9, 20	15			Name of Building			Recycling		1.5			1.5	
[] DEP [] A	ification nitial Notificamended Notificamend Notificamended Notificamended Notificamended Notificamended Notificamended Notificamended Notificamended Notificamended Notifi	otification #		Street Address City, State, Zip Co		x 188 ; Lake, N	IJ 07762		k	4			3
[] DCA	ancellation	(475)		Name of Contact Richa	rd Hyde	7/2	Те	elej	ne Number				
		F	ACIL	ITY INFORMA	TION				-				
Name of Facility Where Abatement is Ta Residence Street Address 118 Monterey	The control of the co	(3)				Type of	Facility (4) [] [x]	S	ol (k-12) hapter 8 (ot r (i.e., priva ings, homes	te & c			
City Brick	Oce			County Code (7) (STATE USE ONL	Y)		feet 72 sf Use (Prior if Residen	be	Floors 1 demolished	Bld	g. Age	48	
Name of Monitoring Firm Hired by Build	ding Owner	(8)		ASCM No.	Name of	Abatemen	t Contractor (Guardia		ntracting,	Inc			
Street Address					Street A	ddress	1889 Ro		, Unit 61	me.			
City, State, Zip Code					City, Sta	te, Zip Coo	ie		· ·	00	755 1	271	
Project Manager for Monitoring Firm		Telephone Nu	ımber		200000000000000000000000000000000000000	ne Number 9-9932	Toms R	100	New Jers License N 00624			2/1	
Scheduled Start Date (10) 04/09/2015		Scheduled Co. 04/10/201:		on Date (11)		OSHA M	onitor E.M.S.L	J. 1	alytical				
Occupancy Status During Abatement (Cl [X] Facility Closed/Va [] Abatement Perform	acated Durir	g Entire Period			Street A		1056 Ste	elt :	Road				
[] Other – Describe_					City, Sta	te, Zip Coo	Piscataw	vaj	New Jerse	y 088	354		
Scope of Work (Check all that apply)]						[]	Full Containn Mini-Enclosu	ıre	ith Negativ	e Press	sure		
[]_≥3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf		[] Re [x] D	enovatio Demolit				Glovebag Pro Non-Exempt		and Non-Fr	iable I	rocedu	re	
									2	Aba	tement	Туре	
Location of Asbestos-Containing Material (ACN TO BE ABATED in facility (13)	(N	Is Location Normally used Solely by Intenance/Custo Staff (12) S NO N		As (i.e ins	Description bestos-Con Material (A., thermal ulation, su VAT, of er miscell	ntaining ACM) systems rfacing, or			mount ecify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos sidir	ng			ϵ	sf	Х			
								-	-				
Name of Registered Waste Hauler Guardian Contracting, In		NJDEP Waste H		D No. Cubic Ya	ards of Was		e of Register .R.R.F.	ed	ıdfill				_
City, State Toms River, New Jersey		I	Disposa 04/13/		City, St Tullyt	ate /	nsylvania						
Completed by (Print or Type) Nicholas Fernicola	Title	ect Manager		Signature	drot	//		1		Date 4/9/			
	*D	o not use this f	orm fo	r asbestos licensi	ire exempt	ed activit	ies.		1				THE CO.

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

CK# 59

Date of Notification (1) 4-9-2015					Building Owner Harrison H			/ 1 1		_				
Agencies Notified Type	Notification		St	reet Add			al and a second							
DEP .	nitial Amended Amendment #		Ci	ty, State	e, Zip Code en, NJ 0703				,	1.00				
⊠ DOH	Emergency (incustification) Cancellation	gnibuk		ame of 0		#		Tele	ephor	lumb	er			
LI DOA	Jancenadon		- 1-	FACIL	ITY INFORMA	TION				-				
Name of Facility Where Abatem Abandoned Building for		Place (3)					Type of Facility School (K-	12)	200					
Street Address 207-213 NJ Railroad Ave	e.						Subchapte Other (i.e. etc.)			(-12) ercial	buildi	ngs, l	nome	s,
City (5)							Square Feet	# of	Floc	-	Blo	lg. Ag	je .	
Harrison				£0			6000	2			50)+		
County (6)			С	ounty C	ode (7)		Current Use (Pr	ior if bei	ng de	lished	d)			
Essex		5	(5		SE ONLY)		Abandoned)emo)			
Name of Monitoring Firm Hired n/a	by Building Ov	vner (8)		ASCM n/a	No.		of Abatement Co nica Managen							
Street Address							Address		-	-				-
n/a						22 T	roy Lane							1
City, State, Zip Code							tate, Zip Code		,	3				\neg
n/a						Linc	oln Park NJ 0	7035						
Project Manager for Monitoring	Firm		T	elephon	e No.	Teleph	one No.		Lic	e No.				
n/a			1	n/a		9737	7067950		01	3			_	
Start Date (10)		Schedule	d Comp	oletion D	ate (11)		of OSHA Monito							
4-24-2015		5-4-20			<u>711</u>		nica Manager	nent C	orp					
Occupancy Status During Abat	ement (Check	Only On	e)				Address							
Facility Closed/Vacated D	uring Entire Pe	eriod of A	bateme	ent			roy Lane							_
Abatement Performed Out Other – Describe: 9 am -	tside of Norma 4 pm	I Facility	Hours				State, Zip Code	7025						
						LITIC	oln Park NJ (1/033		-			_	-
Scope of Work (Check All That	(Apply)			•		г	1		h Nie	ve Pr		•		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emoliti				Glovebag Pr	ure ocedure					600	
							Non-Exempt	ted (*) ar	nd No	riable			ement	
			Locatio	53300									pe	
Location of			lormally d Solei			Description	n of Material (ACM)		Amot				_	
Asbestos-Containing Mate TO BE ABATED			intenan		(i.e. therr	nal system	s insulation,	(Spec		Re	고	Encapsulate	Enc
In Facility		Cusi	(12)	tali!		ırfacing, VA er miscella		S	For		Remova	Repair	nsd	Enclosure
(13)		Yes	No	N/A		o	,				a	7.	ate	Te
Exterior - Windo	ows			x		Tar		9	40 :		х			
Roof				х	Membra	ne + Fla	shing + Tar	6,	400	=	х			
Roof Skylight	s			x		Mastic	;	li .	90 5		х			
2nd Fl. Hall Foyer +	Kitchen			X	Floo	or Tile +	Mastic	2	280		х			
Name of Registered Waste Ha			100000	JDEP W	1000	bic Yards	Name	of Regis	tered	ndfill				
Rovic Transport			Н	auler ID		Waste 3D	GRO	WS La	ndfi					
City, State						sposal Dat 3D	10000000	tate isville F	PA 1	67				
Riverdale, NJ	4	Title			110	Signatin				Dat	te			-
Completed by E. Cirovic			retary		# I	2	tun	\supset			9-20	15		

CK 3689

Date of Notification (1)	hed.				ng Owner/Operator	44				1	
	87.5		t	- ARTI-	TECH .	CONTRACT	16-				_
Agencies Notified	Type Notification	7	Stree	Address		174					
□ ₱A	Y Initial				RT. 50	* 10.5 - 5					_
	Amended Amendment	<u>.</u>	1	State, Zip		A 7 14	770				
ĭ DOF	Emergency (JFIELD	N.). O	230			, .	_
Ø DOH	justification)		1	e of Conta	\sim		ephone Numb	er			
□ DCA	☐ Cancellation		¥	BRUCE	BREUN	116		_		16	-
			FA	CILTY IN	FORMATION						
Name of Facility Where	Abatement is Taki	ng Place (3)			Type of Facility (4					
	SINENCE					Gchool (K-12)					
Street Address			48			Subchapter 8 Other (i.e., priv	her than K-12 & commercia	Colomora and	iinas.	19	
150	06.60	ES LET		AVE.		homes, etc.)	a commercial		1071		335
						Square Feet	of Floors		dg. A	-	
D 6	EAN CIT	ø				1000			40	া	_
County (6)					7) (STATE	Current Use (Prio	being demolis	hed)			
CAPE	- MAX		USE	ONLY)		VACAR	I				
Name of Monitoring Fight		Owner	ASCM	No.	Name of Abatem	ent Contractor (9)	3			50760	
(8) N. / I	Á				KLEN	ACO JNC					_
Street Address					Street Address		50° x				
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City, State, Zip Code					City, State, Zip C		11 -	- (· ·		
Olg. Oldic. Dp Oose					MAPL	E SHADE	1(1.)	0	ro'	5 2	_
Project Manager for Mor	nitorina Firm		Telephone	No	Telephone No.	X- 22.555.24.24.24	cense No.		200-21		
Project manager to the					856-77	9-0472	0044	4_			_
Start Date (10)	Sche	duled Cor	npletion Da	ate (11)	Name of OSHA	Monitor					
4/20/14		1/2			JOSEPH	Kiemm	IR				_
Occupancy Status Durin	n Abatement (Che	ck only or	ne)		Street Address	_		`			
Facility Closed/Vacate	ed During Entire Pe	eriod of Al	batement		369 5	. SPRUCE	AVE				
Abatement Performed	Outside of Norma	al Facility I	Hours		City, State, Zip C	ode					
Other - Describe:		- 37			MAPLE	SHADE	30 T.	05	2		
Scope of Work (Check a	Il that apply)						1. 1				
Scope of Work (Check a	ii stat appijj					tainment with Nega	: Pressure				
≥3 sf or ≥3 lf			ovation dition		☐ Mini-End	ig Procedure					
≥160 sf or ≥260 lf		(X) Della	andi		Non-Exe	empted (*) and Non-	able Procedur	е			_
		Is Lo	cation					А	bater		
			nally		Description of			_	Тур		
Location	of		olely by nance/	Asbes	tos Containing Mat	erial (ACM)	\mount		- 1	m	m
Asbestos-Containing M TO BE ABAT		Cust	odial	(i.e.	thermal systems in	nsulation,	Specify F or LF)	Re	R	Z	DC.
IN Facility			aff?		surfacing, VAT, other miscellaned	or vs)	FOILF)	Remova	Repair	Encapsulate	Enclosure
(13)		(1	21		Other miscerianes	A.S.)		/al	_	late	Te.
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Name of Registered Was	te Hauler		NUDEP		Cubic Yards	Name of Registe	d Landfill	3330			
	INC.		Hauler IC	200	of Waste	C.M.	M. V.	A			
KLOMEO	- +W C-		111	-1-	Disposal Date	City, State	9	100			
City, State	1407	1 7			1. 15	WOODY	VE . N	1.)			
	HANE A	٠. ١			Signature	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date /	0/.	-		
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MICHAELK	ltarm _	VILE	1100	LIVIAT				-			

Agendias Notified PDA	Date of Notification (1)	-		Name	of Building	Owner/C	perator (2)	1.						
EPA	Agencies Notified	Type Notification		Stree	Address	į ,)(JUNE	10		100		1,7	free	roma.
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DOH	DEP	Amended					. ^ _	-1 10		LPF 1	2	17		
DOCH	X DOL			WI	outu	Dil	n? D.	1046	/			- 14		
Street Address P.O. Box 915		justification)	J						let	one Num	iber			
Street Address School (K-12) School (K-1	L BOA	Caricenation				ORMATI	ON		1	L		_		
Subchapter 8 (Oth year (City State Subchapter 8 (Oth year (City State Subchapter 8 (Oth year (City State Subchapter 8 (Oth year of Abatement year of Abatement Performed Outside of Normal Facility Hours Oth year of Subchapter 8 (Oth year of Abatement Performed Outside of Normal Facility Hours Oth year of Subchapter 9 (Oth year of Abatement Year of Subchapter 9 (Oth year of Abatement Year of Subchapter 9 (Oth year of Y	Name of Facility Where A	and the second second						of Facility	(4)	***************************************				
City (5) County (6) County (1) County (West	y Willows								300 K 12	`			
County (8) County Code (7) County Code (7) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Mathement Contrador Brick Industries Inc. Street Address Street Address Project Manager for Monitoring Firm Telephone No. (732)899-7499 Start Date (10) Scheduled Completion Date (11) Facility Codesd/vacated During Entire Period of Abatement Abatement Codesd/vacated During Entire Period of Abatement Abatement Observable Proceedure Asbestos-Containing Material (ACM) TO BE ABATED In Facility Code Location of Abatement Code (12) Asbestos-Containing Material (ACM) TO BE ABATED In Facility Code Location of Abatement Code (12) Ves No N/A Name of Registered Waste Hauler Brick Industries Inc. Signature Location of Registered Waste Hauler Brick Industries Inc. Signature Disposal Date City, State City, State Signature Code (1) Signature Signature Signature Signature City State Disposal Date City, State City, St	Street Address	(DSS P	Lond.				ান্ত্র	Other (i.e.				lings,	home	98,
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Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address P.O. Box 915 City, State, Zip Code Sirck, New Jersey 08722 Project Manager for Monitoring Firm Telephone No. Telephone No. (732)899-7499 Start Date (10) Scheduled Completion Date (11) Scheduled Completion Date (11) Pault Containment with Mini-Enclosure City, State, Zip Code Stopp of Work (Check All That Apply) Sopport Work (Check All That Apply) Sopport Work (Check All That Apply) Asbestos-Containing Material (ACM) To Enablity (13) Scheduled Completion Date (11) Renovation Demolition Scope of Work (Check All That Apply) Sopport All That Apply Sopport	Mat	augn					1 8	500		2				
Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Street Address Street Address Street Address P.O. Box 915 City, State, Zip Code Brick, New Jersey 08723 Telephone No. (732)899-7499 Start Date (10) Scheduled Completion Date (11) Start Date (10) Scheduled Completion Date (11) Start Date (10) Scheduled Completion Date (11) Scheduled Completion Date (11) Scheduled Completion Date (11) Start Date (11) Scheduled Completion Date (11) Scheduled Completion Date (11) Scheduled Completion Date (11) Start Date (10) Start Date (10) Scheduled Completion Date (11) Name of Robins Advance Street Address City, State, Zip Code City, State Street Address City, State Street Address Street Address City, State Street Address Street Address City, State Street Address City, State Street Address City, State Street Address City, State Street Address Street Address City, State Street Address City, State Street Address Street Address	County (6)	N. W					Curre	ent Use (Pr	rior if bei	The Table of the second	ed)			
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Street Address P.O. Box 915 City, State, Zip Code City, State, Zip Code Brick, New Jersey 08725 Project Manager for Monitoring Firm Telephone No. Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (732)899-7499 The project Manager for Monitoring Firm Telephone No. (742)899-7499 The proj	Name of Monitoring Firm	Hired by Building C	witer (o)	AS	CIVI NO.								¥\$	
City, State, Zip Code City, State, Zip Code Brick, New Jersey 0872: Telephone No. Telephone	Street Address						A CONTRACTOR OF POSITION	E 2/1/2012-15/2012/10/2012)	tr.				
Brick, New Jersey 08723 Telephone No. Telephone No. (732)899-7499 (P.O. Box	915	<u> </u>					
Project Manager for Monitoring Firm Telephone No. (732)899-7499 Cense No. 1196 Start Date (10)	City, State, Zip Code	*	2.35 (000)						00700					
Start Date (10) Start Date (10) Start Date (10) Start Date (11) Name of OSHA Monitor Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Street Address City, State, Zip Code City, State, Zip Code Full Containment with Mini-Enclosure Sagative Pressure On-Friable Procedure Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Name of Registered Waste Hauler Name of Registered Waste Hauler Name of Registered Waste Hauler Brick Industries Inc. Name of Registered Waste Hauler Disposal Date Date Date Date Date Date Date Date	Brainet Manager for Man	itoring Eirm		Tolor	hone No		- Committee of the comm	•	00723	cense N	<u> </u>			
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:	Project Manager for Mon	itoring r iiiii		100	none ivo.		100							
Oceupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Period of Period of Period of Period Office Period of Abatement Period of Abatement Period of Period Office Period of Abatement Procedure Non-Exempted (*) an Abatement Type On-Friable Procedure Period of Abatement Procedure Period of Abatement Procedure Non-Exempted (*) an On-Friable Procedure On-Friable Pro	Start Date (10)		Scheduled	Completi	on Date (11)	Name of OSI	HA Monito	г					
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) 23 sf or ≥3 lf ≥160 sf or ≥260 lf Pull Containment with Mini-Enclosure Glovebag Procedure Non-Exempted (*) an Demolition Demolition Description of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A Other miscellaneous Type Title N/A	11 (1)		411	311)					4				
Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply)	1						Street Addres	SS						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Demolition Demolition Pull Containment with Mini-Enclosure Glovebag Procedure Non-Exempted (*) an Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A							City, State, Z	ip Code		-	277.7.74			
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Name of Registered Waste Hauler Brick Industries Inc. NJDEP Waste Hauler ID No. 21602 Name of Registration of Waste Cubic Yards of Waste City, State Brick, New Jersey Disposal Date City, State PA Completed by Title Signature Cubic Yards of Waste City, State Cubic Yards of Waste	(13)		-		_	other	miscellaneous)				val	=	ulate	ure
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Brick, New Jersey Completed by Title Signature S Date 1/9/15				2160	2		1 L							
Completed by Title Signature Same Date						1 1	11111	0 9350	ale					
			Title		-		111111	100	-	Da	ite ,	10	1) (_
			Preside	ent			\mathcal{L}	Mal			4	18	110	

K 145-C7 2

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)			ing Owner/Operator	(2) 005E		- 11		-	-
Agencies Notified Type Notification		Street Address City, State, Zip Name of Conti	P.O. BO Code DRIGANT	x 322	5. 08	_	3		L'an
			IFORMATION						
Name of Facility Where Abatement is Takin RESTO ENCE Street Address 131 - 1131		, 50		Type of Facility School (K-12 Subchapter 8 Other (i.e., pr	ther than K-12		dings	5,	
City (5) Bright				Square Feet	of Floors		ldg. 1		
County (6) ATLANTIC		County Code USE ONLY)	(7) (STATE	Current Use (Price	being demolis	shed)			
Name of Monitoring Firm Hired by Building (8) Street Address	wner /	ASCM No	Name of Abatem KLTA Street Address 369						_
City, State, Zip Code			City, State, Zip C		EAU		181	25	
Project Manager for Monitoring Firm	Telep	phone No.	Telephone No.	79-0472	icense No.	7 1	200	27	<u>_</u>
Start Date (19) Sched	uled Completi	on Date (11)	Name of OSHA N	Nonitor SEPH K	tum				
Occupancy Status During Abatement (Checiling Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other - Describe:	iod of Abatem	nent	Street Address City, State, Zip Co		W 2522	ŲĘ O		52	>
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition		☐ Mini-Enc ☐ Gloveba	tainment with Negalosure g Procedure mpted (*) and Non-	e Pressure	e			
	Is Location Normally					Α	bate Typ		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used Solety Maintenance Custodial Staff? (12) Yes No	e/ Asbes	Description of tos Containing Mate thermal systems in surfacing, VAT. other miscellaneou	sulation.	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
SIPING	165 110		RANSIT	E	No di	X			
Name of Registered Waste Hauler	1 . 174000	DEP Waste pler ID No	Cubic Yards of Waste	Name of Registe	Landfill		_ <u></u>		
City, State MAPLE SHADE Completed By MICHAEL ILLEWIN-Y	M,J		Disposal Date Signature	City, State PLEF	Date	18	LE	5	



Date of Notification (1) 4-9-2015	F. 1	-				Owner/Op				17		1)			
Agencies Notified	Type Notification		À	Street A	ddress	n Street					-				
EPA DEP	Initial Amended				te, Zip Co								-		
DOL DOL	Amendment		_	20	en, NJ										
DOH DCA	Emergency (i justification) Cancellation	ncluding		Name of	Contact				Tel	epho	di-				
				FACI	LITY INFO	ORMATIO	N								
Name of Facility Where		Place (3))					Type of I	Facility (4)						
Abandoned Buildir	ig for Demo				1111				nool (K-12)						
Street Address								The same of the sa	ochapter 8 (Oth ner (i.e. private		(-12)		dinge	hom	00
219 NJ RailRoad A	Ave.							Oth etc.	.)		JI GIA	Dulle	unga	HOH	55,
City (5)								Square F		f Floc		1.53	ldg. A	ge	
Harrison								3000	2				60+		
County (6)				County C	Code (7) ISE ONLY	1			Use (Prior if be		olishe				
Essex									doned Buildin	_)em	0			
Name of Monitoring Firm	n Hired by Building C	Owner (8)		ASCN	No.				nent Contractor						
n/a				n/a					nagement C	orp					
Street Address								Address	Q.						
n/a								roy Lan		9					
City, State, Zip Code								itate, Zip (
	nitarina Firm			Talaaba	as Na				NJ 07035	Lin	- 11				
Project Manager for Mon	nitoring Firm			Telephor n/a	ne No.			none No. 7067950	1	Lic 01	e No	١.			
Start Date (10)		Schedule	d Con		Date (11)			of OSHA		01	5				-
4-18-2015		4-22-20		ibiedoi i	Date (11)				nagement C	orn					
Occupancy Status Durin	g Abatement (Check							Address	lagoriioni O	огр					
	55// 05/P	15						roy Lan	e						
	ated During Entire P ned Outside of Norm							state, Zip (_	-			
Other - Describe:									k NJ 07035					_	
Scope of Work (Check A	All That Apply)							OIIII GII	(140 07 000	-					
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≥160 sf or ≥260 lf		-	emolit						nclosure	TIVE	re FI	essu	e		
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		1	2 500000					M NON-E	exempted (*) an	u No	labi	e Pro	Cedui Abat	emen	+
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Locatio Asbestos-Containing		Use	d Sole	ly by	Ashes	Dese stos Conta	cription		CM) A	Amou				_	
TO BE AB	ATED	4.0000000000000000000000000000000000000	intenal odial S			thermal s	system	s insulatio	on, (Speci		Re	D D	nce	E
In Faci		0000	(12)	Julian .		surfaci other mi			S	ForL		Removal	Repair	Encapsulate	Enclosure
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Upper I	Roof			X		Fla	ashin	g	1	00 S		х			
	* h										_				
Name of Registered Wa	ste Hauler		1.0553	IJDEP W lauler ID		Cubic Y			Name of Regist		dfill				
Rovic Transport						TBD			GROWS La	ndfil					
City, State						Disposa	al Date	(City, State						
Riverdale, NJ	+5		¥			TBD			Morrisville P	A 15	i7				
Completed by	au i	Title				Sig	gpature	• ^	` `		Dat				
E. Cirovic		Secre	etary			10	,	(15	Lonc		4-	9-20	15		



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Date of Notification (1)						Owner/O	50 00 0		71 1	- 1	_	_		-
4-9-2015	- W 05 d					ison Hol	dings LL	.C			10			
Agencies Notified	Type Notification			Street A		٥.				0.00				
EPA	× Initial					on Stree	t							
DEP X DOL	Amended Amendmen	. 44			ate, Zip Ci									
	Emergency		-		ken, NJ									
DOH DCA	justification Cancellation)		Name o	f Contact				Telephon	un	nber			
				FACI	ILITY INF	ORMATIC	ON		1					
Name of Facility Where A		ng Place (3	3)					ype of Facility (4)					
Abandoned Building	for Demo						Г	School (K-12	2)					
Street Address	ts to							Subchapter 8		12	.)			
215-217 NJ Railroa	d Ave.							Other (i.e. pr	ivate & com	cia	al build	dings	hom	es,
City (5)		~					S	etc.) guare Feet	# of Floor		T =	Bldg. /	100	
Harrison								000	2		100	лад. 7 50+	ige	
County (6)				County	Code (7)			urrent Use (Prior	_	oh		JU+		
Essex					USE ONLY	n		Abandoned B			ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	A No			Abatement Cont		311	10			
n/a	in ou by building	Cwilci (b)		n/a	WINO.			a Manageme	CONTRACTOR CONTRACTOR					
Street Address				1114			Street Ad		nt Corp	_				
n/a						- 1	22 Tro							
City, State, Zip Code							100000000000000000000000000000000000000	e, Zip Code		-				
n/a				8				Park NJ 070	125					
Project Manager for Monit	toring Firm			Telepho	ne No		Telephon			NI.				
n/a	ornig i iiii			n/a	ile ivo.		973706		Licei 011	No).			
Start Date (10)		Schedule	ed Cor		Date (11)			OSHA Monitor	011	200				
4-20-2015		4-27-2		прісцоп	Date (11)	1		a Manageme	nt Corn					
Occupancy Status During	Abatement (Che				-		Street Ad		nt Corp	_				
·		and the second				1	22 Tro							
Facility Closed/Vacat Abatement Performe Other – Describe: 9	ted During Entire	Period of /	Abaten	nent		-		, Zip Code		_	-			
Other - Describe: 9	am - 4 pm	nai i doini	riouit						205					
Scope of Work (Check All	That Apply)						LINCOIL	Park NJ 070	135	_			-	
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							X	Non-Exempted		abl	e Pro	cedur	е	
		Is	Locati	ion								Abate		t
Location			Normal d Sole			Des	cription of		89		<u> </u>	Ty	pe	
Asbestos-Containing N TO BE ABA		11 (2000)	intena		Asbes	stos Conta	ining Mate	erial (ACM)	Amount				ш	_
In Facilit		Cust	todial S	Staff?	(i.e.	. thermal s	systems in ing, VAT, o		(Specify SF or LF		Ren	교	nca	Enc
(13)	*		(12)				iscellaneo		01 01 21		Removal	Repair	Encapsulate	Enclosure
Corre		Yes	No	N/A							<u>B</u>	,	ate	Ге
Exterior - 1 V	Vindow			x		Ca	ulking		150 SF	-	.,			
Main Ro	of			x			Tar		500 SF		X			
Lower Ro				X	Roo	of Memb		laching	300 SF	-	х			
Lower Ro					1100			lasiling		1	х			
Name of Registered Wast			· .	JDEP W	/		lastic		90 Sf	_	х			
507-007 - 61 - 60590 - 514	o i lauiGi			lauler ID		Cubic Y of Wast		0.0000.0000.0000.0000.000	egistered La	ill				
Rovic Transport						TBD	900	GROWS	Landfill					
City, State						Disposa	al Date	City, State		_				
Riverdale, NJ						TBD		Morrisvil	le PA 190					
Completed by		Title				Sic	mature		-	lat	ρ	100		

E. Cirovic

Signature

Secretary

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4-9-2015

(1K 20073

Date of Notification (1) 4/8/2015						Building (UTHOR	İTY	21	1	5 1	, in	7	
Agencies Notified		tification			Street A		NT ST	REET	, P.O. E	3OX 991	i.		8 - sa -				
EPA DEP DOL	Am	iended iendment #				te, Zip Co TON, No		5-0991			1944-1		-				
▼ DOH DCA	jus	iergency (i tification) ncellation	ncluding			Contact UCARE	LLI				Tel	ephor	Jum	ber -			
					FACI	LITY INFO	RMATI	ON								-	
Name of Facility Where A		nt is Taking	Place (3)							Facility (4 chool (K-12							
Street Address 202 UNION AVENU	JE					2).			St.	ubchapter 8 ther (i.e. pr	(Oth		-12) rcia		lings,	home	es,
City (5) PATERSON									Square	1	# 0	f Floo		В	ldg. A	ge	
County (6) PASSAIC					County (Code (7) JSE ONLY)			Current	Use (Prior	r if bei	ng de	lishe	ed)			
Name of Monitoring Firm			wner (8)		ASCM	1 No.		2002/00/00/00/00		ment Cont		122-151	ING	s, IN	<u> </u>		
	NIAL, II	NC									JOIN	IIVA		, IIN	O.		
Street Address 56 E. BRIDGE STR	REET							250	310/01-00/1-00/	ERFORE	BL\	/D.					
City, State, Zip Code MORRISVILLE, PA	19067							100	tate, Zip TON,	Code NJ 0701	4						
Project Manager for Mor JIM FRISBEE	nitoring Fir	m			Telephor 267-99	ne No. 91-9212			one No. 956-87			Lice 00	No 1				
Start Date (10) 4/10/2015			Schedule 4/13/20		npletion (Date (11)				Monitor (9) ABO\	/E						
Occupancy Status Durin	g Abatem	ent (Check	Only One	e)	mania—1			Street	Address								
Facility Closed/Vac Abatement Perform Other – Describe:	ated Durir	ng Entire P	eriod of A	baten				City, S	tate, Zip	Code			-				
Scope of Work (Check A	dl That An	nlv)						L				-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		F:07		enova emolit				×	Mini- Glov	Containme Enclosure ebag Proce Exempted	edure			essur	re cedur	9	
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8.7.8			50.6	Locat ormal			_	V 12							Ту	ре	
Location Asbestos-Containing TO BE AB In Faci (13)	Material of ATED lity	(ACM)	Used Mai	d Sole ntena	ly by		tos Con thermal surfa		faterial (, s insulati T, or		(5	mour Specif or L		Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A								_			CD .	
3RD FLO	OOR			X		I	PIPEI	NSULA	NOITA	- 1		8 LF		Х			
					-								_				
Name of Registered Was	eta Haular				JDEP W	aste	Cubic	Yards		Name of R	eniste	ered I	Ifill				
TWO BROTHERS				H	lauler ID 8743		of Wa			WASTE				IT G	.R.C	.W.S	5.
City, State CLIFTON, NJ							Dispo:	sal Date 2015		City, State MORRI		LE, I	-				
Completed by			Title				(5	Signature	-				Date	9		7/02	
VIVECA RÁMOS			PROJ	IECT	COOF	RDINAT		Wer	rea	Me	n	2	4/8	/201	5		

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Date of Notification (1) 4/6/2015						Building C EL HILL			2)	181	ē		107	-		
Agencies Notified	Type No	tification			Street A	sometime to the second	ACADLI	IVII				-	-11	1	3 F	
				1100		APEL HI	LL ROA	.D								
DEP DOL	Am	iai ended endment #j		103	-	te, Zip Cod					9.			5		
▼ DOH		ergency (in	cluding			Contact					epho	Vumb				
DCA DCA		ncellation			THOM	AS CELI	LI			1 07	2 22	300	•			
Name of Facility Where A	hataman	t is Taking	Place (3	\	FACI	LITY INFO	RMATION		Type of Facility (4)		-				
CHAPEL HILL ACA		it is raking	riace (S	,					School (K-1							
Street Address									Subchapter	8 (Oth		(-12)			2	
31 CHAPEL HILL R	OAD								Other (i.e. p	orivate	& con	rcial	build	lings,	home	es,
City (5) LINCOLN PARK									Square Feet	# 0	f Floc		В	ldg. A	ge	
County (6) MORRIS						Code (7) USE ONLY)		_	Current Use (Pri	or if be	ing de	lishe	d)			
Name of Monitoring Firm	Hired by	Building O	wner (8)		ASCN	No.	N	lame o	of Abatement Cor	ntractor	(9)	-			_	
ENVIROVISION CO	NSULT	rants, II	NC.		0007	9	П	TWO	BROTHERS	CON.	TRA	ING	, IN	C.		
Street Address	2040	DIDC 2	EF				35		Address	ח חו	(D					0,
20-21 WAGARAW F City, State, Zip Code	KUAD,	BLDG, 3	DE .						RUTHERFOR ate, Zip Code	D BL	VD.	-				
FÁIR LAWN, NJ 074							(CLIF	TON, NJ 070	14				11.9		
Project Manager for Moni FRED LARSON	itoring Fir	m			Telepho 973-63	ne No. 36-9145	I .	50.	one No. 956-8700		Lice 00	∋ No. 4	i.			
Start Date (10) 4/17/2015			Schedule 4/24/20		pletion	Date (11)			of OSHA Monitor E AS (9) ABC			8-v				
Occupancy Status During	Abatem	ent (Check	Only On	e)					Address							
Facility Closed/Vaca Abatement Performe Other – Describe:							С	City, St	ate, Zip Code			(<u>-</u>	24 - 2			
Scope of Work (Check Al	I That Ap	(vlq														
≥3 sf or ≥3 lf		F 27	X R	lenova	tion			×	Full Containm	ent with	n Nea	e Pre	essu	e		
× ≥160 sf or ≥260 lf			-	emolit				×	Mini-Enclosure Glovebag Pro	е	Ĭ					
			,						Non-Exempte		d No	iable	Pro	cedur	9	
			1	Locati										Abate	ment pe	
Location		(4.014)		lormal d Sole		A - L I		iption		,		ŀ		1 3		
Asbestos-Containing TO BE ABA	ATED	(ACIVI)	Ma	intenar odial S	nce/		thermal sy	stems	aterial (ACM) insulation,	(moui Speci		Re	ZJ.	Encapsulate	Enc
In Facili (13)	ty		Ousi	(12)	idii:		surfacing other mise			. SI	or L		Remova	Repair	psul	Enclosure
2			Yes	No	N/A				2 Tr				<u>a</u>		ate	Ге
PIPE TUNNEL W/	PUMP	ROOM	Х				Pipe In	sulat	ion	3	50 L		Х			
STAGE	E			X		Pipe Ins	sulation v	via lin	nited contain	1	0 LF		Х			
MAINT. SUPERVIS	OR'S	OFFICE	X	50000		Pipe Ins	sulation v	via lin	nited contain	2	22 LF		Х			
Name of Registered Was	te Hauler			1/1/1/22	JDEP W	(8)((5)())/4/4	Cubic Ya	100000000000000000000000000000000000000	Name of	Registe	ered (llift				
TWO BROTHERS C	CONTR	ACTING		- 0	8743	NO.	20		WAST		NAG	1EN	IT G	.R.C).W.S	S.
City, State CLIFTON, NJ							Disposal 4/24/20		City, Stat		LE,					
Completed by VIVECA RAMOS			Title PRO	JECT	COO	RDINATO		rature L	recal	Ler	7-	Date 4/6	201	5		

NJ Dept. of Health & Se	nior Sc	rvices 2615	APR No.4	State of I	2 New Jersey	C	K.	z Z	7.5	6.	
Date: 425 Tin	ner <u>Y</u>	10 fact	_ (Pu	rsuant to N.LA.C	sbestos Abatement (8:60-7 and 12:120-7)						
Date of Notification (1) 04/02/15			& E1	LERNELL.	Name of Building Owner/Op Board of Education Towns	erator (2)	llelde		-		-
Agoncles Notified		Notification	Type		Street Address	THE OF CALL	liside	_			
LEI EPA		tal Initial N		л	196 Virginia Street City, State, Zip Code			_			
DCA BDOL		II Amende		fication (Including	Hillside, NJ 07205						
☑ DEP ☑DOH		Justification □ Cancelle)	m-strain (more an)	Name of Contact Kenneth R. Weinheimer] Tele	phr	Numbe	(
· -			_	EACH ITY IN	FORMATION						
Name of Facility Where Abate	ment is	Taking'Place	(3)	PACILITIN	Type of Facility (4)			-	3200	-	
Hillside High School					El School (K-12)	. 14 45					
Street Address 1085 Liberty Avenue					Other (i.e. private & comme Sq. Feat; NA # of Floor	rcial buildi	ngs., h Bidg.		etc.) 1951	ſ	
City (5) Co Hillside	unty (6) Ui	nion		ly Code (7) Use Only)	Current Use (prior if being de	emolished)):				
Name of Monlicolng Flor Hired Detail Associates, Inc.	d by Bld	g, Owner (8)	ASCA	i No.	Name of Contractor (9)		_		-		
		/4m + 2m1+ /			Panoramic Window & Door	Systems	Inc.				
Street Address 300 Grand Avenue				8	Street Address 712 Sergeantsville Road		1000				
City, State, Zip Code Englewood, NJ 07631		1			City State, ZipCode	1110				amme reging by Physic Sciences - Section	i di ancioni Propriet (1970) (*
Project Manager for Monitorin	g Firm	Telephone 201-569-67			Stockton, NJ 08859 Telephone Number P (732)926-0900		<u>Licer</u>		nber		
					1 (102)040 0000		0120	M			
Scheduled Start Date (10) 04/06/15		04/30/15	Comple	lion Date (11)	Name of OSHA Monitor IAQ GURU LLC					,,,,,,,	
Occupancy Status During Aba Facility Closed/Vacated During Abatement Performed Outs Describe	ring Entl	ra Poriod of A	batomo	nl	Street Address 87 Main Stroot						
⊠Other – Describe: M-S 0700	1600				City, State, Zip Code Lincoln Park, NJ 07035					and the second second	MIT.
Source of Work (Check all tha	l annua					, , , , ,					
	rennia)										
≥3 sfor≥3 lf Ø ≥ 160 sf or≥	260 lf			☑ Renovation ☐ Demoi		dosure dovebag P -Friable Pr	rocedu rocedu	ire			
Location of Asbostos- Containing Material (ACM) in		ocation Norma	ally	Description of As	sbostos Containing Material	Amoun	eţ	A	meni J	ype	
Facility (13)	Mal	nt./Custodial \$	Staff?	surfacing, VAT,	mal systems insulation, or other miso,)	(Specifi or LF)	fy \$F	R	We Re	pair Enc	מפי
	(12) YE	s No	NA		West.	1 -, /		R	特色	APRIL LIIC	-12
Exterior windows			X	Transite materi panels Red & tl	al under 270 solid window le panels	3,340 8	SF "	80	T	1	
Perimeter Window Caulk		N 170408	* <u>isi</u>	Perimeter wind	ow caulking	1351 L	F	舜	+		_
					W Tau						-
Name of Reg. Waste Hauler		NUDER WE	ste Haul	er ID#	Cubic Yards of Waste		Name	i of	ristered	Landfill	
Wasto Management of PA							T.R.R		granata	- Junionii	
The state of the s					Ďi	sposal Da	ita		Cily, S	isle Wn, PA	
									i dily(0	MI, FA	
Completed by (Print or Type) Mark M Jovio		Title Consultant			Signature		Dato 04/02	/15	-		11-

OK 3638



Date of Notification (1)		Name o	of Building Owner	/Operator	(2)	5.85 1		K - DI		
4-15			4,00	eelc	na Decisi	2670	· ·	11	: :	14
Agencies Notified Type Notification	1	Street A	Address	26	12 In Desse Taglish I NT CS	See !	. 1			
EPA Initial Amended	F	City Sta	ate. Zip Code		<u> </u>	1 3	- 43	And F		
DOL Amendmen	t#	Onj; On	FOG HAI	2600	NJ 63	234	~			1
Emergency	(including	Name o	f Contact			Telephone	mber			
DOH justification		/	S. Sty	O.L		1-00	,,,,,,			- 1
DOX Caucenano	<u> </u>		ILITY INFORMA							82
Name of Facility Where Abatement is Taking	ng Place (3)	PAG	LITT HEI ONNIA	1	Type of Facility (4)	10000			1
Resid					School (K-1	2)				
Street Address				$\overline{}$	Subchapter	8 (Other than	2)			1
4 N Pelham	Are-		28	1	Other (i.e. p	rivate & comm	ial bul	ldings	, hon	ies,
City (5)	V 1 2				Square Feet	# of Floors		3ldg.	Age	
City (5) Long Por				1	2000	2		70		
County (6)	<u> </u>	County (Code (7)		Current Use (Price		hed),			-
Attack	1	(STATE	USE ONLY)			Resid	17	4		
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	/ No.	Name	of Abatement Con		-	_	,	_
rionic of monitoring that three by building					1/12=	11.1	F11	رمام	lit	12 L
Sireet Address	_			Street /	Address	/	2			
					2 Benli	ic tom	20			
Cliy, State, Zlp Code	-			City, SI	ale, Zip Code	7				\neg
Oily, Olato, Elp Codo				1 3	elance	NJ	58	07	5	
Project Manager for Monitoring Firm		Telephor	ne No.	Telepho	ale, Zip Code Classico Dine No. 346 C4	Licens	0.			-
, roject tilbridger for informering , intr		, olopiioi		LAC	341.04	11 6	0.	70	2	1
Start Date (10)	Scheduled Con	nletion I	Dale (11)	Name o	of OSHA Monitor	701	-			-
4-18-15	4-29	5-1				Self				
Occupancy Status During Abatement (Chec	, , -			Street A		30/11	-			-
		land		1	57 T T T T T T T T T T T T T T T T T T T					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn	nal Facility Hours	ient		City, St	ate, Zip Code		-			\neg
Abatement Performed Outside of Norm Other – Describe:										
Scope of Work (Check All That Apply)							-			$\overline{}$
Page 1	F Beneval	llan.			Full Containme	nt with bloomin				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Demoliti				Fuli Containme Mini-Enclosure	iii wiiii ivegani	ressu	16		- 1
					-Glovebag Proce	edure				
	Ť	- 1			Non-Exempted	(*) and Non-F	le Pro	-	_	
	Is Location	1						Abate Tu	emen Ipe	
Location of	Normall Used Solel			escription o		85%	-	1 7	1	
Asbestos-Containing Material (ACM) TO BE ABATED	Maintenan	ice/	Asbestos Con (i.e. therma			Amount (Specify	70		E	田
In Facility	Custodial S (12)	taff?	surfa	icing, VAT	, or	SF or LF)	Remova	Repair	aps	ICO:
(13)	(12)		other	miscellane	ous)		oval	air	Encapsulate	Enclosure
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J			7,000	-)			-	-	-	-
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Name of Registered Waste Hauler	I N.	IDEP Wa	aste Cubic	Yards	Name of R	egistered Land				\neg
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Oily, State Deliance	NI		Dispo	sal Date	City, State	111.1		0		
				30		Jullytes	7 /	14		
Completed by	Title	f	5	Signature	3 11		1_0	-/		
JOE 41	1 1				- The			•	3	

ASB-41 (R-06-08)

Date of Notification (1) 04-01-15				T		Building C		perator	(2)	15	**************************************		Ž.		86		
	T No	416 - 41		-			•						_	-	€ G		
Agencies Notified	proving	otification			Street Ac 215 Pr	rinceton	Rd.					2.5					
EPA DEP		iai nended		ı	City, Stat	te, Zip Coo	de										
DOL	Am	nendment#		_	Linden	NJ 070	36										
⊠ DOH		nergency (in tification)	cluding	-	Name of	Contact					Tele	phon	ımı	per			
DCA		ncellation			Diane	Ballance	9				.1						
					FACIL	ITY INFO	RMATI	ON			-		_				
Name of Facility Where	Abatemer	nt is Taking	Place (3)		.,,,,,,,,				Туре	of Facility (4)		_				
Private Residence								-		School (K-1	2)						
Street Address										Subchapter		r thar	12)				
215 Princeton Rd.								1		Other (i.e. p	orivate &	comi	cial	build	ings,	home	s,
										etc.) e Feet	# of	Floor	_	TRI	dg. A	70	
City (5) Linden									oquai	e reet	7 01	1001		1 5	ug. A	je.	
					0 1 0) (7)			0	-+ I I (D-i	1	- 4-		-47	_		
County (6) Union					County C	JSE ONLY)			Curre	nt Use (Pri	or it bein	g der	she	a)			
Name of Monitoring Firm	Hired by	Building O	vner (8)		ASCM	No.	-	Name	of Abat	tement Cor	ntractor (9)	-				
N/A	i i ilica by	Dunung O	miler (e)		710011	. 110.				tracting I		,				100	
Street Address								Street	Addres	s		_	_				_
7340								522	7th St	treet							
City, State, Zip Code								City, S	tate, Zi	p Code	7-11-1		_				
A part of the second		100 10				965		Unio	n City	NJ 070	87	i.e				**	2000
Project Manager for Mor	nitoring Fi	rm			Telephor	ne No.		Teleph	one No	D.		Lice	No				
arta Nesa tan	4						44	201	216-9	603	* *	012		9	•8	100	OF THE SEC.
Start Date (10)		1	Schedule	d Cor	npletion [Date (11)	-	Name	of OSH	A Monitor							
04-02-15			04-03-1	15			2	Delfa	a Con	tracting I	LLC						441 Table 1
Occupancy Status Durin	g Abatem	ent (Check	Only One	e)			- 1	Street	Addres	ss			_				
	34				nent			522	7th St	treet							- 5
Facility Closed/Vac Abatement Perform	ned Outsid	de of Norma	I Facility	Hours	8	4.4		City, S	tate, Zi	p Code				Var.			_
Other - Describe:				#F 64			<u></u> F	Unio	n City	NJ 070	87		10	50.3	303 B	83 -	901 3
Scope of Work (Check A	II That Ar	(vlac	-				-14		-			_	-		111111		
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enova emoli						i-Enclosur		Nega	100	cssui	C .		
Z - 100 5/ 6/ - 1200 //										vebag Pro		20	55 2			4 27	1
						114	10	125	No	n-Exempte	d (*) and	Non	able		edur	+	
				Locat	77.00				5.1450						Abate Ty		å j
Location	n of			orma d Sole		n		scription			12.2	2 7	77				
Asbestos-Containing		(ACM)		ntena				taining M I systems			200	noun pecifi		70		E	Ш
TO BE AB			Custo		Staff?	(i.e.		cing, VA		idon,		or LF		em	Repair	cap	nele
(13)				(12)		0.7.		miscellar			1			Removal	air	Encapsulate	Enclosure
			Yes	No	N/A	2.19		175	10		. 8			-	-	te	e
Pagain	ont		1					VAT			38	0 SI	-	x			
Basem	ent			X	+			VAI				- 0.	-				
88.00					+						-		-				
			2		-			-	500 0				-				
Name of Registered Wa	ete Hanle	r		13	NJDEP W	/aste	Сиріс	Yards		Name of	Registe	red L	fill			- 12 -	
ANTENNA POR POR SE				1	Hauler ID		of Wa			E SALE	wn Re		Re	COV	ery F	acili	itv
Delfa Contracting L	LO		1	13	35240	3 3 -	4		10 II	500		JJ41			j .		-1
City, State	_	1276					550000000000000000000000000000000000000	sal Date		City, Sta							
Union City NJ 0708			10	8:			0.000	6-15	(17)	Lullyto	wn, PA	1	_				5.3
Completed by	- W	5 B	Title			8 100		Signature	9	4			Dat		15		
Jaime Delgado		1	Proj.	Mar	nager	- 1			1	9.	n 1)		04	-01-	10	**	15.0 mil
				100													1507000
ASB-41 (R-06-08)			20					* Do no	ot use t	his form fo	r asbest	os lic	ure	exen	npted	activi	lles.

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	Name of Building Owner/Operator (2) Sakoutis Brothers Disposal													
4/7/20	5				Sakou	itis Brothers Disp	osal		9	15	14	1		
Agencies Notified Type of N [X] EPA [] [] DEP []	Initial Notifi Amended N	otification		Street Address City, State, Zip C	P O B	ox 84								
[x] DOL [x]	Amendment Emergency	(including		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Neck, NJ 07722	44		1					
[x] DOH [] DCA []	justification Cancellation			Name of Contact John	Sakoutis		Telephoi	Jumber	H2.					
			FAC	IL CILITY INFORM	MATION			No						
Name of Facility Where Abatement is	aking Place ((3)			HIIIOI	Type of Facility (4)								
Residence						[]	Schoo	:-12)						
Street Address 145 Park Roa	d	S				[x]	Subcl Other	er 8 (ot		3.5		dings,		
City	Cour	nty (6)		County Code (7)		Square feet	home # of	ors	Bld	g. Age				
Fair Haven	Mo	nmouth		(STATE USE ONI	LY)	1500 sf Current Use (Prior i	f being c	olished)		50			
Name of Monitoring Firm Hired by Bu	ding Owner	(8)		ASCM No.	Name of	Reside Abatement Contractor	nce							
N/A Street Address					Street Ac	Guardian Cor cting, Inc.								
						1889 F	Route 9	nit 61						
City, State, Zip Code					City, Sta	te, Zip Code Toms 1	River,]	w Jers	ev 08	755-1	271			
Project Manager for Monitoring Firm		Telephon	e Number			e Number 9-9932		cense N						
Scheduled Start Date (10) 4/8/15		Schedule 4/9/		on Date (11)		OSHA Monitor E.M.S.	Τ Δ							
Occupancy Status During Abatement (0		e)			Street Ac		L. Alla	ical						
[X] Facility Closed/\ [] Abatement Perfo						1056 S	telton	ad						
Other – Describe		0111011111	ruemity 110		City, Star	e, Zip Code Piscata	way N	/ Jerse	27 088	5/1				
Scope of Work (Check all that apply)					[]	Full Containment	15000	ve Pres	150	J4				
[]		f 3			[]	Mini-Enclosure		VC 1103	Suic					
[X] >3 sf or ≥3 lf [X] ≥160 sf or ≥260		[x]	Renova Demoli		[] [x]	Glovebag Proced Non-Exempted (*		riable l	Drocadu					
	T				[]	Tion Exemples (T I							
		Is Locat	ion		Descriptio	n of				ement				
Location of Asbestos-Containing Material (AC	M	Normally Solely I		1	bestos-Con	taining	A	unt	R E	R E	E N	E N		
TO BE ABATED	Mai	ntenance/(Custodial		Material (A e., thermal s		(Spi	y SF F)	М	P A	C A	C L		
in facility (13)		Staff			sulation, sur	facing,			O V	I	P	0		
(13)		(12)		oth	VAT, o her miscella				A	R	S	SU		
	YES	S NO	N/A			,			L	6	L E	R E		
Exterior					Asbestos siding 155 F X							E		
		-												
Name of Registered Waste Hauler		NJDEP Wa		and the second of the second o	ards of Wast		red Lanc							
Guardian Contracting, Inc. 20223 City, State Dispos				al Date	City, Sta									
Toms River, New Jerse Completed by (Print or Type)	Signature O	Tullyto	own, Pennsylvania	17	-	- n								
Nicholas Fernicola		ect Mana		Y	i che	(te	9		Date 4/7/2	2015				
	*	Do not use	this form	for ashestos lices	NETING ONOM	ntad activities		400-1-12						

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) April 8, 2015					Name of Building Owner/Operator (2) Rominnella Associates, LLC										
	April 8, 2015						LLC	uc 385/6							
Agencies Notified [X] EPA [] DEP		al Notific	ation tification		Street Address City, State, Zip C	***************************************	oyle Court	7.7	-	1.5)				
[x] DOL	[x] Emer		ncluding		City, State, Zip C		taway, NJ 08854								
[x] DOH	D	fication) cellation			Name of Contact	minick R		Telepho	Number						
[]				EAG											
Name of Facility Where Ab	natement is Taking	Place (3)	FAC	CILITY INFORI	MATION	Type of Facility (4)								
	idence	, 1 1400 (5	,				Type of Facility (4)	Scho	(-12)						
Street Address							[]	Subc	ter 8 (of		-				
27	Washington Av	venue			(STATE USE ONLY) 1500 sf 60							ial buil	dings,		
City		Count	y (6)		County Code (7) (STATE USE ON	.Y)			_	Bld		<u> </u>			
Berkeley He	ights	Unic	n		(e e y.	Current Use (Prior i		olished)		50			
Name of Monitoring Firm I N/A	15.0	Owner (8	3)		ASCM No.	Name of	Name of Abatement Contractor (9)								
Street Address	7					Street A	Guardian Coi acting, Inc.								
City, State, Zip Code							1889 F	Route 9	Init 61						
						1 252	Toms l	River,	w Jers	sey 08	755-1	271			
Project Manager for Monito	oring Firm		Telephone	Number			ne Number 19-9932		cense N						
Scheduled Start Date (10) 4/9/15			Scheduled 4/10/		on Date (11)		OSHA Monitor	Y 1	0624						
Occupancy Status During A)			Street A	E.M.S.	L. Ant	ical						
	lity Closed/Vacated						1056 S	telton	ad						
F. 5	ement Performed	Outside (of Normal I	acility Ho	ours	City, Sta	te, Zip Code Piscata	way N	v Jerse	2V 088	54				
Scope of Work (Check all the	hat apply)						Full Containment	0.500		- 120000					
,							Mini-Enclosure	. WILL INE	ive Pres	ssure					
	for≥3 lf		[]	Renova	tion	[]	Glovebag Proced	ure							
[X] ≥160	sf or ≥260 lf		[x]	Demoli	tion	[x]	Non-Exempted (*) and N	Friable 1	Procedi	ıre				
							14 80			Abat	ement	Туре			
Location o	of	\ \ \	Is Location Jormally u	****	1	Description bestos-Cor				R	R	E	Е		
Asbestos-Containing M	aterial (ACM)		Solely b			Material (A		(Sp	unt fy SF	E	E P	N C	N C		
TO BE ABAT in facility		Main	tenance/C	ustodial	(i.e	., thermal	systems	C	F)	М	A	A	L		
(13)			Staff (12)		ins	ulation, su VAT, c				v	I R	P S	O S		
			(1-)		otl	ner miscell				A	IX.	U	U		
•		YES	NO	N/A						L		L E	R E		
Exterior			X		Asbestos sidi	ng		140	f	X					
			-	-											
Name of Registered Waste Hauler NJDEP Waste Hauler					ID No. Cubic Y	ards of Wast	e Name of Registe	red Lanc	·						
Guardian Contracting, Inc. 20223					al Data	Cit. C.	T.R.R.F.		_						
Toms River, New Jersey 4/13/						City, Sta	own, Pennsylvania	,							
Completed by (Print or Type Nicholas Fern		Title Proje	ct Manag		Signature	Signature Date									
2					for asbestos lice	sure exem	pted activities		-	4/8/	2015				

Check # 15100

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

Date of Notification (1)		Name of Building Owner/Operator (2) Malik Aberdine								
4-7-15		Malik Abe	erdine	S()		- 1	i i			
[]EPA [X]Init	ification tial tification	Street Address 195 S. Mo	ountain Ave	. 2815 A	PR 13	4 1:	29			
[]DEP [X]DOL []Amer [X]DOH []DCA []EMER	tification		r,NJ,07042	Telephor	TUS (HG	ROL			
[]Cano	cellation						- 1			
Name of Facility Where Abate Same as above	ment is Tal		Y INFORMATION	Type of Facil		l a - 100				
Street Addres				[]Subchap [X]Other (cial b	i.e., p uilding	rate	& CC	mme	-	
City (5	County		County Code (7) (STATE USE ONLY)	Square Feet Current Use (# of Prior i	peing		dg.)
Name of Monitoring Firm hire Owner (8) N/A Street Address	d by Build	ing ASCM No.	AZTECH I		, Inc					
				stopher St	•					
City, State, Zip Code			Montcla	zip Code ir, NJ 070	42					
Project Manager for Monitori	1773	Telephone Number	Telephone Nur (973)74			License Number				
Scheduled Start Date (10) 4-18-15 Month Day Year		mpletion Date (11 21-15 Day Year	Name of OSHA N/A	Monitor						
Occupancy Status During Abat [X] Facility Closed/Vacat of Abatement [] Abatement Performed (Hours - Describe: «Off [] other - Describe: «Oth	ced During Outside of Hours Desc	Entire Period Normal Facility ript»	Street Address							
Scope of Work (Check all tha		cy Descript»								
[X]>3 sf or >3 lf []>160 sf or >260 l		[X]Renovation []Demolition	[]Mini [X]Glov	Containment wi -Enclosure ebag Procedure Friable Procedu		a ve Pressure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ye	Is Location Normally Used Solely By Maintenance/ Custodial Staff (12) S No N/A	Descripti Asbestos-Con Material (i.e., therma insulation, suri or other misce	ntaining (ACM) 1 systems facing, VAT,	Amo (Spe SF		Aba R E M O V A L	R E P A I R	nt T E N C A P S U L	E N C L O S U R E
Basement			ipe Insulat	cion	178	lf	X		•	
										_
Name of Registered Waste Hau AZTECH MANAGEMENT,		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 2.0	Name of Regi		ndfil	.1	<u> </u>		
City, State Montclair, NJ 07042		,	Disposal Date 4-22-15	City, State Morrisvi	lle,	A 1	906	7		
Completed By (Print or Type) Constantine Vivian	Title Presid	dent	Signatur	e in the		1	ate 1-7	-15	,	

Theck # 15102

114 5254

Date of Notification (1)						Building Ov					Mire					
04/06/2015							thodis	st Chu	rch of Montela	air	1815	AFR	13	F 14	()	
Agencies Notified	Type No	tification		1	Street Ad						W 000			,		
X EPA	× Init	ial		- 8	-0.0 m 2 5	rth Fullert		/enue			33	-51	110			
× DEP	Am	ended				te, Zip Code					ð	LI	CFA	150	17	
X DOL		endment # ergency (i				lair, NJ 0	7042						~ - 1	-117	12	
▼ DOH DCA		tification)	loldding			Contact				Teleph	∍ Nun	ber				
DCA [Ca	ncellation			Rober	t Predmo	re		88							
					FACIL	LITY INFOR	RMATIC	NC	T	7.45						
Name of Facility Where Ab)					Type of Facility	(4)						
First United Methodis	st Chu	rch of M	ontciair						School (K-		14.46					
Street Address										r 8 (Other tl private & cc	K-12) al buili	dinas	home	es	
24 North Fullerton A	venue								etc.)						~	
City (5)									Square Feet	# of Flo	3		ldg. A	.ge		
Montclair									10,000	2		1	879			
County (6)						Code (7)			Current Use (Pr	ior if being	nolish	ed)				
Essex				1	SIAIE	JSE ONLY)			Church		-			V		
Name of Monitoring Firm H	lired by	Building C	wner (8)		ASCN	No.			of Abatement Co							
EnviroVision Consul	tants,	Inc.			0007	'9		Incir	ia Contracting	g, Inc.						
Street Address					-			Street	Address '							
20-21 Wagaraw Roa	ad, Bui	Iding 35	Ε					1360	Clifton Aven	ue, Unit 3	i					
City, State, Zip Code								City, S	tate, Zip Code							
Fair Lawn, NJ 07410)-1322							Clifto	on, NJ 07012							
Project Manager for Monito	oring Fir	m			Telephor	ne No.		Teleph	ione No.	Li	se N	0.				
Fred Larson					(973)	636-9145		(973) 450-9500	0	36					
Start Date (10)			Schedule	d Com	pletion [Date (11)		Name	of OSHA Monito	-					ŧ	
04/20/2015			04/24/2					Incir	ia Contracting	g, Inc.						
Occupancy Status During	Abatem	ent (Check	Only On	e)				Street	Address		-					
				some si	ont			1360	Clifton Aven	ue, Unit 3	i					
X Facility Closed/Vacate Abatement Performed							ŀ	City, S	tate, Zip Code							
Other - Describe:							_	Clift	on, NJ 07012							
Scope of Work (Check All	That Ap	(ylq														
23 sf or ≥3 lf			X p	enova	ion			×	Full Contains	nent with Ne	tive F	ressu	re			
≥3 \$1 or ≥3 11 ≥160 sf or ≥260 lf				emoliti					Mini-Enclosu		uve	16330	10			
_			limed .					-	Glovebag Pro							
			1						Non-Exempte	ed (*) and N	Friab	le Pro				
				Locati										ement pe	3	
Location of			233	lormall d Solel	-	0.8		scription					Ť			
Asbestos-Containing N TO BE ABA		(ACM)		ntenar					Material (ACM) s insulation,	Amo (Spe		- Z	_	Enc	Щ	
In Facility			Cust	odial S (12)	itaff?	(1.0. 0		cing, VA		SF or)	Remova	Repair	aps	iclo	
(13)				(12)	,		other m	niscellar	neous)			oval	a-	Encapsulate	Enclosure	
			Yes	No	N/A									(6)		
Boiler Ro	om			X			Ceilir	ng Pla	ster	520		X				
Boiler Room, V		ulo		X				Insula		77 1	-	X				
boller hoolii, v	restibl	iie	-	^			Tipe	IIISUIC	ttiOii	771	<u> </u>	2				
											12	-		<u> </u>		
		1									1011					
Name of Registered Waste	e Haule	r		10000	JDEP W auler ID	10/25/1952	Cubic of Was		Name o	f Registered	ındfill					
Atlantic Carting				1000	J-641		40	,,,	IESI F	A Bethle	m La	endfil	I Cor	p.		
City, State							200	sal Date	City, Sta	ate ^				-		
Wayne, NJ							TBD			nem, PA						
Completed by			Title				All South Control	ignature		1	↑ Da	te			_	
Milena Zoric				utive	Direct	or		7111	Ulla	VIM-	10.	4/06/	2015			
								,,,		1	04/06/2015					

NO CK

ASB-41

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#248

	234	7237	Annual transport				IOnorphor (2)	5500						
Date of Notification (1)		Constitute and			Name of Build	ling Own	er/Operator (2)	NICATION	12 13	4	i le	20	- 1	
4/8/15							BOARD OF EI	DUCATION	_	- 51	1.1	-		
Agencies Notified	Type Notifica	ation			Street Addres									
□ EPA	Initial			2 1	101 HENDR		NAVENUE			_		-		
☐ DEP		ed Amer	ndment		City, State, Zi								Ì	
□ DOL	☐ Emerge	ency (inc	luding		BRICK TOV		08724		-	Telep	hone	Numb	er	
□ DOH	justifica	ition)			Name of Cont				1				- 1	
DCA	☐ Cancel	lation					OWNER'S REP		-					
				F	ACILITY INF	ORMA'	TION	- 15 114	1					
Name of Facility Where	Abatement is T	aking Pl	ace (3)		<u> </u>			Type of Facilit	+)					
VETERAN'S MEMOI	PIAT. ELEME	NTARY	SCH	OOL				School (K						
Street Address								Subchapt						
103 HENDRICKSON	AVENITE							Other (i.e.						
	AVENUE							Square Feet		# of F	loors	Blag.	Age	
City (5)	2724													
BRICK TOWN, NJ 0	3124				County Code	(7) (STA	ATE USE ONLY)	AIRPORT						
County					157)									
OCEAN Name of Monitoring Firm	Lired by Puils	ling Own	er (8)		ASCM No.	Name o	f Abatement Cont	ractor (9)						
Name of Monitoring Firm	I miled by build	iling Own	01 (0)				M RIDGE ENVI		NC.					
N/A						Street A					iterary so			
Street Address							CK FOREST R	OAD						
				-			ate, Zip Code		e de la companya de l					
VALUE OF THE PARTY						1	LTON, NJ 0869	1						
		T-1	hana M			Telepho				Licen	se No	١.		
Project Manager for Mon	nitoring Hirm	relep	hone N	0.		609-890				0067	6			
		Caba	Inlad C	omplet	ion Date (11)		f OSHA Monitor							
Start Date (10)		1					ITECH SERVIO	CES						
** TO BE D	ETERMINI	NO-OIS	HO.	[.D**		Street A								
Occupancy Status Durin	ig Abatement (Uneck o	ily one) hotoma	nt	1	UM PT. ROAD	STE 7						
Facility Closed/Vac	ated During Er	itire Peri	- CDM	Datemi	2110		ate, Zip Code							
Abatement performed	outside of work	ing hour	S SPIVI-	Z AIVI			L, NJ 08723						5	
						BRICE	L, NJ 00/25	Full Cont	ment w	ith Ne	gative	Pres	sure	
Scope of Work (Check	all that apply)		12	ŭ.	D	Hon		Mini-Encl	ıre		7.0			
≥ 3 sf or ≥ 3 lf				82	Renova Demolit			Glovebag	ocedur	re]	
≥ 160 sf or ≥ 260 l	•				Demoiit	ЮП		Non-Exer	ed (*) 8		-Friab	le Pro	cedure	
						(1		T T				Туре		
			Locati		Description		estos Containing							
Location of Asbesto	s-Containing		rmally l Solely l		Material (A	CM) (i.e.	thermal systems	Amount (Spe	SF or	Re	Z.	Encapsulate	Enclosure	
Material (ACM) TO E				/Custo	insulation,	surfacin	g, VAT, or other	LF)		Remova	Repair	psu	OSL	
Facility (1	3)	dia	Staff?	(12)	1	miscellar	leous)			a l	=	late	l'e	
		Yes	No	N/A				-	-	X		-		
WINDOWS			×	_	GLAZING			-	-	A				
									_	_	-			
							To the Mark	Name of Reg	red Lar	ndfill				
Name of Registered Wa	aste Hauler		. OI		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Reg	ijeu Lai	IGIIII				
							1 YDS	GROWS						
CURRENT CONSTR	UCTION				35149	#F		CITY, STATE	-		-			
City, State							Disposal Date TBD	MORRISVI	E, PA		4.0			
ALLENTOWN, NJ						Circot	цт 27-Mar	IMORRISVI	219 2 22	Date	- /-	_		
Completed By		Title						100	10-	Date 4	3/1	5		
DAVID D'ANDREA		PRE	SIDEN	T		1/1/2	eved of	NUMER		1				

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

D-1 (1) - (4)													
Date of Notification (1)	15 /	14		Nam	e of Buildin	g Owner/Operator Iniversity - Office	(2) e of Design an	2015 nd Con	uction	814	1.	7.13	
Agencies Notified	Type Notifica	tion							uction	271.1	1.	13	
⊠ EPA	☐ Initial	uon		1	et Address		A A	439	11.	,		88 m	
⊠ DOLWD	☐ Amended				0 Elm Dri					9 1	17	JL.	
□ DHSS	Amendme	nt #17-4	/9/15	1 800	State, Zip					1 1	V.:	1	
	☐ Emergenc		ng		inceton, I								
(NJAC 5:23-8)	justificatio	120			e of Contac	-		Teler	ne Numi	ber			
	☐ Cancellation	on		Ro	bert Orte	go							
	2			FA	CILITY IN	FORMATION							
Name of Facility Where At							Type of Facility	(4)					
Princeton University	 Firestone 	Library					School (K-12						
Street Address							Subchapter	8 (Othe	an K-12	The second second			
Washington Road							Other (i.e., p		commer	cial b	uildin	gs,	
City (5)							Square Feet	# of	ors	I B	ldg. A	00	
Princeton							oqualo 7 col	" "	7013		iug. r	ige	
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if ho	demolis	bod)			
MERCER					my code (r)(OTATE OSE ONET)		ioi ii be	demoils	nea)			
Name of Monitoring Firm H	ired by Buildi	na Owne	r /8\	ASCM	Mo	Nome of Abote	Library						
ATC Associates Inc.	ned by buildi	ng Owne	(0)			Name of Abateme							
Street Address				000	98		VIRONMENTA	L, INC					
						Street Address							
Three Terri Center						1123 BEAVE							
City, State, Zip Code						City, State, Zip Co	ode						
Burlington, NJ 08016						BRISTOL, PA	19007						
Project Manager for Monito	ring Firm		Tel	ephone	No.	Telephone No.		Lice	e No.				
Michael Keehn					6-8800	215-788-6040		0()9				
Start Date (10)		cheduled				Name of OSHA M	onitor						
3//	15	- ON	H	1040		BRISTOL EN	VIRONMENTA	L, INC.					
Occupancy Status During A	batement (Cl	heck only	one)			Street Address							
□ Facility Closed/Vacated	During Entire	Period o	f Abate	ement		1123 BEAVER	STREET						
☐ Abatement Performed C	utside of Nor	mal Facil	ity Hou	rs - Des	scribe	City, State, Zip Co							_
Time of Abatement: 6:3	0AM-3:00PN	Λ/	PM	AM		BRISTOL, PA							
Scope of Work (Check all th	at apply)					,							_
□ >2 of or >2 W		57.5					ainment with Neg	gative P	sure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enovat emoliti			Mini-Encl Glovebage							
			Cirionia	011		☐ Non-Exer	npted (*) and No	n-Friabl	rocedur	е			
			s Loca	tion					1000001	1	atem	ont T	· / D.O.
Location of			Norma	700 M)	Description of	f				_		1
Asbestos-Containing Ma TO BE ABATE		1 1 2 2 2 2 2	ed Sol aintena			stos Containing Mat		Ai	unt	Removal	Repair	Encapsulate	Enc
	. <u>U</u>	13000	stodial	Staff?	(I.e.	, thermal systems i surfacing, VAT,	nsulation,	(S SF	cify LF)	VOC	air	aps	Enclosure
IN Facility		1	(12)		1	other miscellaned		01	LI)	<u>a</u>		ula	Тe
IN Facility (13)				N/A			6 e ³⁰					е	
(13)		Yes	No	1	-					57			
9 AUGO 17 BB	3 and A	Yes	No □		Floor til	e and Mastic		71,	3 SF	\boxtimes			П
(13)			No		Floor til			71, 4,6	3 SF SF				
(13) Throughout Levels C, E	and A				Pipe Ins				-	-			
(13) Throughout Levels C, E Throughout Levels B at Throughout Levels B	3 and A				Pipe Ins	sulation ompound		4,6	SF				
(13) Throughout Levels C, E Throughout Levels C, E Throughout Levels B a	3 and A				Pipe Ins	sulation ompound	Name of Regis	24,0	SF) SF				
(13) Throughout Levels C, E Throughout Levels B at Throughout Levels B	B and A nd A Hauler			IJDEP I	Pipe Ins Joint Co Pipe Fit	sulation ompound tings	Name of Regis	4,6 24,1 2 tered La	SF) SF .F				
Throughout Levels C, E Throughout Levels B and Throughout Levels B Name of Registered Waste SERVICE TRANSPOR	B and A nd A Hauler			U U	Pipe Ins Joint Co Pipe Fit	eulation ompound tings Cubic Yards of Waste	G.R.O.W.S.	4,6 24,1 2 tered La	SF) SF .F				
Throughout Levels C, E Throughout Levels B and Throughout Levels B Throughout Levels B Name of Registered Waste SERVICE TRANSPOR City, State	B and A nd A Hauler			IJDEP I	Pipe Ins Joint Co Pipe Fit	culation ompound tings Cubic Yards of	G.R.O.W.S.	4,6 24,0 2 tered La	SF) SF .F fill LANDF				
Throughout Levels C, E Throughout Levels B and Throughout Levels B Name of Registered Waste SERVICE TRANSPOR Dity, State New Castle, DE	and A and A Hauler T GROUP I	⊠ ⊠ ⊠ NC.		IJDEP I	Pipe Ins Joint Co Pipe Fit	culation pmpound tings Cubic Yards of Waste Disposal Date	G.R.O.W.S.	4,6 24,0 2 tered La	SF SF F fill LANDF				
Throughout Levels C, E Throughout Levels B and Throughout Levels B Throughout Levels B Name of Registered Waste SERVICE TRANSPOR City, State	and A and A Hauler T GROUP I			IJDEP I	Pipe Ins Joint Co Pipe Fit	eulation ompound tings Cubic Yards of Waste	G.R.O.W.S.	4,6 24,0 2 tered La	SF) SF .F fill LANDF				

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

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						Iniversity - Office	e of Design and	d Cor	ruction	HI I	: 69	1	
/	Notification	1		1	t Address		iż	Serv					
_	mended				0 Elm Dri			3.1		- 1,	r. 11		
	mendment #	¥17-4/	9/15	- 17	State, Zip			70.00		3 4			
	mergency (i	ncludin	ng			NJ 08544							
100 100 100	ustification)				e of Contac			Tala	ne Num	her			
	ancellation				bert Orte			1					
News of F. W. M.				FA	CILITY	NFORMATION							
Name of Facility Where Abater			e (3)			10	Type of Facility	388					
Princeton University- Fi	restone Li	brary					School (K-12	2)					
Street Address							Subchapter 8	ivate :	nan K-12		uildin	75	
Washington Road			1		29		homes, etc.)			roidi bi	unum	,,	
City (5)							Square Feet	# 0	oors	В	ldg. A	ge	
Princeton													
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if be	demolis	shed)			
MERCER							Library						
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		-				_
ATC Associates Inc.				000	98	BRISTOL EN	VIRONMENTAL	_, INC					
Street Address						Street Address					_		
Three Terri Center						1123 BEAVE	R STREET						
City, State, Zip Code						City, State, Zip Co	ode						
Burlington, NJ 08016						BRISTOL, PA							
Project Manager for Monitoring	Firm		Tele	ephone	No.	Telephone No.		Lice	e No.			_	
			6	00-386	-8800	215-788-6040)	0	09				
Michael Keehn			0	09-000	0000	210-100-00-00							
Michael Keehn Start Date (10)	Sched	duled C		etion Da		Name of OSHA M	and the second second		03				
		duled C	Comple		ite (11)	Name of OSHA M	onitor		03				
Start Date (10)3 /2 /15		ON	Comple	etion Da	ite (11)	Name of OSHA M BRISTOL EN	and the second second		55				
Start Date (10) 3 /2 /15 Occupancy Status During Abate	ement (Chec	ĎΝ k only	comple /-	tion Da	ite (11)	Name of OSHA M BRISTOL ENV Street Address	onitor VIRONMENTAL		09				
Start Date (10) 3	ement (Chec ng Entire Pe de of Normal	k only priod of	one) Abate	ment	ite (11)	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER	onitor VIRONMENTAL						
Start Date (10) 3 /2 /15 Occupancy Status During Abate	ement (Chec ng Entire Pe de of Normal	k only priod of	one) Abate	ment	ite (11)	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co	onitor VIRONMENTAL R STREET de						
Start Date (10) 3 / 2 / 15 Occupancy Status During Abate ☐ Facility Closed/Vacated Duri ☐ Abatement Performed Outsic Time of Abatement: 6:30AN	ement (Checing Entire Pede of Normal	k only priod of	one) Abate	ment	ite (11)	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER	onitor VIRONMENTAL R STREET de						
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Start Date (10) 3 / 2 / 15 Occupancy Status During Abate Facility Closed/Vacated Duri Abatement Performed Outsic Time of Abatement: 6:30AN Scope of Work (Check all that a	ement (Checing Entire Pede of Normal	k only k only riod of I Facilit	one) Abate y Hour	ment rs - DesAM	ite (11)	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	onitor VIRONMENTAL R STREET de 19007 ainment with Negrosure	., INC	sure				
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Start Date (10) 3 / 2 / 15 Occupancy Status During Abate Facility Closed/Vacated Duri Abatement Performed Outsic Time of Abatement: 6:30AN Scope of Work (Check all that a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Materia	ement (Checing Entire Pede of Normali-3:00PM/_pply)	k only priod of I Facilit	one) Abate y Hour M- enovati emolitic s Locat Norma ed Sole	ment rs - DesAM	ccribe	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont. Mini-Encl Glovebag	onitor VIRONMENTAL R STREET de 19007 ainment with Negrosure Procedure procedure mpted (*) and Non	., INC	sure	Ab			
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Street Address		,					Subchapter ■	8 (Othe	nan K-12)			
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City (5)							homes, etc.)						
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Name of Monitoring Firm Hired	by Building	Owner	(0)	ASCM	Ma	IN	Library						
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Street Address				000	98		VIRONMENTA	L, INC	200				
Three Terri Center						Street Address							
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Burlington, NJ 08016						City, State, Zip Co					2===0		
Project Manager for Monitoring	Cirm		T			BRISTOL, PA	19007						
Michael Keehn	rırm			ephone 09-386		Telephone No. 215-788-6040		Lice 0	e No.				
Start Date (10)				etion Da		Name of OSHA M	onitor			-	_		_
_3 / _2 / _15	_ 2	ON	H	OLD	647	BRISTOL ENV	VIRONMENTAL	L, INC					
Occupancy Status During Abate						Street Address			-	-			
☐ Facility Closed/Vacated During	ng Entire Pe	eriod of	Abate	ment		1123 BEAVER	RSTREET						
Abatement Performed Outsid	le of Norma	l Facilit	y Hou	rs - Des	cribe	City, State, Zip Co	de	-					
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