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

Date of Notification	n (1)						Owner/Operator	r (2)		100				13
4-14-15				Maı	rgori	e E	delstein							
Agencies Notified	Type Notif	icati	on	Stree	t Addre	ss				, 45 7		-		
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[]DEP	Notii	ficati	Lon	City,	State,	Zip	Code							
[X] DOL	[]Amende			0.000)	NJ,07042		****				098	
[X] DOH	Noti	Eicati		Name (of Cont	act		Telepho	one Numbe					والمستنوس برايب
[]DCA	[]EMERGI	ENCY					delstein		one number		-			
[]DGA	[]Cancel	llatio	on		- 5									
					FACII	LITY I	NFORMATION							
Name of Facility Wh		nt is	Takir	ng Pla	ace (3)			Type of Faci	lity (4)		+			
Same as above	€							[]School						
Street Addres								10 0000 00	pter 8 (((i.e., p)					
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Owner (8)	FILM UITEG	DY Bu	TTOTING	ASC	LM NO.			MANAGEMEN						
N/A							Street Addres							
Street Address								stopher S	t.					
City, State, Zip Co	nd o						City, State,							
City, State, Zip Co	ode							ir, NJ 07	042					
Project Manager for	Monitoring	Firm	me l	enhor	ne Numbe	ar	Telephone Nur			T.i.ce	ense	Num	ner	
Project Manager for	Monitoring	ETTH	N/		ie ivamo	G.L.	(973) 74				37		,	
Scheduled Start Dat	n (10) s	ched			n Date	(11)	Name of OSHA					0080		
4-30-15			5-1-		Date	(++)	N/A	1101111 001						
	Year	Mont		Day	Year	Š.	•			_				
Occupancy Status Du [X] Facility Cla of Abateme	osed/Vacated						Street Addres	ss						
[]Abatement P	erformed Ou				Facilit	-Y	City, State,	Zip Code	4000					
Hours - Des	cribe: «OffHo			-	ript»									
Scope of Work (Chec							11			_				
				TE 3 TO				Containment	with Nega	re Pr	essu	ire		
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In Faci	ility		Ct	enanc	ial	in	sulation, sur	1888 B.	LF		V A	I	S	S
(13	1)		Yes	aff ((12) N/A		or other misc	ellaneous)			L	Α.	L	R
Basement					X	Pir	e Insula	tion	70 1		X			
(<u> </u>														
Name of Registered	Waste Haule	er	N	JDEP V	Waste	11.00	bic Yards	Name of Re	gistered	dfil	1			
AZTECH MANA	GEMENT,	INC		704	ID No.	of	Waste 1.5	G.R.O.W	I.S.					
City, State		200		,,,,,		Di	sposal Date	City, State	9	-				
Montclair, No	J 07042						5-2-15	Morrisv	ille,	1 1	906	7		
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Completed By (Print Constantine '		Title	side	+ m			Signatur				ate 1_1	А	1 =	
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Date of Notification (1) 4/13/15						uilding Ov Bassano									3	- Labor
Agencies Notified	Туре	Notification		1 200	reet Add 725 W	iress est Cent	ral Ave	1				75 17				
EPA DEP DOL		Initial Amended Amendment #				, Zip Code Heights		751			77					
DOH DCA	×	Emergency (incliging justification) Cancellation	uding		ame of C	Contact					Tel	one Numl	ner	- 3		
					FACILI	TY INFOR	MATION	V								
Name of Facility Where Jeffery Bassano Pr			lace (3)		8				_	Facility (4)		9				
Street Address 1725 West Central	Ave	,		X					× Ot	bchapter 8 her (i.e. pri		han K-12) ommercia		ngs, l	nome	s,
City (5)		7E-1							Square 1000+		# c	oors	Blo	dg. Ag	e	
Seaside Heights N	J 087	51			ounty C	ode (7) SE ONLY)				t Use (Prior	012	demolishe				
Ocean Name of Monitoring Firr	n Hire	d by Building Ow	ner (8)	10	ASCM		1	Name o	of Abate	ment Cont	racto)				
N/A Street Address									Address					•		-
Street Address									ox 329							
City, State, Zip Code								West	ate, Zip Berlin	NJ 0809	91					
Project Manager for Mo	nitorin	ng Firm		T	elephon	e No.			one No. 53-98			icense No 0727).			
Start Date (10) 4/13/15			chedule	d Com	pletion [ate (11)		Name o		A Monitor						
Occupancy Status Duri	na Ah	atement (Check (Only One	5)				Street	Address	S						
Facility Closed/Va Abatement Perfor	cated med C	During Entire Pe Outside of Normal	riod of A Facility	bateme	ent			City, St	tate, Zip	Code						
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ат Арріу)		enovat emoliti					Min Glo	Containme i-Enclosure vebag Proc	edur	legative P				
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	[4]			Location			ACCES.	81-7943							ement pe	
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					UDED V		Loubia	Varda		Name of	Pagi	ed Landfil				
Name of Registered Waste Hauler United Containers				H	IJDEP V lauler ID 2459		of Was			G.R.O.		ou canali	•			
City, State	City, State Elm NJ						Dispos	sal Date	 <.	City, Stat		19067				
Completed by			Title Pres	ident				Signatus	e /				ate /13/1	 5		
Anthony T Perna			1163	iuciil					1						- 1	



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& Emergeno	(^	h			OF ASBE to NJAC 8			2	次	4	7-3	3	0 1	7		100
Date of Notification (1) 4/13/15		-			Building (100	l Hai,		-	- 21	2		-	- 1
NOTE OF THE PARTY	Notification nitial			Street Ad 103 Ea	ddress ast Nava	ısink D	r.			ļ	=	1 7	- 1	17		
DEP A	Amended Amendment : Emergency (i				te. Zip Co		rbor	NJ. 6	080	87						-
ĭ DOH	ustification) Cancellation	ricidality		Name of Eileen	Contact	,		3		Tele	ne	Num	iher '			-
Name of Facility Where Abatem	ent is Taking	Dlace /3	1	FACIL	LITY INFO	RMATI	ON	Type of Fa	oility (A				14/00/			_
Danny Hanna Private Hor) 1 1acc (c	')				-		ol (K-12	<u> </u>						
Street Address 103 East Navasink Dr.		c						Subcl X Other	hapter 8	3 (Othe ivate &		<-12 ercia) Il build	dings,	home	es,
city (5) //H/e Eqq/	Hárbor	NJ	.08	087				Square Fe 1000+	et	# of	ors		1	ldg. A	ge	
County (6) Ocean				County C	Code (7) USE ONLY)			Current Us Home	se (Prio	r if bein	emo	olish	ed)			
Name of Monitoring Firm Hired to N/A	by Building (Owner (8)		ASCN	l No.	<i>E</i> .	220	of Abateme aco Inc.	nt Cont	tractor (
Street Address								Address Box 329	-)		-					
City, State, Zip Code						4	0.00	tate, Zip Co		91						
Project Manager for Monitoring	Firm			Telephor	ne No.		- Charles 12 20	one No. 753-9800	la la		ens	e No).			
Start Date (10) 4/14/15		Schedule 4/16/15		pletion [Date (11)		Name Sam	of OSHA M	onitor							
Occupancy Status During Abate	ment (Chec	k Only Or	ne)					Address			-				-	
Abatement Performed Outs							City, S	tate, Zip Co	de		-					
	A mmlu A										_					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Арріу)	process.	Renova Demolit					Full Cor Mini-End Gloveba	closure ag Proc	edure	15		ressui			
		T					×	Non-Exe	empted	(*) and	n-F	riabl	e Pro		e ement	
Location of			Locati Vormal		64	Do	scription	of							ре	
	al (ACM)	Ma Cus	ed Sole intenar todial S (12)	nce/ Staff?	Asbes (i.e.	tos Con thermal surfa	taining N	faterial (ACI) s insulation, T, or	M)	Ar (S SF	nt ify _F)		Removal	Repair	Encapsulate	Enclosure
1/h-h		Yes	No	N/A			· · · · · · · · · · · ·		-+		\ <u></u>					
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Exterior Siding				X		EXIE	erior Sid	airig		120	5		х			
Name of Registered Waste Hau United Containers	ler		Н	JDEP W auler ID 2459		Cubic of Wa	Yards ste	20000	me of F	Register	Lan	dfill				
City, State Elm NJ	Date (10) I/15 Pancy Status During Abatement (Check Container Period Datement Performed Outside of Normal Other – Describe: Period of Work (Check All That Apply) State Abated Location of Substos-Containing Material (ACM) TO BE ABATED In Facility (13) Kitchen Exterior Siding Red Containers State NJ Deleted by					-	sal Date 15		y, State orrisvi	lle PA	106	7				
Completed by Anthony T Perna		Title Pres	ident	V			Signature					Da	te 13/15	5		

State of New Jersey

eck # 15114

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

Date of Notification	n (1)						Owner/Operator	(2)	15	[=:	Ŋ	7.7	(E)	
4-14-15				Gla	dys 1	Kin	tner						E.	-
Agencies Notified	Type Notific	cation	n Si	creet	Addres	ss				2				I I
[]EPA	[X]Initial			2 A	cade	my :	Street		1	Ī	7 :			
[]DEP	Notifi	.catio	n C:	ity,	State,	Zip	Code							
[X]DOL	[]Amended			New	rton,	NJ,	07860		ASSE	T 16.12		55E H		
[X] DOH	Notifi	catio		ame c	of Conta	act		Telephon			art of a		-	-
[]DCA	[]EMERGEN	CY			dys :		tner	1 -						
[]DGA	[]Cancell	ation			_									
-	'				FACIL	ITY I	NFORMATION	2)						
Name of Facility Wh		t is 1	raking	Pla	ce (3)			Type of Facil:	Lty (4)					
Same as above	€							[]School		- 41		- 10		
Street Addres								[]Subchap [X]Other (
									ildings	lomes	s, e	tc.)		
								Square Feet	# of F	DIS	1	lg. I	lge	
City (5		Cour	nty (6) Ess	ex	100000	nty Code (7) ATE USE ONLY)	1575	2			0		
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	m	Deed !	1 44	3.00	M No.		Name of Abato	ment Contracto	- (9)					
Name of Monitoring Owner (8)	Firm nired by	y Bul.	Laing	ASC	M NO.			ANAGEMENT						
N/A										-				
Street Address							Street Addres	stopher St						
	y, State, Zip Code													
City, State, Zip Co	cy, State, Zip Code						City, State,	r, NJ 070	42					
										Lice		NT 1-	12/22/	
Project Manager for	Monitoring	Firm	N/2	-	e Numbe	er	Telephone Num (973)744)37:		er	
			0 2									-		
Scheduled Start Dat 4-29-15	te (10) Sci		Comple -30-		Date	(11)	Name of OSHA	Monitor						
	Year 1	€ Month	-30- Da		Year		N/A							
Occupancy Status Du	ring Abateme	nt (C	heck o	nly	one)		Street Addres	s						
[X] Facility Cl of Abateme		Durir	ng Ent	ire l	Period									
[]Abatement P	erformed Outs				Facilit	Y	City, State,	Zip Code						
Hours - Des []other - Des	cribe: «OffHou				ript»									
Scope of Work (Chec										_				
peope of more (once		FF-1,						Containment wi	th Negat	e Pr	essu	re		
[X]>3 sf o	r >3 lf or >260 lf		67.19		ovation olition			-Enclosure ebag Procedure						
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AZTECH MANA	GEMENT,	LNC.		704					J.	_				
City, State						100	sposal Date	City, State	11-	1 1	900	7		
Montclair, N	J 07042						4-30-15	Morrisvi	тте,	7 I	200	1		
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Constantine			side	nt			1 11	iùlh			4-1	4-:	.5	
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		0.500.000				and 12:120-7)					-	PERSONAL PROPERTY.	
Date of Notification	(1)	(FULSC				Owner/Operator		TET		T _e	177	3	1 %
4-14-15			Geo	orge	& E]	Lizabeth H	Iirai	1 10-1					
Agencies Notified	Type Notifi	cation	Street	t Addre	ess			<i>i</i> :		w 19	17.6		1
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[]DEP	Notif:	ication	City,	State	, Zip	Code							
[X]DOL	[]Amende	10 000	Mor	ntcla	air,1	NJ,07042		A Comment	200			- 4	
	Notif	ication	Namo	of Con	tant		Telephor	ae Nimber				* **	
[X] DOH	[X]EMERG	ENCY				lizabeth	rerephor	462				MITTO CARROLLE	
[]DCA	[]Cancel	lation	Hira	_	G 11.								
			HILL	CONTRACTOR OF THE PARTY.	LITY I	NFORMATION			-				
Name of Facility Whe	re Abatemen	t is Taki	ng Pla	257,000,000	- CONTRACT //		Type of Facil	ity (4)	-				
Same as above							[]School						
Street Addres							[]Subchap						
Street Addres							[X]Other (uildings	omes				
							Square Feet	# of F	rs	Blo	ig.	Age	
City (5		County	(6) Ess	ex	Cou	nty Code (7)					_	_	
_		5026			(ST	ATE USE ONLY)	Current Use (Prior if	ing	dem	olis	hed)	
Name of Monitoring F	irm hired b	y Buildir	ng Asc	CM No.			ment Contracto						
Owner (8) N/A						AZTECH M	ianagement	, Inc.					
Street Address						Street Addres	s						
						86 Chris	stopher St						
City, State, Zip Cod	le					City, State,	Zip Code		-				
andre a a						Montclai	r, NJ 070	42					
Project Manager for	Monitoring	Firm Te	elephon	ne Numb	er	Telephone Num	ber		ice	nse	Numb	er	
	r -		/A			(973) 744	1-8800		00	37	1		
Scheduled Start Date	(10) Sc	hed. Comp	oletion	Date	(11)	Name of OSHA	Monitor						-
4-15-15		4-1	6-15			N/A							
Month Day Ye		Month	Day	Year		Charact Address							
[X] Facility Clos						Street Addres	S						
of Abatement													
[]Abatement Per Hours - Descr				Facili	гy	City, State,	Zip Code						
[]other - Descr			_	ript»									
Scope of Work (Check	all that a	apply)							Dec. Version				
[VIV2 of or	\2 1£		[X]Reno	orration	2	## 1##################################	Containment wi Enclosure	th Negat	Pre	essu	re		
[X]≥3 sf or []>160 sf o	_		[]Demo				ebag Procedure						
						[]Non-E	Friable Procedu	ire		71			
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Asbestos-Con		3	Normal Used			Asbestos-Con		Amou		R	R	N C	NC
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(13)			Custodi taff (or other misce				A L	R	U	U R
		Yes	No	N/A		_ , , ,	(458:55)	CF 1	-	X			E
Basement			-	X	Pipe	Insulati	.on	65 1:		Α			
									10:2				
Name of Registered W		Landa I	NJDEP V Hauler		1888	bic Yards Waste 1.5	Name of Regi		lfil.	1			
AZTECH MANAG	EMENT,		1704		15500	William Parks Barrens	G.R.O.W.	J.					
City, State			10			sposal Date	City, State		-	200	-		
Montclair, NJ	07042				4	1-17-15	Morrisvi	.ile, 1	19	906	1		
Completed By (Print	or Time)	Title		- 1		Signature	-		-D-	ate			
Constantine V		Presid	ent.			Ail			170	1-1	Λ-	15	
						_ I CVI	UCM-			= _7	. "2	TO	

State of New Jersey

neck # 15113

× 15112 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Pat Lambert 4-14-15 Street Address Agencies Notified Type Notification 26 Caroline Ave. [X] Initial []EPA Notification City, State, Zip Code []DEP] Amended Clifton, NJ, 07011 [X] DOL Notification Name of Contact Telephone Number [X]DOH [] EMERGENCY Pat Lambert []DCA []Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Same as above []School (K-12) []Subchapter 8 (O er than K-12) Street Addres [X]Other (i.e., pr ite & commercial buildings nomes, etc.) # of F Bldg. Age Square Feet ors City (5 County (6) Essex County Code (7) 2 86 2300 SF (STATE USE ONLY) Current Use (Prior if ing demolished) Name of Abatement Contractor (9) Name of Monitoring Firm hired by Building ASCM No. AZTECH MANAGEMENT, Inc N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 00371 (973) 744-8800 N/A Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) 5-4-15 5-5-15 N/A Month Day Month Day Year Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negat e Pressure []Mini-Enclosure [X] Renovation $[X] \ge 3$ sf or ≥ 3 lf []>160 sf or >260 lf []Demolition [X]Glovebag Procedure []Non-Friable Procedure Is Abatement Type Location Description of Location of NCAP NOHON REMOV

Normally Asbestos-Containing Asbestos-Containing Amou Used Material (ACM) (Spec Solely Material (ACM) By Main SF TO BE ABATED (i.e., thermal systems tenance/ insulation, surfacing, VAT, LF In Facility Custodial or other miscellaneous) (13)Staff (12) Yes No N/A 1f X Pipe Insulation 75 Basement Name of Registered I Cubic Yards Name of Registered Waste Hauler NJDEP Waste of Waste 1.5

Hauler ID No. 17040 AZTECH MANAGEMENT, INC. G.R.O.W.S. Disposal Date City, State City, State 5-6-15 Morrisville, Montclair, NJ 07042 Signature Completed By (Print or Type)

President

Constantine Vivian

Date 4-14-15 1 (m

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building	Owner/Operator (2)	T		- 148	00	7.4
April 13, 2015			Messercola Excavating Co	o., inc		15,4	3	
	tion Notification nded Notification	Street Address City, State, Zip Co	P O Box 790		APE.	17	- 10	
Lott I make	ndment # gency (including	City, State, Zip Co	Matawan, NJ 07747	1			****	2
A DON	ication) ellation	Name of Contact Ferna		ephone	mber		The section of	*******
	FA	II CILITY INFORM	MATION					
Name of Facility Where Abatement is Taking Residence			Type of Facility (4)	School	(2)		70	
Street Address 19 Stevens Drive			[x]	Subcha Other (homes,		than k- & comm	(2) ercial bu	ildings,
Beach Haven West	County (6)	County Code (7) (STATE USE ONL	Square feet Y) 1200 sf	# of F	rs	Bldg. A	ge 60	
	Ocean	•	Current Use (Prior if be Residenc	V 10 V 10 V 10 V 10	ished)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASCM No.	Name of Abatement Contractor (9 Guardian	5	ting, I	ıc.		
Street Address			Street Address 1889 Rot	ute 9,	it 61			
City, State, Zip Code	90		City, State, Zip Code Toms Riv		Terses	08755	-1271	
Project Manager for Monitoring Firm	Telephone Number	r	Telephone Number 732-349-9932	701, 11	ense Nur		-12/1	
Scheduled Start Date (10) 4/13/15	Scheduled Comple 4/15/15	tion Date (11)	Name of OSHA Monitor E.M.S.L.	Anal	al			
	d During Entire Period of Ab		Street Address 1056 Ste	lton R	d			
Abatement Performed (Outside of Normal Facility H	Iours	City, State, Zip Code Piscatawa	ay, Ne	Jersey	08854		
Scope of Work (Check all that apply)			Full Containment w	ith Neg	e Pressu	re		
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf	[] Renov		[] Glovebag Procedure		iable Pro			
[X] 2100 St 0t 2200 ft	[X] Delilo	T T	[X] Non-Exempted (*) a	and Noi				
	Is Location		Description of	8.50		Abateme	T	-
Location of	Normally used		bestos-Containing	An	nt	R R E E	N	E N
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Solely by Maintenance/Custodia		Material (ACM) e., thermal systems	(Spe)	M P	2000	CL
in facility (13)	Staff (12)	ins	vulation, surfacing, VAT, or			O I V R	PS	O S
(13)	(12)	oth	ner miscellaneous)		- 1	A	U	U
	YES NO N/A					L	L E	R E
Exterior	X	Asbestos sidii	ng	1250		X		
					-	+	-	-
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule 20223	3	ards of Waste Name of Registered T.R.R.F.	d Landi				
City, State Toms River, New Jersey	Disp. 4/16	osal Date 5/15	City, State Tullytown, Pennsylvania		·			
Completed by (Print or Type) Nicholas Fernicola		Signature	hel to			Date 4/13/2	015	
	*Do not use this for	em for ashastos lica	nsure exempted activities					

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

					- 2		71.5	Tele	J
Date of Notification (1) April 13, 2015		Name of Building	Owner/Operator (2) Yeager Construction	1	0) (54	G:	
	tion Notification Notification	Street Address	46 Maine		477				2
[x] DOL Amer	ndment # gency (including	City, State, Zip Co	Toms River, NJ 08753	**************************************				2	
I DON	ication) ellation	Name of Contact	Scott	elephon	ımber	The Salara			
	T.	ACILITY INFORM	AATION		2				
Name of Facility Where Abatement is Taking Residence		ACILITI INFOR	Type of Facility (4)	School	12)				
Street Address 669 Bayview Driv	e		[x]	Subch Other homes	r 8 (other, private :.)			al build	ings,
City	County (6)	County Code (7) (STATE USE ONI	Square feet 800 sf	# of]	rs	Bldg.	Age 8	0	
Toms River	Ocean		Current Use (Prior if Resider		lished)				
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASCM No.	Name of Abatement Contractor Guardia		cting, I	Inc.			
Street Address			Street Address 1889 R	oute 9,	<u>1</u> it 61				
City, State, Zip Code		,	City, State, Zip Code Toms R	Liver, 1	v Jerse		55-12	271	
Project Manager for Monitoring Firm	Telephone Num		Telephone Number 732-349-9932		ense Nu 624	mber			
Scheduled Start Date (10) 4/14/15	4/15/15	pletion Date (11)	Name of OSHA Monitor E.M.S.I	L. Ana	tal				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacated	only one) d During Entire Period of	Abatement	Street Address 1056 St	telton I	ıd				
Abatement Performed Other – Describe	Outside of Normal Facilit	y Hours	City, State, Zip Code Piscata	way, N	Jersey	y 0885	54		
Scope of Work (Check all that apply)			Full Containment	with Ne	ve Press	ure			
[] >3 sf or ≥3 lf		novation	Mini-Enclosure Glovebag Procedu	ıre					
[X] ≥160 sf or ≥260 lf	[x] De	molition	[X] Non-Exempted (*) and No	riable Pr				
			240			Abate	ment 7	ype	
	Is Location		Description of	١.,		R	R	Е	Е
Location of Asbestos-Containing Material (ACM)	Normally used Solely by		sbestos-Containing Material (ACM)	Ai (Sp.	int y SF	E	Е	N	N
TO BE ABATED	Maintenance/Custo	200.0	e., thermal systems	(Spi	F)	М	P A	C A	C
in facility	Staff		sulation, surfacing,		- /	0	I	P	O
(13)	(12)		VAT, or			V	R	S	S
NO 120	200 500		ther miscellaneous)		1	A		U L	U R
		/A				L		E	E
Exterior house	X	Asbestos sid	ing	700		X			
				-					
				 					
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste H	.3 3	Yards of Waste Name of Registe T.R.R.F.	red Land					
City, State Toms River, New Jersey	D	risposal Date /1/15	City, State Tullytown, Pennsylvania	1 .					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	chol I	/		Date 4/13	/15		

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

CK# 24763

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

Date of Notification (1)					Name o	of Building	Owner/Operator	(2) Isabell	1	3 -				
	17/15	41			Change	A al al acoco		Isabell		_				=
Agencies Notified	Type Notific	ation			Street	Address	4	31 S. Olden	Ave.					
EPA DEP	Initial Amended	i		-	City, St	ate, Zip C		7 -					- 12	=
⊠ DOL	Amendm Emerger		ling		,			renton, NJ 08	3629	-	- 1			
⊠ DOH	justificat	ion)	an ig	-	Name	of Contact			Telephon	ımhe	r		11000	\dashv
□ DCA	☐ Cancella	tion				Ca	rolyn Isabell							
					FAC	ILITY INF	ORMATION							
Name of Facility Where	Abatement is	Taking Pl	ace	(3)				Type of Facility	(4)					
15		Resider	ntia	1			<u> </u>	School (K-1		< 10\				
Street Address								Subchapter Other (i.e., p		(-12) ercial		ings,		
	431	S Olde	en A	Ave.				homes, etc.	.))		
City (5)			T 00	2620				Square Feet 1400	# of Flo		BIC	lg. Aç 85-		
	Trei	nton, N	J 08	8629		h. Codo /	7) (STATE	Current Use (P	rior if being	nolish		0.5	-/-	_
County (6)	Mercer				USE	ONLY)) (STATE	Current Ose (F	nor ir being	TOTIST	ica)			
Name of Monitoring Firm		dina Own	ner	_	ASCM N	Vo.	Name of Abater	ment Contractor (9	9)					=
(8)	MECS					2050		vens Environ		rices	s, In	c.		
Street Address				_			Street Address			-				_
	PO Box 341							PO I	Box 322					_
City, State, Zip Code	ate, Zip Code Crosswicks, NJ 085						City, State, Zip 0		277.00					
C	Crosswicks, NJ 0851							Allentow		1				_
1 6 7	1000				phone I	7. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	Telephone No.	50.0600	License).)493			
	Bill Weisgarber					8-4070	-	59-9688		- 00	1493		,	_
Start Date (10)		Schedule				te (11)	Name of OSHA		IECS					
3/18/15 Occupancy Status Duri	ing Abatement	(Chack o		/19/2	13		Street Address			-				
☐ Facility Closed/Vaca					ment	Ì	Otroot / taarooo		Box 341					
Abatement Performe							City, State, Zip	Code						_
Other - Describe:							(200) 25	Crosswic	ks, NJ 08	.5				
Scope of Work (Check	all that apply)							1 -1 1 - 11 - N I	tive Dese	_				
>3 sf or >3 lf		IV.	1 Re	novati	ion			ontainment with Ne nclosure	egative Pres	е				
≥160 sf or ≥260 lf				molitio			Gloveb	pag Procedure xempted (*) and N	on Erioble E	edure				
			le I	ocatio	nn l		INON-E	xempled () and N	OII-I Hable I	edure		bater	nent	
			No	ormally	,		57-03 59 50					Тур	е	
Location Asbestos-Containing				Solel		Ashes	Description of tos Containing Ma		Amou					
TO BE ABA	ATED	′	Cu	ıstodia			thermal systems	insulation,	(Spec		Re	Z.	nca	Enc
IN Facil				Staff? (12)			surfacing, VAT other miscellane		SF or l		Remova	Repair	Encapsulate	Enclosure
(,			/es	No	N/A						a		ate	ē
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Basem	nent			X		In	ermal Pipe II	isulation	100		×			
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					LIDES	N/a-4	L Cubia Vanda	I Nome of Dea		=_				
Name of Registered W				1 +	JDEP \ Hauler ID		Cubic Yards of Waste	Name of Reg		r	10-11			
Stevens Environ	mental Se	rvices,	Inc	<u>. </u>	182	292	2 CU		GROW	Lan	dtıll			
City, State							Disposal Date	City, State	/	11 - 1	D A			
	Allento	_	(*				3/19/15 _m		/ Morris	lle,	rA			_
Completed By Mahlon E. S	tevene	Title	p.	niec	t Mar	nager	Signature				3/17	7/15		
Wiamon E. S	ICACI12		11	Olcc	r TATAT	iagoi	_ _// /							_

ASB-41 MAR 00

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

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Date of Notification (1)	17/15	1	1	Nari	e of Buildi	ng Owner/Operato		M)	4	12	215	_
Agencies Notified	Type Notifica	lion	_	Siro	et Address		Isabel	Will	1	14		
BPA LIGH	☐ Initial —			3110	A! VIIII ARE	NO.	31 S. Older	AVA	Ve	111		
DEP DEP	Amended Amendme	4		CIN.	Slate, Zip	Code	91 3. Otto	WAR	A.		:0:	4
	Emergenc	(includi	ng				renton, NJ	08629				
DOH CA	Ustification Carpatiate		/ //	Nam	e of Cante	d		Talaphone N	SANF			
	C Od Manage	211		_		arolyn Isabell						
				F	CILITY IN	FORMATION						-
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Street Address		C310011	Tel .				School (K	-12) or 8 (Other than F	16			1
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City (8)							homes, et	# of Floors		de	0.00	_
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ounty (B)	. :			Cou	inty Code (T) (STATE	-	Prior if being den	thed)	٠,		=
	ercer		_									
lame of Montoring Firm	MECS	ng Owne		ASCN	No.	Name of Abatem			-			
treel Address	MECS		-	_			ens Environ	nmental Serv	18, It	nc.		
41 / 22 / 62 /	PO Box	341		194		Street Address	PO.	Par 222			F	
ity, State, Zip Code			_	_		City, State, Zip C	SONO.	Box 322		_	_	_
	osswicks, N	J 0851	5			5.17, =416, 2.p. 5		vn, NJ 08501			1	
rajed Manager for Mon			0.000	ephone		Telephone No.		Licensa No				
Bill Wei	The second name of the second				8-4070	(609) 25	9-9688		049	3	1	
Next Date (10)	Se	heduled			mic (11)	Name of OSHA				_		_
3/18/15 Decupancy Status During	Abelomet /	book and	3/19/	15				ABCS				_
Facility Closed/Vacate				men!	10.	Street Address	PO	Box 341	Ceres		1.2	
Abatement Performed	Outside of Non	mal Facil	ily Hou	ire.		Oity, State, Zip C	ode	DOX 341		-	=	
Other - Describe: 8								ks. NJ 0851			:	
cope of Work (Check all	that apply)						We see the second				-	
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15180 St Ot \$280 M			emolija	on		Gloveba	g Procedure	lon-Frieble Proce				
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Location of	1		d Spie			Description of		1		ועד		
Asbesios - Containing Mi TO BE ABATE	sterial (ACM)	Ma	intenar	108/		os Containing Mete	erial (ACIVA)	Amount				
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(13)			(12)		1	other misoslianec		0, 0, 1,	Remova	Repair	Encapsulate	Purfecienting
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ame of Registered Weet	Heuler			UDEP \		Cubic Yards	Name of Rag	latered Landill		_		
stevens Environm	ental Service	es, Inc	<u>.</u> ⁺	lauler II	252	of Waste 2 CU		GROWSL	ifill			
ty, State						Disposel Date	City State				100	===
	Allentown,					3/19/15	10/	Morrisvill	2A			
Mahlon E. Stev		illo D	roiss	t Man		Signature	1/	- Date		/4 =		
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co.		*			7.3					_
Date of Notification (1)			Name of Bui	iding Owner/Operato	r (2)	_	****	-		
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Agencies Notified	Type Notification		Street Addre	:SS	7-725		ý.			
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EDPA LEDEP	Amended		City, State, Z							
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4000	Emergency (K	nduding			5072, 5	Filedon Mush			1	=
□ DOH	justification)		Name of Cor			Letephone Number	#			
	Cancellation		/5	DRBARA	td.				_	_
			FACILITY	INFORMATION						
Name of Facility Where	Ab demand in Takin	a Place (3)			Type of Facili	4)				
Name of Facility Where	ADBIETIETI S TANIT	g 1 Boc (5)			School (K-	(A) (A)				
	IDENCE				Subchapte	(Other than K-12)		(10)		
Street Address	W35+ 5	1000	DASS	4	Dother (i.e.,	vate & commercia	l build	ings,		
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City (5)		5.20			Square Feet	# of Floors			· · · · · ·	
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County (6)				le (7) (STATE	Current Use (or if being demotes	ned)			
	BWTIC	**	USE ONLY	1		SINT				_
1010	I timed by Divilding (Numer	ASCM No.	Name of Abater	ment Contractor					
Name of Monitoring Firm		JWI ICI	AUGILIA.		5 M CO I	10.				
(8).	1			_						=
Street Address				Street Address	95,5	ruce Ace	_			
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City, State, Zip Code				City, State, Zip		24 - 25 - 20 - 20 - 20 - 20 - 20 - 20 - 20				
City, State, 24 code				MAR	OLE SIN	DE NIJO	080	150		_
	i in Time	Tel	ephone No	Telephone No.		License No.				
Project Manager for Mor	ntoring FITTI		41.01.0	856-	779-047	0049	4	7		
N/	/3			Name of OSHA					-	_
Start Date (10)			etion Date (11)	Name of USIVA	. /) /					8
4/24	115 5	5/14			VA				_	=
Occupancy Status Durin	Abatement (Che	ck only one)		Street Address						
Facility Closed/Vacat	nd During Entire Pe	riod of Abate	ement							_
Abatement Performer	of North	Facility Hou	TS	City, State, Zip (Code					
Abatement Performer	9 0012906 01 1401112									
Other - Describe:								000000		
Scope of Work (Check a	all that apply)			☐ Full Co	ntainment with N	ative Pressure				
	3	Renovat	noc		nclosure					
≥3 si or ≥3 lf		Demotito			ag Procedure	Friable Descodur	0			
≥160 sf or ≥260 ff				□ Non-E	xempted (*) and I	-Friable Procedur	1	batem	nent	_
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Location	of	Used Sole Maintenar	y by Asi	pestos Containing Ma	aterial (ACM)	Amount			Ē	
Asbestos-Containing N	Material (ACM)	Custodi	al (i	e. thermal systems	insulation,	(Specify	Re	R	Encapsulate	
TO BE ABAT		Staff?		surfacing, VAT	, or .	SF or LF)	Remova	Repair	psı	
IN Facility (13)		(12)		other miscellane	eous)		val	=	la	
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			UDEP Waste	Cubic Yards	Name of Re	tered Landfill				
Name of Registered Was	ste Hauler		tauter 10 No.	of Waste	0.5	1 1				
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				Disposal Date	City, State	9	-	P		ſ
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Date of Notification (1) 4-14-2015				me of B lancy V		wner/Oper	rator (2)				41	11		
Agencies Notified T	ype Notification		4:		tral Ave			ļe		AFE	1	7 2			
DEP DOL	Amended			T100	, Zip Cod										
X DOL	Amendment # Emergency (ii					hts, NJ (0760	4							
DOH DCA	justification)	icidaling	1000	me of C					Tele	phone	mb	er		5.000	
DCA L	Cancellation		V.55	lancy \											
Name of Facility Where Aba	stament is Taking	Diace (3)		FACILI	TY INFO	RMATION	I	Type of Facility (4)	_	_				
House	sterrient is raking	riace (3)						process.							
Street Address							-	School (K- Subchapter		er than	2)				
42 Central Ave								Other (i.e. p				build	ings,	nome	s,
5.10-00-0-0-0-0-00-00-00-00-00-00-00-00-00								etc.) Square Feet	# of	Floors	_	BI	dg. A	ne er	
City (5)								2,000	2	1 10013		10,	ug. A	30	
Hasbrook Heights County (6)			I Co	ounty Co	nde (7)		-	Current Use (Pri		ng dem	he	4)			_
0					SE ONLY)		_	House		ig don	110	-/			
Name of Monitoring Firm H	irod by Building C	Numer (8)		ASCM N	No	I N	lame	of Abatement Co		(9)	-	- 19			
n/a	irea by Building C	wilei (o)		n/a	NO.	2.00		ica Managem		OF					
Street Address				11/4			100000000000000000000000000000000000000	Address		- P	_				_
n/a								roy Lane							
City, State, Zip Code								tate, Zip Code							
n/a							200	oln Park NJ 0	7035						
11(2)(2)(2)(2)	ring Firm		Te	elephone	e No			one No.		Licen	Vo.				
n/a	t Manager for Monitoring Firm				3110.	100	Access to	067950		011!					
Start Date (10)		Scheduled		I/a letion D	ate (11)		STATE OF THE	of OSHA Monitor			_	+			
4/24/2015		4/25/201		icuon Di	alo (11)			ica Managem		orp					
Occupancy Status During A	Abatement (Chec							Address							
				_+				roy Lane							
Facility Closed/Vacate Abatement Performed				TIL:				tate, Zip Code							
X Other - Describe: 9 a								oln Park NJ 0	7035						
Scope of Work (Check All	That Apply)														
x ≥3 sf or ≥3 lf		X Re	novatio	nn				Full Containm	nent with	Negat	Pre	essur	e		
≥160 sf or ≥260 lf		-	molitio					Mini-Enclosu	re	, rrogu					
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Name of Registered Waste	Hauler		100000000000000000000000000000000000000	DEP Wa		Cubic Ya		Name o			ill				
Loznica Management	oznica Management Corp				NO.	TBD		50000000000	NS La	ndfill					
City, State					7	Disposal	I Date	20 CONTRACTOR OF THE SECOND							
Lincoln Park, NJ 07035						TBD		Morris	sville P	A 190					
Completed by	Completed by Title					Sig	patur	2	7		at				
E. Cirovic						(41	Will.			4/	14/2	015		

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

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Date of Notification (1)	2 2		1		ing Owner/Opera:	or (2)	A 17 AM	17:	56		
4/4	(13/15				+ TECH	CONTRACT	16				
Agencies Notified	Type Notificati	on	Stre	et Addres	RT. 50	5	TOU CON	TH	OL		
	initial Amended		_	-			ILER CH	10		_	
X DOT	Amendmen		1 Cm	State Zip		N.T. 0	230				
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					E BREU	NIL			_		
			F	ACILITY IN	FORMATION	•	ti -				
Name of Facility Where		king Place (3)				Type of Facility (
	SIDENCE		ĸ .			School (K-12	ther than K-1.	2)			
Street Address 300	YACEA	距,	1994			Other (i.e. pn homes, etc.)	e & commerci	ai bui			3
City (5)	5 May 1	POIN				Square Feet	of Floors	В	idg. /		
County (6) A					(7) (STATE	Current Use (Pric	being demolis	shed)			
County (6) CAPE	MAN		US	E ONLY)		VACA	<u> </u>				
Name of Monitoring Fig.	n Hired by Building	g Owner	ASCA	il No	N 20 0000	men: Contractor (9)					
(S) N.	A					uco The					_
Street Address					Stree: Address		. ^				
					369	The second secon	AUE				
Caty, State, Zip Code					Cr. State Zip		11	\wedge	0 ~	-	,
	9				MAP	LE SHAD		0	80) (
Project Manager for Mo	nitoring Firm	Te	iephone	: NC	Telephone No	C 61100	icense No	. \			
						9-0472	0044	9			
Start Date (10)	/ Sch	equied Comp	etion D	ate (11)	Name of OSHA	ACCURATION AND ADDRESS OF THE PARTY OF THE P	7				
4/260/15)	1		•	J 6SEPH) R				
Occupancy Status Durin	ng Abatement (Ch	eck only one			Street Address	. SPRUCE	A				1
Facility Closed Vacat	ed Dunng Entre F	Period of Abat	emen!				706	_			=
Abatement Performe	d Outside of Norm	al Facility Hol	nu2		Chy, State, Zip (.T 08	05	>		
Other - Describe:					MAPLE	SHADE	-1 00	03			=
Scope of Work (Check a	ill that apply:				☐ Full Co	ntainment with Nega	• Pressure				
		Renova	tion		Min-En						
		₩ Demolisi	00			ag Procedure empted (*) and Non-	able Procedur	е			
		Is Locati	00					1	bate	ment	
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Location		Used Sole		ienes	Description o os Containing Ma		*mount			Е	
Asbesios-Containing & TO BE ASAT		Custoda	al		thermal systems	insulation.	Specify	Re	R	Encapsulate	Enclosure
IN Facility		Staff?			surfacing, VAT		F or LF)	Removal	Repair	psu	lost
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Name of Registered Was	te Hauler		UDEP V Jauler ID		Cubic Yards of Waste	Name of Registe	Landin	, A			
Klomeo	INC.		1790	54_ I	_5_	C.M.	M. V.	1			
City State					Disposal Date	City, State	9 1	7	_		
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Completed By	Tide	T 7			Signature	0 0	Date	F13	11	5	
MICHAEL K	Ltmm-	LICE. 1	RES	LOCAT	- Mue	XI JU	_ 6		_		

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

Date of Notification (1)		Name of	Building (Owner/Operat	tor (2)	Hn		-				
Agencies Notified Type Notification		Street A	ddress		-7	(0)			7		4	. 2
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DEP Amended		City, Sta	te Zip Co	de IO	A	/ \ _	02/	0 11	5 6			7
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DOH justification) Cancellation		Eric Pl	Contact				Tel	one Nun	nber			
Gancellation				RMATION				-				-
Name of Facility Where Abatement is Taking	Place (3)				Туре	of Facility	(4)	-				
Street Address	0 - 1	a 1		-		School (K- Subchapte Other (i.e.	er 8 (Oth	han K-12 ommercia		linas.	home	es.
OCHE WAY S	WILL	1/104	<u> </u>		121	etc.)						
City (5) Ollon (tate					Squa	Feet 322	#0	oors	B	ldg. A	ge	
County (6)		County (Code (7) USE ONLY		Curre	ent Use (Pr	ior if bei	demolish	ed)			
Name of Monitoring Firm Hired by Building O	wner (8)	ASCN	No.			atement Co						
Ctract Address					07/07/07/07/07	ustries In	C.					
Street Address					et Addre O. Box							
City, State, Zip Code				0.0000000000000000000000000000000000000		Zip Code w Jersey	08725					
Project Manager for Monitoring Firm		Telepho	ne No.		ephone N		00720	cense N	0.			
					32)899-			1196				
Start Date (10) 4/15/15		Completion		Nar	ne of OS	HA Monitor	r					
Occupancy Status During Abatement (Check				Stre	et Addre	ess						
Facility Closed/Vacated During Entire Pond Abatement Performed Outside of Normal Other – Describe:	eriod of Aba al Facility Ho	etement ours		City	, State, Z	Zip Code					-	
Scope of Work (Check All That Apply)	-				/						332	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	=/	ovation nolition			Mi Gl	III Containn ni-Enclosu ovebag Pro	re ocedure	egative P				
	T				LI INC	on-Exempte	ed () an	ON-FIIAD	1	Abate		
Location of	1,000,000,000	cation mally		Descript	ion of					Ту		
Asbestos-Containing Material (ACM)		Solely by enance/		tos Containin	g Materia		A	unt	_		Щ	Е
TO BE ABATED In Facility	Custod	ial Staff?	(i.e.	thermal systematic surfacing,	ems insul VAT, or	ation,	(; SI	cify LF)	Remova	Repair	cap	nclo
(13)	(12)		other misce	llaneous)	1			oval	air	Encapsulate	Enclosure
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Name of Registered Waste Hauler		NJDEP W	/aste	Cubic Yard	s	Name o	f Registe	1 Landfill				
Brick Industries Inc.		Hauler ID 21602		of Waste	5	GROV						-
City, State		21002		Disposal Da	ate	City, Sta	ate	-				-
Brick, New Jersey				4/21	115	PA						
Completed by	Title			Signat	ture	0		Da		1111	T	
Eric Plackis	Preside	ent				M			4/1	4/1	7	

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Date of Notification (1) 4-10-2015			Nan Vil	ie of But lage C	iding Owner onstruction	r/Operator on on bel	(2) half of hon	ne-own	eriki Depi. od	PROV Ish &	Senie	ır Ser	vices
	Type Notification			et Addre					FRUK	Ignatur		~	+
7 L	E Initial				n Street			-	Date: 4113	7.139		7-3	91
DEP	Amended				Zip Code ige NJ 07	7075			Dete:	-	(Ime:	-	40
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	(ustification)	-	Bi		i i			1	30-10-10-10-10-10-10-10-10-10-10-10-10-10	-			
DOH DCA	Cancellation				Y INFORM	ATION					177		
Name of Facility Where /	Abstement is Taking F	Place (3)					Type of Fa	cility (4)		2	-	2	770 274
House		,						al (K-12)	(C) 1 1 1			-	_
Street Address							Subs	napter a r (l.e. ortv	(Other than K-1 rate & commen	מוֹשׁוֹשׁני		mes,	A 3
117 Union Street							ELC!	2 6	# of Floors	TEM	a. Age		23
City (5)				a de la companya de l			2,500	et .	# of Ploofs	50		•	
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County (6)			Co	unty Co	ds (7) E ONILY)		House	20 (L.110)	ii balig barier	-7			
Bergen			1.			None	e of Abatem	ent Contr	actor (9)				\neg
Name of Monitoring Flm	n Hired by Building Or	vner (B)	3100	ASCM N π/a	lo,		nica Man						
n/a				11/2			t Address	40,411		-			
Street Address							Troy Lane	3					
n/a							State, Zip C						
City, State, Zip Code						Lin	coln Park	NJ 070	135				
n/a	alluring Floor		Te	יוזסווקסוב	No.	Tele	phone No.		License				
Project Manager for Mo	Ultorate Lusu			√a			37067950		01193				
Start Date (10)	1	Schaduled	Comp	letion Di	ate (11)		e of OSHA						
4/13/2015		4/20/2015 Loznica Management Corp						nt Corp	-		-	_	
Occupancy Status Duri	ng Abatement (Check	Only One	ly One)										
Madlin Manadala	ented hughn Entire P	eriod of Al	ومزمزد	sint								-	
Abatement Perform	med Outside of North	al Facility I	lours				State, Zip (noc				
Other - Describa:	8 nm - 4 ton					- ' Lii	ncoln Pari					-	
Scope of Work (Chack	All That Apply)						LINE	DUMPS	TERS & WE	ATEF			
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≥160 sf or ≥260 lf			# Linchite	ORI (Glove	bag Prod	edure i (**) and Non-F	ie Prod	-edun	e	
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Local	ion of		ormali Solel		0	Descript	tion of g Material (ACM)	Amount			m	_
Asbestos-Containi	ng Material (ACM)	Mali	ntenan		(l.a. th	reme syst	ema Insulati	p17.	(Specify	Removal	2	Encapsulate	Enclosure
	iolity '	Custo	odial S (12)	tett?		surfacing, other misco	VAT, OT		SF or LF)	NOV	Repair	200	050
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2nd Fl	Kitchen			×		Vinyl F	-		105 SF	X	\vdash	\vdash	
ist Floo	r Kitchen			×		Vinyl Fl	ооппд		100 01	-	+-	-	-
						Cubic Yan	do T	Name of	Registered La	1			_
Name of Registered V	Waste Hauler			UDEP V		of Waste	ud		VS Landfill	8			
Loznica Manager	ment Corp	10		03313	2910000	TBD							
City, State					200	Disposal I	D210	City, Sta	re Ville PA 190	•			
Lincoln Park, NJ	07035						alum ~	1-1-11		ate			
Completed by		Title	المجماد عامجماد	,		Gill Br	alpina ~	ימת	٠,				
E Cirovic	40	DEC	retary			10	LAVI	100					

E. Cirovic

Ch k No. 2458

Date of Notification (1)					Name o	of Building	g Owner/Operator	r (2)								
April 13, 2015					Coun	ty of B	Bergen			Epsc /						
Agency Notified	Type Not	ification			Street A	Address	Park 10 (24.80)			Eps: /	1 1	411	2: 5	F.		
⊠ EPA	☑ Initial					_	County Plaz	а						54		
Not required per State Reg. 10-2004	Amend				City, St	ate, Zip (Code				4.6		-			
⊠ DOL	100000000000000000000000000000000000000	dment # ency (including					k, NJ 07601			£2.	- E 1			100		
☑ DOH	justific				Name o	of Contac	et			Teleph	: Num	ber				
☑ DCA	☐ Cance	llation			John	Casco	ne					-				
					FACIL	ITY INF	ORMATION									
Name of Facility Where	Abatement	is Taking Place	(3)					Тур	e of Facility ((4)						
Bergen County Ju	stice Ce	nter						Пз	chool (K-12)							
Street Address								⊠ S	ubchapter 8	(Other th	K-1 2					
10 Main Street									other (i.e. prinomes, etc.)	vate & cc	nercia	l buildin	gs,			
City (5)									are Feet	# of Flo	;	Bldg.	Age			
Hackensack, NJ 0	7601							34	5,000	5		100				
County (6)	7 00 1			-	County	Code (7)) (STATE USE		rent Use (Pr	1	emoli	shed)	_			-
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Bergen	. I line of hoo	wilding Owner	1 4 0	CM	No		Name of Abaten		fice / Cou						_	-
Name of Monitoring Firm		sullaing Owner														
Detail Associates,	inc.		00	12			B&N&K Res	stora	tion co.,	iiic.						-
Street Address								nh A	Venue							
300 Grand Avenue	•						223 Randol		venue							_
City, State, Zip Code	004						City, State, Zip		4							
Englewood, NJ 07			Talas	h	a Na		Clifton, NJ	0/01	ı	License	J					\dashv
Project Manager for Mon		1	227		ie No. 9-670		Telephone No.	0.4		0012	J.					
Anthony Valentine		Scheduled Com	7.00	7.7		18	973-478-468 Name of OSHA	200	0.5	0012				_	_	\dashv
Start Date (10)				Dai	e (11)		McCabe En			anvica	110	_				
April 23, 2015 Occupancy Status Durin		May 11, 201					Street Address	VIIOI	illielitai 3	ervice	L.L.	J.				_
Occupancy Status Durin	g Abateme	iii (Grieck only o	iie)				464 Valley E	Brook	k Avanua							
☐ Facility Closed/Vacate							City, State, Zip		N Avellue		_		_		_	\dashv
Abatement Performed □ Other - Describe:	Outside of	Normal Facility	Hours				Lyndhurst,		7071-199	R						
Scope of Work (Check a	II that annly	()					Lynanarot,	140 0	7071 100		-					\dashv
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$\square \ge 3 \text{ sf or } \ge 3 \text{ If}$ $\boxtimes \ge 160 \text{ sf or } \ge 260 \text{ If}$					⊠ Reno □ Dem		☐ Mini		Procedure							
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Locati	on of			mall			Description	of						ı y	56	
Asbestos-Containir		(ACM)	Used S Maint				stos Containing M	Nateria		1	ount				щ	
TO BE A			Cus	todi	al	(i.e.	., thermal systems surfacing, VA		ation,	S	ecify r LF)		Removal	Repair	Encapsulate	Enclosure
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			es	No	N/A	788		1762			-				_	-
2nd Floor - BCPO	IT Room	1	_ /	X_		Spray	y-On Fireproc	ofing			45	0 sq ft	X			\perp
							Lit.									
Name of Registered Wa					Vaste H	auler	Cubic Yards of	Na	me of Regist	ered Lar	1					
B&N&K Restoration			1D No		/ 2A4	56	Waste 5	IVI	inerva En	ternris	i, Inc	· .				
Tri-State Transfer	Associa	tes, Inc.	120	55	- AM4	-				pric	-,				-	
City, State	/ D.	NIV					Disposal Date		y, State	OU						
Clifton, NJ 07011							04/25/15 - 05/15/15	VV	aynesbu	g, Un		Date	_	_	100000	
Completed by		Title	0.5				Signature	1/2		-		4/13/	204	5		
G. Roger Woodma	111	Safety Offic	er				//					m/ 13/	~U I	0		

13/2015 11:18		2		I	BEST			PAGE 84/84
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Agency Notified	Type Notification		80		CEACE 5	REEL	6 000	压力工厂
D DEP D DOL	Amended Amendment#		74	one, and	RIDGE,	NJ 0	7.656	
ENDON CODOA	Emergency (notes justification)	ins,	Name	Gonta o	š _, /	-	Taisrhean Stee	
G DOX	Pi Celifoliusol.		FAGI	1	DRIMATION			
IL. BOYL	re Abstances is Telling P	Britis (S)				Type of Facility		
Styrest Address. /					,	G Subdisplor	2) å (Othertima K-12 (bute & continent)	fidings,
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PAIRK R	10GE			1.1	and the second	1800.	2	68 YRS
BERGET	O .		ONLY)	Code (7	(STATE USE		Prior IT being dormal	eq .
Harm of Identicing	Tim Hind by Balling On	nor AB	CM No.			moval In	(9)	
Street Address					Street Address			
City, State, Zip Code						th River		
Protect Manager for	Monitoring Florin	Telep	Sone No.		Hackens	ack, N.J	1_ 07601 License No.	
Shart Date Mills	Schr duled		Data #di		201-329		00388	
4-15-20	015 4-1	7-20			Omega	Environm	ental	
	and During Entire Period		; , , ,		280 H	uyler St		
☐ Abelement Perfor	and Outside of Normal Fa 3AM 56M	citty Hours	• -		Chy, State, Zip		,N.J. 07	16
Scope of Wash (Che		***			Poll British	Containment will	Nagathe Passur	
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Name of Registered	Manta Harder	N. STATE	S Windle I	aular	Chable Yanda of	Name of Regi	stored Lander	
	noval Inc	ID No.			Combo Yards of		a Enterpr	es ,LLC
Oly. State	ack , N.J. O	7601			Uniposed Date: 4-17-15	City, State	sburg, Oh	4688
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A.VELDRAN		imato		bostos fit	R. Veller	advities.		1011

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Date of Notification (1) 04/13/15						Building (perator	(2).	Ş	Mar :	5.0	1				
Agencies Notified EPA	Type Notif			100	Street Ac 19 Buc	ddress ckinghar	n Rd			- <u>F</u>	V 300 1		F.	el VI	Z= 0	Ü	
× EPA × DEP × DOL	Amer Amer	nded ndment a				te, Zip Co Drange,		052				ij	1	un. įkir	(RO	Ĺ	
× DOH × DCA	justifi	gency (a cation) ellation	ncluding	-	Name of	Contact		79			Tele	epho	Num	ber			
Name of Facility Where A Nithya Madhavairy	Abatement i	s Taking	Place (3)	FACII	LITY INFO	DRMATI	ON	Type of F	acility (4)	_					
Street Address 19 Buckingham Rd									Sub Sub	ool (K-12 chapter 8 er (i.e. pr	(Oth		K-12 ercia		dings,	home	es,
City (5) West Orange									Square F		# of	Flo	-	В	ldg. A	ge	
County (6) Essex						Code (7) JSE ONLY)			Current U	Jse (Prior	r if bei	ng d	olishe	ed)			
Name of Monitoring Firm	Hired by B	uilding C	Owner (8)		ASCN	1 No.			of Abatem Abateme		ractor	(9)					
Street Address									Address 9 87th St	reet Su	iite A	4					
City, State, Zip Code									State, Zip C h Berger		7047						
Project Manager for Mon	itoring Firm				Telephor	ne No.			hone No. -293-630	5		Lic 01	e No				
Start Date (10) 04/15/15			Schedule 04/16/1	5	pletion [Date (11)			of OSHA I		LTIN	G L	Estate Service				
Occupancy Status During X Facility Closed/Vaca					ent		14		Address ROUTE	EAST	SUI	TE	7				
Abatement Performe Other – Describe: _							_	100,2000	State, Zip C ON NJ 0								
Scope of Work (Check Al	II That Appl	y)	X p	enova	tion				S = C	ontainme	nt with	No	uo Dr	essur			
≥160 sf or ≥260 lf				emoliti				2	Mini-E Gloveb	nclosure pag Proce xempted	edure	•			cedur	2	
			V215	Locati	2000				_ Non-L	kempted	() all	<u>u ivc</u>	Habit		Abate		
Location Asbestos-Containing	Material (A	CM)	Use	lormali d Solei ntenar	ly by		tos Cont		Material (A			mou		_			_
TO BE ABA In Facili (13)			Cust	odial-S (12)	Staff?	(i.e.	surfa	cing, VA niscellar		1,		Spec For I		Remova	Repair	Encapsulate	Enclosure
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Name of Registered Was	te Hauler			l N	JDEP W	aste	Cubic	Yards	N	ame of R	Registe	red	ıdfill				
SAN TON SERVICE				Н	auler ID 2430		of Was			/IEDOV			; CC	MM	ISIO	N	
City, State KENILWORTH, NJ								sal-Date	K	ity, State							
Completed by Bryan Parra			Title Proje	ct Ma	nager		S	ignature	TIN A	De l'ode			Dat 04/	e '13/1	5		

		7,	uisua	11 10 140	AO 0.00 and 12.	120)	7) -	Che	ck #9	717		
Date of Notification (1)					Owner / Operator (2	2)						
April 14, 2015	_			en Co.			1435 - m					
Agencies Notified Type Notification	n		Street	Address			and in	17 1	17	: 60	1	
□EPA			899 Mc	ountain Av	venue		6			F		-
DEP							A. Malan		22160	DP.		
☑DOL ☐ Initial			City, St	ate & Zip	Code		C2 F	- 1.			+	
Mpou Amend			Spring	field, NJ	07081							
DCA Amend	ment #		Nome	of Contact				Tal	ephon	- NI		
	auon		100000000000000000000000000000000000000	Johnson				Tiere	epnon	e Nui	nber	
			Salali	Johnson								
			FAC	CILITY II	NFORMATION							
Name of Facility Where Abatement is	Taking P	Place (3)			Type of Facilit							
Former Walgreens Store					School (I		16.40					
Street Address						ter 8 (Other than						
738 Union Avenue					-	.e., private & co		ildings		ie, ei	(C.)	
City (5)					Square Feet 25,000	# of Floo	ors 1	Blag	. Age	50		
Middlesex						Prior if being dem	olished)		10.00	30		
					Retail							
County (6) Middlesex		ounty Code										
Name of Monitoring Firm Hired by Buil		SE ONLY_ ner (8)		ASCM N	lo Name of Abat	ement Contractor	(9)				_	
Apex Companies, LLC	unig Own	1101 (0)		, toolii it	Synatech, Inc		(5)					
Street Address				7//	Street Addres			800				
197 Route 18 South City, State & Zip Code					829 Radio Ro							
East Brunswick, NJ 08816					City, State & Z	rbor, NJ 08087						
Project Manager for Monitoring Firm		Tel	lephone N	lumber	Telephone Nu		Lice	e Numb	per			
Dan Albanese			2-763-473		609-296-6916				0081	7		
Scheduled Start Date (10) April 24, 2015	cheduled	d Completion	on Date (1 14, 2015	1)	Name of OSH Synatech, Inc							
Occupancy Status During Abatement	Check o		11, 2010		Street Addres							
Facility Closed/Vacated Durin			Abatemen	t	829 Radio Ro	ad						
Abatement Performed Outsid	e of Norr	mal Hours			City, State & 2	Zip Code						
Other – Describe:					Little Egg Ha	rbor, NJ 08087						
Facility Occupied During Aba	ement				1							
Scope of Work (Check all that apply)												
_					\boxtimes	Full Containment	with Nega	Pressu	ıre			
≥3 sf or ≥ If			Renovatio	n		Mini-Enclosure						
≥160 sf or ≥260 If			Demolitio	n		Glovebag Proced	lure					
						Non-Exempted(*) and Non-	able Pro				
Location of Asbestos-Containing Material (A)	28.0)		on Norma y Mainten		Description Asbestos-Co		Amount	va aife :	Aba	ateme	ent T	ype
TO BE ABATED	JIVI)		dial Staff?		Material (Amount SF c	pecify =)				
IN Facility			- 1		(i.e., thermal	systems	121 (21				m	
(13)				- 1	insulation, surfa or other misce				Re	R	nca	E
		1 1		- 1	or other misce	maneous)			Remova	Repair	squ	clos
		Yes	No	N/A					val	Ŧ.	Encapsulate	Enclosure
Main Store Area and Adjacent Office	J		v		Floor 7	ilo	25.00	3F	V			_
Main Store Area and Adjacent Office Storage Space	н		X		FIOOF I	ne	25,00	5/-	X			1
J		10										
Name of Registered Waste Hauler		NJDEP V		Cubic Ya	ards of Waste	Name of Registe	ered Landfi	-				-
Synatech, Inc.		Hauler ID	No. 429	50		Grows Landfill						
City, State		21		Disposal	Date	City, State						
				10000 0000								
Little Egg Harbor, NJ 08087				May 15		Morrisville, PA		_				
Completed By	Title			Signatur	////		Date					
Diane Aloia	Exec. Ac	dministrate	or	Kla	ne alor-	_	pril 14, 20					

RE THE HAZI

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

2015 APF 7 AM 1: 63

	fe en	Special range ac			111111111111111111111111111111111111111
4.42	 	I Name of Sunting	Owner/Operator	Ø 44.5	-
Date of Notification (1)	14"	1110 1111		MINEY	S COMPO
4/14	1 1 2	Street Ariditiess	1-10-1	T a L	EMBING
Agency Notified Type	Notication	100 120	V 01299	• •	
4 J.	in a	City, State, Zip C	ninta .		
I CA	mended	1		n 67691	Whiteheader
1 4	mendment # mergency (including		=10: V	Tolent	
L	edification)	Name of Contac		•	v
TODOH DOC	encelation	THE T	ALDINEY		
	·	FACILITY INF	PREMATION .		
Name of Facility Where Abates	nent is Taking Place (3)			Type of Facility (4)	-
Name or racing vittes rocks				CI School (K-12)	K-12)
	· · · · · · · · · · · · · · · · · · ·		-	O Subchapter 8 (Other 1 O Other (Le. private & ca	restal buildings,
Street Address	IT RD.		9	/ homes, etc.)	
880 TALCO	11 1500.			Square Feet # of Fla	Bldg. Age
Cây (5)	.10			3000 2	- 60
WESTFIELD	N,O		ASTATE LISE	Current Use (Prior if beis	emolished)
		County Code (7)	SIMIE	Ho	E
County (6) ON CON)	0,020		neni Contractor (9)	~
Name of Moreloring Firm Hiseo		CM No.			
(g)		32 1005-32	HOUATE	(V). INC	
			Street Arichess	0111	
Street Address			P.O. 130	X X14	-
			City, State, Zip	Code .	8857
City, State, Zip Code	-		101D 130	DIDGE NO.	
	Finn- Tele	phone No.	Telephone No.	0 00001 0	206
Project Manager for Monitoring	3 2 12.00		1522	38x+5001 0	000 -
1	Safesidad Completion	n Date (11)	Name of OSH	SCV INC	1
Start Date (10)	5/15/19		NOUBTE		
Occupancy States During Alta	terment (Check only one)		Street Address	× 814 · ·	
Occupancy States During Flag					
A Facility Closenty and all Du	ing Entire Period of Abste	2 Mesur	City, State, Zip	Come	33
in Facility Closed/Variation During Ci Abatement Performed Outs Ci Other - Describe:	Alle ter territory a comply a comply		OID BRI	DGE NIJO	01
	soupp)	-) De	Containment with Negatin	TESSEE .
Scope of Work (Check all Basi	· Carlotta	D.Renoveion	CO S.C.	i-Enclosure websig Procedure	
12≥3 sfor≥3 #		Demotion	LI GI	n-Exempted (*) and Non-F	te Procedure
02≥160 stor ≥ 260 H				-	Type
•	is	ocation ·			
		Timely Solely by	Description State Contesting	n of	mount 2 - 5 m
Ashesios-Containing Ma	ACRO RASI	The second secon		The same of the sa	Remova Remova
THE PARTY OF THE P	D C	istodial (L. Staff? -	AND RESTRICTIONS	Q.1_EM	Removal
IN Facility		(12)	other mismals	meous)	. []
(13)					
-	Yes	No NEA			
		1 5/6	OR TILE.	984 12:	10 SIF IX
BASEMEN 25	(00R &	XIFIO	012 1116	1/3	
PHOETICIE					
34 FLOOK				f Name of Registered I	450
1105 - 12 51	Surfer I Mill	DEP Waste Hauter	Cutic Yards of Wests		C
Name of Registered Waste H	1	10001	10	6.2.0.0	S
1 NOVE STEED	180L.	18501	Disposal Date	City. State	
NOVATECH	-	(2)	1	- Hogriskal	T.M.
City, State	880 , CIVI	5+	15/48/15		- Date
OID BRIDGE	Iile (*)		Signature	Somet-	4/14/15
Completed by A Luc (DA)	1 1 1 1 1	JEN	1 / Carl		
CARLOS ALMEIDI	*Do not use th)(= (V) is form for asbasios	Ecusine erenin	ton comment	2
	A THE PROPERTY OF THE PROPERTY				

PK 3584

D	
Hrint Form	

Date of Notification (1) 04/14/15 Ck # 3584 \$200				Building O	wner/Opera College	ator (2)		EEE SP	17	1 %		- 1	
Agencies Notified Type Notification			Street Ad 225 Rd	ddress oosevelt	Avenue			1	-	of the s		-	
EPA Initial Amended Amendment #		_		te, Zip Cod eld, New				g E	Ţ.		43		
Emergency (ir justification) DCA Emergency (ir justification) Cancellation	cluding		Name of John H	Contact Hone			×	Telepho	Num	ber			
			FACI	LITY INFO	RMATION								
Name of Facility Where Abatement is Taking Union County College, Health & Sci		Build	ing				ype of Facility (School (K-1	6767					
Street Address 225 Roosevelt Avenue						X		8 (Other that	(-12) ercial		dings,	hom	es,
City (5) Plainfield, New Jersey						200	quare Feet ,000	# of Floc	-		ldg. A 5+	ge	
County (6) Union			County (Code (7) USE ONLY)			urrent Use (Prid	or if being de	lishe	ed)			
Name of Monitoring Firm Hired by Building On The Saban Engineering Group Inc.	wner (8)		ASCM	1 No.			Abatement Cor orporation	tractor (9)					
Street Address 201 Stuyvesant Avenue					4 3555	eet Ad 06 Mc	dress Bride Avenu	ie					
City, State, Zip Code Lyndhurst, New Jersey 07071							e, Zip Code and Park, Ne	ew Jersev	424		7.2		
Project Manager for Monitoring Firm Stephen Phrai			Telephor	ne No. 99-7710	Tel	lephon		Lici 01	e No				
Start Date (10)	Scheduled			Date (11)	Na	me of	OSHA Monitor					+	
Occupancy Status During Abatement (Check						eet Ad		Labs IIIC.	-				
Facility Closed/Vacated During Entire Pe			ment		273300		oute 22 Wes	st					
Abatement Performed Outside of Norma Other – Describe: 7AM Start					2222		e, Zip Code New Jersey	07083					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Personal	enova					Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure	e Pr		re cedur	0	
	ls l	ocat	ion		****			(// =,,= ,,=			Abate		t
Location of	N	orma	lly		Descrip	tion of					Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair	itena	Staff?		os Containir thermal syst surfacing, other misce	ems in VAT,	sulation, or	Amoui (Speci SF or L		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						600000000	_		ite	e
2nd FL Interior & Exterior		X		Caulki	ng/Glazin	g on	Windows	9 eac		X			
1st FL Interior & Exterior		X		Caulki	ng/Glazin	g on	Windows	4 eac		X			
1st FL Interior & Exterior		X			Caulking	on Do	oor	1		X			
1st FL		X		С	aulk arou	ınd do	oors	5		X			
Name of Registered Waste Hauler Lilich Corporation		H	JDEP W	50000 mm	Cubic Yard of Waste	is		Registered I W.S Land	dfill				
City, State Woodland Park, New Jersey 07424		1	8724		5 Disposal D 05/15/15		City, Stat Morrisv	e					
Completed by Momo Glavatovic	Title Vice F	resi	ident		Signa	ture (THE	3	Date 04/	14/1	5		

Location of Asbestos-Containing Material (ACM)	Use	S Locati Normal ed Sole	ly ly by	Description of			Abat	emer ype	nt
TO BE ABATED In Facility (13)	Cus	intenar todial S (12)	nce/ Staff?	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amou (Spec SF or l	Remova	Repair	Encaps	Enclo
	Yes	No	N/A			oval	air	sulat	osure
1st FL		X		Coulk one				6	1
. 1st FL	-		-	Caulk around windows	4 eac	X			-
		X		Caulk around garage doors	2			-	-
1st ⁻ FL		X				X			
	-			Caulking on Louver	2	X			1

PRINT IN 1:03

					N OF ASE t to NJAC			- 1	00	3	R	17		
Date of Notification (1) 4/14/15					of Building i Constru		Operator	(2)	2115 171	<u> </u>			-	
Agencies Notified × EPA	Type Notification	1			Address Christoph	ner Col	umbus	Drive		_			iE	
EPA DEP DOL	Amended Amendmen	t #		2000	ate, Zip C	ode			2	- p.,				
DOH DCA	Emergency justification Cancellation)		Name of	of Contact onti				Telephoi	Jun	nber			
Name of Facility Where A	hatement is Takir	na Place /	2)	FAC	ILITY INF	ORMAT	ION	T (F 37)						
house	batement is Takii	ig Flace (3)					Type of Facility						
Street Address 204 Cambridge Ave	nue								er 8 (Other that private & con	-12 rcia		ldings	, hom	ies,
City (5) Jersey City								Square Feet 2200	# of Floo 2			Bldg.	Age	
County (6) Hudson					Code (7) USE ONLY)		Current Use (P	rior if being de	lish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCI	M No.		Name ABS	of Abatement C Environment	ontractor (9) al Services,	C				
Street Address							100000000000000000000000000000000000000	Address Box 483, 4 E	Gate Drive	-				
City, State, Zip Code							100000000000000000000000000000000000000	tate, Zip Code wood, NJ 07	418					
Project Manager for Monit	oring Firm			Telepho	one No.		1 C-10 C-10 C-10 C-10 C-10 C-10 C-10 C-1	one No. 583-8500	Lice 703	No).			
Start Date (10) 4/16/15		Schedul 5/16/1		mpletion	Date (11)	r		_						
Occupancy Status During	Abatement (Ched	k Only O	ne)			*	Street	Address						
Facility Closed/Vacat Abatement Performe Other – Describe:	ed During Entire d Outside of Norr	Period of a nal Facility	Abaten / Hours	nent s			City, S	tate, Zip Code		2000				
Scope of Work (Check All	That Apply)									9			5-7-2	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		processor.	Renova Demolit				Mini-Enclosu Glovebag Pro			essu	re cedur			
		Is	Locati	ion				14011 Exchipte	and Non	3016	3 110	7.77	ement	t
Location of Asbestos-Containing N			Normal d Sole				scription			=	_	Ту	ре	
TO BE ABAT In Facility (13)	intenar todial 8 (12)	nce/	ce/ Asbestos Con			insulation, Γ, or	Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure		
exterior		Yes	No	N/A							partition of the second		fe	(D)
roof	-		X			siding		1400 S		х				
1001				X			tar		10 SF	-	X			
Name of Registered Waste	e Hauler		N	JDEP W	/aste	Cubic	Yards	Name of	Registered La	ill				
reehold Cartage				auler ID 5939	No.	of Was	ste	U.S. C.	n Berks La	ill				
City, State Freehold NJ							al Date	City, Sta Birdsbo		-				
Completed by A. Scott Higgins Title President						S	ignature	(de)ate	4/15			

Check#2163

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

			(1-1	ursua	nt to NJ/	AC 8:60	and 5:1	6)	end *				
Date of Notification (1)				Name	e of Buildin	na Owner/	- 1 5 ±	1 - 11	/ See	ļ.			
04	14	15		100									
Agencies Notified	Type Notific		-		ara Frank t Address				2015 A	17 4	H L:	21	
☐ EPA	☐ Initial											- 1	
⊠ DOLWD	Amende	d			ellevue A State, Zip				4500	108 C	MITE	101	
⊠ DHSS	Amendm	ieni #	-	il.					ξ,	ICENS	INC	I U L	
DCA		ncy (includin	g		nit, NJ 07						11112		
(NJAC 5:23-8)	justificat								Telepho	Number			
		IUQII		-	ara Frank				_				
				FA	CILITY II	NFORMA	MOITA						
Name of Facility Where	E Abatement is	Taking Place	9 (3)					Type of Facility	(4)				
Private house								School (K-1	2)				
Street Address								Subchapter Other (i.e.,	8 (Other the	(-1 2)	L. Hatta		
50 Bellevue Avenue								homes, etc.		HIHEICIAI	Dullaing	15.	
Gity (5)								Square Feet	# of Flo	3	Bidg. A	qe	
Summit, NJ 07901								100				_	
County (6)				Cour	nty Code (7)	(STATE U	SE ONLY)	Current Use (P	rior if being	molished	}	_	
Union													
Name of Monitoring Fir	m Hired by Bui	ding Owner	(8)	ASCM	No.	Name	of Abateme	I ent Contractor (9))				
						Gr Tec			*				
Street Address							Address			-			
						100.0	lley Rd #	£283	*				
City, State, Zip Code							ate, Zip C			_		-	
						0.00000	NJ 0747						
Project Manager for Mo	onitoring Firm		Tele	ephone	No	Telepho		70	Licens	0.			
						973-63				V.			
Start Date (10)		Scheduled (_l_ Domole	tion Da	ate (11)		of OSHA N	fanitar	01127		-		
04/24		04											
Occupancy Status Duri							and the same of th	nsultants,Inc					
∑ Facility Closed/Vaca				mant			Address						
Abatement Performs	ed Outside of N	ormal Facilit	у Ноц	s - Des	scribe			Road, Bldg .#	35 E				
Time of Abatement:	AM-	PM/	PM_		AM	5990	ate, Zip Co						
Scope of Work (Check a	all that apply)					Fair La	wn, NJ 0						
	all triat apply)					Н		and decontaming and decontamination and decontaminatio		ative pre	ssure		
>3 sf or >3 if 2 160 sf or >260 if		⊠ Re	enovati	on		Н	Mini-Enc	losure		е			
≥ 160 st or ≥260 if		□ De	emolitic	n		\boxtimes	Glovebag	Procedure	Tent with I	ative Pre	ssure		
		1	. 1	la e	1		Non-Exe	mpted (*) and No	on-Friable f	edure	- 1		
Locatio	n of	10.00	s Locai Norma			D-				A	bateme	ent T	ype
Asbestos-Containing	g Material (ACN	n Use	ed Sole	ely by	Asbe		scription o aining Mai	t terial (ACM)	Amo	7	2 2	m	m
TO BE AB			intena todial			e., therma	systems i	nsulation,	(Spe	Kemova	Repair	cap	CIO:
IN Fac (13)	ST-11-40	003	(12)	Jian r		surfa	cing, VAT. niscellane	or .	SIF or) Va	- =	Encapsulate	Enclosure
		Yes	No	N/A		Other	inscendie	ous)				ite	
Basement		in	1	X	n: .	1				-	7 -	_	
Jasement				1	Pipe ins	ulation			170 LF			Ш	Ш
77.4													
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				T									
Name of Registered Wa	ista Haulor		1	LJ	- Unider IN Al	10.33							Ш
	race Haulel				e Hauler ID No.	LUDIC Ya	rds of Wast	Name of Regis	stered Lanc				
Gr Tech LLC			(03378	35	TBI		T.R.R.F. Inc		,			
City, State						Disposa	I Date	City, State					_
Wayne, NJ 07470						TBI)	Tullytown, P.	A				
Completed By (Print or	Type)	Title					nature /)		Date			
N.Jevtic		Owner					401	In it.	2		2015		
ASB-41		OWITEL					Tee	THE WENT	- L O	04/14/2	:015		
MAY 11		* Do no	i use n	nis form	for ashes	tos licens	ure ebremo	ted activities					

F724761

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

				Mana	of Decilation	OwnerlOperate	- (2)	Fi fr %	7.7	-	7.67		- 60
Date of Notification (1)	11 6 / 1 5			Name	ot Bullaing	Owner/Operato	Chamber Prope	erties		1	11.	1.	5
-	16/15		-	Ctroot	Address		chamber 110pe	71105			75	110	=
Agencies Notified	Type Notification			Street	Address		20 Nassau Str	eet				. !	1.
EPA DEP	☐ Initial ☐ Amended		H	City St	ate, Zip C	ode	20 1140044 04				1.1		ᅴ
⊠ DOL	Amendment #		.	Oity, Oi	ate, zip o		rinceton, NJ 0	8542					=
⊠ DOH	Emergency (ir justification)	ncluding	H	Name	of Contact		inicoton, i to o	Telepho	Numbe	er			=
DCA	Cancellation			Ivallie		Perter Madis	son	rolopito	1011100				
			-				.01		-				=-
			(6)	FAC	ILITY INF	ORMATION	Type of Facility	(4)					_
Name of Facility Where													
	Sui	te 214					School (K-12		K-12)				
Street Address	20 Nas	0011 St	root				Other (i.e., p		nercial	build	ings,		
	ZU INAS	sau si	1001				homes, etc.) # of FI	S	I Blo	lg. Ag	16	\dashv
City (5)	Princeton	NIC	1854	2			10000	" " "	-		80-		
(C)	Filliceto	1, 117 (7054		ty Code (7	7) (STATE	Current Use (Pr	rior if being	molish	ned)	0.0		
County (6)	Mercer				ONLY)) (0////2	Curroni coc (i i	101 11 00111,	311101101	,			
Name of Monitoring Firm		Owner	_	ASCM I	No I	Name of Abate	ment Contractor (9)					=
(8)	MECS	OWNER	- 1	/ IOOIVI I	10.		vens Environ		vices	s. In	c.		
Street Address	MECS		_ -			Street Address				-,			=
Street Address	PO Box 34	.1				Otroot / Ida root		30x 322					
City, State, Zip Code	10 D0x 54	1				City, State, Zip							=-
City, State, Zip Code	rosswicks, NJ	08515	,			O.1, O.1.1.0, E.P.	Allentow	n, NJ 0	01				
Project Manager for Mo				phone I	No.	Telephone No.		Licen	Vo.				
	eisgarber		100000000		8-4070		259-9688		00)493			
Start Date (10)		eduled C	-			Name of OSHA							_
3/17/15			/17/				M	ECS					
Occupancy Status Dur	ing Abatement (Che					Street Address	3						
☐ Facility Closed/Vaca				ment			PO E	30x 341					
Abatement Performe						City, State, Zip	Code		-				
Other - Describe:							Crosswic	ks, NJ (115				
Scope of Work (Check	all that apply)								101000				
		₩ Do	novati	ion			ontainment with Ne inclosure	gative Pre	ıre				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			molitic			Glove	bag Procedure						
						Non-E	exempted (*) and N	on-Friable	ocedur				- P
			_ocatio							A	bater. Typ		
Location		Used	Sole	y by		Description				\vdash			
Asbestos-Containing			ntenan		Asbes	tos Containing M , thermal system:	laterial (ACM)	Amc (Spe	,			Ē	Ш
TO BE ABA			Staff?		(1.6.	surfacing, VA	T, or	SF or)	Remova	Repair	cap	ncla
(13)			(12)			other miscellan	eous)			oval	air	Encapsulate	Enclosure
		Yes	No	N/A								6	(D
0-:1-	214	-			Th	ermal Pipe I	neulation	9	-	×			
Suite 2	214	-	×	-		cimai i ipe i	115tildtiO11		_	,-			
		-		-					_	-			
									_	-			
		-			l		11:						
Name of Registered W	/aste Hauler			NJDEP V Hauler II		Cubic Yards of Waste	Name of Reg		ill				
Stevens Enviror	nmental Servic	es, Inc	<u>.</u> '	182	292	1 CU		GROV	Lan	dfill			_
City, State						Disposal Date	City, State	50 S20	Laster				
3440	Allentown,	NJ				3/18/15	M//	Morr	rille,	PA			_
Completed By	Tit					Signature	1/		ate		C/1 =		
Mahlon E. S	tevens	P	rojec	t Mar	nager					3/16	0/10		_

ASB-41 MAR 00 * Do not use this form for asbestos licensure exempted activities.



Date of Notification (1) 04/13/15	BROOKSTONE MANAGEMENT										i	: : :	
Agencies Notified Type Notification EPA Initial				MORE A	AVEN	NUE, #5			- 4			Svg.	
DEP Amended Amendment # Emergency (in	cluding	LAKEV	more than suggested the	de NJ 08701							1		
X DOH justification) DCA □ Cancellation		Name of SIVI AI	Contact NSFELI	O			Te	lephoni	umb	er			
		FACIL	LITY INFO	RMATION									
Name of Facility Where Abatement is Taking	Place (3)					Type of Faci							
Street Address 102 BENNET AVENUE	No 1.000,000,000,000					X Other (apter 8 (Oth i.e. private		12) cial	build	lings,	home	es,
City (5) NEPTUNE CITY, NJ					100	etc.) Square Feet 1500	# 0	of Floor		В	dg. A	ge	
County (6) MONMOUTH COUNTY		County C	Code (7) ISE ONLY)			Current Use HOME	(Prior if be	ing der	she	d)			
Name of Monitoring Firm Hired by Building Ov	vner (8)	ASCM	No.			of Abatement			100				
Street Address				St	treet A	Address			-				
City, State, Zip Code				Ci	6 WHITE DOVE COURT City, State, Zip Code								
		T.1				WOOD, N	IJ 08701	T 1:	NI				
Project Manager for Monitoring Firm		Telephor	ne No.		908	one No. 68-9078		Licei 120	No.				
	Scheduled Co 04/22/15	mpletion [)NAL										
Occupancy Status During Abatement (Check	Only One)			- 1011		Address	- 001107	-					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:				Ci	ity, St	ITE DOVE ate, Zip Code WOOD, N	e						
Scope of Work (Check All That Apply)						,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X Renov Demol	lition Mini-Enclosure X Glovebag Procedure						:		essur			
						Non-Exer	npted (*) ar	na Non	apie		cedur Abate	ement	
Location of	Is Loca Norma	ally		Descri	ntion	of					Ту		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Sol Maintena Custodial (12)	ance/ Staff?		os Containi	ing Materials stems g, VAT	aterial (ACM insulation, 「, or	(Amount Specify F or LF		Remova	Repair	Encapsulate	Enclosure
(10)	Yes No	N/A		outer title	Jonain					/al	7	late	лге
BASEMENT			F	PIPE INS	ULA	TION		70 LF		X			
		-							-				
Name of Registered Waste Hauler		NJDEP W	/aste	Cubic Yar	rds	Nam	e of Regist	tered La	511				
NEWARK CARTING		Hauler ID 04509	No.	of Waste 3 YARD	S	IES	1						
City, State NEWARK, NJ				Disposal I 04/22/15		2010	State THLEHE	M PA					
Completed by JOSEPH PERLSTEIN	Title OWNER			Sign	ature				Date 04/	13/1	5		

Date of Notification (1) 04/14/2015 Agencies Notified Type Notification Name of Building Owner/Operator (2) DIV 75 Demarest LLC c/o The Davis Companie Street Address 125 High Street																		
04/14/2015											npanie	1000	. Stee					
Agencies Notified	Type N	otification			Street A	ddress						F 4 14 15	1.7	8/1	1: 1	ā1		
× EPA	П	itial			125 H	igh Stree	et				A					. 1		
X EPA X DEP X DOL	1000	nended			City, Sta	ite, Zip Coo	de					7.	The S					
× DOL		mendment		_	Bosto	n, MA 02	2110					4 14	FN	1	2013	1.		
X DOH		mergency stification)		-	Name of	Contact					Tele	one Nur	nber					
DCA DCA		ancellation			Enria	ue Bellide	0				1							
_						LITY INFO		ON				1		_				
Name of Facility Where	Abateme	nt is Takin	g Place (3))					Ту	pe of Facility (4)	-						
N/A									П	School (K-1	2)							
Street Address									Ħ	Subchapter		an K-1	2)					
75 Demarest Drive									×	Other (i.e. p	orivate 8	mmerci	al build	lings,	home	es,		
City (5)					12				Sa	etc.) uare Feet	# of	ors	T R	ldg. A	GO.			
Wayne									15955	90,000	2	013	1000	.6	ge			
County (6)					County	Code (7)				rrent Use (Pri		emolish						
Passaic						USE ONLY)				actory - Va								
	e of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contract										emolition							
	ai Saie	у & неаг																
Street Address		Street Address																
237 West 35th Stre	et, Sui	te 805									ie, Uni	65						
City, State, Zip Code	200	City, State, Zip Code																
New York, NY 1000		Clifton, NJ (NJ 07012								
Project Manager for Mon	itoring F	irm			Telepho	ne No.		Telephone No. ense No.										
Farhood Selamie					(212)	929-345	1	(973	3) 45	50-9500		1036				1		
Start Date (10)			Schedule	d Con	ompletion Date (11) Name of OSHA Monitor													
04/15/2015			Estima	ted 0	4/22/2	015		Incir	nia (Contracting	, Inc.							
Occupancy Status During	g Abaten	nent (Ched	k Only One	e)				Street	Add	ress								
➤ Facility Closed/Vaca	ated Duri	na Entire	Period of A	hatem	nent			1360	O CI	ifton Avenu	ie, Uni	65				- 1		
Abatement Perform	ed Outsi	de of Norr	nal Facility	Hours	5			City, S	tate,	Zip Code	-							
Other – Describe:						7	_			NJ 07012								
Scope of Work (Check A	II That A	oply)																
≥3 sf or ≥3 lf			Пв	enova	tion			×	7 .	Full Containm	ant with	notive F				1		
≥160 sf or ≥260 lf			The state of the s	emolit				×	7	Mini-Enclosure		gative F	16220	е				
_			_		Glovebag Procedure													
					Non-Exempted (*) a						d (*) anc	n-Friab	le Pro	rover consum				
				Locati											ement pe			
Location				ormal d Sole				scription					-	,,	pe	-		
Asbestos-Containing TO BE ABA		(ACM)		ntenai						rial (ACM)	1A	int			四	ш		
In Facil			Custo	odial S	Staff?	(i.e.		system: cing, VA			(S SF	ify LF)	₹en	Re	cap	nclo		
(13)	635			(12)				niscellar					Remova	Repair	Encapsulate	Enclosure		
			Yes	No	N/A								-		ate	Θ.		
- INLAST			-	171111111111			per 1	- 24	-			25						
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= Hauler																		
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1	1	1											Londfill					
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In Open	J			3.5	J-809	.40.	20	J.C		Tri Sta	te Trar	er & A	ssoci	ates				
Ci Cul	. 1			1.,	.5 000		10000	sal Date		City, Stat	е	-						
c Only	4						TBD	Jai Daie		Bronx,								
Completed by	7.	95	Title					Signature	2	Diolix,			te					
Milena Zoric			11.00.0000	utive	Direct	or	C	M	11.	4		Date 04/14/2015						
Milena Zoric Executive Director											7/ 14/	2010						

NOCK

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

Date of Notification (1)					Name o	f Building	Owner/Operator (2	2)							
04/1	13 /	15	_		New	Jersey S	Schools Develo	pme	nt Authority		Her ()				
Agencies Notified T	ype Notific	ation			Street A	ddress				mar 1	7		1 6		
⊠ EPA □	Initial				32 E.	Front S	treet								
☑ DOLWD □	Amende			r	City, Sta	ate, Zip Co	ode			100			-		
☑ DHSS	Amendm		-			ton, NJ (* 1				
	Emerger justificat		uding	-		f Contact		- 2011/2		Telephor	lumbe	r			
(NJAC 5:23-8)	☐ Cancella	30				ert Zeide	rs		l						
				_				-			-				
			D1 (6		FAC	LIIYINI	FORMATION	Tues	a of Facility //		_				-
Name of Facility Where Aba		laking	Place (3	5)				1.200	e of Facility (4 School (K-12)	•)					
Trenton Central High	School								Subchapter 8	(Other th	<-12)				
Street Address									Other (i.e., pri		nmercia	al bui	dings	1	
400 Chambers Street						1.254			homes, etc.)			1			
City (5)									iare Feet	# of Flc			g. Ag		
Trenton								4	50000	2		+	/- 85		
County (6)					Count	y Code (7)	(STATE USE ONLY)	Cur	rent Use (Pric	r if being	nolishe	ed)			
Mercer								V	acant						
Name of Monitoring Firm H	ired by Bui	Iding O	wner (8)	1	ASCM N	lo.	Name of Abateme	ent C	ontractor (9)						
CB&I Government So							USA Environ	nmer	ntal Manage	ment, Ir					
Street Address				_			Street Address		to the control of the		-				
200 Horizon Center E	Roulevaro	1					8436 Enterpr	rise /	Avenue						
City, State, Zip Code	Jourcyard	1					City, State, Zip C								
							Philadelphia		19153						
Trenton, NJ 08691				Tala	- h N	la .	Telephone No.	, , ,	10100	Licens	0.				_
Project Manager for Monito	oring Firm				phone N			0		001	0.				
Mike Vollo					9-584-		215-365-5810			001					
Start Date (10)					tion Date		Name of OSHA N								
04 /16 / _	15	12	<u> </u>	31	_ / _	15	USA Environ	nmer	ntal Manage	ment, II					
Occupancy Status During A	Abatement	(Check	only or	e)			Street Address								
□ Facility Closed Vacated							8436 Entper	prise	Avenue						
Abatement Performed C Time of Abatement: 7:0						cribe	City, State, Zip C		40452						
Scope of Work (Check all t							Philadelphia	i, PA	. 19100		-				
									nent with Neg	ative Pre:	re				
≥3 sf or ≥3 lf			☐ Ren ☑ Den												
≥160 sf or ≥260 lf			☑ Dell	TOTILIC)II				ed (*) and Nor	n-Friable	cedure				
			ls l	ocat	ion							Ab	ateme	nt Ty	/pe
Location o	of		N	orma	lly		Description	of				R	R	П	т
Asbestos-Containing M	Material (AC	(M			ely by ince/		stos Containing M			Am	it	Remova	Repair	Encapsulate	Enclosure
TO BE ABAT					Staff?	(i.e	., thermal systems surfacing, VA		ilation,	(Spi	<u>y</u>	ova	=	psu	Insc
IN Facility (13)	<i>'</i>		00578000000	(12)	10000000		other miscellan)	0, 0	,	_		late	G.
			Yes	No	N/A						9000				
SEE ATTACHED							*								
Name of Registered Waste	e Hauler				NJDEP N	Vaste	Cubic Yards of	I	Name of Regis	tered Lar					
Service Transport G				1.5	Hauler II		Waste		GROWS						
							250	-	City, State		_				_
City, State							Disposal Date			DA					
New Castle, DE							12/31/2015		Morrisville	, FA					
Completed By (Print or Ty	rpe)	Title	9				Signature		1/	**************************************	Dat			-	
Dilip Kumar		P	rogran	n Ma	anager		W/V	1 1	un	W_		1-	13	-2	016
ACD 44							- W/W	y f	-0011-0		-	-			

ASB-41 MAY 11

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

Location of Asbestos- Containing Material (ACM)	Is Loca Solely	tion Normall by Maint./Cu	y Used istodial	Description of ACM (i.e. thermal systems insulation,	Amount (Specify SF or LF)	baten	nent T	<u>vpe</u>	
in Facility (13)		Staff? (12)	10/20	surfacing, VAT, or other		em.	Rep.	Encar	Enclose
	YES	NO	NA	miscellaneous)	1650 LF	X			
Building A			X	Exterior Caulk	4145 LF	×	+	_	
Building B			X	Exterior Caulk		×	_		
Building C			X	Exterior Caulk	5276 LF	X	_		
Building D			X	Exterior Caulk	1747 LF		-	_	
Building E			X	Exterior Caulk	65 LF	X	_	_	
Building F			X	Exterior Caulk	21 LF	X	+-		
Building A			Х	Exterior Glazing	110 Each	x	_	_	
Building F			X	Exterior Glazing	69 Each	X	_	_	
Building A			Х	Roofing	65517 SF	х			
Building B			Х	Roofing	27500 Sf	X			
			X	Roofing	29325 SF	X			
Building C			X	Roofing	45820 SF	X			
Building D			X	Floor Tile and Mastic	19472 SF	X			
Building A			X	Floor Tile and Mastic	220 SF	X			
Building C			X	Floor Tile and Mastic	7736 SF	X			
Building D				Floor Tile and Mastic	7628 SF	×			
Building E			X	Nail Crete Mastic	51348 SF	X			
Building A			X		34340SF	×			
Building B			X	Nail Crete Mastic	19807 SF		+		
Building C			X	Nail Crete Mastic			_	_	
Building D			X	Nail Crete Mastic	9712 SF	x	-		
Building F			X	Nail Crete Mastic	9600 SF		\rightarrow		
Building A			X	Duct Insulation	24 SF	X			
Building C & E	-		Х	Fume Hoods	6 Each	X	_		
Building A (Auditorium)			Х	Duct Insulation	420 SF	X			
	-		X	Acoustical Plaster	7560 SF	X			
Building A			X	Acoustical Plaster	8550 SF	X			
Building D		-	X	Transite Table Tops	416 SF	X			
Building C			X	Pipe Insulation	2128 LF	×			
Building A				Pipe Insulation	1061 LF	×			
Building B			X		951 LF	×			
Building C			X	Pipe Insulation	170 LF	x			
Building D			X	Pipe Insulation	31 LF	×			
Building E			X	Pipe Insulation			_	_	
Building F			X	Pipe Insulation	208 LF	_	_		
Building A (Tunnel)			X	Pipe Insulation	7290 LF	X			
Building B (Tunnel)			X	Pipe Insulation	5238 LF	_ x			
Building C (Tunnel)			X	Pipe Insulation	4264 LF	X		_	
Building D (Tunnel)			X	Pipe Insulation	4170 LF	X			
Throughout School			Х	Fire Doors	50 Each	X			
Throughout ochool	+								
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Date of Notification () April 14, 2015 Name of Building Owner(Portator (2)) DnA Demonition	-										44	100	100	Í	he-1	V					
Agencies Notified [] Initial Notification [] DEPA [] Initial Notification [] DEPA [] Initial Notification [] DEPA [] DOL [] Emergency (enhalting justification) [] LOCA [] Semegracy (enhalting justification) [] LOCA [] Semegracy (enhalting justification) [] LOCA [] Semegracy (enhalting justification) [] Congression of Address Street Address Tolippoor	Date of Notification (1)	April 14 2015	5			Name	of Building					J. J.	10								
EA		5 E				0		DIA	Jeni			150	<i>\(\psi_{-} \)</i>	F .	265	(8					
DEF City DOA	[[ition		Street	Address	2156 (Cam	nplain Road	4.47										
Hillsborough, NJ 08844	1855 SE BURK - 4					City	tote Zin Co.		-	- Ipiani reda		_									
Name of Facility Where Abstramms is Taking Place (3)						City, S	tate, Zip Co		oroi	igh, NJ 0884	4										
Type of Facility Where Abstracent is Taking Place (3) Residence FACILITY INFORMATION				icluding		Name	of Contact				the state of the s	L	77								
Type of Facility (S) School Street Address Square fear Facility (S) School Street Address Square fear Facility (S)	[] DCA	7090 PCCC				Ivanic		io Dimuz	zio		relephone	mber									
Type of Facility (S) School Street Address Square fear Facility (S) School Street Address Square fear Facility (S)					FA	CILITY	INFORM	IATION													
Street Address Signature for Square flate Some Square flate Square f			Place (3)	1	171	OIDII I	II WOILLY		Ту	pe of Facility (4))	-									
County Code (7) County Code (7) Square feet F of F Square feet F of F Square feet Square feet F of F Square feet Squa	Res	idence								[]		121									
County (6) County Code (7) Square feet 8 of 2000 sf 3 Bldg. Age 80 Bldg. Age Bldg. Age Bldg. Age Bldg. Age Bldg. Age Bldg. Age Bl							- 50 800			[]						diam'r.					
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Street Address Street		rescent Road								[^]))	ie & cc	mmerc	iai buii	uings,					
Madison Morris Current Use (Prior if being de Residence Residence Residence Street Address Str	City		County	y (6)				v.	Sq	5 **** *******************************	# of F	°S	Bld	_							
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.	Madison		Morr	is		(517111	COL ONE	.,	Cu	2000 AND	if being de	ished)	1	3	80						
Street Address 1889 Route 9, Unit 61 Street Address 1889 Route 9, Unit	N									Reside	ence										
Street Address 1889 Route 9, Unit 61 Street Address 1889 Route 9, Unit 61 It						ASCM :	No.	Name of	2.05	ting Inc											
City, State, Zip Code Toms River, NJ 08755 Toms River, NJ 08755 Project Manager for Monitoring Firm Nicholas Fernicola Toms River, NJ 08755 Toms River, NJ 08755-1271 Telephone Number 732-349-9932 Scheduled Completion Date (10) 4/7/15 Scheduled Completion Date (11) 4/8/15 Cocupancy Status During Abstement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abstement Performed Outside of Normal Facility Hours [] Other – Describe Scope of Work (Check all that apply) Scope of Work (Check all that apply) Location of Asbestos-Containing Material (ACM) TO BE ABATED In facility (13) TO BE ABATED In facility (13) Staff (12) YES NO N/A Name of Registered Waste Hauler Toms River, N Tolephone Number 732-349-9932 Telephone Number 732-349-9932 Scheduled Completion Date (11) Name of Registered Waste Hauler Toms River, N Telephone Number 732-349-9932 Scheduled Completion Date (11) Naterial Contracting, Inc. City, State Alberton Toms River, N Telephone Number 732-349-9932 State Algerton Toms River, N Telephone Number 732-349-9932 Street Address 1056 Stelton R 1 City, State, Zip Code E.M.S.L. Anal All City, State, Zip Code Piscataway, Nc Piscataway,	Street Address			-				Street Ad	ddres		ian cont	thig,	IIIC.								
Toms River, NJ 08755 Tolephone Number Nicholas Pernicola Tolephone Number Tolephone		9 Route 9, Un	it 61					Cit. St.	. 7		Route 9,	it 61									
Project Manager for Monitoring Firm Nicholas Fernicola Telephone Number 732-349-9932 Scheduled Start Date (10) 4/7/15 Scheduled Completion Date (11) 4/8/15 Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe Scope of Work (Check all that apply) Scope of Work (Check all that apply) [X] Sist or ≥3 if [] Renovation [] Slovebag Procedure [X] Solely by Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) The Basement X Duct work Staff		ns River, NJ 0			ASCM No. Name of Abatement Contractor (9) Guardian Cont ting, Inc.																
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Street Address Street Address Stre	4/7/15			4/8/		non Date (.11)	Name of	USIT		.L. Anal	al	24								
City, State, Zip Code City, State, Zip Code Piscataway, Ne	2 3		1 05 2					Street Ad	dres	S											
City, State, Zip Code City, State, Zip Code Piscataway, Note P	2 2									(90362600	Stelton R	1									
Scope of Work (Check all that apply) Completed by Price Full Containment with Neg Pressure	f 7				donney 11			City, Stat	te, Zi		orver Me	Tomas	· · 000	5.4							
$ \begin{bmatrix} X \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf} \\ \begin{bmatrix} \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix} \begin{bmatrix} \end{bmatrix} \text{ Renovation} \\ \begin{bmatrix} X \end{bmatrix} \text{ Mini-Enclosure} \\ \end{bmatrix} \text{ Glovebag Procedure} \\ \end{bmatrix} = \frac{1}{3} \text{ sof or } \ge 260 \text{ lf} \end{bmatrix} \begin{bmatrix} X \end{bmatrix} \text{ Demolition} \end{bmatrix} \begin{bmatrix} X \end{bmatrix} \text{ Mini-Enclosure} \\ \end{bmatrix} \text{ Non-Exempted (*) and Nor} \end{bmatrix} $ $ \begin{bmatrix} X \end{bmatrix} \text{ Mini-Enclosure} \\ \end{bmatrix} \text{ Non-Exempted (*) and Nor} \end{bmatrix} $ $ \begin{bmatrix} X \end{bmatrix} \text{ Mini-Enclosure} \\ \end{bmatrix} \text{ Non-Exempted (*) and Nor} \end{bmatrix} $ $ \begin{bmatrix} X \end{bmatrix} \text{ Mini-Enclosure} \\ \end{bmatrix} \text{ Non-Exempted (*) and Nor} \end{bmatrix} $ $ \begin{bmatrix} X \end{bmatrix} \text{ Non-Exempted (*) and Nor} \end{bmatrix} \text{ Non-Exempted (*) and Nor} \end{bmatrix} $ $ \begin{bmatrix} X \end{bmatrix} \text{ Non-Exempted (*) and Nor} \end{bmatrix} \text{ Non-Exempted (*) and Nor} \end{bmatrix} $ $ \begin{bmatrix} X \end{bmatrix} \text{ Non-Exempted (*) and Nor} \end{bmatrix} \text{ Non-Exempted (*) and Nor} \end{bmatrix} \text{ Non-Exempted (*) and Nor} \end{bmatrix} $ $ \begin{bmatrix} X \end{bmatrix} \text{ Non-Exempted (*) and Nor} \end{bmatrix} Non-Exempted (*) and Nor Nor Non-Exempted (*$	See of West (Obs.). He											Jerse	y 000	134							
[X] >3 sf or ≥3 lf [] Renovation [] Glovebag Procedure [X] Demolition [] Non-Exempted (*) and Nor iable Procedure Location of Asbestos-Containing Material (ACM) Normally used Solely by Maintenance/Custodial Staff (12) VAT, or other miscellaneous) Basement X Duct work 10 sf Basement X Duct work 10 sf Basement X Duct work 10 sf Basement X Transite over furnace 10 sf VAT, or other miscellaneous 10 sf X Duct work 10 sf City, State Toms River, New Jersey 11 singulation and the first of the project Manager 12 singulation (13) to the manager 12 singulation (13) to the manager 13 singulation (13) to the manager 14 singulation (13) to the manager 14 singulation (14) and the manager 15 singulation (15) and the manager 15 singulation (16) and the manager 15 singulation (1	scope of work (Check all ti	iat apply)						[]			it with Neg	e Pres	sure								
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in facility (13) (13) (12) VAT, or other miscellaneous) VYES NO N/A Basement X Duct work Transite over furnace Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola NIDER Waste Manager NIDER Waste Manager NIDER Waste Hauler ID No. Cubic Yards of Waste City, State Tullytown, Pennsylvania Date 4/14/2015			Maint								1.00	SF	М	100	10000						
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Guardian Contracting, Inc. 20223 2 T.R.R.F. City, State Toms River, New Jersey 4/9/15 Completed by (Print or Type) Nicholas Fernicola Title Project Manager T.R.R.F. City, State Tullytown, Pennsylvania Date 4/14/2015												-		-							
City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola Disposal Date 4/9/15 Tullytown, Pennsylvania Date 4/14/2015			N			ID No.		rds of Waste	e		ered Landf										
Toms River, New Jersey 4/9/15 Tullytown, Pennsylvania Completed by (Print or Type) Title Signature Project Manager Date 4/14/2015		itracting, Inc.				cal Data	2	City St		T.R.R.F.		_									
Completed by (Print or Type) Nicholas Fernicola Title Project Manager Signature 4/14/2015	Toms River,									, Pennsylvani	a										
4/14/2013	Completed by (Print or Type) Title						ture	/	Ü	7	1		7227030								
	iviciiolas rem					Y \.	Shot		+	/		4/14	1/201:	5							

NO CK

State of New Jersey

Charles 10112

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

Date of Notification (1)		Name of Build	ling Owner/Operator	r (2)		7				
4-14-15		Pat Lamb	pert			2.5				-
Agencies Notified Type Noti	fication	Street Addres	ss			£				
[]EPA [X]Init:	ial	26 Carol	line Ave.		£	FAFR	17	£		
[]DEP Not:	ification	City, State,	Zip Code		į.	(64)		757	1	- 62
[X]DOL []Amend	100000		NJ,07011		23.7%	100				
[X] DOH	ification	Name of Conta	ict	Telephon	e Numbe	x 1.17	-2	1.00	Sel Des	
[]DCA []EMERO	ENCY	Pat Lamb		, careparon	ic rumbi					
	ellation			f						
		FACIL	TY INFORMATION							
Name of Facility Where Abatem	ent is Taki	ng Place (3)		Type of Facil:	ity (4)					
Same as above				[]School				- 10		
Street Addres				[]Subchap [X]Other (:						
				cial b	uilding	homes	s, e	tc.)		
City (5	h	(6) 7	G	Square Feet	# of	pors		lg. i	Age	
city (5	County	(6) Essex	County Code (7) (STATE USE ONLY)	2300 SF	2			6		
				Current Use ()	Prior 1	being	dem	olis	hed)	
Name of Monitoring Firm hired	by Buildir	ag ASCM No.	Name of Abate	ment Contracto	r (9)	g.				
Owner (8)	185			MANAGEMENT	1170117					
N/A Street Address			Street Addres			-				
				stopher St						
City, State, Zip Code			City, State,	Control - Benefit Control						
• • •			Montcla	42						
Project Manager for Monitorin	g Firm Te	lephone Number				Licer	nse i	Numb	er	
		/A	(973) 744				37:			
Scheduled Start Date (10)	Sched. Comp	oletion Date (11) Name of OSHA	Monitor						
5-4-15	5-5		N/A							
Month Day Year		Day Year		12		and the same				
Occupancy Status During Abate [X]Facility Closed/Vacate of Abatement			Street Addres	SS						
[]Abatement Performed Ou Hours - Describe: «Offi		(1991년 - 1982년 1982년 1982년 1981년 - 1	City, State,	Zip Code						
[]other - Describe: «Other		_								
Scope of Work (Check all that										
[7] 2 = = 22] 5		[V]Denembien		Containment wi	th Nega	ve Pre	essu	re		
[X]≥3 sf or ≥3 lf []>160 sf or >260 lf		[X]Renovation []Demolition		-Enclosure ebag Procedure						
		Is	[]Non-l	Friable Procedu	re					
Location of		Location	Descripti	on of			Abat	ceme	E	E
Asbestos-Containing		Normally Used	Asbestos-Cor		Amc (Smc	0200	R E	R E	C	N C
Material (ACM) TO BE ABATED		Solely By Main-	Material (i.e., therma	427	(Sp∈	:	0	PA	A P	OS
In Facility		tenance/ Custodial	insulation, surf		L		V A	I R	S	S
(13)	Yes	taff (12) No N/A	or other misce	:IIaneous)		9	L	K	L	R
Basement		x	Pipe Insulat	ion	75 1:		X			
Name of Registered Waste Haul		JDEP Waste	Cubic Yards	Name of Regi		ndfill	Į.			
AZTECH MANAGEMENT,		L7040	of Waste 1.5	G.R.O.W.	S.					
City, State		7///	Disposal Date	City, State						
Montclair, NJ 07042			5-6-15	Morrisvi	lle,	A 19	06	7		
Completed By (Print or Type)	Title		Signature	<u> </u>		D=	te		-	
Constantine Vivian	Presid	ent	MAC	7.5			-1	4_	15	
Management of the second of th				UL				-		

NO UT

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification (1)				(1 01100)		Building Owner /			
/ /	Postp	one	d				Operator (2)		
I — / — / —	. 000	0110	u		Contract of the Contract of th	s Realty LLC			
Agencies Notified Type	of Notif	catio	nn.		Street A			2015	Pro.
		tial	711			wa Road		4 6 1 W	R17 AH 3:15
	37 H 557.73	nend	ed		Totowa.	nte, Zip Code		s).	717 21: 15
☑ DOH			ment	#	Contract of the last of the la	Contact		17	
				w/ justification	Bob Sol			Telephone	mber
			ation			doven			mber ////////////////////////////////////
					FACILITY	NFORMATION			1
				~					
Name of Facility Where A	batement	is T	aking	Place (3)		Type of Facility	(4)		
LKA Wharehouse									
Street Address	-					☐ Scho	ool (K-12)		
55 Shepards Lane						☐ Subo	hapter 8 (Othe	er than K-12)	
33 Shepards Lane						☑ Othe	r (l.e., private &	& cmmercial	
City (5) Cour	nty (6)	-	-	I Country O. J.	/WC)		s., homes, etc.		
Totowa Pass				County Code	(7)	Square Feet	# Of Floo	ors	ding Age
400	aio					172,000		1	51 yrs
		-			Water State of the	Current Use (Pr	nor if being der	molished)	
Name of Monitoring Firm I	lired by I	Rida	Own	or (8)	IACON N	Wharehouse			
C.A. Environmental	med by	Jiug	. 0 101	iei (0)	ASCIN N	Name of Abaten	nent Contracto	or (9)	
						Steve Rich Envi	ronmental Cor	ntractors d/b/	PUS Abatement
Street Address						Street Address			
2200 Paterson Plank Road	‡7					222 Delawanna	Avanua		
City, State, Zip Code						- Delawaiiia	Avenue		
North Bergen, NJ 07047						City, State, Zip (Code		
Project Mngr. For Monitori	ng Firm			Telephone Nu	mber	Clifton, NJ 0701			
Carmelo Altomante	58			201-864-6583		0			
Sheduled Start Date (10)	Sch	ed. (Comp	oletetion Date (1	1)	973-458-1188		License Nu	
-7//-		?		/	7	0.0 100 1100		01219	ı er
/			-/	//	-			01215	
Occupancy Status During	Abatemer	nt (C	heck	Only 1)		Name of OSHA I	Monitor		1
☑ Facility Closed/	/acated [Durin	g En	tire Period of		Steve Rich Envir		tractors d/b/a	PUS Abatement
Abatement						Street Address			JO Abatement
Abatement Perfo	ormed Ou	itsid	e of N	lormal Facility		222 Delawanna /	Avenue		
Other - Describe							200 200 200 200 200		
- Outer - Describe	. —	1				City, State, Zip C			
Scope of Work (Check All 1	hat Anni	1/1				Clifton, NJ 0701	4		
t and the following	nat Appi	y j							
☐ Demolition				Renovation		Full Containmen	A		
≥3sf or ≥3lf		_		reciovation		Full Containment Mini - Enclosure	t with Negative	Pressure	
≥160 sf or ≥260 !	f					Glovebag Proces			
						Non-Exempted (*		blo Procedu	
Location of	_	ls		T	Descript	PANAL PROPERTY AND ADDRESS OF THE PANAL) and Non-ria		
Asbestos Containing	L	ocati	on	Δο	bestos - C			Abatement '	
	100	orma	55	\ ^3	Material (Amount	RER	E E
TO BE ABATED		Used		0.0	e., thermal		(Specify	E R	
in Facility	1 :	Sole	У			acing, VAT,	SF or LF)		1 -
(13)	b	y Ma	in-			ellaneous)	0. 0. 2.7	VA	
	te	nand	ce/					AII	s s
		istoc						L R	1 1
	The second second	aff (L R
	The second name of	NO	THE REAL PROPERTY.						
asement		Name and Address of the Owner, where	v	boiler insulation			120 sq. ft	Ø	
	THE RESERVE AND DESCRIPTIONS OF THE PERSON NAMED IN	-							
	THE RESERVE AND PERSONS NAMED IN	THE REAL PROPERTY.							
ama of Danistan 1111									
ame of Registered Waste ewark Carting	nauler			NJDEP Waste		Name of Register			
Civain Caiting			- 1		Yards	IESI Bethlehem La	ındfill		
ity, State	-				of Waste				
ity, State 69 Raymond Blvd, Newark, I	d.1					City. State			
	.5				Date 4/24/2015	Bethlehem, PA	11		
ompleted by (Print or Type)	-		Title	7/24/2015	Ioi	7	7.	
acey O'Connell				Office Manager		Signati	ure /	11/1	Date /
	-			- mos manager		/ V/A	TITLLI	1 11 1	9116115