E

EDS15-108		NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)							ge 1 of 1 eEk #145		W			Marine Marine	
Date of Notification (1) 4-14-2015					Building (/55.	,	00			
Agencies Notified	Type Notification			Street Ad	ddress emoine	Avenu	Ie.		1 44 40	fiti ii	=	7.		-	-
X EPA	× Initial				te, Zip Co							e 1			-
DEP DOL	Amended Amendment	#		Fort Le		ue			1	KSBESTO ——HO	Kurin Betv	INC.	18		
	Emergency	(including	_ -	Name of					in the second	Telenho	Vum	-		K-14-1	1
X DOH X DCA	justification) Cancellation				eNichilo)									
				FACII	LITY INFO	DRMATI	ON				10000			-	
Name of Facility Where LEWIS F. COLE M)					_	of Facility (4 School (K-1)						
Street Address 467 STILLWELL A	VENUE				-		3		Other (i.e. p	8 (Other the rivate & cor	(-12) ercia		dings,	home	es,
City (5)	·							Squar	etc.) re Feet	# of Floo	-		ldg. A	ge	
FORT LEE County (6)				County (Code (7)			40,0		1 or if being de	lish		0+		
Bergen					JSE ONLY,)	_	Scho	ool	34-4341-0-5 1-15					
Name of Monitoring Firm Westchester Enviro		Owner (8)		ASCN	No.		1	of Aba Group,	tement Con Inc	tractor (9)					
Street Address								Addres							
307 North Walnut S	Street			192					urg Tpke		_				
West Chester, PA									lale, NJ 0		- 51				
Project Manager for Mor Paul F. McCaa	nitoring Firm			Telephor 610-43	ne No. 31-7545		(201	none N)710-9	9725	01	e No),			
Start Date (10) 4-24-2015 at 3:30	pm	Schedule 4-27-20		mpletion I	Date (11)			of OSH Froup	HA Monitor , Inc						
Occupancy Status Durin	ng Abatement (Che	ck Only On	ne)					Addres							
Facility Closed/Vac Abatement Perform	cated During Entire	Period of A	Abater	nent			50000		urg Tpke		_				
Abatement Perform Other – Describe:		nai Facility	noui	5			0.00		dale, NJ 0	07403					
Scope of Work (Check A	All That Apply)						-	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Process	Renova Demoli				×	Mir Glo	ni-Enclosure ovebag Prod	cedure		ressu			
							<u></u>	No	n-Exempted	d (*) and No	riabl	e Pro	cedur		
			Locat										Abate Ty	ре Ре	į.
Locatio			Norma d Sole		Ashes	De stos Con	scription		(ACM)	Amou				E	
Asbestos-Containing TO BE AB			intena todial			. thermal	system	s insula		(Spec		Re	ZD.	nca	Enc
In Faci		Cus	(12)				cing, VA niscellar			SF or I		Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		041011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				a	-	late	lre
Music Stor	e Room		X			Pip	e Fittir	ngs		17 fittir		X			
											-				
N	ata Haritaa			NJDEP W	lasta	Cubia	Yards		Name of	Registered	dfill				
Name of Registered Wa	iste mauter		H	Hauler ID	No.	of Wa			GROW	oc 100 0000 och 00000 och 0000	unil				
GL Group, Inc			0	033034	1	TBD									
City, State Bloomingdale, NJ		7.		23		Dispo TBD	sal Date	•	City, Stat Morrisv	e rille, PA					
Completed by		Title					Signature	e (Da	te			

Elem Solutta

4-14-2015

Completed by

Elena Solakov

President

			State of Ne	ew Je	ersey			neck	#	151	16	
		NOTET	CATTON OF AS	SBEST	OS ABATEMENT							
					and 12:120-7)						-	
Date of Notification	n (1)	Na	ame of Build	ling (Owner/Operator	(2)						-
4-15-15			Jim Pflu	iege	er							
Agencies Notified	Type Notifica	ation St	treet Addres	20 and	5			-				
[]EPA	[X]Initial		39 Alexa	ande	er Ave.							
[]DEP	Notific	ation c	ity, State,	Zip	Code			-				
[X] DOL	[]Amended Notific		Upper Mo	onto	clair,NJ,	7043						
[X]DOH	NOCILIC		Telephon	e Number								
[]DCA	[]EMERGENC	Y	Jim Pflu	iege	er							
	[]Cancella	tion						24		000		
			FACILI	ITY I	NFORMATION	*		34-				
Name of Facility Wh	nere Abatement	is Taking	Place (3)			Type of Facil:	ity (4)	*				
Same as above	9					[]School	(K-12)					
24						[]Subchap						
Street Addres						[X]Other (uildings	home:				
						Square Feet	# of I	ors		lg. 2		
City (5		County (6) Essex	Cou	nty Code (7)		,	15.57.50			-	
				(ST	ATE USE ONLY)	Current Use (Prior if	eing	dem	olis	hed)	
Name of Monitoring	Firm hired by	Building	ASCM No.		Name of Abate	ment Contracto:	r (9)					
Owner (8) N/A		3			AZTECH M	IANAGEMENT	, Inc					
Street Address			-		Street Addres			-				
					86 Chris	stopher St	-					
City, State, Zip Co	ode				City, State,	Zip Code		-				
					Montclai	r, NJ 070	42					
Project Manager for	Monitoring F	irm Tele	phone Number	r	Telephone Num	ber		Lice	nse	Numb	er	
5 50		N/Z	Ā		(973) 744	1-8800		00	37:	1		
Scheduled Start Dat	te (10) Sche	ed. Comple	tion Date (11)	Name of OSHA	Monitor						
5-1-15		5-4-1	L5		N/A							
		onth Da	-		Street Addres	_		777				
Occupancy Status Du [X]Facility Cl of Abateme	osed/Vacated D				Street Addres	s						
	erformed Outsi	de of Nor	mal Facility	Y	City, State,	Zip Code			1000			
	cribe: «OffHour cribe: «Other O											
Scope of Work (Chec	ck all that app	ply)			Ш			20				
F771 > 0 - F -		127	` !Damauaabiaa		사기를 지원하게 되었다.	Containment wi	th Negat	e Pr	essu	re		
[X]≥3 sf o []>160 sf	or >260 lf	-	Renovation Demolition			Enclosure bag Procedure						
5. 5.—5.200 Mari	553050 193050 193050				[]Non-F	riable Procedu	re					
¥ 2 2 2 4 4	on of	Lo	Is cation		Description of				Aba	teme	nt I	ype E
Location Asbestos-Co		No	rmally Used		Description of Asbestos-Containing Amo					R	N	N
Material	. (ACM)	S	olely		Material (ACM) (Spe y M E					C A	C	
TO BE A		te	Main- nance/ stodial	insulation surfacing VAT TE V T S					0			
In Fac:	SS - 10	or other misce		112		A L	I R	U	U R			

Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	I t C	Vormal Used Solel By Mai Tenanc ustodi Taff (y n- e/ ial	Asbestos-Co Material (i.e., therm insulation, sur or other miss	Amo (Spe SF LE	
	Yes	No	N/A			
Basement			X	Pipe Insulat	ion	200
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC	H		ID No	Cubic Yards	Name of Reg	
City, State Montclair, NJ 07042	1	.7040	<u>. </u>	Disposal Date 5-5-15	City, State Morrisvi	.lle,
Completed By (Print or Type) Title Constantine Vivian Pres		ent		Signatu	re	

dfill

19067

Date

4-15-15

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

Date of Notificatio	n (1)		Name of Building Owner/Operator (2)										
4-20-15			Virginia Middlemiss										
Agencies Notified	Type Notificati	on	Stree	t Addre	ss								
[]EPA	[X]Initial		285	val	ley	Road							
[]DEP	Notificat	ion	City,	State,	Zip	Code		10-44	-				
[X]DOL	[]Amended		Mor	ntcla	ir,	NJ,07042							
[X]DOH	Notificat	0.000	Name	of Cont	act	**	Telephor	ne Numbe:	-				
[]DCA	[]EMERGENCY					iddlemiss							
	[]Cancellation	on			201172 100-000	100 100 100 100 100 100 100 100 100 100							
					ITY I	NFORMATION							
Name of Facility Wh		Takir	ng Pla	ice (3)			Type of Facil	ity (4)					
Same as above	3						[]School []Subchap	(C)	er t	han	K-12	2)	
Street Addres							[X]Other (
							cial b	uildings	home	s, e	tc.)		
G: /F	h-		(C) To -		han	-tra Codo (7)	Square Feet	# of I	ors	7	dg.	Age	
City (5	Co	unty	(6) ESS	ex		nty Code (7) ATE USE ONLY)	1900 Current Use (3	eing		91	hod	`
							Current Use (Prior ii	aing	dei	OTIS	nea,)
Name of Monitoring	Firm hired by Bu	ildino	T ASC	M No.		Name of Abate	ment Contracto	r (9)					
Owner (8)	•					AZTECH M	MANAGEMENT	, Inc					
N/A Street Address						Street Addres	s		<u> </u>				
						86 Chris	topher St						
City, State, Zip Co	ode					City, State,	Zip Code						
							r, NJ 070	42					
Project Manager for	Monitoring Firm	Tel	elephone Number Telephone Number							nse	Numh	per	
		N/				(973) 744	1-8800		00	37	1		
Scheduled Start Dat	e (10) Sched.	Compl	Letion	Date	(11)	Name of OSHA	Monitor	-					
4-30-15	5	5-1-	-15			N/A							
	Year Mont	V. C.	Day	Year		24							
Occupancy Status Du [X]Facility Clo of Abatemen	osed/Vacated Dur					Street Addres	s						
37 (35)	erformed Outside cribe:«OffHours 1			Facilit	Y	City, State,	Zip Code						
	cribe: «Other Occ			ript»									
Scope of Work (Chec	k all that apply)				II .							
[V]>2 of o	- >2 16	Γ.	VI Don	ovation			Containment wi Enclosure	th Negat	e Pr	essu	re		
[X]≥3 sf or []≥160 sf	or >260 lf) S = E	olition			bag Procedure						
			Is			[]Non-F	Friable Procedu	ire	_	Aha	teme	nt 7	Type
Locatio	on of		ocati			Description	on of			20-5	Come	E	E
Asbestos-Co Material	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Used			Asbestos-Con Material	25000000000000000000000000000000000000	Amon (Spec	y	E	R	C	C
TO BE A		В	y Mai	n-		(i.e., thermal		SF	1	M	PA	A P	D 0
In Faci	1 0 7	Ct	ustodi	ial		sulation, surf or other misce		LF		V A	I	S U	S U
(13	,	Yes	aff (N/A		or outer misee				L		L	R
Basement			X	Pip	pe Insulat	ion	150	-	X				
			1										
Name of Registered AZTECH MANA		на		ID No.	1000	bic Yards Waste 1.5	Name of Regi		dfil	.1			
City, State	1	7040	,	Di	sposal Date	City, State		-		-			
Montclair, NJ 07042				5-4-15 Morrisville,					. 1	906	7		
Completed By (Print or Type) Title						Signature	2		D	ate			
Constantine Vivian Preside						1 1/1:	(1/		1	4-2	0-1	15	
8						uum							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK# 2487

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

Date of Notification (1) 4/20/2015 Name of Building Owner/Operator (2) JOSEPH SCHAEFER		
4/20/2013		
Agencies Notified Type Notification Street Address		
EPA Initial 108 MONTEREY DRIVE	A 35	
□ DEP □ Amended Amendment #_ City, State, Zip Code		1.000
DOL Emergency (including BRICK, NJ 08723		
DOH justification) Name of Contact ITeleph	none Numi	ber
DCA Cancellation JOSEPH SCHAEFER		
FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) Type of Facility (
Private Residence		
Street Address Subchapter Other than	K-12)	
8 SANTIAGO DRIVE Dother (i.e., page 42 & community and com		
City (5) Square Feet # of Fi	oors Bldg	. Age
BRICK, NJ 08723		
County Code (7) (STATE USE ONLY) AIRPORT		
osum,		
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)		VI. 1
CDEAM DIDGE ENVIDONMENTAL]		
N/A CREAM RIDGE ENVIRONMENTAL Street Address Street Address		
15 BLACK FOREST ROAD		
City, State, Zip Code		
HAMILTON, NJ 08691		
Project Manager for Monitoring Firm Telephone No. Telephone No. Licens	e No.	
609-890-7110 00676		
TOOLIA Manifer		
State Date (10)		
5/4/2015 5/4/2015 AMERITECH SERVICES Occupancy Status During Abatement (Check only one) Street Address		
Facility Closed/Vacated During Entire Period of Abatement 259 Drum Point Road, Suite 7		
Abatement performed databases in management		
TE II O THE TAIL NO.	ative Pres	ssure
Scope of Work (Check all that apply)		
-3 st of 2.5 ii		
Demolition ☐ Glovebag P squire Non-Exemp (*) & Non-	Friable Pro	ocedure
Ahote	ment Type	
Is Location Normally Used Description of Asbestos Containing	T m	Τ
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Material (ACM) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specifi or line) Maintenance/Custo insulation, surfacing, VAT, or other miscellaneous)	Encapsulate Repair	Enclosure
Material (ACM) TO BE ABATED In Maintenance/Custo insulation, surfacing, VAT, or other LF)	psu	losu
Facility (13) dial Staff? (12) miscellaneous)	late	IГе
OOO C F		
Exterior Walls CINDER BLOCK 900 S.F. X	-	+
	\neg	
NJDEP Waste Cubic Yards of Name of Registre Landfill		
Name of Registered Waste Hauler Hauler ID No. Waste		
CURRENT CONSTRUCTION 35149 40 YDS Grows Landfill		
City, State Disposal Date CITY, STATE		
5/5/2015 Morrisville, PA		
Cianatura 0 0 1 Date		
Completed By Title Signature (1)	2015	

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

<u> </u>	(Pursu				/ and 12:120-7								
Date of Notificatio		Name of Building Owner/Operator (2) Cheryl Stephan											
4-21-15													
Agencies Notified []EPA	Type Notif	20	J	N. F	Language Control	on Street							
[]DEP	Noti	fication	City	, State,	Zip	Code							- <u> </u>
[X]DOL	[]Amend	ed			-	NJ,07003							
12.112.112.112	Noti	fication		of Cont		· ·	m-1	17	_			-	
[X]DOH	[]EMERG	ENCY	1000	eryl		nhan	rerepho	ne Numbe					
[]DCA	[]Cance	llation	CII	GLÄT	D Ce	Pilaii	1	4					
				FACIL	ITY I	NFORMATION							
Name of Facility Wh	ere Abateme	nt is Taki	ng Pl	ace (3)			Type of Facil	Lity (4)	-				
Same as above	€						[]School		er	than	K-12	2)	
Street Addres						7	[X]Other	(i.e., p	rate	& CC			
								ouilding	2000	es, e			
City (5		Country	(6) Essay County Code (7)				Square Feet	# of	ors	Bl	- 155	Age	
CITY (5	*	Country	(6) Essex County Code (7) (STATE USE ONLY				1800 Current Use	(Prior i	ein	g der	96 nolis	shed)
						TL			_			-	
Name of Monitoring Owner (8) N/A	rirm nired	by Bulldin	ig AS	CM No.			ment Contracto MANAGEMENI						
Street Address	See 192_17					Street Addres	s						
						86 Chris	stopher St						
City, State, Zip Co		City, State, Zip Code Montclair, NJ 070											
Project Manager for	Monitoring	Firm Te	lepho	ne Numbe	er	Telephone Num	ber		Lic	ense	Num	per	
		N	/A			(973) 744	1-8800		0	037	1		
Scheduled Start Dat 5-12-15	Section Approximation (Co.)	ched. Comp	letion		(11)	Name of OSHA: N/A	Monitor						
-	Year		Day	Year									
Occupancy Status Du [X]Facility Clo of Abateme	osed/Vacate					Street Addres	s						
[]Abatement P	erformed Ou			Facilit	У	City, State,	Zip Code		2				
Hours - Des			- Characteristics	cript»									
Scope of Work (Chec	k all that	apply)							The No.		000000		
[X]>3 sf or	r <u>></u> 3 lf or >260 lf			ovation		[]Mini-	Containment w. Enclosure abag Procedure	ith Nega	re P	ressi	ire		
(1.5		-			[]Non-F	Friable Proced	ure	_	1			
Locatio	on of		Is Locati			Description	on of			Aba	teme	nt I	E
Asbestos-Co		1	Normal Used			Asbestos-Con	taining	Amo	2	R	R	NC	N
Material TO BE A			Solel By Mai			Material (i.e., thermal		(Spe	Y	M	E	A P	PO
In Faci			tenano ustod	ce/	in	sulation, surf		LI		V	A	S	S
(13	(12) N/A		or other misce	llaneous)			A L	R	T T	U R			
Basement Yes No					Pir	e Insulat	ion	110	Lf	X			E
200000000000000000000000000000000000000			1	X						f-			
										+			
Name of Registered	Waste Haule	er N	JDEP 1	Waste	Cui	bic Yards	Name of Reg	istered	dfi	11	_		
AZTECH MANAGEMENT, INC. Hauler ID No. 17040					of	Waste 1.5	G.R.O.W	s.					
City, State					1000	sposal Date	City, State		N 693				
Montclair, NJ 07042					5	5-14-15	Morrisvi	lle,	1 1	906	7		
Completed By (Print	or Type)	Title	Signature						ate				
Constantine V	Preside	ent			1 0 V;	liam			4-2	1-1	.5		

Print Form

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

Date of Notification (1)		The Green At Bloomfield							2 AK 1:01						
Agencies Notified EPA DEP	Type Notification			16 Mi	Address crolab R				ئىرى ئىرى		181K(i ÑŨ	Ĺ.		
DOL	Amendment Emergency				ston NJ.										
DOH DCA	justification) Cancellation		4		of Contact Calinda					Tel	one Nu	mber			
Name of Facility Where Vacant Space (Lav	Abatement is Takin w Office Retail S	g Place Spaces	3)	FAC	ILITY INFO	ORMATI	NC	Туре	of Facility (58					
Street Address 38-50 Broad Street					Tives com			×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe	nan K-1 mmerci		dings	, hom	ies.
City (5) Bloomfield								Squa 23,0	re Feet	# of 2	ors Bldg Age 65+		Age		
County (6) Essex					Code (7) USE ONLY)		_	Current Use (Prior if bei Vacant Space			eii femolished)				
Name of Monitoring Firm TBD	Hired by Building (Owner (8)	1					atement Cor es, LLC.	ntractor	-				
Street Address		7					Street 407 \		ss ncoln Hig	hway	-				
City, State, Zip Code		Ext				y, State, Zip Code xton, PA. 19341									
Project Manager for Monitoring Firm				48				one N 372-8			cense N	0.			
Start Date (10) 04/20/2015		Schedu 06/26/		Company and the company of the control of the contr					HA Monitor						
Occupancy Status During				Street					ss e 130 N						
Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire F ed Outside of Norm	eriod of al Facilit	Abater y Hour	ment 's		-	City, S	tate, Z	ip Code	00077	-		-		
Scope of Work (Check Al	l That Apply)						Cinni	mins	on , NJ. (00077	-			_	
≥3 sf or ≥3 If ≥160 sf or ≥260 If		Partitions.	Renova Demoli				×	Mir Glo	II Containme ni-Enclosure ovebag Prod n-Exempted	e cedure	gative F			· 0	
		Is	Locat	ion			Ecouot	1 110	n-Exemplet	() and	ni-i nau	1	THE STREET	emen	t
Location Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Use Ma	Norma d Sole intena todial S (12)	ely by nce/		os Conta thermal s	ystems ng, VA7	aterial insula F, or		Ar (S SF	int ify LF)	Remova	Repair	e Encapsulate	Enclosure
7.20		Yes	No	N/A							_			le le	
Roof			Х				shing			3	1	Х			
BSMT/First Floor/S	Second Floor		X				or Tile			23,7	SF	X			
Roof			X			- 000	nbran	е		3)	X	-		
BSMT Name of Registered Waste			X	IDED W	lasta		TSI		Nome of	83	F				
Waste Management	C i laulel		1000000	JDEP W auler ID	101572357	of Waste			Name of F Grows (Landfill ndfill)				
City. State New out, NJ						Disposa TBD	I Date	,	City, State Morrisvi				0		
Completed by Fom Joiner		Title Proje	ct Ma	Manager Signature On Ounce (a)					Colo	Da	te 22	15			

200	-14	***	97	9	100	-
	400	5	1.0			*
4	1 1000	2.9		-	-	Circles

Date of Notification (1)		The Green At Bloomfield							H AR I: 61					
Agencies Notified Type Notification	n		16 Mi	Address crolab R	ALTERNATE .		70.2		15(1	+)L			
DEP Amended Amendme	nt #			ate Zip Co ston NJ.		9								
DOH Justification Cancellation		9	Name o	of Contact Calinda				Telep	e Nu	ımber	-			
Name of Facility Where Abatement is Tak	ina Placa	(2)	FAC	ILITY INFO	ORMATI	ON	Type of Facility	. (4)	-					
Vacant Space (Law Office Retail Street Address							School (K		n K-1		dinas	hom	205	
56 Broad Street City (5)	-						etc.)		-	rcial buildings, homes			ies,	
Bloomfield							Square Feet 3,500	# of F	s Bldg Ag			Age		
County (6) Essex				Code (7) USE ONLY)	_	Current Use (F Vacant Spa	molis	hed)					
Name of Monitoring Firm Hired by Building TBD	Owner (8)	ASCI	M No			of Abatement C ervices, LLC		-					
Street Address							Address V. Lincoln Hi	ghway	-					
City, State, Zip Code				(C)-10)			ate, Zip Code , PA. 19341		A	dil Colecció		5-8		
Project Manager for Monitoring Firm	Project Manager for Monitoring Firm					Telepho 484-8	nse 1	No.						
Start Date (10) 04/20/2015	Schedu 06/26/			Date (11)		Name o	ame of OSHA Monitor Emsl							
Occupancy Status During Abatement (Che	eck Only O	ne)				Street A	Address					411/2711		
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of mal Facilit	Abater y Hour	ment 200 Route 130 N City, State, Zip Code Cinniminson, NJ					09077						
Scope of Work (Check All That Apply)						Cititiii	111115011 , 145.	00077				-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				×	N tive Pressure							
	le	Locat	tion			E-med	Non-Exempt	ed () and r	Tila	Jie Fre	755	emen	t	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Norma ed Sole iintena todial (12)	illy ely by ance/ Staff?		os Conta thermal s surfac		aterial (ACM) insulation, , or	Amc (Spe SF oi)	Removal	Repair	e Encapsulate	Enclosure	
5 (Yes	No	N/A								-	10		
Roof		X				ashing		700		X		-		
BSMT/First Floor		X				or Tile		2,730	=	X				
First & Second Floor		X				laster		5,750	F	X				
BSMT Name of Registered Waste Hauler		X	LIDED			TSI	- 1,,	310	151					
Waste Management		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NJDEP W lauler ID	5000000	Cubic Y of Wast 66			f Registered (aWM La	indfil Ifill)					
ity, State Newark, NJ					Disposa TBD	al Date	City, Sta , Morris	ite ville PA	8 		30-121			
Completed by Tom Joiner Tom Joiner Title Project Man				Manager Signature Ower Co					4	122	15			

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	Print Form

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Date of Notification (1)			of Building Owne Green At Bloo	73.24	1. g €									
Agencies Notified	Type Notification	ì			Address icrolab Road		10.2	ETIM	i kG	i i i				
DEP DOL	Amended Amendmen			STATE OF THE PARTY	tate. Zip Code gston NJ. 070	39								
DOH DCA	Emergency justification Cancellatio)	g	2000 C 100 C	of Contact Calinda			Te	ione Nur	nber				
Name of Facility Where	Abatamant is Take	on Diese	/2)	FAC	CILITY INFORMA	TION								
Vacant Space (For	rmer Doctors C	Office)	(3)				Type of Facilit							
Street Address 252 Liberty Street								ter 8 (Oth e private	han K-12 ommerci		ldıngs	i, hon	nes.	
City (5) Bloomfield							Square Feet 4,750	# o 3	pors Bldg Age 65+					
County (6) Essex					Code (7) USE ONLY)		Current Use (F Vacant Spa		demolish	ned)				
Name of Monitoring Firm TBD	Hired by Building	Owner (8	3)	ASC	M No	1	of Abatement Cervices, LLC							
Street Address							Address V. Lincoln H	ighway	-	-				
City, State, Zip Code					City, St	ate, Zip Code n, PA. 19341		-						
Project Manager for Monitoring Firm				Telepho	one No.	Teleph	one No.		cense N	0.				
Start Date (10) 04/20/2015		Schedu 06/26			Date (11)	Name o	of OSHA Monit	or	<u> </u>					
Occupancy Status During	Abatement (Chec	ck Only O	ne)			Street	Address	P. 11				-		
Facility Closed/Vaca	ated During Entire	Period of	Abater	ment		200 F	Route 130 N							
Abatement Perform Other – Describe:		nal Facilit	ty Hour	S	. 08077									
Scope of Work (Check A	l That Apply)	A-1300-03												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Proposes.	Renova Demoli			×	Full Contain Mini-Enclose Glovebag Pr	ure rocedure	re					
		1		ACCUPATION AND ADMINISTRATION AN	I		Non-Exempt	ted (*) an	on-Friabl	e Pro		re emen		
Location	of		s Locat Norma			escription (уре	LS:	
Asbestos-Containing TO BE ABA In Facilit (13)	Material (ACM) TED	Ma	ed Sole aintena todial ((12)	nce/	Asbestos Cor (i.e. therma surfa	ntaining Ma	aterial (ACM) insulation, , or	A (S SF	unt bify LF)	Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A								6		
Roof			X		Flashin	g& Mem	brane	800LF	350SF	X				
BSMT/First	Floor		X		F	loor Tile		27	SF	X				
First Flo	or		X			Plaster		3,6	SF	Х				
	BSMT X					TSI		1	F					
Name of Registered Waste Hauler NJDEP Waste Management Hauler ID No.				장애 등 조건병	Yards		f Registe	Landfill						
waste Management				66	010	Grows	a(aWM	ndfill)						
City, State Newark, NJ					Dispo TBD	sal Date	City, Sta Morris	ate ville PA						
Completed by Title Tom Joiner Project Mai				Manager Singafure ADITUM 6					Dat	22	115			

Date of Notification (1)			100000000000000000000000000000000000000	ne of Buildin	The state of the s	Marie Control of the Control	(2) 2[5	<u> 1997</u>	F.	: 6"	1 1 1 1 1 1 1		
Agencies Notified	Type Notification	1	16	et Address Microlab	Road		12	3 1	นูรับ	: i/, c	- 1		
DEP DOL DOH DCA	Amended Amendmer Emergency justification Cancellatio	(including	_ Liv	State Zip ingston N ne of Conta o Calinda	J. 0703	9		Te	none Nui	mber			
			F	ACILITY IN	NFORMAT	ION	ć.					_	
Name of Facility Where	Abatement is Taki	ng Place (3)					Type of Facility	(4)					
Vacant Space (For Street Address 256 Liberty Street	mer Doctors C	лпсе)					School (K-Subchapte Other (i.e. etc.)	er 8 (Oth	!han K-1; ommerci		ldıngs	, hom	ies
City (5) Bloomfield							Square Feet 5,000	# c	oors		31dg /	Age	
County (6) Essex				nty Code (7 TE USE ON			Current Use (Pr Vacant Space		demolish	ned)			
Name of Monitoring Firm TBD	Hired by Building	Owner (8)	AS	SCM No			of Abatement Co ervices, LLC.	ntracto	Ī				
Street Address							Address V. Lincoln Hig	hway					
City, State, Zip Code						City, St	ate, Zip Code I, PA. 19341						
Project Manager for Moni	toring Firm		Tele	ohone No.		Telepho 484-8	one No. 72-8884		icense N 1161	0.			
Start Date (10) 04/20/2015		Scheduled 06/26/20	Completi 15	on Date (1	1)	Name o	of OSHA Monitor		× ,				
Occupancy Status During	Abatement (Chec	ck Only One)				Street A	Address	-700/2					
X Facility Closed/Vaca	ted During Entire	Period of Ab	atement			200 F	Route 130 N						
Abatement Performe Other – Describe:		nal Facility H	ours		<u></u>	Company of the Company	ate, Zip Code minson , NJ.	08077					
Scope of Work (Check All	That Apply)									NE- 300			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Property.	ovation nolition			X	Full Containm Mini-Enclosur Glovebag Pro	e cedure	∍gative P			2.57	
		1				L4	Non-Exempte	o (*) an	on-Friab	T Pro	10 St V	e ement	t
Location	of	200000000000000000000000000000000000000	cation mally		Des							/ре	
Asbestos-Containing N TO BE ABA In Facility (13)	Material (ACM) TED	Mainte Custod (*	Solely by enance/ ial Staff? 12)	(i.e	estos Cont e. thermal surfac		iterial (ACM) insulation, , or	A (§ SF	unt cify LF)	Removal	Repair	Encapsulate	Enclosure
First Floo	or		×		Flo	oor Tile		Ę	10	Х			
Name of Registered Waste	me of Registered Waste Hauler					Yards	Name of	Registe	Landfill				
Waste Management			NJDEP Hauler		of Was		Grows		ındfill)				
City, State Newark, NJ					Disposi	al Date	City, Stat Morrisv		-			ē	
Completed by Fom Joiner		Title Project	Manage	er	Si	gnature On	. Jourie		Dat 4	22	115		

Date of Notification (1) 4/22/15			Name The	of Build Green	ling Owner At Bloor	/Operaĵio mfield	r,(2)====================================	2.1	-6.5				
Agencies Notified Type Notificat EPA Initial Amende			16 N		Road	4	- LICE	jan.					
DOL Amendm	ent# 1			State Zip gston I	o Code NJ. 0703	39			***************************************				
justification		ng	Name	of Cont.	act			Te	hone N	umbe	г		-
L DCA Cancella	ion			Calind									
Name of Facility Where Abatement is Ta	king Place	(3)		CILITYI	NFORMA ⁻	TION	Type of Facility	v (4)					
Vacant Space (Former Karate s	tudio/ re	etail s	pace)				School (K						
Street Address 260-264 Liberty Street							Subchapt Other (i.e.	er 8 (Otl	than K- ommer		ulding	s hor	mes
City (5) Bloomfield							etc.) Square Feet 3,300	# (oors		Bldg.	Age	
County (6) Essex			County	Code (7) ILY)		Current Use (P Vacant Spa	rior if be	demoli	shed)	03+		
Name of Monitoring Firm Hired by Buildin	g Owner (8)		M No		Name	of Abatement Co						
TBD Street Address							ervices, LLC.		,				
							Address V. Lincoln Hi	ghway					
City, State, Zip Code						200000000000000000000000000000000000000	tate, Zip Code n, PA. 19341		-			37-130	
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one No. 372-8884		cense I	No.			
Start Date (10) 04/20/2015					1)		of OSHA Monito	r					
Occupancy Status During Abatement (Che	ck Only C	ne)				200000000000000000000000000000000000000	Address						
Facility Closed/Vacated During Entire	Period of	Abate	ment			200 F	Route 130 N						
Abatement Performed Outside of Nor Other – Describe:	mal Facili	ty Hou	rs				ate, Zip Code	2000					
Scope of Work (Check All That Apply)						Cinnii	minson , NJ.	08077					
≥3 sf or ≥3 If × ≥160 sf or ≥260 If	Dillocation of the control of the co	Renova Demoli				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	gative I			re	
	1	Locat									Abat	emen	it
Location of Asbestos-Containing Material (ACM)		Norma ed Sole		A = b =		cription o				-	T	/pe	Т-
TO BE ABATED In Facility (13)	10000	intena todial ((12)	00000000		e. thermal s surfac		or	Ar (S SF	int ify _F)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							a	=	llate	ure
Roof		Х			Roof	Flashir	ng	E		X			
Second Floor		X			Flo	or Tile		3)	X			
First & Second Floor		X			PI	aster		4,	2	Х			
Name of Registered Waste Hauler		1 61	JDEP Wa		10								
Waste Management		auler ID N		Oubic Y of Wast		Name of F		_andfill ndfill)					
City, State NewanL, NJ		=67			Disposa	l Date	City, State	,					-
Completed by	Title				TBD	10	Morrisvi	lle PA					
Tom Joiner	Projec	ct Mai	nager		Sic		· Onini	106	Dat	22	115		

Date of Notification (1) 4 22 \ 15			Name The	of Building Owne Green At Bloo	r/Operato	r (2)	273	12	11 (2		
Agencies Notified Type Notificat	lion		Street	Address Icrolab Road	rincia	71.5	m. 186					
DEP Amende Amendm	ent#		City S	itate. Zip Code gston NJ. 0700	39	- Are	4 ₀ 1 1					
DOH Emerger justificati		19	Name	of Contact Calinda			Τ€	hone N	lumbe	ſ		
Name of Facility Where Abatement is Ta	shine Dhees	(2)	FAC	CILITY INFORMA	TION							
Vacant Space (Former print she	op / Aparl	(3) lmeni	t			Type of Facility	y (4)					
Street Address 266 Liberty Street						School (K Subchapt Other (i.e	er 8 (Otl	than K		uilding	ıs, hor	mes
City (5) Bloomfield						etc) Square Feet 6000	# (oors		Bldg 65+	Age	
County (6) Essex			County (STATE	Code (7) USE ONLY)		Current Use (P Vacant Spar	rior if be	demol	ished)			
Name of Monitoring Firm Hired by Buildin TBD	ng Owner (8	3)	ASC	M No.		of Abatement Co ervices, LLC.	ontracto	Ī				
Street Address					Street	Address V. Lincoln Hi	-					
City, State, Zip Code					City, S	tate, Zip Code	griway					
Project Manager for Monitoring Firm			Telepho	one No.	Teleph	one No. 372-8884		cense	No			
Start Date (10)	Schedu	led Co	mpletion	Date (11)		of OSHA Monito	r	1161		<u> </u>		
04/20/2015	06/26/	2015		N	Emsl	or o'o'r r wionito						
Occupancy Status During Abatement (Ch						Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	e Period of rmal Facilit	Abate y Hour	ment s			Route 130 N ate, Zip Code		<u> </u>				
Scope of Work (Check All That Apply)					Cinni	minson , NJ.	08077					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli			×	Full Containm Mini-Enclosur Glovebag Pro	e cedure	gative				24
	ls.	Locat	ion			Non-Exempte	d (*) and	on-Fria	ble Pr	1000	re temen	nt.
Location of	1	Vorma	lly	De	scription o	of.					ype	2
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena odial ((12)	nce/	Asbestos Cont (i.e. thermal surfac	aining Ma	iterial (ACM) insulation, , or	Ai (S SF	int lify LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						a	7	late	Ire
Roof		Х		Root	f Flashir	ng	1	<u> </u>	X	+		-
First & Second Floor	X		Flo	oor Tile		1	5	Х				
	-											
lame of Registered Waste Hauler		IN	JDEP Wa	aste Cubic	Yarde	Name of	Pogistor	Landfil	_			
/aste Management			auler ID N			Grows		ndfill)				
ity, State Newark, NJ				Disposi TBD	al Date	City, State Morrisv					7.73.4	
ompleted by om Joiner	Title Projec	t Ma	nager	Si	grature MA	1 moin		Di	te + 22	115		

ONLY COMPLETION DATE IS AMENDED!!!!

Date of Notification (1)						vner/Opera n Holding		6615	100	24	14	1	5		
4-21-2015	T T N 46 - 41			treet Add			5						-		
Agencies Notified	Type Notification		_		hington	Street			27			-	1.716		1
EPA	Initial		100		, Zip Code				4 1-			-			
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X DOL	Emergency (i					7000			Tole	phon	Jmbe	ar .			-
X DOH	justification)		N	ame of (Contact				1 616	ρποπ	יטווונ	-1			
☐ DCA	Cancellation								_		_	_			
		DI (2)		FACIL	ITY INFOR	RMATION	Type of	Facility (4	(1)						
Name of Facility When		Place (3)					1000								
Abandoned Build	ing for Demo							hool (K-12)		or that	12)				
Street Address								her (i.e. pi				ouildi	ngs, l	nome	s,
207-213 NJ Railr	oad Ave.						et	c.) ` `			_	,			
City (5)							Square	Feet		Floor		145000	dg. Ag	ge	
Harrison							6000		2			50)+		
County (6)				County C				Use (Pric			shed	i)			
Essex			(-	STATE U	SE ONLY)		Aban	doned E	Buildir	ig foi	emo)			
Name of Monitoring Fi	irm Hired by Building C	Owner (8)		ASCM	No.	Na	me of Abate	ment Con	tractor	(9)					
n/a		(-)		n/a		L	oznica Ma	nageme	ent Co	orp					
Street Address						Sti	reet Address				D-1000				
n/a						2	2 Troy La	ne ·							
			_				ty, State, Zip								
City, State, Zip Code							incoln Par		035						
n/a			1 7		a Na		elephone No.		-	Lice	No.				
Project Manager for M	lonitoring Firm		1	elephon n/a	e No.	17	73706795			01	1				
n/a			- 1		\-t- (dd\		ame of OSH			0.	-		-		
Start Date (10)		Scheduled		pletion L	Jate (11)	1	oznica Ma		ent C	orn					
4-24-2015		5-30-20	11-00				reet Address		OIIL O	о. р	-			-	
Occupancy Status Du	ring Abatement (Chec	k Only One)	1			1000	22 Troy La								
Facility Closed/V	acated During Entire I	Period of Ab	atem	ent			and the second second					-			
	ormed Outside of Norm	nal Facility F	lours			1	ity, State, Zip		2005						
Other - Describe	9 am - 4 pm					_ L	incoln Pa	rk NJ U/	1035						
Scope of Work (Chec	k All That Apply)														
23 sf or ≥3 lf		☐ Re	nova	tion			Full	Containm		n Neg	e Pre	essur	e		
× ≥160 sf or ≥260	lf	× De	moliti	on			10000	-Enclosure rebag Pro							
_								-Exempte			iable	Pro	cedur	е	
		1							9				Abate	emen	t
			ocati rmal										Ту	ре	_
	ition of	Used			Achest		iption of ing Material	(ACM)		Amou				m	-
	ning Material (ACM) ABATED		tenar			thermal sys	stems insula			Speci	1	Re	70	nca	Enc
In F	acility	Custo	diai 8 (12)	ιαπ?			g, VAT, or		S	F or L		Remova	Repair	psu	Enclosure
(13)		(/	1		other misc	cellaneous)		33			/al	=	Encapsulate	Jre .
		Yes	No	N/A										-	
Exterior	- Windows			X		Т	ar		9	40 5		х			
	loof	+ +		X	Mem		Flashing +	- Tar	6	400		х			
		1 1		X			astic			90 S		х			
	Roof Skylights					Floor Tile	e + Mastic		2	280 5		х			
	2nd Fl. Hall Foyer + Kitchen					Cubic Ya		Name of			dfill				1
Name of Registered	vvaste Hauler			JDEP Walauler ID		of Waste									
Rovic Transport						TBD Disposal	Date	GROV City, Sta		u idili	_			_	
City, State Riverdale, NJ						TBD	Date	Morris		PA 1	57		1		
Completed by		Title				Sign	nature		1		Dat	е			
E. Cirovic		Secre	etarv	t		1	0) P/A	11	\exists		4-	21-2	2015		
L. OHOVIC		00010					100				-	_	-		

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Date of Notification (1)			Na	ame of E	Building Ow					.55.01		:	.5		
4-21-2015	- N. W N			reet Add	Harrison	п поіц	irigs LL			11 144	-	70	200 2 00		
Agencies Notified	Type Notification				shington	Street									
EPA DEP	Initial Amended				, Zip Code				-			m, 10.			
X DOL	Amendment #				en, NJ 07						200				
	Emergency (in justification)	cluding	Na	ame of (Contact					Telephone	mb	er			
DOH DCA	Cancellation										_		_		
	At the section Tolder	Diago (2)		FACIL	ITY INFOR	MATIO	N T	Type of F	Facility (4)						-
Name of Facility Where Abandoned Buildir		Place (3)					-		ool (K-12)						
Street Address	ig for Define				:			Sub	chapter 8 (Other than	12)	6 - m -m			
219 NJ RailRoad A	Ave							Oth etc.	er (i.e. priva	ate & comr	lak	bulla	ngs, i	nome	S,
City (5)								Square F	eet	# of Floor:		1000	ig. Ag	ge	
Harrison							1	3000	**	2)+		
County (6)				ounty C	ode (7) SE ONLY)				Jse (Prior if		shed	.2			
Essex									oned Bui		11110				_
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCM n/a	No.				nagement						
n/a				IVa	_		Street A		agomon		-				$\overline{}$
Street Address		- 6						oy Lan	е						
City, State, Zip Code							City, Sta	ate, Zip (Code						
n/a							Lincol	In Park	NJ 0703	35					
Project Manager for Mo	nitoring Firm		Te	elephon	e No.		Telepho			Lice	No.				
n/a			1 .	n/a				067950		011	-			-	
Start Date (10)		Scheduled		oletion D	Date (11)		Name of		monitor nagemen	t Corp					
4-18-2015	Abstament (Chack	5-30-20				-	Street A		lagomon	. оо.р	-		_		-
Occupancy Status Durin					83			oy Lan	е						
Facility Closed/Val	cated During Entire P med Outside of Norma	enod of Ab al Facility H	ateme lours	ent		F	City, Sta	ate, Zip	Code						
Other - Describe:	9 am - 4 pm					-	Linco	In Parl	k NJ 0703	35					
Scope of Work (Check	All That Apply)				2-8-20		_								
≥3 sf or ≥3 lf		- Indiana	novati				H		Containment Enclosure	with Nega	: Pr	essur	е		
≥160 sf or ≥260 lf		X De	molitic	on				Glove	ebag Proced			_			
- 4							X	Non-l	Exempted (1	*) and Non	able	Pro	Ahata	ement	+
			ocatio										Ту		•
Location			smally Solely		Ashasta		cription of aining Ma		ACM)	Amoun	ĺ			m	
Asbestos-Containin TO BE A		Main Custo	tenan	17.1	(i.e. t	thermal	systems	insulation	on,	(Specif		Rer	Re	Encapsulate	Enclosure
In Fac			(12)	taii:			ing, VAT			SF or L		Remova	Repair	sula	osur
(13	")	Yes	No	N/A								=		ate	e e
		165	NO	-			lashing			450 S		x			
Main		4-4		X						100 S	-				
Upper	Roof			X		F.	lashing	}		100 3		Х	-		
							T.			· ·	_				
										-1-411	IEII				
Name of Registered W	aste Hauler		100	JDEP Wauler ID	355335	Cubic of Was			Name of Re		ifill				
Rovic Transport			110	autor 10	, 10.	TBD			GROWS	Landfill					
City, State							sal Date		City, State	D 1 46	-7				
Riverdale, NJ		1700		%		TBD		7	Morrisvil	le PA 19	7	-			
Completed by		Title				8	ignature	1/1	m))	Dat 4-		2015		
E. Cirovic		Secre	etary					10		~		- 1-2	.010		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 4-21-2015 Agencies Notified Type Notification FACILITY INFORMATION Name of Facility Where Abatement #:1 Street Address ODCA Type of Facility Where Abatement is Taking Place (3) Abandoned Building for Demo Street Address 215-217 NJ Railroad Ave. City, (5) Harrison County (6) ESSEX Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Name of Monitori
Agencies Notified Type Notification Agencies Notified Type Notification DEP Amended Amended Amended Amendent #1 Emergency (including justification) DCA DOH DCA Telephon Name of Facility Where Abatement is Taking Place (3) Abandoned Building for Demo Street Address 215-217 NJ Railroad Ave. City (5) Harrison County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Na
Agencies Notined Special Control Code Special
EPA DEP Amended Amendment # 1
DDP
Name of Facility Where Abatement is Taking Place (3) Abandoned Building for Demo Street Address Sound Facility (5) Harrison County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) n/a City, State, Zip Code n/a Project Manager for Monitoring Firm Telephone No.
DOH Cancellation Dock Cancellation Cancellation
Name of Facility Where Abatement is Taking Place (3) Abandoned Building for Demo Street Address 215-217 NJ Railroad Ave. City (5) Harrison County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) n/a City, State, Zip Code n/a City, State, Zip Code n/a City, State, Zip Code n/a Street Address Street Address 22 Troy Lane City, State, Zip Code n/a Start Date (10) Accomptode Completion Date (11) Accomptode Completion Date (11) Accomptode Completion Date (11) Accomptode Completion Date (11) Accomptode Completion Completion Date (11) Accomptode Completion Comp
Name of Facility Where Abatement is Taking Place (3) Abandoned Building for Demo Street Address 215-217 NJ Railroad Ave. City (5) Harrison County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) n/a City, State, Zip Code n/a Project Manager for Monitoring Firm n/a Start Date (10) 4-20-2015 Ocupancy Status During Abatement (Check Only One) Abatement Performed Outside of Normal Facility Hours Type of Facility (4) School (K-12) Subchapter 8 (Other tha Other (i.e. private & correct.) Subchapter 8 (Other tha Other (i.e. private & correct.) School (K-12) Subchapter 8 (Other tha Other (i.e. private & correct.) Subchapter 8 (Other tha Other (i.e. private & correct.) Square Feet # of Floo Subchapter 8 (Other tha Other (i.e. private & correct.) Square Feet # of Floo Subchapter 8 (Other tha Other (i.e. private & correct.) Square Feet # of Floo Subchapter 8 (Other tha Other (i.e. private & correct.) Square Feet # of Floo Subchapter 8 (Other tha Other (i.e. private & correct.) Square Feet # of Floo Subchapter 8 (Other tha Other (i.e. private & correct.) Square Feet # of Floo Subchapter 8 (Other tha Other (i.e. private & correct.) Square Feet # of Floo Subchapter 8 (Other tha Other (i.e. private & correct.) Square Feet # of Floo Subchapter 8 (Other tha Other (i.e. private & correct.) Square Feet # of Floo Subchapter 8 (Other tha Other (i.e. private & correct.) Square Feet # of Floo Subchapter 8 (Other tha Other (i.e. private & correct.) Square Feet # of Floo Subchapter 8 (Other tha Other (i.e. private & correct.) Square Feet # of Floo Subchapter 9 (Inc. private & correct.) Square Feet # of Floo Subchapter 9 (Inc. private & correct.) Square Feet # of Floo Subchapter 9 (Inc. private & correct.) Square Feet # of Floo Subchapter 9 (Inc. private & correct.) Square Feet # of Floo Subchapter 9 (Inc. private & correct.) Square Feet # of Floo Subchapter 9 (Inc. private & correct.) Square Feet # of Floo Subchapter 9 (Inc. private & correct.) Square Feet # of Floo Harder. Square Feet # of Floo Harder. Square Feet
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Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code
Abatement Performed Outside of Normal Facility Hours
Abatement Performed Guiside of Norman assure,
Other – Describe: 9 am - 4 pm Lincoln Park NJ 07035
Scope of Work (Check All That Apply)
Penavation Full Containment with Ne ve Pressure
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Demolition Mini-Enclosure Glovebag Procedure
Glovebag Procedure Non-Exempted (*) and Non-Exempt
Abi
Is Location Normally Description of
Location of Used Solely by Achestos Containing Material (ACM) Amo
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12) Asbestos Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Asbestos-Containing Material (ACM) Maintenance/ Custodial Staff? In Facility Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (Spe
(13)
Yes No N/A
Exterior - 1 Window x Caulking 150 x
Main Roof x Tar 500 x
Lower Roof
Lower Roof X Mastic 90 X Indfill
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registere Indian
Rovic Transport TBD GROWS Land
Piku Stoto
City, State Disposal Date City, State
City, State Biverdale, NJ TBD Morrisville PA J67
City State

Date of Notification (1)	v v		Name o	of Building (wner/Operator	(2)	4 50				-	3
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Agencies Notified	Typé Notification		Street.	Address A	≥8 C1	FRMO	NT	Drin W	7'		_	
10 00 c	Amended Amendment #		City, St	ale, Zip C∝	GLERI	MONT,	WI	082	10		J.	1
Прон	Emergency (in	gnicular		of Contact			Telec	ne Number				4
	Cancellation		12012	J/101	1.					~ ^		
	1		FAC	LTY INFO	RHATION							7
Name of Facility Where	Abalement is Takin	g Place (3)				Type of Facility	55.0					
	DENCE					School (K-1) Subahapter	8 (Othe	an K-12)				į
Street Address 307	YARE AL	E,	٠, ٠			Doner (l.e., p		mmercial	Blog			j
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City, State, Zip Code						013 SHA	Di	5,0	805	٤		
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Stan Date (10)	,	auled Comp	delph Dal	e (11)	Name of OSHA	PKALEN	g M		4-			
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Occupancy Status Dun	ang Abatement (Che	eriod of Aba	itement			SPILUC	E/1		1.11			
Abatement Performs	ed Outside of Norma	al Facility Ho	ours		City, State, Xip	Code SHAD	, E	,5,0	808	5 7		
Other - Describe:												_
Scope of Work (Check	all that apply)				Full Co	ontainment with N nclosure	egatye	essure				
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Name of Registered Y	O INC		Hauter I	0 7-	01 Waste	CIA	1,0					
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Date of Notification (1)	_				1 1000000000000000000000000000000000000		g Owner/Operator	(2)	Dren.			-	-1	
Agencies Notified	7 /	15	_		100.000	izon			2015 A	24	LH	1-	: -	8
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(NJAC 5:23-8)	justifica	ition)				of Contac x Baylor	53		Telepho	Numb	er			
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Name of Facility Miles	A l 4	-	6	(0)	FA	CILITY	NFORMATION							
Name of Facility Where	Abatement is	laking	Place	(3)				Type of Facility (
Verizon								School (K-12)	(011 11	16.46				
Street Address								Subchapter 8 Other (i.e., pr	(Other th	K-12) nmero		ildina	_	
133 Prospect Stree	et							homes, etc.)	ivate and	mileic	iai bu	namg	5,	
City (5)			20000					Square Feet	# of Flo		Blo	dg. Ag	ie.	
Passaic								10,000	2		100	50	,0	
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pric		molish		_		
Passaic					- 501	, 2000 (, a 2 doe one !)	54.15m 656 (1-11)	o. II being	HOIISI	.50)			
Name of Monitoring Firm	Hired by Bu	ilding (Owner (8)	ASCM	No.	Name of Abatem	ent Contractor (9)		.v				
USA Enviornmenta	al						JVN Restora	tion Inc						
Street Address							Street Address							
8436 Enterprise Av	enue						47 Foster Ro	ad						
City, State, Zip Code							City, State, Zip C			<u> </u>				
Philadelphia, PA 19	9153						Staten Island							
Project Manager for Mon				Tole	phone	No	Telephone No.	1 N 1 10309	11:					
Mark Jenkins	illoring i iiiii			1100000	15-365		N. 60 C. 90 C. C. 60 C.		Licens	٥.				
Start Date (10)		Cabaa	la d O	1		ware en	718-605-6256		0077					
04/ 27/	15			9.5	tion Da	15	Name of OSHA	Monitor						
						13_	Testor Tech						2122	
Occupancy Status During							Street Address							
☐ Facility Closed/Vacate						122	10 59 Jackso	n Avenue						
Abatement Performed						cribe	City, State, Zip C	ode		-				
Time of Abatement: _	Aivi-	PI	VI/ <u>5.00</u>	PIVI- <u>Z</u>	.30AIVI		LIC NY 1110	1						
Scope of Work (Check al	ll that apply)						⊠ Full Con	tainment with Neg	ative Pres	e				
			⊠ Re	novat	ion		☐ Mini-End		ative i les	C				
≥160 sf or ≥260 lf			☐ De	moliti	on			g Procedure						
						т	☐ Non-Exe	empted (*) and Nor	n-Friable F	edure	:			
Location			1000	Loca lorma							Aba	ateme	nt T	ype
Asbestos-Containing	0.500	M)			ely by	Ashe	Description of estos Containing Ma		Amc		Re	Re	m	E
TO BE ABA		,		intena			e., thermal systems		(Spe		Removal	Repair	cap	clo
IN Facili	ity		Cus	odial (12)	Staff?		surfacing, VAT	, or	SF or)	val	7	Encapsulate	Enclosure
(13)			Yes	No.	N/A		other miscellane	eous)					late	Ф
Basement					П	Floor T	ile and Mastic		2865	=				
					-	001 1	and mastic		2000			ᆜ		닏
												Ш	Ш	
		0.00	П	П	П							П		П
Name of Registered Was	te Hauler			_	JDEP \		Cubic Yards of	Name of Regist	ered Land		Ш	_		
Newark Carting				10000	lauler II	No.	Waste	G.R.O.W.S.						
					NJ-56	6	20	A SHARWAN	, 1110.					
City, State							Disposal Date	City, State						
Hackettstown, NJ							3/16/15	Morrisville,	PA					
Completed By (Print or T	ype)	Title					Signature	111		Date	Э			
Ralph Barnhardt		P	rojec	Mar	ager		MI	1/1/2	7	5	M-2	0-7	201	5
ASB-41							1/1.	11111					10000	
MAY 11		*	Do not	use th	is form	for asbes	tos licensure exemp	oted activities.						

Date of Notification (1)					Name	of Building	Owner/Operator (2	2)	- E		-			
4/	7 /	15			Veri		Owner/Operator (2)	***					
Agencies Notified EPA	Type Notific	cation				Address Prospec	f Stroot	213	AFRI	F 12	1:1	3		
⊠ DOLWD	☐ Amende	ed												
☐ DHSS	Amendr	nent#				tate, Zip C			;1,	* L F		i.		
☐ DCA	☐ Emerge		cluding			saic, NJ			å [.]	N. IF	12			
(NJAC 5:23-8)	justifica	tion)			Name	of Contact			Telepl	e Numb	er			
	☐ Cancell	ation			Alex	Baylor								
Name of English Where A	hatament is	Takina	Diese	(2)	FAC	ILITY IN	FORMATION	T	(4)					
Name of Facility Where A Verizon	Abatement is	laking	Place	(3)				Type of Facility	Signific					
					2016-1-1			School (K-12		n K-12)				
Street Address								Other (i.e., p	rivate ar	ommer		Iding	S,	
133 Prospect Stree	t							homes, etc.)						
City (5)								Square Feet	# of	ors	Blo	g. Ag	е	
Passaic								10,000	2		5	0		
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Name of Monitoring Firm	Hired by Bu	ilding C	wner (8)	ASCM I	No.	Name of Abateme	ent Contractor (9)						
USA Enviornmenta	I						JVN Restora	tion Inc						
Street Address							Street Address							
8436 Enterprise Av	enue						47 Foster Ro	ad						
City, State, Zip Code							City, State, Zip C	ode		-	_			3 2 7 1 7
Philadelphia, PA 19	153						Staten Island							
Project Manager for Mon	itoring Firm			Tele	phone I	No.	Telephone No.		Lice	No.	-			
Mark Jenkins				2	15-365	-5870	718-605-6256	5	00	4				
Start Date (10)		Sched	uled C	omple	tion Dat	te (11)	Name of OSHA N	Monitor		-				
04 / _27_ /	15				_ / _		Testor Tech							
Occupancy Status During	Abatement	(Check	only	one)			Street Address			_				
☐ Facility Closed/Vacate					ment		10 59 Jackso	n Avenue						
☐ Abatement Performed	d Outside of	Normal	Facilit	y Hou	rs - Des	cribe	City, State, Zip C							
Time of Abatement: 8	3:00AM-4:0	0PM/_	P	M	AM		LIC NY 1110							
Scope of Work (Check al	II that apply)						_			-				-
☐ >3 sf or >3 lf			M D	novat	ion			tainment with Ne	gative P	sure				
≥ 160 sf or ≥260 lf				moliti				ig Procedure						
								empted (*) and No	on-Friab	'rocedu	re			
			1.00	Loca							Ab	ateme	ent T	уре
Location				Norma	ally ely by		Description				R	R	Ш	Ш
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Name of Registered Was	ste mauler			12.5	NJDEP \ Hauler II		Cubic Yards of Waste	Name of Regi		llift				
Newark Carting					NJ-56		20	G.R.O.W.S	o., inc.					
City, State							Disposal Date	City, State	,					
Hackettstown, NJ							3/16/15	Morrisville	e,PA					
Completed By (Print or T	ype)	Title	Э				Signature	11/1/			ate		Sec.	es pri
Ralph Barnhardt		1	Projec	t Ma	nager		10/11	or /ppr	n		04-	07-	15	
ASB-41							1//	///				1-31		
MAY 11		*	Do no	t use t	his form	for asbes	tos licensure exem	pted activities.						

Date of Notification (1)							perator (2)							
April 20, 2015				Fair Ha	aven Fir	e Comp	pany		Chec	£ 20,1	3			
Agencies Notified	Type Notification			Street A 645 Ri	^{ddress} ver Roa	ad		· ·		· -		: [{		
EPA DEP DOL	Amended Amendment				te, Zip Co aven, N		į.		35 E 1		1	rij,		
DOH DCA	Emergency (i justification) Cancellation	ncluding		Name of Joe Pe	Contact				Teleph	3 Num	ber			
	Curicellation			33355W E	LITY INFO	ORMATIC	N.		1					
Name of Facility Where Fair Haven Fire Co	Abatement is Taking	Place (3)	1 701	LII I III (DINMATIC	20.010	pe of Facility (4	2.54 354					
Street Address 645 River Road							×	School (K-1: Subchapter Other (i.e. p etc.)	8 (Other 1	K-12 nercia		dings,	home	es,
City (5) Fair Haven							132579	uare Feet 0,000	# of FI	3	4-550	ldg. <i>A</i>	ge	
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Name of Monitoring Firm Management & En				ASCN	No.			batement Con Environment						
Street Address PO Box 341							Street Add			-				
City, State, Zip Code Chesterfield, NJ 08	515						City, State	, Zip Code Shade, NJ 08	9052					
Project Manager for Mo			T	Telepho			Telephone	No.	TL	ise No).			
Bill Weisgarber Start Date (10)		Schodule	od Cor		98-4070 Date (11)		856-755	SHA Monitor	.0	12				
May 1, 2015		May 2,	2015		Date (11)		EMSL L	aboratories		100000000000000000000000000000000000000				
Occupancy Status Durin	ig Abatement (Checl	Only On	ie)				Street Add							
Abatement Perform Other – Describe:	cated During Entire F ned Outside of Norm	Abaten	nent S	00		City, State	te 130 Nort , Zip Code inson, NJ 08		-					
Scope of Work (Check A	All That Apply)						Ollinain	1113011, 140 00	3011				5-07	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		-	enova emolit				×	Full Containme Mini-Enclosure Glovebag Proc	edure	live P			57	
		T	83					Non-Exempted	(*) and N	Friabl	e Pro		e ement	
			Locat Iormal				on a constant						ре	
Locatio Asbestos-Containing		Use	d Sole	ly by	Asbes		cription of iining Mate	rial (ACM)	Amc					
TO BE AB	ATED	0.5000000000000000000000000000000000000	intena odial S			thermal s	systems ins	sulation,	(Spe	v	Rei	D.	Encapsulate	Enc
(13)	V		(12)				ing, VAT, o iscellaneou		SF or)	Removal	Repair	psul	Enclosure
		Yes	No	N/A							<u>a</u>		ate	Ге
Basem	nent	XXX			Pipe I	Insulation	1	125	-	X				
Name of D	1 -													
Name of Registered Wa Freehold Cartage	sie mauler		H	IJDEP W lauler ID		Oubic Y		Name of F	J. 1876	ndfill ty La	ndfil	ı		
			0:	2265		5	700 8			Ly La	iriulii			
City, State Freehold, NJ						5/2/20		City, State Newbur						
Completed by Christina Lynch		Title Opera	ation	s Mana	ger	Sit	gnature	WR		Dat 4/2	e 20/20)15		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	NOT			STOS ABATE :60 and 12:12		PPH	"	115	10		
Date of Notification (1) 4-20-2015				wner/Operator Baptist Chu	(2)	5 APR 24	3.4	1.	20		
Agencies Notified Type Notification		Street Ac		Daptist Ond	ICH ODO EE	0 m 11 24	11.1	diam's	69		
EPA Initial	,		linton Av	'e	AL 5	665135		- 11-	וחי		
DEP Amended		10 50	te, Zip Coo			& LICE	16	10			
DOL Amendment #		Newar	k NJ 07	108			5577	1 (4			
DOH justification)	iciuaing		Contact			Tolonhan		har			
DCA Cancellation		Shante									
Name of Escility Where Abstement is Taking	Place (2)	FACII	LITY INFO	RMATION	Type of Facility	(4)	-				
Name of Facility Where Abatement is Taking House	Place (5)				Type of Facility	(4)					
					School (K-		40)				
Street Address						r 8 (Other thar private & comi	12) cial		linas	home	25
882 S. 14th Str					etc.)	•			901		,,,
City (5)					Square Feet	# of Floor			ldg. A	ge	
Newark					1500	2	_		0+		-
County (6) Essex		County C	Code (7) JSE ONLY)		Current Use (Pr House	ior if being der	she	:d)			
Name of Monitoring Firm Hired by Building C	wner (8)	ASCN	l No.	Name	of Abatement Co	ntractor (9)	-	-		-	-
n/a	wildi (d)	n/a			nica Managem	1844 (USA) (USA) (USA) (USA) (USA)					
Street Address		1		1. 7500=7650	Address	юн сон	_				
n/a					Γroy Lane						
City, State, Zip Code					State, Zip Code	-	200				
n/a					oln Park NJ 0	7035					
Project Manager for Monitoring Firm		Telephor	ne No		hone No.	Lice	No				
n/a		n/a	110.		7067950	011	140				
Start Date (10)	Scheduled (Completion I	Date (11)		of OSHA Monitor		-				
4/30/2015	5/1/2015		Date (11)	100000000	nica Managen						
Occupancy Status During Abatement (Check					Address	ioni corp	_				
Technology (Control of Control of					Γroy Lane						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm					State, Zip Code		-			_	
Other - Describe: 9 am - 4 pm				1 88	coln Park NJ 0	7035					
Scope of Work (Check All That Apply)				1							_
≥3 sf or ≥3 lf	Ren	ovation			X Eull Contains	nent with Nega	D.	essu			
≥160 sf or ≥260 lf		nolition			Mini-Enclosu			cssui			
	_			-	Glovebag Pro			_			
	T			L	Non-Exempte	ed (*) and Non	able	e Pro	cedur	_	
		cation								ement pe	1
Location of Asbestos-Containing Material (ACM)		mally Solely by	Ashast	Descriptio	n of Material (ACM)	Amoun					
TO BE ABATED	(P23022200000000000000000000000000000000	enance/		thermal system		(Specifi		Z	77	Enc	Ē
In Facility	the second of th	ial Staff? 12)		surfacing, V		SF or LF		Remova	Repair	aps	Enclosure
(13)	<u> </u>		-	other miscella	neous)			val	 	Encapsulate	ure
	Yes 1	No N/A								Ф	
Basement		x	Ask	oestos Pipe	Insulation	100 LF		х			
					-0.0	-					
	+						-				
Name of Registered Waste Hauler	1 4	NJDEP W	/aste	Cubic Yards	Name o	f Registered L	fill				
12		Hauler ID		of Waste		WS Landfill	6568				
Loznica Management Corp				TBD	0.0000000000000000000000000000000000000		_				
City, State			10	Disposal Dat			2				
Lincoln Park, NJ 07035				TBD	Morris	sville PA 19	_				
Completed by	Title			Signatu	e\(\)		Dat		1 22		
E. Cirovic	Secret	ary		4	Mult		4/2	20/2	015		

Date of Notification (1) April 21, 2015		- 1		Building C		perator	(2))		=) () () ()	2 (2)
Agencies Notified Type Notification		S	Street Ac				<u> </u>	APR 24	AH 1	ie				
X		0	City, Stat	te, Zip Coo	le	08037	6.	Linn	AH	1				
	cluding	N	lame of	Contact Castellan				49	Teleph	Num	ber			
	21 (2)		FACIL	LITY INFO	RMATI	ON	Tuna	of Facility (4	4)					
Name of Facility Where Abatement is Taking F Former Swedesboro MGP Site	Place (3))						chool (K-1	ne.					
Street Address							S	ubchapter other (i.e. p	8 (Other t	K-12 nercia		lings,	home	es,
98 Bridgeport Ave. City (5)								tc.)	# of Flo	3		idg. A		
Woolwich							1500		3		300	17	3 *	
County (6) Gloucester				Code (7) ISE ONLY)	-			nt Use (Prio merical		nolish	ed)			
Name of Monitoring Firm Hired by Building Ov GEI	/ner (8)		ASCM	No.		Land Street Streets		ement Con enstruction						
Street Address 18000 Horizon Way Suite 200							Addres Getty /	-						
City, State, Zip Code Mount Laurel, New Jersey 08054							state, Zij	o Code w Jersey	07011-)2				
Project Manager for Monitoring Firm Mr. Dave O'Donnell			elephor	ne No. 08-6860			none No 478-48		L	ise No				
	th, 2015 May 30							A Monitor	n Inc.	Av.				9
Occupancy Status During Abatement (Check						Street	Addres	s						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal			ent				Getty /							
Other – Describe: Monday-Friday 7:00am								w Jersey	07011-	02				
Scope of Work (Check All That Apply)							_							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enovat emoliti					Min	Containme i-Enclosure vebag Prod	2	tive P	essu	re		
						>		-Exempted		Friabl	e Pro	cedur	е	
		Locatio										Abate Ty		t
Location of Asbestos-Containing Material (ACM)	Use	d Solel	y by	Asbest		scription taining N		(ACM)	Amc				Ш	
TO BE ABATED In Facility		intenan odial S		(i.e.		system		tion,	(Sp∈ SF or)	Removal	Repair	ncap	Enck
(13)		(12)				miscella				,	loval	pair	Encapsulate	Enclosure
	Yes	No	N/A										ie'	
Basement			X		12	ransite	<u> </u>		6S		X			
First Floor Bedroom next to Bathron	8		Х		CONTRACTOR OF THE PARTY OF THE	vebase	25 300220320		381		X			
First Floor Kitchen			Х			ck Cov		W-2-62-52-1	201		х			
Second Floor Kitchen		X	Tan/Gre			n(unde	858	220	_	х				
Name of Registered Waste Hauler		1 20.00	JDEP Wauler ID		Cubic of Wa	Yards ste			Registere	ındfill				recircital)
Slavco Construction Inc.		2.00	3508	100 (COV)	TBD	1			W.S Lar	11				
City, State Clifton, New Jersey 07011-1802				Dispo TBD	sal Date	*	City, Stat Morrisv							
Completed by Vivian D. Jurcevic	Title Office	e Man	ager			Signatur		1)	ruu	Da: 4/2	te 21/15	5		

CONTINUATION SHEET

OH # 5000

Page 2 of 2 Abatement Type Description of Е Location of Is Location Normally E N Asbestos-Containing Amount Asbestos-Containing R Used N C Material (ACM) (Specify Material (ACM) Ε C L Solely by SF or (i.e. thermal systems, M E TO BE ABATED 0 A Maintenance insulation, surfacing, VAT, LF) In Facility (13) 0 P P S /Custodial or other miscellaneous) V S U Α Staff (12) Α U R Yes No N/A L R E L 2nd Flr. Kitchen Brown & Black Covebase Glue 40LF X 2nd Flr. Bedroom Next to Bathroom X Black Covebase Material 32LF X 2nd Flr. Living Room closet Brown & Black Covebase Glue 8LF Um an Muric

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) To be determined					Name of Build			1.5		1 -	-	1		_
Т		State of New Jersey DPMC							7					
Agencies Notified [X] EPA [] DEP		tion I Notifica nded Not			Street Address	175 - 0.486-540	3ox 034		PR 2L	AM	: 64)		
[x] DOL [x] DOH	[] Emer	ndment #			City, State, Zip		on, NJ 0	غارار A چى 18625	3 f0a Lice	OMT NHG	ROL			
[] DCA		ication) ellation			Name of Conta Joh	n Tisa			Telephor	umber				
				FAC	CILITY INFO	RMATION				-				
Name of Facility Where At	oatement is Taking Wagner Youth					. C. L.	Туре о	f Facility (4)	Schoo	-12)				
Street Address							-	įj	Subcl	er 8 (ot				
500	Ward Avenue							[x]	Other home:		te & co	mmerc	ial buil	dings,
City		County	y (6)		County Code (7) (STATE USE O		Square 50	feet ,000 sf	# of	c.)	Bld	g. Age	60	
Bordentown		1.000.000	ngton					t Use (Prior i	if being d	olished)		00	
	Hired by Building (A Environment			t, Inc.	ASCM No.	Name of	Abateme	nt Contractor		cting,	Inc.			
Street Address	West State Str	reet				Street A	ddress	1000 T						
City, State, Zip Code	West State St	cci				City, Sta	te, Zip Co		Route 9	nit 61		-		
	nton, NJ 08618	3					M colete cole	Toms 1	River, 1	v Jers	ey 08	755-1	271	
Project Manager for Monitor Bill Weisgan			609-650	e Number 5-8101			ne Numbe 9-9932	r		ense N 1624	lumber			
Scheduled Start Date (10) 4/27/15			Schedule	d Completi	on Date (11)		OSHA M							
Occupancy Status During A	Abatement (Check	only one)	6/30/	13		Street A	ddress	E.M.S.	L. Ana	cal				
	lity Closed/Vacated							1056 S	telton l	ıd				
	rement Performed (T Describe <u>Exter</u>			Facility Ho	ours	City, Sta	te, Zip Co	de			7			
[X] Onle	i Describe_Exter	IOI AUG	itement					Piscata	way, N	Jerse	y 088	54		
Scope of Work (Check all the	hat apply)					[]	Full	Containment	with Ne	ve Pres	sure			
[] >3 et	f or ≥3 lf		[x]	Renova	tion			i-Enclosure						
2 2	sf or ≥260 lf		[]	Demoli		[x]		ebag Proced -Exempted (*		riable I	Procedi	ire		
					T			. ,	<u> </u>		_		-	
			Is Locati	on		Description	n of				Abat	ement	Тург	-
Location o		N	ormally		1	Asbestos-Cor	ntaining		Aı	ınt	R E	R E	E N	E N
Asbestos-Containing M TO BE ABA		Maint	Solely benance/C		1	Material (A i.e., thermal			(Spe	y SF ?)	M	P	С	C
in facility		1714111	Staff	astoutai		nsulation, su			0	-)	0	A I	A P	LO
(13)			(12)			VAT, o					V	R	S	S
		YES	NO	N/A		other miscell	aneous)				A L		U L	U R
Exterior			X	T	Window car	ilk & aloni	200		375	_			Е	Е
			1		Willdow Ca	uik & giazii	ıg		3/3	-	Х	_	_	
				1					+	-				
				1	7				-	-			-	
Name of Registered Waste I Guardian Con		N		ste Hauler 20223	ID No. Cubic	Yards of Wast		ne of Registe	red Land					
City, State			-	Dispos	al Date	City, Sta	ate							
Toms River, I Completed by (Print or Type		Title		7/1/1:		Tullyte	own, Per	nnsylvania	1		- n			
Nicholas Fern		0.00	t Manag	ger	Signature	\i ch	of I	1			Date			
		*D	o not use	this form	for ashestos lie	IOMOTINO ONOM	ntad anti	1/						



B Emergency &

State of New Jersey

)	N					ABATEM d 12:120)		Cat	1 4	188				8
Date of Notification (1) 4/20/15							Operator (2 no Priva		ome	*			7.		-
Agencies Notified	Type Notification		1111	Street A	ddress amingo	Rd.		* *	5 /- 1 /-	a 1. I	İ÷ζ.	C.			
EPA DEP DOL	Amended Amendment				ate, Zip Co rton NJ					300	- 12		24		
DOH DCA	Emergency (i justification) Cancellation	including	- 41	Name o Gail	f Contact				7 0 10	Tele	ne Nur	nber			
	Caricellation				LITY INF	OPMAT	ION							-	
Name of Facility Where)	1 70	L. 1 1141	ORMATI		Туре	of Facility	(4)	-				
Gail & Robert Felio	iano Private Hor	ne						S	school (K-	12)			10		
Street Address 163 Flamingo Rd.								X C	Subchapter Other (i.e. p tc.)		an K-12 nmercia		dings	, hom	es,
City (5) Tuckerton NJ 0808	37								e Feet	# of	ors		3ldg. <i>A</i>	Age	
County (6) Ocean					Code (7))	(Investor-seri	nt Use (Pri	or if beir	emolish		-	-	
Name of Monitoring Firm	n Hired by Building C	Owner (8)		ASCN	/ No.	¥		f Abat	ement Cor	ntractor				8	
Street Address							Street A	ddres	S						_
City, State, Zip Code						•	City, Sta	ate, Zip	Code						
Project Manager for Mor	nitoring Firm		Т	Telepho	ne No.		Telepho	ne No		191	ense N	0.			
Start Date (10)		Schedule	d Con	npletion	Date (11)		856-75		300 A Monitor		727				
4/21/15		4/24/15		•	,		Same								
Occupancy Status Durin	ng Abatement (Check	k Only On	e)				Street A	ddress	S			Table 1			
Facility Closed/Vac Abatement Perforn Other – Describe:	cated During Entire P ned Outside of Norm	Period of A al Facility	batem Hours	ent		_	City, Sta	ate, Zip	Code						
Scope of Work (Check A	All That Apply)										_				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Andrews .	enova emolit					Mini	Containm -Enclosure vebag Pro	e cedure	jative P				
	1	Τ.					×	Non	-Exempte	d (*) and	n-Friab	le Pro		e emeni	
Locatio	n of	N	Locati ormali	ly		De	scription o	nf.						уре	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED ility	Mai	d Sole ntenar odial S (12)	nce/ Staff?		tos Con thermal surfa	taining Ma systems i cing, VAT, miscellane	iterial insulat , or		Ar (S SF	nt ify _F)	Removal	Repair	Encapsulate	Enclosure
Exterior 6	Pidina	res	INO	N/A		F. d.	-i 0:-i:			400	25	-			
Exterior S	Sidirig			X	80	EXTE	rior Sidi	ng		120	SF ———	х			
Name of Degistered We	eta Uaulor		1 81	IDED !!	last-	10	Varia		Ne						
Name of Registered Wa United Containers	sie nauler		Н	JDEP Wauler ID 2459		of Wa	Yards ste		Name of G.R.O.		Landfill				
City, State Elm NJ					50	Dispo:	sal Date		City, Stat		067				

Anthony T Perna

Completed by

Signature

Date

4/20/15

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)							
April 20, 2015			Clayton Concrete			1 1	5	55	
[] DEP [] Ame [X] DOL Ame	l Notification nded Notification ndment #	Street Address City, State, Zip Co	194 Chestnut Street	ATR	Fig.	1:.			
[x] DOH justif	rgency (including lication)	Name of Contact		Telephoi	umber		4.	<u> </u>	
[] DCA [] Canc	ellation	Bill							
CD W W	FA	CILITY INFORM							
Name of Facility Where Abatement is Taking Building	Place (3)		Type of Facility (4)	Schoo	-12)				
Street Address			[j	Subcl	er 8 (ot				
1125 East Veteran	as Highway		[x]	Other home	., priva	te & co	mmerc	ial build	dings,
City	County (6)	County Code (7) (STATE USE ONL	Square feet	# of	ors	Bld	g. Age	20	
Jackson	Ocean	(OTTTE ODE OTTE	(Y) 2400 sf Current Use (Prior Buildin		olished))		30	
Name of Monitoring Firm Hired by Building Guardian Contract		ASCM No.	Name of Abatement Contractor	(9)		т			
Street Address			Street Address	an Cor	cting,	inc.			
1889 Route 9, Uni	it 61		City, State, Zip Code	Loute 9	nit 61				
Toms River, NJ 03			Toms 1	River,	w Jers	ey 08	755-1	271	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Number 732-349-9932		Telephone Number 732-349-9932		cense N 0624	lumber			
Scheduled Start Date (10)	Scheduled Complet	tion Date (11)	Name of OSHA Monitor		100 100				
4/21/15 Occupancy Status During Abatement (Check	4/28/15 only one)		E.M.S. Street Address	L. Ana	ical				
	d During Entire Period of Aba		1056 S	telton	ad				
Abatement Performed Other – Describe	Outside of Normal Facility H	ours	City, State, Zip Code	5000	8515	9000000	(00%)		
. ,			Piscata	way, N	⁷ Jerse	y 088	354		
Scope of Work (Check all that apply)			[] Full Containment	with Ne	ve Pres	sure			
[] >3 sf or ≥3 lf	[] Renov	ation	Mini-Enclosure Glovebag Proced	ure					
[X] ≥160 sf or ≥260 lf	[x] Demol	lition	[x] Non-Exempted (riable I	Procedi	ıre		
				T		Abat	tement '	Туре	
Location of	Is Location		Description of			R	R	Е	Е
Asbestos-Containing Material (ACM)	Normally used Solely by		bestos-Containing Material (ACM)	(Sp	unt y SF	Е	E P	N C	N
TO BE ABATED in facility	Maintenance/Custodial	(i.e	., thermal systems	C	F)	M	A	Α	C L
(13)	Staff (12)	ins	ulation, surfacing, VAT, or			v	I R	P S	O S
	17770 210 2111	oth	ner miscellaneous)			A		U L	U R
	YES NO N/A				-	L		E	E
Exterior house	X	Asbestos roof		240	f	X			
Interior	X	Tranite ceiling		240	f	X			
Exterior	X	Window caull	King	20 1		X			
Name of Registered Waste Hauler	NJDEP Waste Hauler	ID No Cubic Va	ards of Waste Name of Registe	red Land					
Guardian Contracting, Inc.	20223	3	T.R.R.F.	. ou Dain	-				
City, State Toms River, New Jersey	Dispo 4/29	sal Date /15	City, State Tullytown, Pennsylvania	1					
Completed by (Print or Type)	Title	Signature	Tunytown, tennisyrvania	1	-	Date			
Nicholas Fernicola	Project Manager	у (ichol te	e (1)		4/20)/15		
	*Do not use this for	m for asbestos licer	isure exempted activities.						

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

Name of Notification (t) A-21-15								12:120-7									
Second College County (6) Sesex County (6)			1000				Operator	(2)	7 -								
City (Same as above County							d Av	e	- 21		7.	1 (1)					
[Allou Same of Contact Patty Jaeger Felephone Numbs Patty Jaeger Patty	[]DEP	Noti	ification	City,	State	, Zip	Code				4.7	1 1					
Rame of Facility Where Abstement is Taking Place (3) Patty Jaeger Patty Jae	[X]DOL	100 1000	The second secon	Gle	en Ri	idge	,NJ,		-								
Facility Where Abstement is Taking Place (3) Facility (4)	[X] DOH	2000000		Name	of Con	tact			Telepho	ne Numbe	100	7026					
Same as above Street Address Street Address County (6) Essex County (6) Essex County (6) Essex County (7) Example (7) Cish County (8) Essex County (8) N/A Name of Monitoring Firm hired by Building ASCM No. Name of Monitoring Firm hired by Building ASCM No. Street Address Street Manager for Monitoring Firm Relephone Number (N/A) Scheduled Start Date (10) Scheduled S	[]DCA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200	Pa	tty 3	Jaege	er										
Street Addres County (6) Essex	*			l.	FACI	LITY I	NFORM	ATION			-						
Street Addres Street Addres	그렇게 있다면 되었다면 그 이번 어때가 되었습니다.		ent is Takir	ng Pla	ace (3)	ii	T		Type of Facil	lity (4)	4)						
City (5 County (6) Essex County Code (7) Square Feet 6 of Square Feet 8 of Squa								n	[]Subchar [X]Other	pter 8 ((i.e., p	rate	& 00	omme:	c-			
City (5 County (6) Essex County Code (7) CSTATE USE ONLY) Ourrent Use (Prior i seing demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abstement Contractor (9) AZTECH MANAGEMENT, Inc Street Address Street Address S6 Christopher St. City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Relephone Number Mont N/A Scheduled Start Date (10) Sched. Completion Date (11) 5-2-15 Month Day Year Month Day Year Cocupancy Status During Abstement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abstement (1) Abstement Performed Outside of Normal Facility (1) the Peorchies College or Describes College or Work (Check all that apply) [X] 23 sf or 23 1f (X) Renovation (1) Electron of Abstement Contractor (1) Containment with Nega (1) Mini-Enclosure (1) Mini-Enclo																	
AZTECH MANAGEMENT, Inc	City (5		County	(6) Ess	sex								9.53)		
Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm	Owner (8)	Firm hired	by Building	J AS	CM No.		II.			0.2							
## Montclair, NJ 07042 Project Manager for Monitoring Firm						1 2 15 5		B	· .	-							
Project Manager for Monitoring Firm Palephone Number (973)744-8800	City, State, Zip Coo								142								
S-2-15	Project Manager for	Monitorin			ne Numb	er	Telep	hone Num	ber	2	2770			oer			
Social Processing Social Processing Social Processing Street Address Street Addre	Scheduled Start Date	e (10)	Sched. Compl	etion	Date	(11)	Name	of OSHA 1	Monitor				- 500				
Occupancy Status During Abatement (Check only one) [X]Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility			5-4	-15			N/A										
[X]Facility closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility		100000000000000000000000000000000000000		-			Stree	t Addres	9								
Hours - Describt: «Other Occupancy Descript»	[X]Facility Clo of Abatemen	sed/Vacate	ed During En	tire :	Period												
[X] Saf or >3 lf [X] Renovation [I] Demolition [I] Mini-Enclosure [I] Mini-Enclosure [I] Mini-Enclosure [I] Mon-Friable Procedure [I] Non-Friable Pr	Hours - Desc	ribe: «OffH	lours Descri	pt»		ty	City,	State,	Zip Code						0.00		
[X] > 3 sf or > 3 lf [Demolition In Item	Scope of Work (Check	all that	apply)					· · · · · · · · · · · · · · · · · · ·									
Location of Asbestos-Containing Material (ACM) Material (ACM) TO BE ABATED The Facility (13) Basement Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. Name of Registered Waste Hauler AZTECH MANAGEMENT, NJ 07042 Name of Registered Waste Hauler Montclair, NJ 07042			50					[]Mini- [X]Glove	Enclosure bag Procedure	10770	re Pi	essu	ire				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement X Pipe Insulation Normally Used Asbestos-Containing Material (ACM) By Maintenance/Custodial Staff (12) Yes No N/A Pipe Insulation Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. R R R R R R C C C C C C C C C C C C	******		T.		on		-				-	Aba	teme				
Basement X Pipe Insulation 45 1 X Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. Hauler ID No. 17040 City, State Montclair, NJ 07042 Completed By (Print or Type) Title Completed By (Print or Type) Title Signature Date	Asbestos-Cor Material <u>TO BE AB</u> In Facil	ntaining (ACM) <u>ATED</u> Lity	B t Ct	Used Solely Main enance stodi aff (ly y n- e/ .al 12)		Asbe Ma (i.e., sulatio	stos-Consterial (thermal	taining ACM) systems acing, VAT,	(Spe SF	; fy	E M O V A	E P A I	NCAPSU	NCHOSUR		
AZTECH MANAGEMENT, INC. Hauler ID No. of Waste 1.5 G.R.O.W.S. City, State Montclair, NJ 07042 Completed By (Print or Type) Title Completed By (Print or Type) Title Signature Date	Basement	N.	100	110		Pip	e In	sulat	ion	45 1		X		_	E		
AZTECH MANAGEMENT, INC. Hauler ID No. of Waste 1.5 G.R.O.W.S. City, State Montclair, NJ 07042 Completed By (Print or Type) Title Completed By (Print or Type) Title Signature Date																	
Montclair, NJ 07042 5-5-15 Morrisville, 19067 Completed By (Print or Type) Title Signature Date			TNC Ha	uler	ID No.	1000000					dfil	1					
Completed By (Print or Type) Title Signature Date		07042				1000				116	1 1	906	7				
Constanting Wining Burning	*					3				,							
							S	ignature	úc-	-			1-1	.5			

State of NJ Notification of Asbestos Abatement

B & G proj. #:

2015-69

(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #.							,	7 <u>C</u> t	c# 7182				_
Date of Notification	(1)	I I Nar	ne of Building	Own	er/Operator (2))		1000	-				
10 14 1/12 11	1/115	11	evin Smith		-11 - p - 1 - 1 - 1 - 1 - 1		# CE	15 APR 24		20			
Agencies Notified	Type Notifica	tion Stre	et Address							•		-	
☐ EPA ☐ DEP	X Initial		6 Condict S	300000000000000000000000000000000000000	et		4.5	8631	34			-	
X DOL	Amend		, State, Zip Co Jersey City,		07306			Z EHLE	12/12				
X DOH		Service In In In In In In In I	ne of Contact				***	Tele	ne Numbe	er.			
DCA	☐ Cancell	ation _	Kevin Smith							l.			
				FAC	ILITY INFORM	IATION	ı						
Name of facility wh	ere abatement	is taking place	(3)					Type of Fac	(4)	,			
Kevin Smith									ol (K - 12)		han K	(-12)	
Street Address				0				X O	· (Private/C	Comme		12)	
46 Condict St	reet							Square Fe	# of Floo		В	dg. A	ge
City (5)		County	(6)				nty Code (7)						
Jersey City		Huds	son			(Sta	te use only)	Current Us residenti	Prior if beir	ng den	nolish	ed)	
Name of Monitoring	g Firm Hired by	Bldg. Owner	(8)		ASCM No.	-	Name of Abatement						
n/a			4			*	B & G Restora	ion, Inc.					
Street Address				190 191 40			Street Address 105 Ryerson F	Road					
City, State, Zip Code	9					-	City, State, Zip Code						
							Lincoln Park,	NJ 07035		Lancon			-
Project Manager for	Monitoring Firn	1	Phone N	lumb	er		Telephone Number (973)696-686	9	License	Numi 0378	oer		
Scheduled Start Dat	20 (10)	[School C	Completion Date	0 /1	()		Name of OSHA Mon	-		7010			-
05/11/2015	le (10)	05/12	(E)	1) 3.	1)		B & G Restora	tion, Inc.					
Occupancy Status D	Juring Abateme					_	Street Address 105 Ryerson R	nad					
▼ Facility closed	/vacated during	entire period	of abatement.				City, State, Zip Code					_	_
Abatement pe Describe:	rformed outside	of normal fac	cility hours-										
Other-Describ						-	LincolnPark, N	J 07035					
Scope of Work (che	<u> </u>					П-	ull Containment w/ne	antivo assaule	E a				
>3 sf or >3 If	X	Renovation >160 sf or >2	60 lf				uii Containment w/ne Iini-enclosure	gative pressur		bag pr riable i			
			ormally used s	olely	,	<u></u>				TR	R	E	
Location of asbestos-cont			nce/custodial		0.035 0.071.00	on of a	sbestos-containing	Amou		e m	e p	n	E
material to be abated in facil		Yes	No N	/A	material (ACM)		(Spec	SF or	0	a	а	C
bassment			130000	1000	nina inaula	-4:		140.15	42-17	e	Ė	Р	<u></u>
basement				X	_pipe insula	ation	**	112 lf		X	님	-	ዙ
						-		_	***	旨	H	H	計
						×7- ·	101						
Registered Waste Ha B & G Restorati		NJDEP 19:	Hauler ID# 563	10	ubic Yards of V 2	vaste	Name of Registered Tullytown	Landfill Resource 8	ecovery	Cent	er		
City, State Lincoln Park, N	J		Dispos		ate 12/2015		City, State Tullytown,						
Completed by (Print		Title			Signature				Date			¥:	_
Gordana Luna							Gordana Luna		04/21	1/201	5		

State of NJ Notification of Asbestos Abatement

B & G proj. #:

2015-75

(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 1.4 1/2 1/1 1.5	2 a 0 p. 0j				85					Ch	:#7181				_
Ann Jacobsen Committee Co	Date of Notification	(1)	1.1	Name of	Building Ow	ner/O	perator (2)			7 - 7	57 27 1				
Seption Sept	10 14 1/12 11	1/11 15 1				110170	perator (2)			intr cha					
Name of facility where abstement is taking place (3)			tion							(E13 AFF 2)	4K 3-	.0			
Name of facility where abstement is taking place (3)	_	X Initial				ad				43: j.	X.1.34	\$40			
Name of facility where abstement is taking place (3)		Amend				12				\$ L105	THE	- 10			
DCA	IXI DOH	200 To	1												
FACILITY INFORMATION Type of Fact (4) (4) (7) (4) (7) (4) (7) (5) (5) (5) (7) (5) (5) (6) (7) (5) (5) (6) (7) (5) (5) (6) (7) (5) (8) (7) (8) (8) (7) (8) (8) (10) (8) (10) (8) (10) (8) (10) (8) (10) (10) (10) (10) (10) (10) (10) (10		Cancell								1	3.1-3.2.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3	1845 -			
Name of facility where abatement is taking place (3) Ann Jacobsen Street Address 32 Hepburn Road City (5) County (6) County (6) Passaic Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Phone Number (973)699-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address City, State, Zip Code Lincoln Park, NJ 07035 Elephone Number (973)699-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address City, State, Zip Code Lincoln Park, NJ 07035 Elephone Number (973)699-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address City, State, Zip Code Lincoln Park, NJ 07035 Elephone Number (973)699-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address City, State, Zip Code Lincoln Park, NJ 07035 Elephone Number (973)699-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address City, State, Zip Code Lincoln Park, NJ 07035 Elephone Number (973)699-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address City, State, Zip Code Lincoln Park, NJ 07035 Elephone Number (973)699-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address City, State, Zip Code Lincoln Park, NJ 07035 Elephone Number (973)699-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address City, State, Zip Code Lincoln Park, NJ 07035 Elephone Number (973)699-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address City, State, Zip Code Lincoln Park, NJ 07035 Elephone Number (973)699-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address City, State, Zip Code Lincoln Park, NJ 07035 Elephone Number (973)699-6869 Name of OSHA Monitor B & G Re						CILITY	Y INFORMA	MOITA	i						
Ann Jacobsen Street Address Street	Name of facility wh	nere abatement	is taking p	lace (3)						Type of Fac	(4)		200		
Street Address 32 Hepburn Road City (8)	100000000000000000000000000000000000000									☐ S	ol (K - 12		than K	12\	
Square Fet # of Floors Bidg. Age County (6) County (5) County (6) County (6) County (6) County (6) County (6) County (6) Current Us resident in serident in the sident in the	Street Address				-	-			27					-12)	
Clifton Passaic (State use only) Current Usersidenti Tesidenti Tes	32 Hepburn R	Road								10.00		CONTRACTOR:	В	dg. A	ge
Clifton Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address City, State, Zip Code City, State	City (5)		Cou	inty (6)					23 270,070						
Street Address City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)896-8869 Name of OSHA Monitor B & G Restoration, Inc. Street Address (10) 05/04/2015 Occupancy Status During Abatement (Check only one) If Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Describe: Expective (Spec Address) Demolition If Renovation Full Containment winegative pressur Mini-enclosure Incoln Park, NJ 07035 Glovebag procedure Non-friable procedure Non-friable procedure Non-friable procedure Description of asbestos-containing material to be abated in facility (13) passement Incoln Park, NJ 07035 Glovebag procedure Non-friable procedure Description of asbestos-containing material to be abated in facility (13) Passement Incoln Park, NJ 07035 Incoln	Clifton		Pa	assaic				(Sta	te use only)		orior if being	ng den	nolish	ed)	
Street Address City, State, Zip Code City,		g Firm Hired by	Bldg. Owr	ner (8)		AS	CM No.	\top	Name of Abatement	Contractor (9)					
105 Ryerson Road City, State, Zip Code City, Sta										tion, Inc.					
Lincoln Park, NJ 07035 License Number	Street Address									Road					78/30
Telephone Number (973)696-6869 Completion Date (11) O5/04/2015 O5/05/2015 O5/05/2015 O5/04/2015 O5/05/2015 O5/04/2015 O5/05/2015	City, State, Zip Code	e						-	City, State, Zip Code						
Scheduled Start Date (10)									A STATE OF THE STA	NJ 07035	W-017-0				
Sched. Completion Date (11) 05/04/2015 Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement.	Project Manager for	Monitoring Firn	1		Phone Num	ber				69					
Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement.	Scheduled Start Date	te (10)	Sche	d. Comp	etion Date (1	11)		-							
Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 City, State, Zip Code LincolnPark, NJ 07035 City, State LincolnP	05/04/2015	05. 53	05/	05/201	5					tion, Inc.					
Abatement performed outside of normal facility hours—Describe: Cother-Describe: Coth	Occupancy Status D	During Abateme	nt (Check	only one						Road		v.			
Other-Describe: ClincolnPark, NJ 07035	Abatement pe								City, State, Zip Code						
Demolition		oe:						-	LincolnPark, N	J 07035				,	
Solution of asbestos-containing material to be abated in facility (13) Security of asbestos-containing material (ACM) Security of		eck all that apply	y)												
Location of asbestos-containing material to be abated in facility (13) Description of asbestos-containing material (ACM) SF or Re e e n n n p c c c c c c c c c c c c c c c c		×	Renovati	on						gative pressure		270			
by maintenance/custodial staff(12) Yes No N/A Description of asbestos-containing material (ACM) Description of asbestos-containing material (ACM) Description of asbestos-containing material (ACM) SF or C O O O O O O O O O O O O O O O O O O	>3 sf or >3 lf			770				X V	fini-enclosure		Non-f				
Abasement Yes No N/A Pipe insulation 140 If X	asbestos-con		by maint	enance/o		ly			sbestos-containing	A 400 PM 100 PM 100 PM		е	е	n	
basement					N/A		material (A	(CM)			3F 0I	V	a	а	
B & G Restoration, Inc. 19563 2½ Tullytown Resource & ecovery Center City, State Lincoln Park, NJ Completed by (Print or Type) Title Signature Disposal Date Tullytown, PA Date	basement				X	pip	pe insulat	tion		140 lf					
B & G Restoration, Inc. 19563 2½ Tullytown Resource & ecovery Center City, State Lincoln Park, NJ Completed by (Print or Type) Title Signature Disposal Date Tullytown, PA Date]_									
B & G Restoration, Inc. 19563 2½ Tullytown Resource & ecovery Center City, State Lincoln Park, NJ Completed by (Print or Type) Title Signature Disposal Date Tullytown, PA Date	•					-	*								믬
B & G Restoration, Inc. 19563 2½ Tullytown Resource & ecovery Center City, State Lincoln Park, NJ Completed by (Print or Type) Title Signature Disposal Date Tullytown, PA Date						-						#			뷔
B & G Restoration, Inc. 19563 2½ Tullytown Resource & ecovery Center City, State Lincoln Park, NJ Completed by (Print or Type) Title Signature Disposal Date Tullytown, PA Date	Registered Waste Ha	auler	IN.ID	EP Haule	er ID# 1 0	 Cubic	Yards of W	aste	Name of Registered	Landfill		.	Ш	Ц,	
Lincoln Park, NJ 05/05/2015 Tullytown, PA Completed by (Print or Type) Title Signature Date	B & G Restorati								Tullytown		ecovery	Cent	er	-	
	City, State Lincoln Park, N	IJ					2015			PA				*	
				ry/Trea	surer	Sig	gnature	(Gordana Luna			1/201	5		

2015-74

B & G proj. #:

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

2 a 0 proj. ".				3.			p.s.	<u>Ch</u>	: # 7180	
Date of Notification	(1)	11	Name of B	uilding Own	er/Operator (2	')		· · · · · · · · · · · · · · · · · · ·		
0 14 1/12 11	[/[1 [5]			Pierre-Lo	200	.)	2015 600	21 हो। उः		
Agencies Notified	Type Notifica	tion	Street Add				, , , , ,	All 5:	7	
☐ EPA ☐ DEP	X Initial		-	den Aveni	ue		\$ 380 Mg	(1	<i>'</i>	
X DOL	Amend		아이 선생님이 아이지 않는데	, Zip Code field, NJ (07003		~ 4.16.	ENGING K		
X DOH		1	Name of Co		ethola i Medicatione	-		Tele	ne Number	
☐ DCA	Cancell	ation	Grace	Pierre-Lo	ouis				Transit Wil	
				FAC	ILITY INFORM	MATIO	N			
Name of facility wh	nere abatement	is taking p	lace (3)			101-1112		Type of Fac	(4)	
Grace Pierre-	Louis								ol (K - 12) hapter 8 (Other	r than K-12)
Street Address 15 Linden Ave	eue			T			\$	X OI BI	(Private/Comm./Homes, etc.	nercial
City (5)		Cou	inty (6)			I Co	unty Code (7)	Square Fee	# of Floors	Bldg. Age
						355	ate use only)	Current Us	Prior if being de	<u>—l —————</u> emolished)
Bloomfield, N			sex					residenti	(5)	(#)
Name of Monitoring	g Firm Hired by	Bldg. Owr	ier (8)		ASCM No.	.	Name of Abatement			
Street Address						_	B & G Restorat	ion, Inc.		
Otreet Address							105 Ryerson F	Road	14	
City, State, Zip Code	е					_	City, State, Zip Code	E TOTAL CONTRACTOR OF SERVICE	Di Companya di Companya di Companya di Companya di Companya di Companya di Companya di Companya di Companya di	
							Lincoln Park,	NJ 07035		
Project Manager for	r Monitoring Firn	n		hone Numb	per		Telephone Number (973)696-686	9	License Nur 00378	
Scheduled Start Da	te (10)	Sche	d. Comple	tion Date (1	1)	_	Name of OSHA Mon			
05/01/2015		05/	02/2015				B & G Restorat	ion, mc.		
Occupancy Status D	During Abateme	nt (Check	only one)				105 Ryerson R	oad		
Facility closed Abatement pe	d/vacated during erformed outside						City, State, Zip Code			
Describe: Other-Describ						-	LincolnPark, N	J 07035		
Scope of Work (ch		y)				_				11.1
☐ Demolition	X	Renovati	on				Full Containment w/ne	gative pressure	X Glovebag	procedure
\times >3 sf or >3 If		≥160 sf or	≥260 If			X	Mini-enclosure		☐ Non-friable	e procedure
Location of			on normally enance/cu	used solely	1				R	REE
asbestos-con material to be	,	staff(12)	1		Descripti material		asbestos-containing	Amou (Spec	SF or m	P C C
abated in faci	lity (13)	Yes	No	N/A				LF)	v e	i p L
basement				X	pipe insul	ation		8 If	X	
basement				×	pipe insul	ation		27 lf		
				-]					
(4)										
Registered Waste H			EP Hauler 19563	ID# C	ubic Yards of \	Waste		Landfill Resource &	200/20/ 00:	nter
City, State			10000	Disposal D	ate		City, State		ecovery Cer	ILCI .
Lincoln Park, N				05/	04/2015		Tullytown,	PA	Tp-/	ν
Completed by (Print Gordana Luna	or Type)	Title Secreta	ry/Treas	urer	Signature		Gordana Luna		Date 04/21/20	115

(K 16589

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	01			

Date of Notification (1)	Name	of Building	Owner / Operato	or (2)	A							
April 22, 2015	Ratio	nal Real E	Estate XVIII, LL	.C.	50 30 21							
Agencies Notified Type Notification		Address										
⊠ EPA		icho Plaza										
DEP X Initial	1110000 N. Restablish	State & Zip (
□ DOL Amended			ork 11753									
DOH X Emergency	Name	of Contact			Te	elephone Number						
☐ DCA ☐ Cancellation	Mitch	el Baffa										
		CILITY INF	FORMATION									
Name of Facility Where Abatement is Taking Pla	ice (3)		Type of Facil									
Vacant Building			School (
Street Address				oter 8 (Other than	12)							
168 Bloomfield Avenue			Other (i.	e. private & comm	cial buildings	s, homes, etc.)						
			Square Feet	# of Floor:	Blo	dg. Age						
City (5) County (6)	County C	Code (7)	5,000		+4	I0 years						
Bloomfield Essex			Current Use	(Prior if being den	shed)							
			None									
Name of Monitoring Firm Hired by Building Owne	er (8)	ASCM No	Name of Aba	atement Contracto	3)							
	* 7		하네 그 내가 있는 경기를 하는 것이 없는 것이 없는 것이 없는 것이 없다.	Network Resol	,	acting, LLC.						
Street Address			Street Addre			3,						
			874 Piney I	Hollow Road, P	. Box 70							
City, State & Zip Code			City, State &									
W0927 49 EQ			Winslow, N	lew Jersey 080								
Project Manager for Monitoring Firm	Telephone	Number	Telephone N	umber	License Nu	ımber						
			609-567-06	00		01263						
Scheduled Start Date (10) Scheduled Comp		e (11)	Name of OSI									
	5-6-15		EMSL Anal									
Occupancy Status During Abatement (Check only			Street Addre									
X Facility Closed/Vacated During Entire Pe			107 Haddo									
Abatement Performed Outside of Normal	Hours –	7am to 3pm	 Billing and Manager and a 	시네이를 많은 외에 의 기계되었다. 그리								
Describe:			Westmont,	NJ 08108								
Facility Occupied During Abatement												
Scope of Work (Check all that apply)				□ Full Cente	samt with Na							
\ \ ≥3 sf or ≥3 lf	Don	ovation		Full Conta		gative Pressure						
≥3 \$1 01 ≥3 11 ≥160 sf ≥260 lf		nolition		Mini-Enclo	·e							
2 100 SI 2200 II	X Dem	IOIILIOII		Glove Bag	ocedures	E. I.I. B.						
Location of	la Lagatio		D	Non-Exem	e and ivon-							
	Is Location	311			-	Friable Procedure						
Ashestos-(Containing	Normally U	lsed	Description		Amount	Abatement Type						
Asbestos-Containing Material (ACM)	Normally U Solely b		Asbestos-Con	ntaining	Amount (Specify	Abatement Type						
Material (ACM) TO BE ABATED	Solely b Maintenance	y ce or	Asbestos-Con Material (A	ntaining CM)	Amount	Abatement Type						
Material (ACM) TO BE ABATED in Facility	Solely b Maintenand Custodial S	y ce or	Asbestos-Con Material (A (i.e., thermal s insulation, surface	ataining CM) systems cing, VAT	Amount (Specify	Abatement Type						
Material (ACM) TO BE ABATED in Facility (13)	Solely b Maintenance	y ce or	Asbestos-Con Material (A (i.e., thermal s	ataining CM) systems cing, VAT	Amount (Specify	Abatement Type						
Material (ACM) TO BE ABATED in Facility (13)	Solely b Maintenand Custodial S (12)	be or taff?	Asbestos-Con Material (A (i.e., thermal s insulation, surfac or other miscell	ntaining CM) systems cing, VAT daneous)	Amount (Specify 3F or LF)	Abatement T Encapsulate Removal						
Material (ACM) TO BE ABATED in Facility (13) Roof	Solely b Maintenand Custodial S (12)	y se or taff? N/A X Roo	Asbestos-Con Material (A (i.e., thermal s insulation, surfac or other miscell	ntaining CM) systems cing, VAT laneous)	Amount (Specify 3F or LF)	Abatement Type Enclsoure Repair Removal						
Material (ACM) TO BE ABATED in Facility (13) Roof First Floor	Solely b Maintenand Custodial S (12)	y ce or taff? N/A X Roo X Ceili	Asbestos-Con Material (A (i.e., thermal s insulation, surfac or other miscell fing Material ing Tile	ntaining CM) systems cing, VAT laneous) 30	Amount (Specify SF or LF)	Abatement Type Enclsoure Repair Removal						
Material (ACM) TO BE ABATED in Facility (13) Roof	Solely b Maintenand Custodial S (12)	y ce or taff? N/A X Roo X Ceili	Asbestos-Con Material (A (i.e., thermal s insulation, surfac or other miscell	ntaining CM) systems cing, VAT laneous)	Amount (Specify 3F or LF)	Abatement Type Enclsoure Repair Removal						
Material (ACM) TO BE ABATED in Facility (13) Roof First Floor	Solely b Maintenand Custodial S (12)	y ce or taff? N/A X Roo X Ceili	Asbestos-Con Material (A (i.e., thermal s insulation, surfac or other miscell fing Material ing Tile	ntaining CM) systems cing, VAT laneous) 30	Amount (Specify SF or LF)	Abatement Type Enclsoure Repair Removal						
Material (ACM) TO BE ABATED in Facility (13) Roof First Floor	Solely b Maintenand Custodial S (12)	y ce or taff? N/A X Roo X Ceili	Asbestos-Con Material (A (i.e., thermal s insulation, surfac or other miscell fing Material ing Tile	ntaining CM) systems cing, VAT laneous) 30	Amount (Specify SF or LF)	Abatement Type Enclsoure Repair Removal						
Material (ACM) TO BE ABATED in Facility (13) Roof First Floor First Floor	Solely b Maintenanc Custodial S (12) Yes No	y ce or taff? N/A X Roo X Ceili X Wind	Asbestos-Con Material (A (i.e., thermal s insulation, surfac or other miscell fing Material ing Tile dow Caulking	attaining CM) systems cing, VAT daneous) 3(20	Amount (Specify SF or LF)	Abatement Type Enclsoure Repair Removal						
Material (ACM) TO BE ABATED in Facility (13) Roof First Floor	Solely b Maintenanc Custodial S (12) Yes No	y ce or taff? N/A X Roo X Ceili X Wind	Asbestos-Con Material (A (i.e., thermal s insulation, surfac or other miscell fing Material ing Tile dow Caulking Cubic Yards	ntaining CM) systems cing, VAT laneous) 30	Amount (Specify SF or LF)	Abatement Type Enclsoure Repair Removal						
Material (ACM) TO BE ABATED in Facility (13) Roof First Floor First Floor Name of Registered Waste Hauler	Solely b Maintenanc Custodial S (12) Yes No No No NJI Hat	x Roo X Ceili X Wind DEP Waste uler ID No.	Asbestos-Con Material (A (i.e., thermal s insulation, surfac or other miscell fing Material ing Tile dow Caulking Cubic Yards of Waste	ntaining CM) systems cing, VAT laneous) 3(20 30 Name of Registe	Amount (Specify 3F or LF) sq.ft. sq.ft. f.	Abatement Type Enclsoure Repair Removal						
Material (ACM) TO BE ABATED in Facility (13) Roof First Floor First Floor Name of Registered Waste Hauler Bull Waste & Recycling, Inc.	Solely b Maintenanc Custodial S (12) Yes No No No NJI Hat	y ce or taff? N/A X Roo X Ceili X Wind	Asbestos-Con Material (A (i.e., thermal s insulation, surfac or other miscell fing Material ing Tile dow Caulking Cubic Yards of Waste 20 CY	Name of Registe	Amount (Specify 3F or LF) sq.ft. sq.ft. f.	Abatement Type Enclsoure Repair Removal						
Material (ACM) TO BE ABATED in Facility (13) Roof First Floor First Floor Name of Registered Waste Hauler Bull Waste & Recycling, Inc. City, State	Solely b Maintenanc Custodial S (12) Yes No No No NJI Hat	x Roo X Ceili X Wind DEP Waste uler ID No.	Asbestos-Con Material (A (i.e., thermal s insulation, surfac or other miscell fing Material ing Tile dow Caulking Cubic Yards of Waste 20 CY Disposal Date	Name of Registe Salem County City, State	Amount (Specify SF or LF) sq.ft. sq.ft. f.	Abatement Type Enclsoure Removal X X X X X X X X X X X X X						
Material (ACM) TO BE ABATED in Facility (13) Roof First Floor First Floor Name of Registered Waste Hauler Bull Waste & Recycling, Inc. City, State Berlin, New Jersey	Solely b Maintenanc Custodial S (12) Yes No No No NJI Hat 214	x Roo X Ceili X Wind DEP Waste uler ID No.	Asbestos-Con Material (A (i.e., thermal s insulation, surfac or other miscell fing Material ing Tile dow Caulking Cubic Yards of Waste 20 CY Disposal Date 5-6-15	Name of Registe	Amount (Specify 3F or LF) sq.ft. sq.ft. f. d Landfill andfill jp., New Jo	Abatement Type Encloure Encloure						
Material (ACM) TO BE ABATED in Facility (13) Roof First Floor First Floor Name of Registered Waste Hauler Bull Waste & Recycling, Inc. City, State Berlin, New Jersey Completed By (Print or Type)	Solely b Maintenanc Custodial S (12) Yes No No NJI Hac 214	X Room X Ceilin X Wind DEP Waste uler ID No.	Asbestos-Con Material (A (i.e., thermal s insulation, surfac or other miscell fing Material ing Tile dow Caulking Cubic Yards of Waste 20 CY Disposal Date	Name of Registe Salem County City, State	Amount (Specify 3F or LF) sq.ft. sq.ft. f. d Landfill andfill jp., New Je	Abatement Type Removal Enclsoure						
Material (ACM) TO BE ABATED in Facility (13) Roof First Floor First Floor Name of Registered Waste Hauler Bull Waste & Recycling, Inc. City, State Berlin, New Jersey	Solely b Maintenanc Custodial S (12) Yes No No NJI Hac 214	x Roo X Ceili X Wind DEP Waste uler ID No.	Asbestos-Con Material (A (i.e., thermal s insulation, surfac or other miscell fing Material ing Tile dow Caulking Cubic Yards of Waste 20 CY Disposal Date 5-6-15	Name of Registe Salem County City, State	Amount (Specify 3F or LF) sq.ft. sq.ft. f. d Landfill andfill jp., New Je	Abatement Type Enclsoure Removal X X Comparison Removal						

CK WZI

JAN 13

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

Date of Notification (4)				1					F1 1	الرا			
Date of Notification (1)	24	45				ng Owner/Operator (
	/	15		Ne	w Jersey	CVS Pharmacy,		(00.01	6M 3	2- ; (e-		
Agencies Notified	Type Notifica	tion		Stree	t Address		2010	APP 2	Fil .	4. (
⊠ EPA				200) Highlar	nd Park	*****			ĿΚΠ	1		
☑ DOLWD	Amended Amendme			City,	State, Zip	Code	ان الله	J		255	-		
DCA	Emergend			Cu	mberlan	d, RI 02864		& LIC	1.7 194	4			
(NJAC 5:23-8)	justificatio		9	Name	of Contac	ct		Teleph	Numb	er			
	☐ Cancellati	15		Da	mon Koz	:ul		1	A SUSTINIA				
				FΔ	CII ITY II	NFORMATION						-	
Name of Facility Where	Abatement is Ta	aking Place	2 (3)	- ' ^	OILITT II	W OKWATION	Type of Facility	(1)					
Commercial Buildi			(0)				School (K-1	100					
Street Address	-5						Subchapter		ı K-12)				
1801 State Route 7	1						Other (i.e., p homes, etc.)		mmerc	ial bu	ilding	JS,	
City (5)							Square Feet	# of F	'S	DI	da A	20	
Belmar (Wall Twp),	NJ 07719						Square reet	# 01 F	5	BIG	dg. A	ge	
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if bein	emolish	ned)			
Monmouth										170			
Name of Monitoring Firm	Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	2				
Bio Terra Solutions	5					ALL PRO MA	NAGEMENT L	LC					
Street Address						Street Address			100				
P.O. Box 1224						27 Outwater I	Lane						
City, State, Zip Code	3.6	-1				City, State, Zip Co	ode		<i>.</i>			-	
Union, NJ						Garfield, NJ							
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.	14	Licens	VO.			-	: 455
Rick Eustaquio	75		9	73-494	-3762	973-928-4888		118					
Start Date (10)	S	cheduled C	omple	tion Da	te (11)	Name of OSHA M	onitor		W				
4 /30 /		6/				ALL PRO MA	NAGEMENT L	LC					
Occupancy Status During	Abatement (C	heck only	one)			Street Address			-				
☐ Facility Closed/Vacate				ment		27 Outwater I	ane						
☐ Abatement Performed	Outside of No	rmal Facilit	y Hou	rs - Des	cribe	City, State, Zip Co			-				
Time of Abatement: _	AM	PM/	PM		AM	Garfield, NJ							
Scope of Work (Check al	that apply)					Garriora, No	0.020		75				
☐ >3 sf or >3 If							ainment with Ne	gative Pre	ire				
≥160 sf or ≥260 lf		☐ Re	novat			☐ Mini-Encl							
						Non-Exer Non-Exer	npted (*) and No	n-Friable	cedure				
		100000	Loca							Aba	ateme	ent T	vpe
Location Asbestos-Containing		100000000000000000000000000000000000000	Norma ed Sole			Description of		4000		-	100000000000000000000000000000000000000		
TO BE ABA		Ma	intena	nce/	ASDE (i.e	estos Containing Mat e., thermal systems i	terial (ACM)	Am (Sp	it	Removal	Repair	Encapsulate	Enclosure
IN Facili	ty	Cus	todial (12)	Staff?		surfacing, VAT,	or	SF c	=)	ova	=	nsd	Sur
(13)		Yes	No	N/A	1	other miscellaned	ous)					late	Θ.
Roof		П	П		Black I	Mastic sealant		50	:		П		
Roof						d Bitumen		980	=				
Roof					Wall Fla	ashing		110	=		뒴		П
Roof			П		Chimne	ey Flashing		8 :					
Name of Registered Was	te Hauler			JDEP \		Cubic Yards of	Name of Regis					E-N	
Future Sanitation			1 (5.5)	lauler II	No.	Waste	Grows Lar		56				
City, State				22050)1	As Needed	0-0		-				
Farmingdale, NJ						Disposal Date	City, State	DΛ					
						TBD	Tullytown,	PA		1	4		
Completed By (Print or Ty Allen Monchik	/pe)	Title	1.7		1	Signature	1 1	0	Date	1-	, 1		,
Alternation of several property and the second		Project	Man	ager		1900	~1,100	\nearrow	4	72	1	15)
SB-41										1	-		

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