CK 102-2

Date of Notification (1)				Nam	e of Buildin	ng Owner/Operator ((2)			- 11	-	1995	
04/22	/	15			avesink-P		(2)						
☐ EPA ☐ I	e Notification initial Amended Amendmen	t#		City,	et Address 7 Monmo State, Zip	Code		ecopor-	-	2.1		1 2	Haran
□ DCA □ I	Emergency	(includi	ng			ghlands, NJ 077	16						
ALC: US	ustification				e of Conta			Telep	ne Num	ber			
	Cancellation	1		1	thony M		<u> </u>						
				FA	CILITY II	NFORMATION							
Name of Facility Where Abate	ment is Tak	ing Plac	ce (3)				Type of Facility				0		
Residential House Street Address							☐ School (K-12 ☐ Subchapter 8		an 1/ 40	`			
							Other (i.e., pr	rivate a	commer) rcial b	uildin	as.	
1120 E. Bay Avenue City (5)							homes, etc.)					3-1	
Manahawkin, NJ 08050							Square Feet	# 0	ors	В	ldg. A	\ge	
County (6)									15-20-20-20-20-20-20-20-20-20-20-20-20-20-				
Ocean				Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pri	or if be	demolis	shed)			
Name of Monitoring Firm Hired	hy Dullate	~ ^	. /0\	1000	1.51-	TN							
Bio Terra Solutions	ny bullain	J Owner	(8)	ASCM	I NO.	Name of Abateme							
Street Address							NAGEMENT LI	LC				_	
P.O. Box 1224						Street Address			(8)				
City, State, Zip Code						27 Outwater							
Union, NJ						City, State, Zip Co							
Project Manager for Monitoring	Firm		Tal	onhono	No	Garfield, NJ	07026	1					
Rick Eustaquio	, , ,,,,,			ephone	4-3762	Telephone No. 973-928-4888			∍ No.				
Start Date (10)	Sch	adulad i			ate (11)	Name of OSHA M		11	3				
05/02/ 15					15		IONITOR NAGEMENT LL	C					
Occupancy Status During Abat	ement (Che					Street Address	TAOLINENT LE		4				
□ Facility Closed/Vacated Dur	ing Entire F	eriod o	Abate	ement		27 Outwater I	ane						
Abatement Performed Outs	ide of Norm	al Facili	ty Hou	rs - Des	scribe	City, State, Zip Co		- 34	-				
Time of Abatement:	AM	PM/	PM		_AM	Garfield, NJ							
Scope of Work (Check all that a	apply)					,			1				
≥3 sf or ≥3 If≥160 sf or ≥260 If		_	enovat emoliti			☐ Mini-Encl				е			
pro-construction and		1 .	s Loca							Ab	atem	ent T	уре
Location of Asbestos-Containing Materi TO BE ABATED IN Facility (13)	al (ACM)	Us Mi Cus	Norma ed Sole aintena stodial (12)	ely by ance/ Staff?		Description of estos Containing Mat a., thermal systems in surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Ar (S) SF	unt cify LF)	Removal	Repair	Encapsulate	Enclosure
Exterior		Yes	No	N/A	T14	- 01-11				_		0	
Exterior Rear of House	-	-				e Siding		1,3	SF				
Front Door						e Siding		70					
TOTAL DOOR	_				Glazing	K.		5	F				
Name of Registered Waste Hau Newark Carting City, State Newark, NJ	lier			IJDEP Idauler II	D No.	Cubic Yards of Waste As Needed Disposal Date TBD	Name of Registe IESI Landfil City, State Bethlehem,	1	fill				
Completed By (Print or Type) Allen Monchik	Tit	le Projec	t Man	ager		Signature	Nan		Dat	e/2	2	10	
SB-41 AN 13		* Do not	use th	nis form	for asbest	os licensure exempt	ed activities.			1			

Print Form

CK 4015

Date of Notification (1)	-					ding Owner								-4
4/24/2015				McA	Allister	Towing o	f Philac	delphia						
Agencies Notified T	Amende	ed		4 sc City,	State, Zi	ng Street			-		4			* (1)
В рон	justificat	ncy (includ	ing	Name	e of Cont		rsey 08	3030	Tele	ione	Viumb	25		
DCA _	Cancella				rge Do				1	ione	VIII III)	-11		
Name of Facility Where Aba Camden Docks	tement is T	aking Place	e (3)	FA	CILITY	NFORMAT	ION	Type of Facili	ity (4)				_	
Street Address 2500 S. Broad Street City (5)								School (2004/11/0	nan K	-12) rcial b	uilding	gs, ho	ome
Camden								Square Feet 2000	# of 2	ors		Bldg 60+	. Age	
County (6) Camden				Count (STATE	y Code (E USE ON	7) ILY)		Current Use (I		emo	ished)		-	
Name of Monitoring Firm Hire AET, Inc	ed by Buildi	ng Owner	(8)	ASC 107	CM No.		Name ecose	of Abatement Cervices, LLC	Contractor (-				
Street Address 28 N. Pennel RD							Street	Address V. Lincoln H		e 50	n			
City, State, Zip Code Media , PA. 19603							City, St	ate, Zip Code 1, Pa. 19341	·9·····a) C					
Project Manager for Monitorin Dave Turtsy	g Firm			Teleph 610-8	one No. 391-011	4	Telepho			ense	No.			
Start Date (10) 5/7/2015		Schedi 5/9/20	uled Co		Date (1	(200)	Name o	of OSHA Monito	or	161				
Cocupancy Status During Aba Facility Closed/Vacated C							Street A	Analytical Address Oute 130 No	-41	-				
Abatement Performed Outother – Describe:	utside of No	ormal Facili	ty Hour	ment s			City, Sta	ate, Zip Code		-				
Scope of Work (Check All Tha	t Apply)						Cinnir	ninson, NJ.	08077					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure					
Location of			s Locat Normal	lly		Desc	cription o			1110	JIC TH	Abat	emen /pe	t
Asbestos-Containing Mater TO BE ABATED In Facility (13)	ial (ACM)	Ma	ed Sole aintena stodial S (12)	nce/	Asbe (i.e	stos Conta thermal s surfaci	ining Mai ystems in ng, VAT,	terial (ACM) nsulation, or	Amo (Spe		Removal	Re	Encap	Tild
		Yes	No	N/A		other mis	scellaneo	ous)		(5)	ioval	Repair	Encapsulate	FINCOSULE
Galley				х			20		LF	-	X			
Galley	Galley					3	30		SF		Х			
				1										
me of Registered Waste Hau oservices, LLC.	ler		Ha	JDEP Wa	No.	Cubic Ya of Waste			Registered	ndfill				
y, State ton, PA.			SW	/e-13-0	12785	Disposal	Date	City, State	(a WM lar	fill)				
mpleted by m Joiner		Title	ct Mar			TBD	efure (Morrisvi		Dat				



Date of Notification (1)					Name	of Building	Owner/Operator (2	2)						-
4 /21	/	15			Eas	ton Bible	Church							
Agencies Notified Typ	oe Notific	cation			Street	Address				-				
⊠ EPA □	Initial				240	7 Fostert	own Road							
	Amende	ed			City, S	tate, Zip C	ode	1		-				
	Amendr		100 Deliga		-		NJ 08036	******	**************************************			-		1000
	Emerge		cluding			of Contact			Telepho	Numbe	er		-	
The state of the s	Cancella					iv Maeir			Полории					
							FORMATION							
Name of Facility Where Abate	ement is	Takino	Place	(3)	IAC	7121111111	ORMATION	Type of Facility (4)	-				
Easton Bible Church	omone io	runng	1 1000	(0)				School (K-12)						
Street Address								Subchapter 8	(Other					
2407 Fostertown Road								Other (i.e., pr homes, etc.)	ivate and	ommerc	ial bu	ilding	s,	
City (5)								Square Feet	# of F	re	Blo	lg. Ag	10	
Hainesport, nj 08036								2100	2	13		19. 715 10+	,0	
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pri		emolish			-	
Burlington					Joodin	ty oode (r)	NOTATE OUE ONET)	Church	or it bell	CITIONSI	cu)			
Name of Monitoring Firm Hire	ed by Bu	ildina C)wner ((8)	ASCM	No.	Name of Abateme			-				
Accredited Environme	50 Shahi	100		160	NA		and a second	ironmental Sys	tems					
Street Address							Street Address			-				
28 N. Pennell Rd.							550 East Uni	on St.						
City, State, Zip Code							City, State, Zip C	ode		-				_
Media, PA 19063							West Cheste							
Project Manager for Monitorin	ng Firm	1945		Tele	phone	No.	Telephone No.		Licer	No.				
Eric Sutherland	-			6	0-891	-0114	610-701-9000	10	005	3				
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name of OSHA N	Monitor						
4/_8_/_1	15		4 /	_23	3_ / _	15	AET							
Occupancy Status During Ab	atement	(Check	only o	one)			Street Address		-	12				
□ Facility Closed/Vacated D						50	28 N. Pennel	Road						
Abatement Performed Ou						cribe	City, State, Zip C	ode	-	************				
Time of Abatement: 7AM-		21VI/ <u>3:3</u>	UPIVI		AIVI		Media, PA 19	063						
Scope of Work (Check all that	t apply)						N 5:11 0	4-1	ati na Da					
☐ >3 sf or >3 lf			⊠ Re	novat	ion		☐ Mini-End	tainment with Neg closure	ative Pre	ure				
			☐ De	molitic	on		☐ Gloveba	g Procedure		- 10				
							☐ Non-Exe	mpted (*) and No	n-Friable	ocedure	T -			
Longtion of			17.055	Loca: Norma			Description				Ab		ent T	уре
Location of Asbestos-Containing Mat	erial (AC	(M)	Use	ed Sole	ely by	Asbes	Description of stos Containing Ma		Am	int	Rer	Repair	Enc	Enc
TO BE ABATEI		300 M	79-5-5	intena	ince/ Staff?		., thermal systems	insulation,	(Sp		Removal	pair	aps	Enclosure
IN Facility (13)			Cus	(12)			surfacing, VAT other miscellane		SF (LF)	<u>n</u>		Encapsulate	ure
(10)			Yes	No	N/A	1	other middenanc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					e	
Lower Level						Plaster	Walls		188	SF				
Lower Level			П	П		VAT / M	lastic		210	SF				$\overline{\Box}$
Upper Level	П	Ī			v Glazing		12	_F				П		
Upper Level				$\frac{1}{1}$		Door Ca			10	_F		П	П	
Name of Registered Waste H	lauler			1	JDEP V	100000000000000000000000000000000000000	Cubic Yards of	Name of Regis		fill				
David Geppert Recycli				1 697	lauler II		Waste	Western B			/ Lan	dfill		
City, State							30 Disposal Date	City, State			-51		1 	
Hatfield, PA							TBD	Birdsboro,	ΡΔ					
52.11.15474.074.0541.2400.457.111.1.1074.11	\	Title						2.14		150		,	,	
Completed By (Print or Type) Mark Griffin	,	100,000	e stima	tor			Signature	(NIT)	e,	Dat	///	2	1.	1
ASB-41		-	Suilla	LOI							\neg	01	11	J
MAY 11		*	Do not	use t	his form	for asbest	os licensure exem	oted activities.			/	/		



Date of Notification (1) 4/22/15				me of B SEG	Building Ow	mer/Operal	tor (2)							
Agencies Notified	Type Notification			reet Add	iress adley roa	ıd								
EPA DEP DOL	initial Amended Amendment		Cit	y, State	, Zip Code lainfield	NJ 0708	0						KEN KOMIN	
DOH DCA	Emergency (justification) Cancellation	including	800	me of C haden	Contact Smith				Telepho	Numl	рег			
				FACILI	TY INFOR	MATION	TTm	e of Facility (4)		III				-
Name of Facility Where A Totowa Substation	Abatement is Taking	Place (3)						School (K-12) Subchapter 8)	K-12)				
Street Address 59 Furier St							X	Other (i.e. pri etc.)	vate & co	nercia		ngs, l		s,
City (5) Totowa NJ 07512							300		1	allah	40	plus		
County (6) Passaic				ounty Co	ode (7) SE ONLY)		Co	rent Use (Prior Introl room		iolishe	:a)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM n/a	No.	Na W	me of Al	oatement Cont vironmental	ractor (9) Service	Inc.				
Street Address							eet Addi	ress lock Rd						
City, State, Zip Code		<u> </u>				Cit	y, State,	Zip Code NY 11980						
Project Manager for Mor	nitoring Firm		300	elephon /a	e No.		lephone 31-924		LII O1	ise No 36),			
n/a Start Date (10)		Scheduled			ate (11)			SHA Monitor vironmenta	l service			-		
4/27/15 Occupancy Status Durin	g Abatement (Che		2)			Str	eet Add			(
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Non	Period of Almal Facility	bateme Hours	ent		Cil	y, State	, Zip Code s above		-				
Scope of Work (Check /	All That Apply)						Nes					5711.6		
≥3 sf or ≥3 if ≥160 sf or ≥260 if			enovali emolitic				B	Full Containme Mini-Enclosure Glovebag Proc Non-Exempled	edure		ressur le Pro		۵	
		101	Locatio	2000				NON-Exempled	() and I	- Hab		Abate		t
Location Asbestos-Containing TO BE All In Fac (13)	g Material (ACM) BATED Illity	Used Mai Cust	lormally d Solely ntenan odial S (12)	y by ce/		Descripos Containi thermal sys surfacing other miso	tems in: , VAT, o	sulation,	Amc (Spe SF a	t / -)	Removal	Repair	Encapsulate	Endosure
		Yes	No	N/A					000	F	-	-		-
Control Ho	use roof			Х	1990-757	estos Ro			300	<u></u>	x	-	_	-
Control	House			X	Asbest			or Panels	70	<u> </u>	x	-	_	-
Celling I	Control House Celling Interior					Asbest			150	F	x	-	-	-
Substation			1 37	X		sbestos t			Register	andfil		-		
Name of Registered W	aste Hauler		Н	JDEP V auler ID 7107		of Waste		Conest	oga Lar	ill				
City, State Flanders NJ						Disposal TBD	Date	City, Stal Morgan	e ntown, F					
Completed by Michael J DiMaria		Title Proj	Mgr/ S	Site St	pervisor		luce UCA	oil IK	DNE		ate 4/22/	15		

## 1	Date of Notification (1)				Name	of Building	g Owner/Operator (2)		-				-
Sepan	4 / 20	15			PSE	E&G		/ Job #1504-4	893 Chec	¥7159	9			
DINDD Amended Amended Amended City, State, Zip Code Somerset, NJ 08873 Name of Contact Shaun Fine FACILITY INFORMATION Name of Facility (MINAC 5:23-8) Shaun Fine FACILITY INFORMATION Name of Facility (MINAC 5:23-8) Shaun Fine FACILITY INFORMATION Shaungter 8 (Other fite, private and declaration) Shaun Fine FACILITY INFORMATION Shootalpate 8 (Other fite, private and declaration) Shootalpate 8 (Other fite, private and declaration) Minace 125 North Park Street Shootalpate 8 (Other fite, private and declaration) Minace 125 North Park Street Shootalpate 8 (Other fite, private and declaration) Minace 125 North Park Street Shootalpate 8 (Other fite, private and declaration) Minace 125 North Park Street Shootalpate 8 (Other fite, private and declaration) Minace 125 North Park Street Shootalpate 8 (Other fite, private and declaration) Minace 125 North Park Street Shootalpate 8 (Other fite, private and declaration) Minace 125 North Park Street Shootalpate 8 (Other fite, private and declaration) Minace 125 North Park Street Shootalpate 8 (Other fite, private and declaration) Minace 125 North Park Street Shootalpate 8 (Other fite, private and declaration) Minace 125 North Park Street Shootalpate 8 (North Park Street Address Square Feet Shootalpate 9 (North Park Street Ad	Agencies Notified Type Not	ification			Street	Address					*			
Content of Pacility Where Abatement is Taking Place (S)		la w			472	Weston	Canal Road							1
Discrete Andress Discrete An	The state of the s				City, S	tate, Zip C	Code					94		50
Name of Facility Where Absternent is Taking Piace (3) Shaun Fine	2000		-270-2000-0	,	Son	nerset, N	J 08873							
			icidaling	,	Name	of Contac	t		Telephon	lumbe	er			
Name of Facility Where Abatement is Taking Place (3) PSE&G Shool (Kr. 12) Subchapter 8 (Other that Street Address 258 North Park Street Street Address Square Feet Street Facility (6) East Orange County (6) East Orange County (7) County Code (7) STATE USE ONLY) Current Use (Prior if being in molished) County Code (7) STATE USE ONLY) Current Use (Prior if being in molished) Street Address Stree		ellation			Sha	un Fine			7					
School (K-12) School (K-1					FAC	CILITY IN	IFORMATION							
Subchapter 8 (Cher the 1-42) Street Address Storet Address Storet Address Storet Address Square Feet # of Fice Square Feet # of Square Feet # of Fice Square Feet Square Fee	Name of Facility Where Abatement	is Takin	g Place	(3)				Type of Facility	(4)					
Street Address	PSE&G													
Separation Street Separation	Street Address										ial bu	ildina	S	
East Orange County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) Bureau Veritas North America, Inc. Street Address 110 Fieldcrest Ave. Raritan Plaza I, 4 th Floor City, State, Zip Code Lumberton, NJ 98048 Project Manager for Monitoring Firm Pacifity Closed A. Hand Start Date (10) 5 / 5 / 15 5 / 22 / 15 Cocupancy Status During Abatement (Check only one) Facility Closed/Avacted During Entire Period of Abatement Abatament Performed Outside of Normal Facility Hours - Describe Time of Abatement: _AMPMAM PMAM PMAM Street Address Street Address 200 Rotus 130 North	256 North Park Street												-,	
County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being Besex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. Street Address Street	City (5)							Square Feet	# of Flor		Blo	dg. Ag	ge	
County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being Besex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. Street Address Street														
Essex Name of Monitoring Firm Hired by Building Owner (8) Bureau Veritas North America, Inc. Street Address 110 Fieldcrest Ave. Raritan Plaza I, 4 th Floor Street Address 110 Fieldcrest Ave. Raritan Plaza I, 4 th Floor City, State, Zip Code Edison, NJ 08837 Froject Manager for Monitoring Firm, Patrick A. Hand T32-225-6040 Scheduled Completion Date (11) 5 / 5 / 15 Scheduled Completion Date (11) 5 / 5 / 15 Scheduled Completion Date (11) 5 / 2					Cour	ty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being	nolish	ed)			
Bureau Veritas North America, Inc. Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code Edison, NJ 08837 Project Manager for Monitoring Firm. Patrick A. Hand 732-225-6040 Start Date (10) 5 / 5 / 15 Scheduled Completion Date (11) 5 / 5 / 22 / 15 Scheduled Completion Date (11) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement _AMPM _PMAM PM _PMAM Scope of Work (Check all that apply) 3 st or 2 st f 2 160 st or 2260 if Renovation Demolition Asbestos-Containing Material (ACM) IN Facility (13) SEE ATTACHED SEE ATTACHED Name of Registered Waste Hauler Waste Management Name of Registered Waste Hauler Waste Management Name of Registered Waste Hauler Waste Management Title Operations Coordinator Abatement Stignature City, State Camden, NJ Description of G.R.O.W.S. Landfill Signature City, State Camden, NJ Description of Signature G.R.O.W.S. Landfill Signature Gwendolyn Trumbetti Operations Coordinator								4.1						
Bureau Veritas North America, Inc. Street Address 110 FieldCrest Ave. Raritan Plaza I, 4 th Floor City, State, Zip Code Edison, NJ 08837 Project Manager for Monitoring Firm. Polect Manager for Monitoring Firm. Patrick A. Hand Steeduled Completion Date (11) 5 / 5 / 15 5 / 22 / 15 Steeduled Completion Date (11) Steed Address Cocupancy Status During Abatement (Check only one) Facility Closed/Nacated During Entire Period of Abatement Formed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM—PM-AM Scope of Work (Check all that apply) Soled of Steeduled Steeduled Period Completion Date (11) Normally Soled of Steeduled Steedul	Name of Monitoring Firm Hired by I	Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9))		912-2500-01			
Street Address 110 Fleidcrest Ave. Raritan Plaza I, 4 th Floor Street Address 30 Maple Ave. PO Box 25 City, State, 21p Code Edison, NJ 08837 Project Manager for Monitoring Firm. Patrick A. Hand Telephone No. 732-225-6040 Telephone No. 609-265-2107 Name of OSHA Monitor Street Address 20 Route 130 North City, State, 21p Code Cinnaminson, NJ 08048 Street Address 20 Route 130 North City, State, 21p Code Cinnaminson, NJ 08048 Street Address 20 Route 130 North City, State, 21p Code Cinnaminson, NJ 08048 Street Address 20 Route 130 North City, State, 21p Code Cinnaminson, NJ 08047 Street Address 20 Route 130 North City, State, 21p Code Cinnaminson, NJ 08047 Street Address 20 Route 130 North City, State, 21p Code Cinnaminson, NJ 08047 Street Address 20 Route 130 North City, State, 21p Code Cinnaminson, NJ 08077 Scope of Work (Check all that apply) Scope of Work (Check all that apply) Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) IN Facility (13) SEE ATTACHED Normally SEE ATTACHED SEE ATTACHED Normally SEE ATTACHED SEE ATTACHED Normally SEE ATTACHED SEE ATTACHED SEE ATTACHED Normally SEE ATTACHED SEE ATTACHED SEE ATTACHED Normally SEE ATTACHED SEE ATTA	1 100 mm 1 1						AbateTech, I	nc.						
110 Fieldcrest Ave. Raritan Plaza I, 4th Floor 30 Maple Ave. PO Box 25							Street Address							
City, State, Zip Code Edison, NJ 088048 Project Manager for Monitoring Firm. Patrick A. Hand Scheduled Completion Date (11) 5 / 5 / 15 5 / 22 / 15 Selection Date (10) 5 / 5 / 15 5 / 22 / 15 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Datement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM PM- AM Scope of Work (Check all that apply) Selection of Asbestos-Containing Material (ACM) TO RE ABATED IN Facility (13) SEE ATTACHED Name of Registered Waste Hauler Waste Management City, State Cumden, NJ To Reads the Hauler City, State Camden, NJ Name of Registered Waste Hauler Waste Management Title Operations Coordinator Title Operations Coordinator Title Operations Coordinator Signafure City, State City, State Licease Action Selection Stat Date (10) Selection N, NJ 08047 Name of Registered Waste Hauler Waste Management Title Operations Coordinator City, State Completed By (Print or Type) Operations Coordinator Signafure City, State Signafure City, State		Plaza I	4 th FI	oor			30 Maple Ave	e. PO Box 25						
Edison, NJ 08837		. 1020					0.80			-				
Project Manager for Monitoring Firm. Patrick A. Hand Start Date (10) Start Date (10) Start Date (11) Start Date (10) Sta	Andrew Commence of the Commenc													
Patrick A. Hand		n		Tale	nhone	No	1		License	2.				
Start Date (10) 5			77.35	Jan seema		The second secon	,							
Street Address Str	The second secon	duled C		- CVVVIII (C.				000,	1					
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM City, State, Zip Code Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Sa of or ≥3 If ☐ ≥3 of or ≥3 If ☐ Renovation ☐ Demolition ☐ Renovation ☐ Demolition ☐ Security (*) and Non-Friable P ☐ Abatement Type ☐ Occupancy Status During Entire Period of Abatement ☐ Description of ☐ Asbestos-Containing Material (ACM) ☐ Occupancy Status ☐ Occupancy ☐ City, State ☐ Occupancy ☐ Occupancy ☐ Is Location ☐ Normally ☐ Description of ☐ Asbestos-Containing Material (ACM) ☐ Occupancy	10. 40													
Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM City, State, Zip Code										1				
□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/_PMAM PMAMAMPM/_PMAM PMAMAMAMAMPMAM PMAMAMAMPMAM City, State, Zip Code					ment		200 Route 13	0 North						
Time of Abatement:AMPMPMAM						cribe	City, State, Zip C	ode		18				
Second	Time of Abatement:AM-	P	M/	PM		AM								
Second	Scope of Work (Check all that appl	y)												
See Attached See	□ . 0 . f 0 !f		Пр	nough	ion		☐ Full Con	tainment with Ne	gative Press	е				
Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A SEE ATTACHED Name of Registered Waste Hauler Waste Management Name of Registered Waste Hauler Waste Management Name of Registered By (Print or Type) Gwendolyn Trumbetti Sedure Abatement Type Asbestos Containing Material (ACM) Asbestos Containing														
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	ASB-41		* Do no	tuen t	hie form	for aches	stos licensure evem	nted activities						



Asbestos Inventory at 256 North Park Street East Orange, New Jersey for PSE&G

for PSE&G BVNA Project No. 12014-000198.00

Material Location	Material Description (HA-Code)	Approximate Quantity	Condition	Comments
	HOUSE			
House siding	ACM siding (HA-1)	3,500 sf	Unknown	Material is covered by vinyl siding.
Front interior porch	Mastic associated with white floor tiles (HA-7)	96 sf	fair	Located below carpet
Front interior porch	Black 9-inch floor tiles (HA-8)	66 sf	fair	Located below carpet and white tiles mastic not analyzed, assumed to be ACM
Front interior porch	Red 9-inch floor tiles (HA-9)	66 sf	fair	Located below carpet and white tiles Mastic not analyzed, assumed to be ACM
Front interior porch	Tar paper under floor tiles (HA-40)	66 sf	fair	Located below carpet and floor tiles
Front interior porch, exterior louver window	Window caulk (HA-11)	3 1	fair	Located below carpet and white tiles
Flat roof	Built up roofing (HA-30)	350 sf	Good	Rear roof, flat section
Entire roof	Flashing tar (HA-42)	20 -25 sf	Good	Located on roof penetrations, chimney, vents, $\&$ low roof/gable joint
Basement floor	Pipe insulation (air-cell type) (HA-38)	110 lf	Poor	Material is severely damaged with debris on
1st Floor wall cavity	Dine ineutation fair call tuno)	40 F	Cole	I necessary and the state of the second
Basement floor	Pipe insulation (pipe wrap type) (HA-39)	40 lf	Poor	Material is severely damaged with debris on



Date of Notification (1)	20 / 1	5				g Owner/Operator (3 Princeton	2) / Job #13	04-4626	neck	#716	31		
				1000000		Filliceton	7 005 # 10		ioon.				-
Agencies Notified ⊠ EPA	Type Notification	-			Address	Princeton Unive	reity E A MacI	Willen Bld					
⊠ DOLWD	⊠ Amended			ECHIO			isity L.A. Maci	VIIII OIL	-			Name of	
□ DHSS	Amendment a	# <u>12</u>)		tate, Zip (J 08544							
☐ DCA	☐ Emergency-(ncluding						Telephon	Lumbha				
(NJAC 5:23-8)	justification) Cancellation				of Contac			Telephone	umbe	:1			
	Cancellation					go, P.E.			_	-	-		
Name of Facility Miles	- Abstract is Table	na Diana	(2)	FAC	ILIIY IN	IFORMATION	Type of Facility ((1)					
Name of Facility When		ng Place	(3)				School (K-12						
20 Washington R	oad						Subchapter 8		(-12)				
Street Address	and Delegation II		4.00-	: C			Other (i.e., pr		ımerci	al bu	ilding	s,	
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City (5)								10000000000000000000000000000000000000	746		ig. Ag 3 5	je	
Princeton							1,000,000	5	fiels		00		
County (6)				Coun	ty Code (7	7)(STATE USE ONLY)	Current Use (Pri		nolish	ea)			
Mercer						Ta	University L	-					
Name of Monitoring Fi	rm Hired by Building	Owner (8)	ASCM		TOTAL SANTANIAN AND SANTANIAN	ent Contractor (9)						
ATC Associates				0009	8	AbateTech, I	nc.						
Street Address						Street Address	DO D 05						
3 Terri Lane						30 Maple Ave			_				
City, State, Zip Code						City, State, Zip Co							
Burlington, NJ 08					PP 1	Lumberton, I	NJ 08048						
Project Manager for M			100000000000000000000000000000000000000	phone		Telephone No.	<u>-</u> 2	License	٥.				
Michael R. Keehr			-	9-386	0.70.00.070.70.0	609-265-2107		0052	10				
Start Date (10) 3 / 24	W CHANGE	eduled C 4 /	S			Name of OSHA M EMSL Analyt							
				_ ′ -	10	Street Address							
Occupancy Status Dur Facility Closed/Vac				ment		200 Route 13	30 North						
Abatement Perform					cribe	City, State, Zip Co	ode						
Time of Abatement	:AMI	PM/ <u>3:30</u>	PM-12	<u>Z</u> AM		Cinnaminsor	n, NJ 08077						
Scope of Work (Check	all that apply)								200				
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≥160 sf or ≥260 lf		☐ De				☐ Gloveba	g Procedure	shap a	ut				
						Non-Exe	empted (*) and No	n-Friable P	edure	T			
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Gwendolyn Trum	petti	Operat	ions	coord	nator	Un	W			1.1	0,00	11-)
1st FI. Column C-D Name of Registered W AbateTech, Inc. City, State Lumberton, NJ Completed By (Print of Gwendolyn Trum	raste Hauler	tle	N H	IJDEP \ lauler II 18750	Double Waste O No.	e layer Floor tile Cubic Yards of	Name of Regis	. Landfill	Date	•41	20		

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

MAY 11

104-4626 1ge 2 of 2

Location of Asbestos-Containing	10.000	Locat	tion Used	Description of Asbestos-Containing	Ar (S	unt	Aba	atem	ent T	уре
Material (ACM) TO BE ABATED in Facility (13)	S Main Custo	olely tenar odial (12)	by nce or Staff?	Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	SF	· LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A				1		ite	O
Light Court TAR Shaft				Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20	ach				
Heritage Glass TAR Shaft				Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20	ach				
Basement				Exterior Perimeter Window Caulk	8	_F		П	П	П
Basement				Exterior Window Glazing	30	LF		$\overline{\Box}$	T	〒
Ground Floor Transformer Room				Debris clean up	10	SF		$\overline{\sqcap}$	H	T
Ground Floor Transformer Room				Pipe Insulation (wrap & cut)	2	_F		Π	Ħ	一
Ground Floor Transformer Room				Floor tile & Mastic	98	SF		Ē		一
Ground Floor Transformer Room				Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	15	ach				
1964 Addition				Waterproofing Mastic	2,7	SF				П
Ground Floor to 3 rd Floor				Windows including caulk & glazing		0	X	П		$\overline{\Box}$
North Tower- 2 nd Floor Hallway	\neg	П		Pipe Insulation (wrap & cut)	2(.F		H		금

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				Name o	of Building	Owner/Operator (2	2)						
	1 _ 15			NJT	A Contra	ct T300.311 /Jo	b #1501-4865	Check #7	8	R			
Agencies Notified Ty	pe Notification			Street A	Address								-
	Initial			PO E	3ox 5050	i			1121				
	Amended		-	City, St	ate, Zip C	ode						o 18.	
□ DHSS	Amendment #1	7				NJ 07095			1			- 1940	
	Emergency (in	cluding	+		of Contact			Telephon	lumbe	r			
(NJAC 5:23-8)	justification) Cancellation		- 1		Crum								
	Cancellation			100000		TODRE A TION		_3:	-	-	-		
	tie Tekina	Dless	(2)	FAC	ILIIY IN	FORMATION	Type of Facility	(4)	14				
Name of Facility Where Abat	ement is Taking	Place	(3)				School (K-12						
Daibes Gas Station							Subchapter	8 (Other that	<-12)				
Street Address							Other (i.e., p		nmerci	al bui	ilding	s,	
800 Ave E							homes, etc.		1	I DI	I - A -		
City (5) .						*	Square Feet	# of Flor		Blo	lg. Ag	je	
Bayonne												2000	
County (6)				Count	y Code (7)	(STATE USE ONLY)	Current Use (Pr	rior if being	nolish	ed)			
Hudson							Gas Station	1					
Name of Monitoring Firm Hir	ed by Building (Owner ((8)	ASCM N	No.	Name of Abateme	ent Contractor (9)					
USA Environmental			200			AbateTech, I	nc.						
Street Address						Street Address							
344 West State Street						30 Maple Ave	e. PO Box 25						
						City, State, Zip C			1				
City, State, Zip Code						Lumberton, I							
Trenton, NJ 08618			1 1			AN ASSESSMENT OF STREET STREET	13 00040	License	-				
Project Manager for Monitor	ing Firm			phone h		Telephone No.	,	0052	U.				
John Duggan			1000	9-656-		609-265-2107		005.2	V		_		
Start Date (10)				tion Dat		Name of OSHA N							
4 / _20_ / _	15	6_/	30	_ / _	15	EMSL Analyt	ical						
Occupancy Status During Al	patement (Chec	k only	one)			Street Address							
☐ Facility Closed/Vacated [ment		200 Route 13	0 North						
☐ Abatement Performed Or	utside of Norma	I Facilit	y Hour	s - Des	cribe	City, State, Zip C	ode						
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Scope of Work (Check all th	at apply)						- Mi Mi Arat Car	2800 000					
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Gwendolyn Trumbett	i	Opera	tions	Coord	inator		PW.				110	11.	/
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Date of Notification (1)				Name	of Building	Owner/Operator (2	2)						
4/16/	15			Res	orts Inte	ernational Casin	os / Job #15	504-4895	neck	#716	52		
Agencies Notified Type Notific	cation			Street	Address								9
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DCA Emerger (NJAC 5:23-8) Significant DCA		cluding	1	Name	of Contact			Telephone	umbe	er			
Cancella				Mat	thew Sm	ith							
				FAC	II ITY IN	FORMATION		Т			+		
Name of Facility Where Abatement is	Takino	Place	(3)		712.7.7.1.1.		Type of Facility	(4)					
Resorts Hotel & Casino	•		(-)				School (K-12						
Street Address							Subchapter 8	Other than	(-12)	-1	:1-1:	_	
1133 Boardwalk							Other (i.e., proposed homes, etc.)		merc	ai bu	ilaing	S,	
City (5)							Square Feet	# of Floo	-	Blo	dg. Ag	ae .	
Atlantic City							oquaio i oci				J		
- 100 CO				Coun	ty Code /7)(STATE USE ONLY)	Current Use (Pri	ior if heing d	nolish	ed)			
County (6) Atlantic				Coun	ty Code (r	MOTATE OOL ONLY	Hotel & Cas		,0,,0,,	/			
	Idina C	lunar	(0)	ASCM	No	Name of Abateme				N 4	(1)/and		
Name of Monitoring Firm Hired by Bui	laing C	wner	(0)	ASCIVI	NO.	AbateTech, In							
Health & Safety Services						Street Address	110.						-
Street Address						30 Maple Ave	DO Poy 25						
PO Box 365			- 10 -										
City, State, Zip Code						City, State, Zip Co							
Berlin, NJ 08009		1			Lumberton, N	NJ U8U48	Literana	8	,				
Project Manager for Monitoring Firm			phone I		Telephone No.	• Pr	License	0.					
James Proctor			6-452		609-265-2107		0052						
Start Date (10)		Account to the	tion Da		Name of OSHA M								
4 /17 /15			_ / -	15	EMSL Analyt	icai .							
Occupancy Status During Abatement				****		Street Address	0.11 (1						
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	normai Pl	гасии и/3РМ	y Hour I- 12 AN	s - Des 1	Cribe	City, State, Zip Co							
				ān .		Cinnaminsor	n, NJ 08077						
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□ ≥160 sf or ≥260 lf		☐ De	emolitic	n		☐ Gloveba	g Procedure mpted (*) and No	n Eriabla D	edure				
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Name of Registered Waste Hauler	- 777-7		I	JDEP \		Cubic Yards of	Name of Regis	stered Land					
AbateTech, Inc.	Name of Registered Waste Hauler AbateTech, Inc.					Waste	G.R.O.W.S	. Landfill					
City, State			18750)	Disposal Date	City, State							
Lumberton, NJ					4/20/15	Tullytown,	PA						
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Gwendolyn Trumbetti		perat	ions (Coord	inator	VXV	W			'1'	1	2	
ASB-41 MAY 11	*	Do no	t use th	nis form	for asbes	tos licensure exemp	oted activities.						

CK OUSALES

State of NJ

Notif D&S Proj. #: 2015-133 (Purs

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

Date of Notification (1)	12 10	Name of B	uilding Owne	er/Operator (2)						1			
$\frac{0}{4} \frac{4}{20} \frac{1}{1}$		RICARI	OO BERTR	CAN									
	Notification	Street Addr	ress								Name of Street		
EPA Initia		12-77 G	EORGE ST	TREET									
L DEP L	iment #:	City, State,					7 5	-					
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☐ DCA ☐ justi	fication)							20					
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			FACII	LITY INFORM	ATION								
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Otreet Address								Bld	Homes,		IOIAI		
12-77 GEORGE STRE	EET						Square	Feet	# of Floo	ors	Blo	dg. A	ge
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Street Address						20 California A	\ ve						
City, State, Zip Code		*			- 6	ity, State, Zip Code			_				
only, charc, hip code						Paterson, NJ 0							
Project Manager for Monitor	ring Firm	Te	hone Numbe	ar .	- -	elephone Number	2012/2017/2010		License	e Numb	er		
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						Name of OSHA Mo		_					
Start Date (10)	1	Sched. Complet	tion Date (11)		D & S Restora							
04/28/15		05/15/15			3	Street Address							
Occupancy Status During A	batement (Ch	heck only one)				20 California A	venue						
Facility closed/vacate						city, State, Zip Cod	е						
Abatement performed Describe:		150	urs-										
Other-Describe: NO	RMAL HOUR	RS			_	Paterson, NJ 0	7503						
Scope of Work (check all the						Г	Full Conta	ainme	/negative	e press	ure		
≥ 3 sf or >3 If	□ Ren	novation					Mini-encl	osure					
≥160 sf or ≥260 lf		nolition				₽	Glovebag		re				
		ocation normally	used solely				Non-Exer	nptec	and Non	1-Triable	Proce	E	
Location of asbestos-containing	by	maintenance/cu			on of act	pestos-containing		Amoun		е	е	n	E n
material (acm) to be	<u>sta</u>	ff(12)		material (Desios-containing		Specif	3F or	m	p a	c a	C
abated in facility (13)	Y	'es No	N/A				"	_F)		V	i	р	L
BASEMENT				PIPE INSU	ПАТІС	N	147	LFI	-	e	ń	П	\vdash
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Registered Waste Hauler		NJDEP Hauler	ID# I C	ubic Yards of \	Waste I	Name of Registere	ad Landfill	_		_	ш	Ц	
D & S RESTORATION	I, INC.	13506	100	yds.	,,,,,,,,	TULLYTOWN		RCE	ECOVE	RY			
City, State		1	Disposal D			City, State	WATER STREET				116 -117		
PATERSON, NJ 0750	03		04/29/13	5		TULLYTOWN	N, PA		7				
Completed by (Print or Type				Signature		N//-			Date				
BOGDAN JOLDZIC		ESIDENT						32	04/20)/2015			
ASB-41	* Do	not use this forr	n for asbesto	s licensure ex	empted	activities.							

A E G F	1 W 6	F 1	CX	D1	54	les		Apr 21	2015 01:38pm	F	001/)01		
D&S Proj. #: <u>2</u>	015-133	- Al Nam	1	Votificati Pursuant	State of Asbett to NJAC	f NJ estos A	Abatement and 12:120)	S	Depty of Health	ED Senior		+		
Date of Notification (1)		RI	CARDO I	T-0			mani ne	Da	4/2/15	Jmo. I	:36	PIN	-	E74
DEP D	ype Notification Initial Amended	12	et Address 2-77 GEOI , State, Zip	-	REET				100		- THE	·		_
ROI DOI	mendment #: Emergency (Including	- <u>F</u>	air Lawn,	NJ 07410)	-			Telephone	nber		-		_
☐ DCA ☐	justification) Cancellation		RICARDO	BERTR	AN								_	=
	10			FACILI	TY INFORMA	MOITA					w 1107 11		_	_
Name of facility where	abatement is to	king place	3 (3)					Ty	pe of Facility (4) School	-12)				
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12-77 GEORGE S	STREET							\$	Bldgs./h	es, etc. Floors	Т	Eldg	, Age	
City (5)		County	(8)	urrent Use (Pric	being	demo	lched							
Fair Lawn		BER	GEN		nonth	ucino	isitou	r Comment	Activities.					
Name of Monitoring	Irm Hired by Blo		BERGEN Owner (8) ASCM No. Name of Abetement Contractor (9) D & S RESTORATION, INC.									- 35	100000000	1000000
				ON, INC.	-		-							
Street Address							Street Address 20 Californ	859 198						
City, State, Zip Code		- ALAN-					City, State, Zip							
			-	., .			Paterson, Telephone Nu			iense N	lumbs	r		
Project Manager for M	lanitoring Firm		Phor	ne Numbe	r.		973-345	Control of the Contro	and an order		169			
Start Date (10)		Sched.	Completion	Date (11)	-		Name of OSH		Teo					
04/28/15		05/15					D & S Re	The second second second second	nic.		-	***		Sales of the last
Occupancy Status Du	iring Abatement	(Check or	nly one)		 		20 Califor		16		,		_	
Facility closed/	vacated during e formed outside o	ntire perio	d of abatem acility hours	ent.			City, State, Zip	Code						
Doscriber	NORMAL HO					_	Paterson,	NJ 0750	3					_
Scope of Work (che									Containment v	gative	pressi	ле		
🔀 >ब्रह्म वा अब्रु 🕅		Renovatio	n					(Innered)	i-enclosure vebag procedu					
≥160 sf or ≥26	Control of the second s	Demolition			· · · · · · · · · · · · · · · · · · ·				n-Exempted (*)	1 Non-f	riable H	P R	dure	
Location of asbestos-conti	nining	by mainte	normally unance/custo	sed solely idial		tion of a	usbeatos-conta	ining	Amount		EMI	e	n	n
material (acm)	to be	staff(12)		T	material				(Specify S)r	Q	a	a	C L
abated in facili	ity (13)	Yes	No	N/A					1 47 T FCD		e	-	P	
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Registered Waste Hi D & S RESTORA	auler ATION, INC.		EP Hauler I 506		ubio Yards o 2 yds. Date	t Waste	Name of Re TULLYT	gistered L OWN, R	endfill ESOURCE R	OVE	RΥ	-		
City, State PATERSON, N.	J 07503			04/29/1				TOWN, E	'A	Calchange				-
Completed by (Print BOGDAN JOLJ	or Type)	Title PRESII			Signature		V 1			Date 04/20	/2015	i		
			Le Alala form	for nehood										

D&S Proj. #: 2015-134

005960

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

	protection
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Date of Notification			Name of	Building Ov	vne	r/Operator (2)									
Agencies Notified	Type Notificati	ion		RIO MAS	SS	A									
EPA	Initial	ion	Street Ad	dress						14					
☐ DEP	Amended			KERS FA	_	M ROAD									
☑ DOL	Amendment #:		City, State	e, Zip Code)										
_	Emergency (including		The second second second		DC	ON, NJ 0710	9		- 8		-	ESER		-	
☑ DOH	justification)		Name of (Contact						Teleph	e Numbe	r			
☐ DCA	Cancellation		VITT	ORIO MA	ASS	SA									
				FA	CIL	LITY INFORM	ATION								
Name of facility wh	nere abatement i	s taking į	place (3)						Ty	pe of Facil	4)	91			
VITTORIO MA	1221									=	I (K - 12)		12	40)	
Street Address	1337				_				1	☐ Sub	apter 8 (0 (Private/C			-12)	
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15 OVERLOO	K AVENUE	Ι.ο.			_				<u>-</u> S	Square Feet	# of Floo	rs	BI	dg. A	ige
City (5)		100	unty (6)					nty Code (7) te use only)	-	Current Use	rior if beir	o dom	olich	24/	
BELLEVILLE	3	es	sex				(0.0	,	11,	Julient Ose	nor ii beli	ig delli	UliSile	su)	
Name of Monitorin	V1.				T	ASCM No.	\neg	Name of Abateme	nt Con	tractor (9)					
					1			D & S RESTO	RAT	ON, INC					
Street Address					-1-		_	Street Address			1				
								20 California							
City, State, Zip Coo	le		3					City, State, Zip Coo							
					_		_	Paterson, NJ		<u> </u>	1111				
Project Manager fo	r Monitoring Firm	1		Phone Nur	nbe	er		Telephone Numbe 973-345-802			License	Numb 1169	er		
						lonitor		1	71105		_				
Start Date (10)		Sch	ed. Compl	etion Date	(11)		D & S Restor		Inc.					
04/22/15			15/15					Street Address							
Occupancy Status								20 California		ie					
	d/vacated during erformed outside							City, State, Zip Co	de						
Describe:			ar raomity r				-1	Dotomoon NI	07503	,					
Other-Descri							$-\bot$	Paterson, NJ							
Scope of Work (ch		1850	**					Ĺ	=	Containmer i-enclosure	v/negative	e press	ure		
_		Renova							_	vebag proce	re				
≥160 sf or ≥2	260 IT	Demolit			ta to			[Nor	n-Exempted	and Non	-friable	proc	_	9
Location of asbestos-cor	ntaining		ntenance/	Ily used sol custodial	lely	500 80 80				Amoun		е	e	E n	E
material (acr	n) to be	staff(12	2)		_	material (sbestos-containing	į.	(Specif	3F or	m o	p a	c a	n
abated in fac	No	N/A						LF)		V	i	p	L		
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		Ħ										10			
Registered Waste F D & S RESTOR			DEP Hau 3506	er ID#	0.000	ubic Yards of V yds.	Naste	Name of Register TULLYTOW			ECOVE	RV			
City, State		— l -	2200	Disposa	-		-	City, State	11, 100	SOURCE	DCC VE.		-	-	-
PATERSON, N	J 07503			04/23				TULLYTOW	N, PA	1					
Completed by (Prin		Title	100 marks			Signature					Date	100000000			
BOGDAN JOL			DENT		_						04/20	/15			
ASB-41		* Do not	use this fo												

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 2015-134	_ (Purs	suant to NJAC	8:60 and 12:120)						
				APP	MED)	_	7		_
Date of Notification (1)	Name of Building Ov	wner/Operator (2)		NA Dept. of Heal	Senior S				
Date of Notification (1) 10 4 /12 0 / 5	VITTORIO MA	SSA	5 mm	0 9 86 1	all le /	-	1	-	-
Agencies Notified Type Notification				Date: 4311	Time: 8	30	An	1	
☐ DEP ☐ Amended	19 DYKERS FA	THE RESIDENCE OF THE PARTY OF T			- Tradition				
M DOL Amendment #:	NORTH HALE		10						_
DOH (Including	Name of Contact	20021, 110 07 10		Telephone	mber	The same of			
Justification)	VITTORIO M	ASSA		1	7				
Cancellation		ACILITY INFORM	MATION						0 0.00
The second secon		ACIETT IN COM		Type of Facility (
Name of facility where abatement is to	arding berce (a)			School	(-12)	#l	. W HE	۲۱	
VITTORIO MASSA				Subch	ar 8 (Other			-)	
Street Address				Bidgs.	nes, etc.		Dida	8 44	
15 OVERLOOK AVENUE				Square Feet	f Floors		Bldg.	. Age	ř.
City (5)	County (6)		County Code (7) (State use only)	Current Use (P	if being d	emoli	shed)	1	
RELLEVILLE	essex					-	-3	die	
Name of Monitoring Firm Hired by Bi	dg, Owner (8)	ASCM No.	11	ent Contractor (9)					
			D & S REST	ORATION, INC.		_	_		-
Street Address	- 12		20 Californi	n Ave.					
City, State, Zip Code			City, State, Zip C						
City, Sizie, Zip Code			Paterson, N	J 07503				-	- Alteres
Project Manager for Monitoring Firm	Phone N	umber	Telephone Numb 973-345-8		Joanse Nu 011		Į.		
			Name of OSHA		- Y-2	-			
Start Date (10)	Sched. Completion Dat	te (11)	D&S Rest						
04/22/15	05/15/15		Street Address						
Occupancy Status During Abatement Facility closed/vacated during of	(Check only one)		20 Californi City, State, Zip C			ide:			
Abatement performed outside	of normal facility hours-		Oity, Otato, 2p	5545					
Describe: NORMALHO	OURS		Paterson, N						
Scope of Work (check all that apply		200		Full Containment Mini-enclosure	negative p	ressu	110		
≥3 st or >3 if	Renovation			Glovebag proces	1				
≥160 at or ≥260 lf	Demolition			Non-Exempted	nd Non-fri	R [Proce R	E	
Location of asbestos-containing	is location normally used by maintenance/custodia		ption of asbestes-contain	ing Amount		e m	e b	n	n
material (acm) to be	statt(12)	mater	ial (ACM)	(Specify LF)	* Of	0	Д	2	L
abated in facility (13)	Yes No	N/A		110 9 999		0	-	P	-
BASEMENT		PIPE IN	SULATION	113 L FT		X	H	片	卅
			The same of the sa			H	<u> </u>	冒	TO
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Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards 2 yds.	of Waste Name of Reg	istered Landfill DWN, RESOURCE	COVER	.Y			
Olly, State	Dis	osal Date	City, State		11 E				
PATERSON, NJ 07503		4/23/15	, William Company of the Company	OWN, PA	Date			-	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signatui		€3	04/20/	15	1		
DOODUM JOHNAM	TATALAN ANA		A death of the						

CK 2996

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)						
/23	_ /1:	5			15.5			- (*					
Agencies Notified Type	Notification			Street	Address							-	
☐ EPA ☐ In	tial			15	East Mor	ntgomery Place,	Lower Level						
	nended				State, Zip (-				
10-63	nendment #				Market D. St. 1	PA 15212		·					
	nergency (i	ncludin	3		of Contac			Toloob	Niconala				· · · · · · · · · · · · · · · · · · ·
	stification) ancellation			1000000				Telepho	Numb	er			
	incenation				thony Po						-	-11-5	
				FA	CILITY IN	NFORMATION						11-2-1	
Name of Facility Where Abatem		ig Place	(3)				Type of Facility						
Verizon Swedesboro CO							School (K-12		14 40)				
Street Address							☐ Subchapter ☐ Other (i.e., p				ilding	•	
Broad & 2 nd St							homes, etc.		Timilore	nai bi	manie	٥,	
City (5)							Square Feet	# of Fk	s	BI	dg. A	ge	
Swedesboro													
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being	emolish	ned)			
Gloucester					,	,	Office						
Name of Monitoring Firm Hired	ov Building	Owner	(8)	ASCM	No	Name of Abateme			(_	
	ESIS Health, Safety and Environmental BRISTOL ENVIRONMENTAL, INC												
Street Address Street Address													
I DOWN ON THE WAY TO SHOW THE STATE OF THE S							D CTDEET						
	36 Walnut St 1123 BEAVER STREET										20		
	State, Zip Code City, State, Zip Code												
	ladelphia, PA 19106 BRISTOL, PA 19007												
Project Manager for Monitoring	Firm			phone		Telephone No.		Licens	10.				
Frank Westfall				15-640		215-788-6040	C.	005(
Start Date (10)	P-25-60X.T	duled C				Name of OSHA M	lonitor						
_5 / _4 / _15	_	5 /	8	/ .	15	BRISTOL EN	VIRONMENTA	L, INC.					
Occupancy Status During Abate	ment (Chec	ck only	one)			Street Address		-					
☐ Facility Closed/Vacated Duri	ng Entire Pe	eriod of	Abate	ment		1123 BEAVE	R STREET						
☐ Abatement Performed Outside					cribe	City, State, Zip Co	ode		8	5745			
Time of Abatement: 7:00AN	- <u>3:30</u> PM/_	P	M	AM		BRISTOL, PA							
Scope of Work (Check all that a	nnly)			121		Ditto 102, 17							
Coope of Work (Official all that a	SP(3)					☐ Full Cont	ainment with Ne	gative Pres	ire				
≥3 sf or ≥3 lf			enovati			☐ Mini-Enc	losure	•					
≥160 sf or ≥260 lf		∐ De	emolitic	on			g Procedure mpted (*) and No	n Eriabla	cedure				
		lo	Locat	ion	T	⊠ Non-Exe	Impled () and No	II-FIIADIE	cedure				
Location of			Norma			Description of	f			Ab	ateme	1000	
Asbestos-Containing Materia	I (ACM)		ed Sole			estos Containing Ma	terial (ACM)	Amc	ıt	Removal	Repair	Enc	Enclosure
TO BE ABATED			intena todial		(i.e	e., thermal systems		(Spe		Von	air	aps	los
IN Facility (13)			(12)			surfacing, VAT, other miscellane		SF or	-)	<u>n</u>		Encapsulate	J.Fe
3.72		Yes	No	N/A			/					te	
Exterior					Cemen	t sealant		210	F				
Exterior					Joint c	aulking		224	F				
Roof			\boxtimes		Roof F	lashing		145	F				
Roof					Expans	sion joint	22	86					
Name of Registered Waste Hau	er		N	IJDEP 1	Waste	Cubic Yards of	Name of Regis	stered Lar	ī	-		increase.	
SERVICE TRANSPORT G	ROUP, IN	C.	H	lauler II		Waste	MINERVA	LANDFIL					20
City, State				20990)	Disposal Date	City, State	-					
NEW CASTLE, DE 19720						Disposar Date	WAYNESE	BURG, O	4688				
Completed By (Print or Type)	Tit	le				Signature			Date	е		_	
Brian Scafiro		Estima	for				1. 0.	1.0	1	1/0	2/1	5	
						Drian	Scafero /	Jl.		1/20	11/	_	
ASB-41 MAY 11 B S 15016		Do not	use th	nis form	for asbes	tos licensure exemp	oted activities.						

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

Agendres Notified Type Notification Street Address 248 Bloomfield Avenue City, State & Zip Code Bloomfield New Jersey Name of Contact Name of Facility (4) School (6-12) School (6-12) Street Address ALEX BAYLOR Telephone Number Alex Baylor (12) School (6-12) Subchapter 8 (Other than K-12) Street Address Square Feet # of Floors Square Feet	Date of Notification (1) 4/23/15 Agencies Notified Type Notification			Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS										15	-		
SEPA A22 Bloomfield Avenue City, State & Zip Code Bloomfield New Jersey Telephone Number ALEX BAYLOR Subchapter & Cothet (1-2) School (K-12) State & Zip Code Subchapter & Cothet (1-2) Subchapter & Cothet	Associate Matified		tion					IUNICATIONS									
DEP		Type Notifica	LIOIT					Avenue				E 100.0		-	100		
DOL	_	☑ Initial											+ +-			-71	
DOA		Amen	ded													-	
DCA	70-0820		e-manufacture and a second							No.		Tele	ephor	ne Nu	ımbe	er	
Second										*	10.000			1 64	×	-	
Same of Facility Where Abatement is Taking Place (3) School (K-12) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial bidings, homes, etc.)										* 2 (2)	City agency			-			
Scheduled Start Date (10)				/0		CILIT	Y INF		4. /4\								
Street Address 428 Bloomfield Avenue Subchapter 8 (Other than K-12)				ace (3)												
428 Bloomfield Avenue City (5)		I RAL OFFIC	E							Other than K 1	12)						
City (5)											0.5	dings	home	25 0	· c \		
City (5) Bloomfield Essex County (6) Essex County Code (7) 42380 Current Use (Prior if being demolished COMMUNICATIONS	428 Bloomfield A	Avenue									Jai u						
Bloomfield Essex				- 10			(max)			# OI FIOOIS		Diag	J. Aye	,			
Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC Street Address 436 ENTERPRISE AVE City, State & Zip Code BRISTOL, PA 19007 Telephone Number Telephone Number Telephone Number 15-385-5810 215-788-6040 215-788-6040 Scheduled Start Date (10) May 7 2015 May 9 2015 Cocupancy Status During Abatement (Check only one) Facility Cocupied During Abatement Scope of Work (Check all that apply) To Be ABATED Material (ACM) TO BE ABATED Maintenance or (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Name of Registered Waste Hauler Screet Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 Facility (12) Full Containment in the Negative Pressure Non-Friable Procedure Non-Exempted ar in Abatement Type Maintenance or (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Name of Registered Last fill Name of Re	English with the coles		County (6)	Cot	unty (Code ((7)		.	3							
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT Street Address 8436 ENTERRISE AVE City, State & Zip Code PHILADELPHIA PA 19153 Project Manager for Monitoring Firm MARK JENKINS Scheduled Start Date (10) Scheduled Start Date (10) May 7 2015 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours − 7am to 3pm Describe: 5pM-1:30AM Facility Occupied During Abatement Scope of Work (Check all that apply) 1 Senovation Ababestos-Containing Material (ACM) TO BE ABATED in Facility (13) Renovation Abatement Stairwell Abatement Stairwell Abasement Storage Room (in mech rm) Name of Registered Waste Hauler Name of Registered Waste Hauler Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	Bloomfield		Essex								snec						
USA ENVIRONMENTAL MANAGEMENT Street Address 3123 BEAVER STREET City, State & Zip Code PHILADELPHIA PA 19153 Project Manager for Monitoring Firm MARK JENKINS Scheduled Start Date (10) May 7 2015 May 9 2015 Cocupancy Status During Abatement (Check only one) □ Facility Occupied During Abatement □ Abatement Performed Outside of Normal Hours – 7am to 3pm □ Describe: 5PM-1:30AM □ Facility Occupied During Abatement Scope of Work (Check all that apply) □ Abatement Performed Outside of Normal Hours – 7am to 3pm □ Pacility Occupied During Abatement □ 23 sf or ≥3 if □ Describe: 5PM-1:30AM □ Facility Occupied During Abatement □ Abatement Performed Outside of Normal Hours – 7am to 3pm □ Pacility Occupied During Abatement □ 23 sf or ≥3 if □ Describe: 5PM-1:30AM □ Facility Occupied During Abatement □ 25 sf or ≥3 if □ Describition □ Glove Bag Proce □ Non-Exempted a Non-Friable Procedure □ Normally Used □ Solely by □ Material (ACM) □ TO BE ABATED □ Maintenance or □ in Facility □ Custodial Staff?																	
Street Address 8436 ENTERPRISE AVE City, State & Zip Code PHILADELPHIA PA 19153 Project Manager for Monitoring Firm Telephone Number 215-365-5810 Scheduled Start Date (10) May 7 2015 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5PM-1:30AM Facility Occupied During Abatement Scope of Work (Check all that apply) Location of Asbestos-Containing Material (ACIM) TO BE ABATED In Facility TO BE ABATED In Facility Closedial Staff? (12) Yes No N/A Basement Stairwell Basement Stairwell Name of Registered Waste Hauler Name of Registered Waste Hauler Name of Registered Landing Minier Albatement Street Address 1123 BEAVER STREET Lice Se Number 215-788-6040 Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL ENVIRONMENTAL INC Street Address 1123 BEAVER STREET City State & Zip Code BRISTOL ENVIRONMENTAL INC Street Address 1123 BEAVER STREET City State & Zip Code BRISTOL ENVIRONMENTAL INC Street Address 1123 BEAVER STREET City State & Zip Code BRISTOL ENVIRONMENTAL INC Street Address 1123 BEAVER STREET City State & Zip Code BRISTOL ENVIRONMENTAL INC Street Address 1123 BEAVER STREET City State & Zip Code BRISTOL PAI 9007 Full Containment Mini-Enclosure Glove Bag Proce Non-Exempted as Non-Friable Procedure The Material (ACIM) Sport of Material (ACI				ner (8)		ASC	CM No.										
City, State & Zip Code PHILADELPHIA PA 19153 Project Manager for Monitoring Firm	Street Address									TDEET						#	
PHILADELPHIA PA 19153 BRISTOL, PÁ 19007 Telephone Number 215-365-5810 215-788-6040 21				-		-					_	-					
Project Manager for Monitoring Firm																	
MARK JENKINS 215-365-5810 215-788-6040 00509		roject Manager for Monitoring Firm				Num	ber				Lice	se Nun	nber				
Scheduled Start Date (10) May 7 2015 May 9 2015 Occupancy Status During Abatement (Check only one)		ARK JENKINS											0050	9			
May 7 2015 May 9 2015 BRISTOL ENVIRONMENTAL INC Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Street Address 1123 BEAVER STREET Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5PM-1:30AM Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment Mini-Enclosure Glove Bag Proces Non-Exempted ar Non-E		npletio	n Da	te (11)					N-							
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5PM-1:30AM Facility Occupied During Abatement							59	BRISTOL E	NVIR	ONMENTAL	INC						
Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5PM-1:30AM Facility Occupied During Abatement Scope of Work (Check all that apply) Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5PM-1:30AM Facility Occupied During Abatement Renovation Demolition Brill Containment Mini-Enclosure Glove Bag Procet Non-Exempted as Non-Friable Procedure Non-Exempted as Non-Friable Procedure Asbestos-Containing Material (ACM) Solely by Maintenance or in Facility (13) TO BE ABATED In Facility (13) Yes No N/A Basement Stairwell Basement Storage Room (in mech rm) Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Service TRANSPORT GROUP, INC. City, State & Zip Code BRISTOL, PA 19007 Full Containment Mini-Enclosure Glove Bag Procet Non-Friable Procedure Abatement Type Non-Friable Procedure Non-Friable P	Occupancy Status Facility Clo	Occupancy Status During Abatement (Check				ateme	ent			TREET		ŧ					
Describe: 5PM-1:30AM								City, State &	Zip Co	ode							
Scope of Work (Check all that apply) Scope of Work (KN																
Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Mini-Enclosure res Non-Friable Procedure Abatement Type Special Scope of Work (Check all that apply) Mini-Enclosure res Non-Friable Procedure Abatement Type Special Scope of Work (Check all that apply) Material (ACM) SF or SF		보통 전 : 중요하다			Britis 102, 177 10007												
≥3 sf or ≥3 lf									esterras de	2000 to 42 000.00		48 8977	10.00	14243			
Demolition	· ·	\$100 Mark 1996 April 1997 April 1996 April 1							\boxtimes			th Neg	ative	Pres	sure	Į.	
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Location of Asbestos-Containing Material (ACM) Solely by Maintenance or Custodial Staff? (12) Yes No N/A Basement Stairwell Basement Storage Room (in mech rm) Name of Registered Waste Hauler Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. Is Location Description of Amore Asbestos-Containing (Spe fy Material (ACM) SF or Mormally Used Asbestos-Containing (Spe fy Material (ACM) SF or Material (ACM) SF or Material (ACM) SF or Or other miscellaneous (Spe fy Material (ACM) SF or Or other miscellaneous (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Vat/mastic 20t of Waste Cubic Yards of Waste Hauler ID No. 21 MINERVA LANDFIL Abatement Type fy Material (ACM) SF or Material	≥160 sf ≥26	60 If			Der	molitic	n										
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Basement Stairwell Basement Storage Room (in mech rm) Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A Vat/mastic Valve insulation Valve insulation Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. Normally Used Solely by Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) If Immage Material (ACM) Valve insulation If Immage Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) If Immage Material (ACM) Valve insulation If Immage Material (ACM) I												_			7710101010		
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Yes No N/A			g												m		
Yes No N/A											JI (.1)	Re	_Z	nca	Enc	
Yes No N/A													mo	epa	psi	dso	
Yes No N/A													Val	=	ılatı	ure	
Basement Storage Room (in mech rm)			48	Yes	No	N/A									(D		
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 20990 Name of Registered La of Waste Hauler ID No. 20990 Name of Registered La of Waste Hauler ID No. 20990 Name of Registered La of Waste Hauler ID No. 20990	Basement Stairy	well						Vat/mas	tic		20	if	\boxtimes				
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. Name of Registered La Hauler ID No. 20990 Name of Registered La Hauler ID No. MINERVA LANDFIL	Basement Stora	ge Room (in	mech rm)		П			Valve insul	ation		2		\boxtimes				
SERVICE TRANSPORT GROUP, INC. Hauler ID No. of Waste 20990 10 MINERVA LANDFIL																	
SERVICE TRANSPORT GROUP, INC. Hauler ID No. of Waste 20990 10 MINERVA LANDFIL					=												
SERVICE TRANSPORT GROUP, INC. Hauler ID No. of Waste 20990 10 MINERVA LANDFIL																	
SERVICE TRANSPORT GROUP, INC. Hauler ID No. of Waste 20990 10 MINERVA LANDFIL																	
SERVICE TRANSPORT GROUP, INC. 20990 10 MINERVA LANDFIL	Name of Registered Waste Hauler				NJDEP Waste Cubic Yards Name of Registered						ed La	La Ifill					
OLIVIOL HAMOLONI CHOOL, INC.	OFFICE TRANSPORT CROUP INC				TOUR STATE OF THE PROPERTY OF												
	SERVICE TRAN)FIL	IL								
only, class	City, State					Disposal Date City, State					OL	OH 4688					
1211 67.61.22, 52 16.26	NEW CASTLE, DE 19720									, 0							
Completed By (Print or Type) PATRICK T. DeCARO Title PROJ. MGR. Signature 4/23/15		60															

Data of Natification (4)					TM	- f D - 11-11-	_	10 1 1	01	7	100	- 5	17 19	F	
Date of Notification (1) 4 /	23 /	15			1 00 00		700	ner/Operator (2)				H 7±		
A = = = i = N = tif = d	T N 00						J				-				1
Agencies Notified EPA	Type Notific	ation				Address enny Rd					FR 2	3			
□ DOLWD	☐ Amende	100000				state, Zip (-		-				-
□ DHSS	Amendm					mington				AS.	2			-	4
DCA (NJAC 5:23-8)	☐ Emerger justificat		cluding			of Contac				Telepho	Numbe	٥٢ -	4	CHI CH-	
(NJAC 5.23-6)	☐ Cancella				0.0000000000000000000000000000000000000	Pollice				relepine	TYUITIDO				
	_ Caricella														
					FAC	CILITY IN	IFOF	RMATION							
Name of Facility Where A			Place	(3)					Type of Facility (4	(15)					
Burlington Manor A	Apartments	9							School (K-12) Subchapter 8		K-12)				
Street Address									Other (i.e., pri			al bu	ildino	IS.	
255 S. Pearl St.									homes, etc.)					S 7/0	
City (5)									Square Feet	# of FK	s	Bl	dg. A	ge	
Burlington															
County (6)					Coun	ty Code (7	7)(STA	ATE USE ONLY)	Current Use (Price	or if being	emolish	ed)			
Burlington									Apartments						
Name of Monitoring Firm	Hired by Bui	lding O	wner (8	3)	ASCM	No.	Na	me of Abateme	ent Contractor (9)		2				-
Brightfields, Inc		350	30				100		VIRONMENTAL	. INC.					
Street Address								eet Address							
801 Industrial St							1	1123 BEAVE	R STREET						
City, State, Zip Code				_				y, State, Zip Co			-			-	
Wilmington, DE 198	201							BRISTOL, PA							
				Tal		Na			13007	Licens	-				
Project Manager for Mon	itoring Firm				ephone			lephone No.		Licens	10.				
Monty Krough					02-656	(USD)ELEVE (215-788-6040		005	-		0.000		
Start Date (10)				72	etion Da	31	1	me of OSHA N		INC					
5/_4/					/ _	15			VIRONMENTAL	, INC.					
Occupancy Status During							-	eet Address							
☐ Facility Closed/Vacate						oribo		1123 BEAVE		<u> </u>					
Abatement Performed Time of Abatement: 8						Cribe		y, State, Zip Co BRISTOL, PA							
Scope of Work (Check al	I that apply)										Name of the last o				
□ >3 of or >3 If			⊠ Rer		tion			☐ Full Conf	tainment with Nega	ative Pres	ire				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			☐ Der						g Procedure						
									mpted (*) and Non	-Friable	cedure	8			
					ation							Ab	atem	ent T	уре
Location				orma	ally lely by	A = b =		Description of		Λ		R	R	Ш	ш
Asbestos-Containing TO BE ABA		VI)			ance/			Containing Ma ermal systems		Amc (Spe) me	Repair	าса	nclo
IN Facili			Custo		Staff?	1		surfacing, VAT	, or	SFo		Removal	=	Encapsulate	Enclosure
(13)			Yes	(12) No	2004040		ot	ther miscellane	ous)					late	Ф
Unit 127				\boxtimes		Floor ti	ile a	nd mastic		500	F				
								**							
			\Box									П	П	П	П
									-		2				
Name of Registered Was	te Hauler			7	NJDEP \	Naste	Cul	bic Yards of	Name of Regist	ered Lan	1				
SERVICE TRANSPO		D INC		- 100	Hauler I			ste	MINERVA L						
	OKT GROU	r, inc			20990)				ARDI I	-				
City, State							Dis	posal Date	City, State						
NEW CASTLE, DE 1	19720							90	WAYNESBU	JRG, O	14688				
Completed By (Print or T	ype)	Title					,	Signature	1 0	1.	Date	1	. /	_	
Brian Scafiro		Es	stimat	or				Drien	- Scoliro	11	4	1/23	3/15)	1
ACD 44		4						130001	file	17	-	1	1		

ASB-41 MAY 11 B 5 15 0 3 3

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

(Pursuant to N. I.A.C. 8:60 and 12:120)	-	-1	70	2	
(Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120)	17	\propto) (E	-

Date of Notification	(1) 4/23/15					ing O	wner / Operato	r (2)						
A 1 1 1 1 1	···			Inc.					122	9 3 1	8.62			
Agencies Notified EPA	Type Notifica	ation	100000	장롱 라스웨	ddres	T	C44							
□ DEP			-		ate & Z		Street		7 046	- S			704	
Ø DOL	Amer		100000000000000000000000000000000000000		nati, (
	_	gency			of Cont		3202			-	Telepho	ne N	umh	or
□ DOH □ DCA		ellation			nrich						r cicpine	ATC IN	umb	C1
			F	ACI	LITY	INFC	RMATION		-					
Name of Facility Wi	nere Abateme	ent is Taking Pl					Type of Facili	ity (4)						
Macys Store		-	1,1015				School (I							
Street Address							☐ Subchap	ter 8 (Other than K-12					
275 Parsonage R	Road						Other (i.e	e. priva	ate & commercia	ildirی	ngs, hom	ies, e	tc.)	
					2-11-572		Square Feet		# of Floors		Bldg. Ag	е		
City (5)		County (6)	Count	у Со	de (7)									
Edison		Middlesex					Current Use ((Prior i	f being demolish	()				
							Retaii							
Name of Monitoring		y Building Own	er (8)		ASCM	No.			t Contractor (9)					
Pennoni Associa	ites, Inc.						Bristol Env		ental, Inc.					
Street Address							Street Addres							
515 Grove St. City, State & Zip Co	do	_					1123 Beave			-				
Haddon Heights,							City, State & . Bristol, PA							
		irm	Telephor	ne N	lumber	-	Telephone Nu			nse l	Number			_
Joseph Anello					05		(215)788-60		ō		varribor			4
	cheduled Start Date (10) Sched						Name of OSH							
5/4/15	,		5/5/15		3 4		Bristol Env	ironm	ental Inc.					
Occupancy Status [5855			Street Addres	SS						
		During Entire P			ement		1123 Beave							
		tside of Norma	al Hours	-			City, State &	5.0						
	10 PM to 7 AN						Bristol, PA	19007						
Scope of Work (Che	upied During eck all that ap													
,		. ,						vith N	Vegative	Pres	sure			
≥3 sf or ≥3 I					vation									
≥160 sf ≥26	O If		□ D	emo	lition			ures						
								-	n-Friable					
Traffic and Table	ocation of tos-Containing		Is Loc Normall				Description Asbestos-Con		ınt	Aba	ateme	ent Ty	уре	
	erial (ACM)	3	Solel				Material (A)			ify (LF)			т	
TO E	BE ABATED		Mainten				(i.e., thermal sy			- /	Rer	Re	Encapsulate	Enclosure
ir	n Facility		Custodia		aff?		sulation, surfac				Remova	Repair	psu	losu
	(13)	-	Yes No		N/A	C	or other miscella	aneous	S)		<u>a</u>	7	ate	Ге
1 st Floor Receiving	ng/Supply R	Room		7 1			Floor Til	le	7	F			П	
3 rd Floor Freight				itti	Ħ		Floor Til		4			H	뉘	뉘
STA C				iti	Ħ		Pipe Fittir		2			H	H	H
	STAC				Ħ			.5-		-		Ħ	Ħ	Ħ
		TIT	111								Ħ	Ħ	Ħ	
		TIT									Ħ	Ħ	Ħ	
Name of Registered	er	1	NJDE	EP Wa	ste C	Cubic Yards	Name	e of Registered I	dfill					
	ŀ	Hauler ID No. of Waste												
Service Transpo		20990 2 Cu Yd Minerva Landfill												
City, State New Castle, Dela	ware						Disposal Date City, State Waynesburg, OH							
Completed By (Prin	Wilder Desire Con-		In	Title	11111	Signature / Date								
Gino Pizzigoni Project						Line Pezzegoni / 4/23/15								
	···			-	ager		Deno 1/	gone /			A HELDON			



Date of Notification (1)		Name of Building Owner/Operator (2) Mr. Todd Glasband														
04/22/2015				pand	15											
Agencies Notified Type Notificatio	n	Street Ad 96 Fer	ddress nwood F	Road								ě				
EPA X Initial Amended Amendme	nt #	City, Star	te, Zip Cod	е	i Marshine					96.48		1				
Emergenc	y (including	Name of				Tele	epho	Num	ber							
DOH justification Cancellation		Mr. To	dd Glash	oand												
		FACIL	LITY INFO	RMATION												
Name of Facility Where Abatement is Tak Residence	ing Place (3)				Type of Fac											
Street Address						l (K-12) apter 8 (Oth	er th	K-12)								
96 Fernwood Road					Other etc.)	(i.e. private	& cor	nercia	build	lings,	home	es,				
City (5)					Square Fee	t # 0	f Flo		В	dg. A	ge					
Summit					1,500	1		U <u>nione series</u>		2						
County (6) Union		County C	Code (7) USE ONLY)			(Prior if bei Residence		olishe	ed)							
Name of Monitoring Firm Hired by Buildin	n Owner (8)	ASCM	65		of Abatemen			-								
N/A	g Owner (o)	AGOIN	1140.		General C		47.04	n eg								
Street Address					Address	141-122			500							
					0 Clifton A		/IB	ite 218								
City, State, Zip Code					State, Zip Cod on, NJ 070											
Project Manager for Monitoring Firm		Telephor	ne No.		hone No. -389-0089		Lic OC	se No	l.							
Start Date (10)	Scheduled Co	ompletion [Date (11)		of OSHA Mo											
5/2/2015 Occupancy Status During Abatement (Ch	5/3/2015 eck Only One)				General C	Offstructio	111,	-			-					
		mont			0 Clifton Av	venue, PN	/IB §	ite 2	18							
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	e Period of Abate ormal Facility Hou	terrierit										100000				
Scope of Work (Check All That Apply)				Western												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno Demo	vation lition			Mini-Encl Glovebag	Full Containment with Ne Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Ne				e cedur	۵					
	la Laa	ntion			_ Non-Exc	Tiplod () an	a rv	Habi		Abate						
Location of	Is Loc Norm	ally		Description	n of					Ту	ре					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Used So Mainter Custodia (12	ance/ I Staff?		os Containing I thermal system surfacing, V	Material (ACN ns insulation, AT, or	(5	Spec F or)	Remova	Repair	Encapsulate	Enclosure				
(13)				other miscella	neous)				val	ai.	ulate	sure				
Hallion from book antiques	Yes No		0" \ 0"	Green Floo	r Tiloo/Moo	tio C	30 S	-	Κ							
Hallway from back entrance		X	9 / 9	Green Floo	i illes/ivias	SIIC C	00 0	_	`							
		-					_									
	_	-						-								
Name of Registered Waste Hauler		NJDEP W	/aste	Cubic Yards	Nan	ne of Registe	ered	ndfill								
Service Transport Group		Hauler ID 20990	No.	of Waste	Mir	nerva Lan	dfill									
City, State	Disposal Date City, State					-			100							
New Castle, DE					aynesburg	ynesburg, O										
Completed by	Title	Signature Signature					Date 4/22/2015									
Krutarth Jagad	Projecti	ect Manager							4/22/2015							

NOCK State of NJ Courtesy Notice-Asbestos previo

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

Operator Project # Po	ostmark	Date Received		Notif	tion#	∠ 00
I. Type of Notification (check one	ne): 🔽 Original	Revised	Canceled	d		
II. Facility Description	0.1					
Building Name: Royce Associates			Har 4			
Address: 207-215 Avenue L (Boc		074	105		•	
City: Newark		Zip Code: 071	105 Co	unty:	ssex	
Site Location : 207-215 Avenue L (<u> </u>			v
Building Size (square feet): 57,000		of Floors: 3				
Present Use: Vacant	Pri	or Use: Electrical	Equipment Man	ufac	ing	
III. Type of Operation (check one)	> = 0.000 (0.000)	no Renovation	Emergency R	enov:	n 🗌	Fire Training
IV. Is Asbestos Present? (check or	ne): Yes V No		- 4			
V. Facility Information						
	sociates & Rita Woldenburg					
	van, Esq., Norris, McLaugh	December 1				
City: Somerville		_ State: NJ	Zip C		3876	
Contact: Rich Hilts (Sab	bre Demolition) Teleph	none , , ,	Fa	ax: (3	5) 320-4	238
Removal Contractor Name:	: N/A					
Address:						
City:		State:	Zip C	ode:		
Contact:	Teleph	none: ()	Fa	ıx:		
Other Operator (demolition	n/general): Sabre Demolition	Corporation				
Address: 115 Railroad Stre	eet					
City: Warners	1 7	State: NY	Zip C	ode:	3164	
Contact: Rich Hilts	Teleph	none: (315)320-4	233 Fa	ax: <u>(</u> 3	320-4	238
VI. Procedure, including analytica Category I and Category II no		t the presence of an	d to estimate the q	luan t	of RAC	M and
N/A, Asbestos containing ma		evious phase.				
VII. Approximate Amount of Asbes	estos Materials:					
	RACM to be Removed	Non-friable Asbest to be Remo			ble Asbe I to be R	stos Material emoved
		Category I	Category II	Cate	y I	Category II
Pipes (linear feet)						
Surface Area (square feet)						
Facility Components (cubic feet)						
VIII. Scheduled Dates Demolition of	or Renovation: Start: 05	5/18/15	Complete: C	08/31	5	
IX. Dates for Asbestos Removal ((MM/DD/YY) Start:		Complete:			
Days of the Week: Monday	Tuesday Wednesday	/ Thursday	Friday	Sa	day	Sunday
Hours of Operation:						

NO CK

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

Date of Notification (1)				T							1. 3	ν.		
4/27/15				Name McAl	of Buildi lister T	ng Owner owing o	r/Operato of Phila	or (2) delphia	16					
Agencies Notified	Type Notificati	on		-	Address			*		-				
☐ EPA	T			4 sou	th Kin	g Street								
DEP	Amended				tate, Zip		\ 			_				
DOL DOL	Amendme	ent#				New Je	×50000	0000						
De DON	Emergend	cy (includin	g	-			ersey o	0030						
DOH DCA	justification				of Conta				Tel					
<u> </u>	Cancellati	on			ge Dor					3	2.7			
Name of Facility Where	Ahatement is Tal	vina Diago	(0)	FAC	ILITY II	VFORMA	TION		10 8					
Camden Docks	, roatement is Tal	King Place	(3)					Type of Facility	(4)					
Street Address								School (K	-12)					
								Subchapte		than K-	12)			
2500 S. Broad Stre	eet							Other (i.e.		ommer	cial bu	ilding	s, hor	nes.
City (5)								etc.)	1.0					
Camden								Square Feet 2000	# 01	loors		Bldg.	Age	
County (6)									2			60+		
Camden				County (STATE	Code (7)		Current Use (Pr	rior if be	demolis	shed)			
				SIMIL	USE UNI	-1)		Tug Boat						
Name of Monitoring Firm	n Hired by Buildin	g Owner (8)	ASCN	A No.		Name	of Abatement Co	ntracto	1				
AET, Inc				107				services, LLC.		1				
Street Address								Address						
28 N. Pennel RD							1			FO	2			
City, State, Zip Code								W. Lincoln Hig	inway	ite 500	J			
Media , PA. 19603								State, Zip Code						
							Exto	n, Pa. 19341						
Project Manager for Mor Dave Turtsy	nitoring Firm			Telepho	ne No.		Teleph	none No.		icense N	Vo.		-	
				610-89	91-011	4	484-	872-8884		1161	1177			
Start Date (10)		Schedul	ed Con	npletion (Date (11)	Name	of OSHA Monitor						
514115		511	0115			′		L Analytical						
Occupancy Status During	Abatement (Che	ck Only Or	10											
			93500					Address						
Facility Closed/Vaca	ated During Entire	Period of	Abatem	ent			200 F	Route 130 Nor	th					
Other – Describe:	ed Outside of Nor	mal Facility	/ Hours				City, S	tate, Zip Code						
							Cinni	iminson, NJ. 0	8077					
Scope of Work (Check Al	l That Apply)						1 - 10.51			-				
23 sf or ≥3 lf		X R	lenovat	ion				1						
≥160 sf or ≥260 lf		-	emoliti				×	Full Containm		gative F	ressu	ıre		
		and a						Mini-Enclosure Glovebag Pro						
								Non-Exempted		on-Friab	le Pro	cedu	re	
		Is	Locatio	on.					. /		T		emen	1
Location	of	l N	ormally	y								T	уре	
Asbestos-Containing I	Material (ACM)	Used	d Solely	y by	Asha		scription					T	T	
TO BE ABA	TED	Mai	ntenan	ce/				aterial (ACM) insulation,	An (Sr		77		m	l m
In Facilit	У	Custo	odial St (12)	taff?	ζσ		ing, VAT			ify LF)	€en	Re	ca	nc
(13)			(12)			other m	iscellane	eous)		- /	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u>m</u>		late	Гe
Galley		1					200				_			
				X			120		L		X			
Galley				X			330		-	-	X			-
		1									14			
									*					
										-				
Name of Registered Waste	Hauler		N.II	DEP Was	ste	Cubic Y	/arda	Newsco	2	1				
coservices, LLC.			Hat	uler ID N	0.	of Wast		Name of F		Landfill				
				e-13-01		4	100	Grows (a WM	ndfill)				
City, State	3					Disnoss	al Date	City State	-	-		101100		
exton, PA.				Disposal Date City, State TBD Morrisville PA										
Completed by Title				Je - mornovnio, i /					ile, PA					
om Joiner		t Man	2001		Sig	majure	1-		Datey 4/27/15					
	Project Manager m. (a	14,	47	11	5	- 1	
						190		1	- 534	-6	-	1	219	,

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2171

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

							-1	MI		1 1	'n	1122	
Date of Notification (1)				Name	of Buildin	g Owner/Operator (-			
	24 /	15		Graci	a Thezan		21	TE API	20 84				
Agencies Notified	Type Notific	cation			t Address			71,	28 /	12:	36		
☐ EPA	✓ Initial			62 Ja	mes Stree	t	$\Delta_{i,j}$	SHF	ENSIA				
⊠ DOLWD ⊠ DHSS	Amende Amenda			-	State, Zip			21	Farai	117	ÛL		
□ DCA		ncy (includin	-	Mont	clair, NJ	07042		~ 1	CHAIR	dG .			
(NJAC 5:23-8)	Justificat	tion)	5		of Contac			Telso	ne Numb	er			
	Cancella	ation		Graci	a Thezan	9		I.					
				-		MFORMATION		1-					
Name of Facility Where	Abatement is	Taking Place	€ (3)				Type of Facility	(4)	-				_
Private house			50000				School (K-1)						
Street Address							Subchapter	8 (Other	an K-1 2)	7			
62 James Street							Other (i.e., phomes, etc.		commerc	ial bui	lding	S.	
City (5)							Square Feet		ors	Blo	lg. A	16	-
Montclair, NJ 07042							10.				3	90	
County (6)			-	Cour	ity Code (7)	(STATE USE ONLY)	Current Use (P	ior if be	demolish	ned)			
Essex							V			,,,,,			
Name of Monitoring Firm	Hired by Bui	lding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9						-
						Gr Tech LLC							
Street Address						Street Address							
						576 Valley Rd #	783						
City, State, Zip Code	771					City, State, Zip Co						-	
						Wayne, NJ 0747							
Project Manager for Mon	itoring Firm		Tele	ephone	No.	Telephone No	0	Lice	a No.				
W						973-638-1777		0117					
Start Date (10)		Scheduled (omple	etion Da	ite (11)	Name of OSHA N	lonitor	011					
05/04/	15	05	0:	5_/	15	Envirovision Co	ncultante Inc						
Occupancy Status During	. Abatement i	(Check only	one)			Street Address	iisuitants,iiic						_
X Facility Closed/Vacate	ed During Ent	ire Period of	Abate	ment		20-21 Wagaraw	Pood Dida #	25 E					
Abatement Performed	Outside of N	lormal Facilit	y Hou	rs - Des	scribe	City. State. Zip Go	ice	33 E	1				
Time of Abatement	WiAI-	PM/	PW		_AM	Fair Lawn, NJ 0							
Scope of Work (Check al	I that apply)		-				and decontamin	nation w	negative	press	ure		
≥ >3 sf or >3 If		⊠ p.				Full Cont	ainment with Ne		sure				
☐ ≥ 160 sf or ≥260 If		1 7	enovat emoliti			Mini-Enc	losure g Procedure	Tent w	Vegative	Press	ure		
-7				WHITE		☐ Non-Exe	mpted (*) and No	n-Friab	Procedure		21		
			s Loca							Aba	teme	ent T	ype
Location Asbestos-Containing	of Material (ACN		Norma ed Sol		No.ha	Description o				R	IJ	[T]	т
TO BE ABA	ATED	Ma	aintena	ance/		stos Containing Ma e., thermal systems i		A (S	iunt	Removal	Repair	Encapsula	Enclosure
N Facili (13)	ty	Cus	itodial (12)	Staff?	1	surfacing VAT	or		r LF)	ova	Ĭ.	psul	SUD
(13)			1	1		other miscellane	ous)			-		ate	10
		Yes	No	N/A					-	0.50			
Basement			1	X	Pipe ins	ulation		60 LF		\boxtimes			
												П	П
				П					-	П	$\overline{\Box}$		
			tĒ	1	-			-					ᆜ
Name of Registered Was	to Haules		<u> </u>	DED Wood	11-1-15-11						Ц		Ц
	nd Haulef					Cubic Yards of Vilast	Name of Regi	stered L	1 fill				
Gr Tech LLC				00337	85	TED	T.R.R.F. Inc						
City, State						Disposal Gab.	City, State						
Wayne, NJ 07470						TSD	Tullytown, P	A					
Completed By (Print or T	уре)	Title		200		Signature	7 1 1	,	Dat	e			
N.Jevtic		Owner				170	who wer	rad	04/	24/20	15		
AS8-41		10 40				11						-	
VAY 11		* Do ni	H HSC .	his for	n for ashe:	itos treensure e f emp	hal activities.						

State of New Jersey APPROVED: To VOORHEES, NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120)

NJPOL

									100			
Date of Notification (1) 4/23/15					Owner / Operato	or (2)						
	antinu.				of Education	4.6.,	-3 6					
Agencies Notified Type Notif	cation	1.57	Street A				100	. 12:	70			
				rospect					F4,			
DEP Init	53-4			ite & Zip (
	ended	T	rentor	n, NJ 08	638	4.5						
□ DOH □ Em	ergency	N	lame of	f Contact				- IT	elepho	one l	Jumb	her
	ncellation	N	/lr. Eve	erett O. 0	Collins			-		01101	valitie	,01
			FACI	I ITY INF	ORMATION			1				
Name of Facility Where Abater	nent is Taking P	lace (3)			Type of Faci	lity (A)		-				
Washington ES	nont to running r	1000 (0)	/			(K-12) NON SL	ID CHAD	ER 8				
Street Address								-IK 0				
						pter 8 (Other th						
331 Emory Avenue					Other (i.	e. private & co		uilding	s, hon	nes,	etc.)	
					Square Feet	# of Flo	oors	BI	dg. Ag	je		
City (5)	County (6)	Cou	inty Co	de (7)	70,000	0	3		1574 H75	604		
Trenton	Mercer		8	+ 1 - 3		(Prior if being				00.		
	WICT COI				School	(, not it being	demonsi	1				
Name of Maria in Eight	1 5 11 11 6	- 101										
Name of Monitoring Firm Hired		ner (8)	P	ASCM No		atement Contra						
Environmental Connection					Bristol Env	rironmental,	Inc.					
Street Address					Street Addre	SS						
120 North Warren Street					1123 Beave	er Street						
City, State & Zip Code					City, State &	Zip Code		V ariation				
Trenton, NJ 08010					Bristol, PA							
Project Manager for Monitoring	Firm	Telent	none Nu	ımher	Telephone N		Lic	nse Nu	mhor			
Steven Fairess			92-420		(215)788-60		00)9	imper			
Scheduled Start Date (10)	Scheduled Cor	moletion	n Date	(11)	Name of OSI							
4/24/15		4/25/		(11)		rironmental I	nc.					
Occupancy Status During Abat	ement (Check o		Water and the second		Street Addre			1				
Facility Closed/Vacated	During Entire F	Period o	, f Abate	ment	1123 Beave	G. (10)						
Abatement Performed	1000					ACCUPATION OF THE PROPERTY OF		. s				
Describe: 4:00 PM -		ai nou	15 - 7 al	iii to spiii	City, State &							
					Bristol, PA	19007						
Facility Occupied Durin												
Scope of Work (Check all that a	ipply)						27 27					
M		_	. <u> </u>				ntainmen	/ith Ne	gative	Pres	ssure	1
≥3 sf or ≥3 lf		\bowtie	Renov	ation		Mini-En	closure					
≥160 sf ≥260 lf			Demol	ition		⊠ Glove E □ □	Bag Proce	ıres				
						☐ Non-Ex	empted a	I Non-	Friable	e Pro	cedu	ire
Location of		IsL	ocation	T	Description			int				уре
Asbestos-Containi	na		ally Use		Asbestos-Con			ify	7,00	210111	SIIL I	ype
Material (ACM)	3		lely by		Material (A		SF				ш	
TO BE ABATED			enance	or	(i.e., thermal s		0.	,	R	ਸ	Encapsulate	Enclsoure
in Facility			dial Sta		insulation, surface				Remova	Repair	aps	cls
(13)		((12)		or other miscell				ova	=	Silis	l er
		Yes	No N	/A					=		ite	· CD
Basement		X	ПП	7	Pipe Insula	ation	5	-		\Box		
			H H	=	i ipe ilisuie	LIOII	3	-		H	井	믐
			片누	-					12	<u></u>		Ш
												Ш
										П	n	
			MIT							H	H	Ħ
Name of Registered Waste Hau	ler		NJDE	P Waste	Cubic Yards	Name of Reg	istered I	dfill				
The state of the s			C1002.505.505.505.505		of Waste	realise of recy	istered L	uiiii				
Bristol Environmental Inc			1870		1/2 cu yd	GROWS La	ndfill					
City, State			1070				nunn					
					Disposal Date	City, State						
Bristol, PA					4/27/15	Morrisville,	PA	47 <u>-44-55 (33-</u> 45)				
Completed By (Print or Type)			Title	1	Signature				Date			
Gino Pizzigoni			Proje	ct	11.	0.	. /	0	4/23	/15		
	*		Mana		Dene 1	uzzagor	u /-	E				

GI 15071

MO#22742786002

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name	of Building	Owner/Operator (2	, >-						(Arter)
04	24	15			1401110	or building	Ownerscheretor (t							
						Savoye- T	rustee	?# 15 / Fig 21	J. 4419					
Agencies Notified	Type Noti	lication				Address								
▼ DOLWD	Ameno	iad		-		loster Doo		4 34,5 s 115 c. 1 465	i i	e d				
X DHSS		ment#			City, S	State, Zip C	ode	6.1767	1177	(Ada)				
DCA	☐ Emerg	ency (inc	cluding			r, NJ 076								
(NJAC 5'23-8)	justific	ation)		1	Name	of Contact			Telephon	Numbe	er.			
	Cance	llation			Rose 1	Marie Mo	tiuk		t-,					
					FAC	CILITY IN	FORMATION							-
Name of Facility Where A	Abatement	s Takıng	Place	(3)				Type of Facility	(4)	-				
Private house								School (K-12)					
Street Address								Subchapter 8 Other (i.e., p			al he	Idlas		
528 Closter Dock Road	4							homes, etc.)		mnerci	ai bu	iaing	S.	
City (5)								Square Feet			Blo	ig. A	ge	
Closter, NJ 07624								# 000000 # 000000000000000000000000000						
County (6)	-				Coun	ty Code (7) (STATE USE ONLY)	Current Use (Pr	or if being	molish	ed)			1.0
Bergen														
Name of Monitoring Firm	Hired by B	uilding C	wner i	8)	ASCM	No.	Name of Abatems	L ent Contractor (9)		-				
						-	Gr Tech LLC	(0)						
Street Address					-		Street Address			4				
								1202						
City, State, Zip Code			-				576 Valley Rd # City, State, Zip C			19-11-11				
ony, oute, any obas														
Project Manager for Mon	itarina Fire	1		Tale	phone	Nio	Wayne, NJ 0747 Telephone No	70	License			_		
i rojeot nanagor io recir	Ko mg i mi			1 1010	PHONE	190.	5.5			U.				
Start Date (10)		Techno	intod C	posolo	tion Do	te (11)	973-638-1777 Name of OSHA N	1 o nito v	01127	- <u>Land Car</u>				
05 / 03 /	15				rion Da									
		A	15		_ / .	13	Envirovision Co	nsultants,Inc						
Occupancy Status During							Street Address							
☐ Abatement Performed	ea During a	intire Pei f Normal	Facilit	Abate	ment o Doc	ariba	20-21 Wagaraw	Road, Bldg .#	35 E					10 12
Time of Abatement: _	AM-	PI	i aoint M	PM_	5 - DCS	AM	City, State, Zip Co	ode						550 RV
							Fair Lawn, NJ 0			Married Control				
Scope of Work (Check al	I that apply	į						o and decontaming tainment with New			press	ure		
≥3 sf or >3 If			X Re	novati	on		Mini-Enc	locura						
≥ 160 sf or ≥ 260 lf				emolitic	ก		Gloveba Non-Exe	g Procedure	Tent with N			ure		
							Non-Exe	mpted (*) and No	n-Friable	cedure	_	1		
Location	e ŝ			s Locat Norma			6				Ab	atem	ent T	ype
Aspestos-Containing		CM)	Use	ed Sole	ely by	Ashe	Description o stos Containing Ma		Amo		Re	Re	En	m
TO BE ABA	RTED		20,000	iintena todial			., thermal systems	insulation,	(Sper	t	Remova	Repair	cap	Enclosure
IN Facil (13)	ity		- CUS	(12)	otan r		surfacing, VAT	ACTIVITY OF THE PARTY OF THE PA	SIF c	7)	val	=	Encapsula	e Jui
(10)			Von	T	N/A		other miscellane						lte	
5			Yes	No						-	53	_	_	
Basement			1	1	X	Pipe inst	ılation		180 LF		\boxtimes	Ш		Ш
Basement					\times	VAT flo	or tiles		180 SF		\boxtimes			
											П	П	П	П
				F						-	=		=	
Nome of Desistered W.	as Herrie			14	<u> </u>	111111111111					Ш	Ш	Ц	Щ
Name of Registered Was	ste mauler			¥J.	utr Hasi	e Hauler ID No.	Cubic Yards of Was	Name of Regis	stered Land					
Gr Tech LLC				(003378	85	TBD	T.R.R.F. Inc						
City, State							Disposal Date	City, State						
Wayne, NJ 07470							TBD	Tullytown, P.	A					
Completed By (Print or T	ype)	Title	9				Signature /	7 0 0	1	Dat	е			
N.Jevtic		Ow	ner				401	In ven	90	04/	24/20	115		
ASB-41								A			7120	1.7		
MAY 11		3	Durin	H HSC I	his fori	n for asbes	tus ticeusure Jaemi	oted activities.						

CX 2770

Date of Notification (1		Name	of Bu	uilding Ov	wner/Ope	rator (2	2)			7-7-	17.0				
7.5	04/22/2	015					vestor,			60.					
Agencies Notified	Notification [*]			Street 35 S		ess nland A	ve			leis.	PR	28	AH 12	: 5:	,
(X) EPA () DEP	(X) Initial No () Amended		n			Zip Code			0	i og	- i	9		3.2	
(X) DOL	Amenda					k, NJ 0				e -	li	15 4		(1)1	
(X) DOH	() Emerger		uding	Name	of Co	ontact						el. Nur		OI	
() DCA	justificati () Cancella			Marc	Flus	sche									
	() Caricella	lion		EACII	ITV II	NFORM/	ATION				_				
Name of Facility Whe	re Abatement	ic Taki	na Placo		-1111	INI OINIA	ATTON	Type	of Facility	(4)	-				
Ivalle of Facility ville	ie Abatement	is laki	ng Flace	(3)					hool (K-1	76T (16T)					
Street Address 35 S Highland Av	е							() Su (X) Ot	bchapter her (i.e. pomes, etc	8 (otherivate		n K-12 nmerci		dings	5,
City (5) Glen Rock									e Feet	# (Flo	ors	Bldg	. Age	9
County (6)			_	Count	· Cad	- (7) (CT	ATE	C	-+ I I /D	16	-	P	1 15		
Bergen				USE C	NLY)	e (7) (ST	AIE	Currei	nt Use (P	TOT IT	ng	demoli	shed)		
Name of Monitoring F	irm Hired by E	Bldg. O	wner	ASCM No. Name of Contractor (9)							P.				
(8)	1/2			0.0000000000000000000000000000000000000		RUCTI	ON S	R۱	/ICES	110					
Street Address							Street A	Address	3	014.0	100	TOLC	, LL	_	
0'' 0' ' 7' 0 '							365 R								
City, State, Zip Code							City Sta Garfie		Code 07026						
Project Manager for N	Nonitoring Firm	n Tel	ephone I	Number			Telepho				Li	icense	Numb	er	
							(973)6	85-97	91		0	1191	"A"		
Scheduled Start Date 05/06/20	, ,	Sch	neduled (Completi 6/06/20		ate (11)			A Monitor						
Occupancy Status Du		= + (Ch =			713		Testor								
Occupancy Status Du	ning Abateme	nt (Che	eck only o	one)			Street A								
00 = 111 01 104				22 101	9				on Ave	nue	_				
(X) Facility Closed/Va () Abatement Perform	cated During ned Outside o	Entire F	Period of	Abatem	ent		City, St								
() Other – Describe:			ar r acilit	y i louis			Long I	sland	City, N'	Y 111	1				
Source of Work (Ched	ck all that app	у)						1827 VETER							
(X) ≥ 3 sf or ≥ 3 lf		()	Renova	tion				Contai i-Enclos	nment wit	h Neg	ve	Pressu	ire		
(X) ≥ 160 sf or ≥ 260 l	f) Demolit						oure Procedur	е					
									pted (*) a		Fria	ble Pro	ocedu	е	
Location o	f	ls I or	cation No	rmally								Aba	ateme	nt Ty	ре
Asbestos-Containin	The regional and the second		ed Solely				on of Asb		١,					ш	
(ACM)			aintenan		Con	ntaining M	Naterial (A	ACM) (i.	e.	Specif		Re	, D	nce	Enclosure
TO BE ABAT in Facility		Custo	dial Staf	1? (12)			stems ins			F or L		Removal	Repair	ısdı	dos
(13)	(13)						ellaneous					<u>val</u>	=	Encapsulate	ure
Decement / Levins	Jm. Daam	168	INO	N/A	1/0					00.0	_		-	(D	
Basement / Laund				X	VA					00 S	_	X			
Second Floor Bed	room			X	VA.					80 S	_	Х	-		_
Kitchen				X	VA.	l				00 S		X			
Name of Reg. Waste Cid Construction Serv		NJD # 32	EP Wast 905	e Haulei	r ID	Cubic Y TBD	ards of V	Vaste	Name of		ndf	fill mpany			
City, State Garfield, NJ	=	1				Disposa	al Date		City, Sta Melville,	te	201	purry			
Completed by	Title				Sig	nature)		<i></i>	o.		D:	ate			-
Roque Schipilliti	ge delle	chip	felig				/22/20	15	_						



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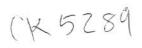
Date of Notification (1) 4/13/15	117			Building (Bassar						-					
Agencies Notified Type Notific	ation	S	treet Ad				2100	14.15	1	i:	i e	1:1			
	ment #			e, Zip Co e Heigh		8751		74		()			10		
▼ DOH justifica □ DCA □ Cancel		1000	lame of leff	Contact					Te	hone	Num	ber			
Name of Facility Where Abatement is			FACIL	ITY INFO	ORMATIO	N	Туре	of Facility (4)						
Jeffery Bassano Private Home Street Address 1725 West Central Ave				ž.			S	chool (K-12 subchapter of ther (i.e. pr	(Oth	than			lings,	home	es,
City (5) Seaside Heights NJ 08751	T.						e	tc.) e Feet	# 0	loors		BI	dg. A		
County (6) Ocean	U U		County C	code (7) ISE ONLY)				nt Use (Prio		dem	olishe				
Name of Monitoring Firm Hired by Bui N/A	ding Owner (8)		ASCM	No.	,		of Abat aco In	ement Conf	racto))					
Street Address							Addres Box 32			19					
City, State, Zip Code							state, Zij t Berlir	Code NJ 0809	91						
Project Manager for Monitoring Firm		T	elephon	ne No.		856-	none No 753-98	300		licens)072					
Start Date (10) 4/13/15	Scheduled 4/13/15	d Comp	pletion [Date (11)		Name Sam		A Monitor		45					
Occupancy Status During Abatement	(Check Only One	e)				Street	Addres	S		-					
Facility Closed/Vacated During E Abatement Performed Outside o Other – Describe:	ntire Period of Al f Normal Facility I	oateme Hours	ent		_	City, S	State, Zij	o Code		-					
Scope of Work (Check All That Apply)										1					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovati emolitio					Min Glo	Containme i-Enclosure vebag Proc	edure	legati				200	
	le I	ocatio	n			1.5	MOI NOI	n-Exempted	(-) 2	Non-F	-nabi		Table 100 to 1	e ement	
Location of	No	ormally	,	548	Des	scription	n of						Ту	ре	
Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	Mair Custo	Solely ntenano dial St (12)	ce/		tos Cont thermal surfac	aining N	Material s insula AT, or		S	ecify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									_		ite	е
Found behind wall during De	emo		х		Tran	site Si	ding		1) SF		x			
Name of Registered Waste Hauler		N	JDEP W	laste	Cubic	Varde		Name of F	Pagir	ed La	ndfill				
United Containers		На	auler ID 459		of Was			G.R.O.V	CONTRACTOR OF COLUMN	su Lai	IIIIIII				
City, State Elm NJ			,	,	Dispos	sal Date	<u> </u>	City, State Morrisvi		1906	67				
Completed by Anthony T Perna	Title Signature President										Dat 4/1	e 3/15	i		

C ck # 9743

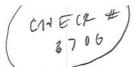
Date of Notification (1)			Name	of Buildin	g Own	er / Operato	or (2)							
	April 24, 20	5		Brick 7	Township	p Muni	icipal Utiliti	es Authority	, ,						
Agencies Notified	Type Notific	ation		Street	Address				- 4	lu te	10 A	12:1	į,		
□EPA □DEP					lighway 8				*				50)		
⊠DOL	Initi	al			tate & Zip								4		
	10000000	ended endment #	ŧ	Brick,	NJ 0872	4-2399	9								
DOH	0.00	cellation		Name	of Contac	ct					ITe	elephon	e Nu	mbe	r
DCA				Matt G	lowacki	– Qua	d Construc	tion Compar	ny		ľ				276
				FAG	CILITY	INFO	RMATIO	N				-			
Name of Facility Whe		t is Taking	Place (3)				Type of Fa								
Vanada Woods Pum	p Station							ol (K-12)							
Street Address								hapter 8 (Oth				VII - 14 60 0 0 0 0		3600040	
506 Riverside Drive	South						- Comment	er (i.e., priva			building			tc.)	
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Ocean			USE ONLY	. (,)											
Name of Monitoring F N/A	irm Hired by	Building C	wner (8)		ASCM	No.	Name of A	Abatement Co	ontractor	(9)					
Street Address					-		Street Add							364	
City Ctata 9 7in Cad							829 Radio	The sales of the sales			1/4				
City, State & Zip Code	3							& Zip Code Harbor, NJ	08087						
Project Manager for N	Monitoring Fire	n	Te	ephone N	lumber		Telephone 609-296-6	Number		Li	nse Nun	nber 0081	7	Ti.	
Scheduled Start Date		Schedul	ed Completion	on Date (*	11)		Name of C	OSHA Monitor	r				9		
May 4, 20		-t (Ob!		8, 2015			Synatech				<u> </u>				
Occupancy Status Du Facility Close	ed/Vacated D	uring Enti	re Period of	Abatemer	nt		Street Add								
Abatement F	Performed Ou	tside of N	ormal Hours				City, State	& Zip Code		< -					
Other – Description Facility Occu	cribe: pied During /	Abatemen	t				Little Egg	Harbor, NJ	08087						
Scope of Work (Chec	A 1550									-					
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City, State					Dispos	al Date)	City, Sta	ite		1				
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Date of Notification (1)	_				g Owner / Operator			112 4	7 ::		-	- ! 0
April 24, 2018 Agencies Notified Type Notifica				Address	p Municipal Utilities	Authority			-31100 000		- St	
	LIOIT		Street	Address								
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			FA	CILITY	INFORMATION		-					
Name of Facility Where Abatement	is Taking	Place (3)			Type of Faci			-				
Eastern Lane Pump Station		7000			School	(K-12)						
Street Address						pter 8 (Other tha	0.5					
739 Eastern Lane						(i.e., private & c		building	s, hor	ne, e	etc.)	
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Project Manager for Monitoring Firm		Te	elephone I	Number	Telephone N 609-296-691		Li	nse Num	ber 0081	7		
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Other – Describe:	ide of Nor	mai Hour	S		City, State &							
Facility Occupied During Ab	atement				Little Egg H	arbor, NJ 08087						
Scope of Work (Check all that apply)												
Scope of Work (Check all that apply,	,					To a second seco						
\ge 3 sf or \ge 50 lf		\boxtimes	Popovoti	on		Full Containmer	nt with Neg	ve Press	ure			
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TO BE ABATED IN Facility		Custo	odial Staff	? (12)	Material (i.e., therma		SF	LF)	<u> </u>		_	
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					or other misc	ellaneous)			Remova	Repair	Encapsulate	Enclosure
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Synatech, Inc. City, State		27	7429	< 1	I Doto	Grows Landfil	I					
on, state				Disposa	Date	City, State						
Little Egg Harbor, NJ 08087				May 15,	2015	Morrisville, PA						
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Diane Aloia	Executiv	ve Assista	ınt	1	and teler	a	April 24, 2	5				

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Date of Notification (1))			Name	of Building	Owner / Operator	(2)			17			
	April 24, 2015			Brick '	Township I	Municipal Utilitie	s Authority		(in the	, C			
Agencies Notified	Type Notifica	tion		Street	Address					. 40			
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						IFORMATION							
NI F 104 - AA/II	- Al -1 1		21 (0)	I A	CILITITIN								
Name of Facility When Breton Road Pump S		s laking l	Place (3)			Type of Fac	ility (4) I (K-12)						
Street Address	ration						apter 8 (Other than	K-12)					
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30 Dietoli Road						- Bearing	(i.e., private & c			110		IC.)	
City (5)						Square Fee		oors 1	Ridg	, Age		arc.	
Brick						1000	(Prior if being der			00	yea	IIS	
						Pump Stat		ononou)					
County (6)		C	ounty Code	e (7)									
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Name of Monitoring Fi N/A	rm Hired by B	uilding Ow	mer (8)		ASCM No		atement Contracto	or (9)					
Street Address						Synatech, I Street Addr			-	_			
Ollock / Iddiress						829 Radio							
City, State & Zip Code	1					City, State 8							
							larbor, NJ 08087						
Project Manager for M	onitoring Firm		Te	lephone N	Number	Telephone I 609-296-69		Lic	ise Numb		7		
Scheduled Start Date	(10)	Schedule	d Completi	on Date (11)		SHA Monitor			0081			
May 4, 201		Concadio		8, 2015	/	Synatech, I							
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	d/Vacated Du	· · · · · - · · · · · · · · · · · · · · · · · · ·			nt	829 Radio	INSTANTALIA						
Abatement Pe	erformed Outs	ide of Nor	mal Hours	3		City, State 8	& Zip Code						
Other – Desc						Little Egg H	larbor, NJ 08087						
Facility Occup	pied During Ab	atement											
Scope of Work (Check	all that apply					***************************************							
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≥160 sf or ≥260) If			Demolitio	n	D		dure					
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						or other mis	cellaneous)			en	Re	cap	nc
										Remova	Repair	Encapsulate	Enclosure
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r dilip otation					^	ripe iii.	sulation		1	X			
		-						1					
Name of Registered W	/aste Hauler		NJDEP \	Vaste	Cubic Yar	ds of Waste	Name of Regis	tered Land	-				
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Synatech, Inc.			27	429	< 1		Grows Landfil	I					
City, State					Disposal I	Date	City, State						
Little Egg Harbor, NJ	08087				May 15, 2	015	Morrisville, PA	1					
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		4			- 4	1 11	7						
Diane Aloia		Executiv	ve Assista	nt	Nua	ne lell		April 24. 2	5				



Date of Notification (1) 04/24/2015				Building C			(2) The Davis Cor	mpanies	-				
Agencies Notified Type Noti	fication	-	Street Ad						-	-	- 2-		_
S-20				igh Stree	et .								
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	fication)			ie Bellido				relepi	s Null	ibei			
DCA Cand	cellation					ON			-				
Name of Facility Where Abatement	is Taking Place	(3)	FACIL	LITY INFO	RWAII	ON	Type of Facility	(4)	-				
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							etc.)	W 651					
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County (6)			County C	Code (7) JSE ONLY)			Current Use (Pr	12.	nolish	33			
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Name of Monitoring Firm Hired by B	- Grand Children a <u>- a</u> d 1995 Barrell States a		ASCM				of Abatement Co	and the second second second					
CTSI Environmental Safey 8	& Health Pro	fess.	0010)9		Incin	ia Contracting	g, Inc.					
Street Address						Street	Address						
237 West 35th Street, Suite	805					1360	Clifton Aven	ue, Unit 3	j				
City, State, Zip Code						City, S	tate, Zip Code		-				
New York, NY 10001					//	Clifto	n, NJ 07012						
Project Manager for Monitoring Firm	1		Telephor	ne No.		Teleph	one No.	Lic	ise No	٥.			
Farhood Selamie			(212) 9	929-345	1	(973	450-9500	C)	36				
Start Date (10)	Sched	luled Cor		Date (11)			of OSHA Monitor		- 4				
04/15/2015			5/8/2015		1		ia Contracting						
Occupancy Status During Abatemen	2000000000	of Assistance of the					Address		- ()				
					1		Clifton Aven	ie Unit 3	;				
Facility Closed/Vacated During Abatement Performed Outside							tate, Zip Code	30, 01111	-				
X Other – Describe: Saturday & S			•		_		on, NJ 07012						
Seens of Work (Charle All That Ann	I. A					Cilito)II, INJ 07012		-				
Scope of Work (Check All That App	iy)					137							
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≥160 sf or ≥260 lf	X	Demoli	uon				Glovebag Pro	(E)					
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Location of		Norma	lly		Des	scription	of				Ту	ре	
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TO BE ABATED	100	ustodial (200	(i.e.			insulation,	(Spec		Rei	Z.	nca	Enc
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East Side of Building		X	X	Sp	oray Or	n Firep	roofing	240		Х			
		-							Bert .				
Name of Registered Waste Hauler		1700	JDEP W		Cubic '		Name of	Registered	ndfill	-			
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		1	NJ-641		40				11 La	. IOIIII	001	ρ.	
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Wayne, NJ					TBD			hem, PA					
Completed by	Title				S	ignature	M		Da				
Milena Zoric	Ex	ecutive	Directo	or	\perp	1/1	IXO	1	04	1/24/2	2015		



Date of Notification (1)	Name of Buildin	WM NW W	AUCER CU	n's	RVE	710	N/	
Agencies Notified Type Notification	Štreet Address							
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☐ PA ☐ Amended Amendment #	City, State, Zip.	Code //	J, 08202			3.7		
∑ DOL Amendment #_ ☐ Emergency (in	duding A	VACON, N.	777 00000	elect	Number			4
S-DOH Justification)	Name of Conta	IN CE	10.00	61			~	1
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	FACILITY IN	LF OPULATION			<u> </u>	ज	2.5	_
reame of Facility Where Abatement is Taking	Place (3)		Type of Facility (4)		10	#PR	1.3	1
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City, State, Zip C∞de		Cry. State. 2p	OLO SHADO	ė , <u>I</u>	20	805		
	1 9 1 10	Telephone No.		Lia	e No	/1	20.	
Project Manager for Monitoring Firm	. Telephone No.	856-7	79-0472		044	<u> </u>		
	Juled Completion Date (11)	Name of OSHA	Monroy / E as	N				
Stan Date (10)	/11 /14		PKALEMI	=				=
Occupancy Status During Abatement (Che		Sueel Address	SPILUCÉ	1	÷ ,			1
S Facility Closed Vacaled During Entire Pr	eriod of Abatement			$\stackrel{\prime}{=}$		-		
Abatement Performed Outside of Norma	y Facility Hours	City, State, Ap	COOL SHADE	- 1	,5,0	805	2	i
Oner Describe:		- MAP	LE DAMPE					
Scope of Work (Check all that apply)		Full Co	ontainment with Neg	abye F	ssure			*
A CONTRACTOR OF THE CONTRACTOR	Renovation	Min-E	nclosure					1
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- Location of.		pesios Containing h i.e. thermal system	Haterial (ACM)	(=	: city ,	Rc	Repair	Endoradi
As Desios - Containing Material (ACM) TO BE ABATED	Custodial (1	Sudanno VA	(1,01	Si	(LF)	Removal	Rарын	. 5.4
IN Facility	(12)	other myscellar	neous) .	**		=	100	=
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		TRANGI	TE	12	104	X	_	
QUOF		-, 11						
	- 1000 1000	· Cubic Yards	Name of Reg	istere	andfill			
Name of Registered Waste Hauler	NOEP Waste Hauler D No.	ol Waste	C,M	,C	M,U	, 13		
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City State	T 112057	0502.00	Wood	13	UF,	برن		
MAPLE DHADE, NI	J,08052	Signatur	e , 10 ,		Date	124	115	
Completed By	OWNER		osiph I Sl		- 9	109	/ /	
JOSEPH CEMM		1 0						
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Check# 1200

Date of Notification (1) 4/24/15					10 To	wner/Opera on Holdin		LC ZE	5 / _[P]	? 28	28 AH 12: 36				
Agencies Notified	Type Notification		s	treet Add	dress			A 5.1	15				- 6		
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Li DOA	Carloonado.			FACIL	ITY INFO	RMATION									
Name of Facility Where	Abatement is Takir	ng Place (3)						Type of Facility (4	1)						
Abandoned House	for Demo						I	School (K-1)	2)						
Street Address		-					-	Subchapter			-12)				
210 Middlesex St (Angelo Cifelli I	Orive)					1	Other (i.e. p	nvate (& COIT	rcial	bulla	ngs, l	nome	s,
City (5)								Square Feet	#0	f Floor		Ble	dg. Ag	ge	
Harrison								2500	2			5	+0		
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Essex			6	STATE U	SE ONLY)		-	Abandoned H	House	ofor [mo				
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.	Na	ame o	f Abatement Con	tractor	(9)					
n/a		24		n/a		L	_ozni	ca Managem	ent C	orp					
Street Address								ddress							
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City, State, Zip Code						333		ate, Zip Code		T			- That's		
n/a						L	_inco	In Park NJ 07	035						
Project Manager for Mo	nitoring Firm	12	1	Telephon	e No.	1 60		ne No.	Lice e No.						
n/a				n/a				067950	74	01	01 3				
Start Date (10)		Schedule		pletion D	Date (11)	1000		of OSHA Monitor							× 2
5/4/15		5/30/1						ca Managem	ent C	orp	-				
Occupancy Status Duri	ng Abatement (Che	eck Only On	ie)			1		Address							
Facility Closed/Va	cated During Entire	Period of A	Abatem	ent				oy Lane							
Abatement Perform Other – Describe:		rmal Facility	Hours	-				ate, Zip Code oln Park NJ 07	7025						
-							LITICO	III Park NJ U	1035						-
Scope of Work (Check	All I nat Apply)	100								-	_				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoliti					Full Containm Mini-Enclosure		h Neg	/e Pr	essur	е		
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TO BE Al		Cus	todial S	Staff?	(1.6.	surfacing				ForL		Remova	Repair	ape	Enclosure
(13)		(12)			other miss	cellan	eous)				oval	air	Encapsulate	sure
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Main Entra	nce, Door			х		oor Fram	ne Ca	aulking		20 LF		x			
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Basement, Fu	rnace Room		* 1	х	Cem	ent Flash	ing (Vent Pipe)		20 S	20 SI k				
1st Floor Kito	hen, Closet			х	Gre	en Floor	Tile	& Mastic	1	20 5					
Name of Registered W			1000	JDEP W		Cubic Ya		Name of	Regis	tered	idfill				
Rovic Transport			H	lauler ID	No.	of Waste	1	GROV	VS La	andfi					
City, State						Disposal	Date	City, Sta	ite				22		
Riverdale, NJ						TBD		Morris	ville I	PA 15	57		147		
Completed by		Title	Tido Oigitata o					Dat							
E. Cirovic		Sec	ecretary E. Crocic						4/	24/1	5				

ASB-41 (R-06-08)

* Do not use this form for asbestos is a sure exempted activities.

Loznica Managemen Corporation
New Jersey Dept. of Labor Lic# 01193

22 Troy Lane, Lincon Park, NJ 07035 TEL (973) 706-7950 X (973) 706-7951

jada 2@optonline.net

2815 APR 28 AH 12: 36

ADDITIONAL QUANTITIES FOR 210 MIDDLESEX STREET HARRISON, NJ

(All materials to be removed)

LOCATION	MATERIAL TYPE	AM	JNT
1) 2 nd Floor Kitchen	Floor Tile	14	SF
2) 3 rd Floor Kitchen	Floor Tile	13	SF
3) Exterior Roof	Mastic	40	SF
4) Exterior Roof	Shingles	25	SF
5) Exterior Façade	Shingles	50	SF

Check # 1202

Date of Notification (1) 4/24/15						f Building				21 15 1,00	28	f _i	2.						
Agencies Notified	Type No	otification		-	CJUF II Harrison Holdings LLC Street Address									<u> </u>					
□ EDA	-				50 Washington Street														
EPA DEP	PRODUCE	tial nended		-		ate, Zip C	Company of the Company				-	4	1121						
X DOL	Branch .	mendment # Hoboken, NJ 07030																	
₩ DOH		nergency (including	-		f Contact					TTO	epho	Number						
DCA		stification) ancellation			1101110	Common					16	eprio	ho Number						
Rand	Band -				FACI	LITY INF	OPMAT	ION			1								
Name of Facility Where	Abatemer	nt is Taking	Place (3)	170	-11 1 1141	OKINA	IOI	Type	e of Facility (4	.)	_	-	1000					
Abandoned House										500	100								
Street Address					School (K-12) Subchapter 8 (Other the									K-12)					
602 South 2nd St									×	Other (i.e. pr	ivate	& con	ercia	al buil	dings	hom	es,		
City (5)					etc.) Square Feet # of Fice							f Flo	Bldg. Age						
Harrison					2500							1 1 10	50+						
County (6)											Use (Prior if being d			1,526570)					
Essex				(STATE USE ONLY) ———— Abandoned House									emo						
Name of Monitoring Firm	n Hired by	Building C	Owner (8)		ASCN	/ No.		Name	0 (2000)				-						
n/a			, ,							e of Abatement Contractor (9) nica Management Corp									
Street Address	-		100-3-00-3-0		Street Address							O.P	_						
n/a					22 Troy Lane														
City, State, Zip Code					City, State, Zip Code								· -				-		
n/a									ark NJ 070										
Project Manager for Monitoring Firm					Telepho	ne No.		Telephone No. Lie					ie No.						
n/a					n/a			9737067950 01											
Start Date (10)			Schedule	scheduled Completion Date (11) Nam					Name of OSHA Monitor										
5/4/15 5/30/19							Lozr	znica Management Corp											
Occupancy Status During Abatement (Check Only One)				e)	Street Address						-								
Facility Closed/Vacated During Entire Period of Ab			batem	rement 22 Tro					ane										
Abatement Performed Outside of Normal Facility F			Hours						State, Zip Code										
Other – Describe:					Linco					ncoln Park NJ 07035									
Scope of Work (Check A	All That Ap	ply)			10000								_						
23 sf or ≥3 lf			☐ R	enovat	tion				Fu	ıll Containmer	nt with	Neo	ve P	essu	70				
≥160 sf or ≥260 if				Demolition					Mini-Enclosure					7011000010					
						Glovebag Procedur Non-Exempted (*) a					d No	riable Procedure							
12		le	ocati	cation						() an	a ive	Abatement							
Location	n of			Location ormally			Description of							Type					
Asbestos-Containing	Material	(ACM) Used Sc				Asbes	Description of tos Containing Material (ACM)			I (ACM)	Amou					_			
TO BE AB In Faci	ATED		638.4	ntenar odial S			thermal	hermal systems insulation,						Re	20	Enc	En		
(13)			(12)					cing, VA niscellar						Remova	Repair	apsı	Enclosure		
,			Yes	No	N/A				,0000)					val	ir	Encapsulate	ure		
Exteri	ior				×		Roof	Memb	orane		2.8	50	4	х					
Exteri	or				х		-	f Flashing			-	50 S	4	x					
Exteri	or			X				oof Ta		-			-						
Extori	01				^		п	001 Ta			45	50 S	_	Х					
Name of Registered Was	ste Hauler			N.	JDEP W	aste	Cubic	Yards		Name of R	eniste	red	dfill						
Rovic Transport			00.003	Hauler ID No. of Wast			ste					um							
City, State							TBD	al Dete		San Carlotte Comment				_					
Riverdale, NJ						Disposal Date City, State					lo D	۸ ۱۵	7						
Completed by			Title			TBD Morrisville PA 19					7 18	7							
E. Cirovic			110000	tary	Signature								Dat	e 24/15	:				
		Secretary E. Gravi										,							

RF = CHECK#1186

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Date of Notification (1) 4/23/2015					Name of Faride	R:	} AH 12: 39													
Agencies Notified	Type Notif	fication		Street Address 369 Mason Ave.									75							
EPA DEP DOL	10 10 10 10 10 10 10 10 10 10 10 10 10 1	al City, State, Zip Code Haledon, NJ 07508									ic	HING ROL								
⊠ DOH □ DCA	Emer		including										je Number							
П вод	oanc	Schallon				LITY INF		ON												
Name of Facility Where All Private Residence	oatement i	is Taking	Place (3)	raoi	Lift Het	ORMATI	ON	Type of Facility			9								
Street Address 369 Mason Ave.									School (K-Subchapte Other (i.e.	er 8 (Oth				dings	, hom	es,				
City (5)									etc.) Square Feet	# 0	of Fk	TS S	E	Bldg.	Age					
Haledon			8						1,900 +	2				+0						
County (6) Passaic						Code (7) USE ONLY	Current Use (Pi	rior if be	ing	molish	ied)									
Name of Monitoring Firm Hired by Building Owner (8)					ASCN	No.		f Abatement Contractor (9) rn Contracting Corp.												
Street Address					Street Address 1087 Pleasant Valley Way															
City, State, Zip Code					City, State, Zip Code West Orange, NJ 07052							9								
								1.000		07032	_	1								
Project Manager for Monitoring Firm									hone No. -333-9176			nse N	0.			# E				
Start Date (10) 5/05/2015	ed Con	pletion I	Date (11)			of OSHA Monitor ovision Cons	lr _K	K.												
Occupancy Status During	Abatemen	nt (Check	Only Or	ie)					Address 1 Wagaraw R	d - Blo	da '	F								
Facility Closed/Vacated During Entire Period of Aba Abatement Performed Outside of Normal Facility Ho							City, S	tate, Zip Code	200_ 2002		-									
Other – Describe: No			rs				_	Fair I	Lawn, NJ 074	410										
Scope of Work (Check All	I hat Apply	у)						_	1			80.000.000								
≥3 sf or ≥3 lf					58.50.000			××	Mini-Enclosu Glovebag Pro		tive Pressure -Friable Procedure									
			T	-					Non-Exempte	ed (*) an	d N	-Friab	le Pro	Acres and						
Location	nf		1	Locati Iormal	у		Des	I systems insulation, (Spe					Abatement Type							
Asbestos-Containing N <u>TO BE ABA</u> In Facility (13)	Material (Α ΓΕ <u>D</u>	CM)	Ma	d Sole intenar odial S (12)	nce/		tos Cont thermal surfac				Amo (Sper SF or	; ;)	Remova	Repair	Encapsulate	Enclosure				
(13)		Yes N			N/A	West from the first of the section o							a		late	lre				
Baseme	nt				×		Pipe	e Insulation			20		Х							
												4								
Name of Registered Waste	Hauler			IN	JDEP W	laste	Cubic	Yards	Name of	Registe	ered	andfill				-				
Unicorn Contracting C				Н	auler ID 035844	No.	of Was		G.R.O	000000000000000000000000000000000000000										
City, State West Orange, New Je	ersey		-				Dispos	sal Date	City, Sta		enr	ylvar	iia							
Completed by Dimo Golcev			Title Proje	ct Ma	anager							Date 4/23/2015								
ASB-41 (R-06-08)								* Do no	ot use this form fo	r asbes	tos	nsure	exen	npted	activit	ies.				



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Date of Notification (1) 4/23/2015		Name of		-															
Agencies Notified		SHASHI MALHOTRA Street Address 79 JERSEY STREET									AC(2: 42								
EPA DEP DOL	□ Ar	itial mended mendment	#	City, State, Zip Code PATERSON, NJ 07501							or Or	Tigan COL							
▼ DOH	X Er	mergency (stification)		_	Name of Contact Telepho							Number							
DCA DCA		ancellation			KATHLEEN EASTON														
Name of Facility Where	Abateme	nt is Takin	o Place (3	3)	FACIL	LITY INFOR	MATION	Tvp	e of Facility	(4)	-	-							
VACANT BUILDING			3 / 1400 (0						School (K-	2012									
Street Address 79 JERSEY STREET					Subchapter 8 (Other to the cite.)														
City (5) PATERSON								Squ	are Feet	# of	f Flox		В	ldg. A	ge				
County (6) PASSAIC					County Code (7) Current Use (Prior if be							olished)							
Name of Monitoring Firm Hired by Building Owner (8)					ASCM	l No.			oatement Co										
Street Address							Street	WE HAVE	-15,56,10,100,00,100,000,000	00111			-,	<u> </u>					
3,3317441333							250	RU ⁻	THERFOR	D BL\	/D.								
City, State, Zip Code						Zip Code N, NJ 070		3											
Project Manager for Monitoring Firm					Telephor	ne No.	Telep	Telephone No. Lic 973-956-8700 00											
Start Date (10)		npletion [Date (11)	Name	of O			A	MICE OF										
4/24/2015 Occupancy Status Durin	n Ahaten	nent (Chec	4/25/20				SAN		S (9) ABC)VE									
Facility Closed/Vac					nent		0.000	, , taai	000										
Abatement Perform Other – Describe:	ned Outsi	de of Norm	nal Facility	/ Hours			City, S	State,	Zip Code										
Scope of Work (Check A	II That A	pply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	Renova Demolit				J N	ull Containm Ini-Enclosur Blovebag Pro	е	Ne <u>ş</u>	ive Pr	essu	re					
				L	Non-Exempted (*) and No				Friable Procedure Abatement										
Location	Locati Normal	1000 (FE)		Deporintion						Type									
Asbestos-Containing TO BE AB In Faci (13)	I (ACM)	Ma	ed Sole intena todial S (12)	nce/	(i.e. th	s Containing Nermal system surfacing, VA	escription of ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)			mou Spec or L		Remova	Repair	Encapsulate	Enclosure				
			Yes	No	N/A										te	Ф			
					BUILD	ING TO BE	E DE	MOED		Direct -									
						AS ASBESTOS													
					CITY DEEMED AS														
						СО	LLAPSE H	AZA	RD										
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING					NJDEP Waste Cubic Yards Name of Register Hauler ID No. of Waste WASTE MA					0125									
City, State CLIFTON, NJ					3, 40	Disposal Date City, State 4/25/2015 MORRISVILLE					LE,	=. A							
Completed by VIVECA RAMOS			Title PRO	JECT	T COORDINATOR Signature						_	Date 4/23/2015							

CHECK # 1185

Date of Notification (1) 4/22/2015		()		me of Building amuel Engel		erator (Care		iii	-			
Agencies Notified	Type Notification			eet Address 5 North Bro	ad Stree	et .	<u> </u>	() = = - () = () .		3 0	<u> </u>	2:3	Ī	
EPA DEP DOL	Initial Amended Amendmen	t #1	City	y, State, Zip Co izabeth, NJ	ode		*					i	1	
≥ DOH DCA	iustification Cancellation		Nar	me of Contact amuel Engel		107 CC 25		Tele	ept	ie Nur	nber			
				FACILITY INF		N				14	1577			
Name of Facility Where . Private Residence	Abatement is Taki	ng Place (3)					Type of Facility	(4)		1 - 2				
Street Address							School (K-Subchapte	r 8 (Othe		n K-12	2)			
652-654 Westfield	Ave						Other (i.e. etc.)	private &	c CI	merci	al buil	dings	, hom	nes,
City (5) Elizabeth						9	Square Feet 1,900 +	# of 2	Fi	S	10.00	3ldg. /	Age	
County (6) Union				unty Code (7) ATE USE ONLY)		Current Use (Pri	or if beir	ng	molish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)	A	ASCM No.			f Abatement Co			ir-				
Street Address							rn Contractin	g Corp	•	_				
					2	205 R	oute 46, Suit	e 7A						
City, State, Zip Code							ate, Zip Code ra, NJ 07512							
Project Manager for Mon	itoring Firm		Tele	ephone No.		elepho 973-3	one No. 33-9176		C C	nse N	٥.			
Start Date (10) 3/29/2015		Scheduled 5/02/201		tion Date (11)			f OSHA Monitor		Inc	-				
Occupancy Status During	g Abatement (Che	k Only One)		-			ddress			-				
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility H	OURS		C	City, Sta	Wagaraw Ro ate, Zip Code awn, NJ 074		g.(E				
Scope of Work (Check A	Il That Apply)					all L	awii, NJ 074	10	-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Desirement .	novation nolition			×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure		tive P		10 0 00	Δ.	
		Is Lo	cation					(/ 0		THOO			emen	t
Location		Nor	mally Solely by	,		iption o						Ту	ре	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Mainte Custod	enance/ ial Staff	/i e	tos Contain thermal sys surfacing other miso	stems i g, VAT,	, or	Am (Sp SF	DEC)	Removal	Repair	Encapsulate	Enclosure
		Yes 1	N ol	I/A									te	W.
Baseme			,	х	Pipe In		on	70	_		X			
2nd Floor-Livi	ng Room		- -	X	Pla	ster		550	0 1		X			
			-							-				
Name of Registered Was	te Hauler		NJDE	P Waste	Cubic Yar	rds	Name of I	Register	ed	ndfill				
Unicorn Contracting	Corp.		Haule 0035	er ID No. 844	of Waste 5		G.R.O.\							
City, State West Orange, New J	lersey				Disposal I	Date	City, State		n	/lvan	ia			
Completed by Dimo Golcev		Title Project	Manag	ger	Sign	ature	116	1		Dat		15		
		155				-			-	1	A CONTRACTOR	-478.10°2.		

CHECK # 1184

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

Date of Notification (1) 4/22/2015			f Building O el Engel	wner/Operator	(2)	15 - 20					
Agencies Notified Type Notification		Street A	ddress orth Broa	d Street	*	15 - 17	1 1	1 . 12.	3/		
EPA Initial DEP Amended Amendment #	1	City, Sta	ate, Zip Cod	e		6.1		1/-	UE		•
	ncluding	Name o	f Contact el Engel			Telep	J. (40.55)	mho-			
Surfacilitation			LITY INFO	RMATION			-		-		
Name of Facility Where Abatement is Taking Bar-Club	Place (3)				Type of Facility	Mouta Alega					
Street Address 618-626 Westfield Ave					School (K-Subchapte Other (i.e.	r 8 (Other			dings	, hom	es,
City (5) Elizabeth					etc.) Square Feet 1,900 +	# of F	s	1 0	3ldg. /	Age	
County (6) Union			Code (7) USE ONLY)		Current Use (Pri	or if being	molis	hed)			
Name of Monitoring Firm Hired by Building O	wner (8)	ASCN	/ No.		of Abatement Co	The state of the s	- il				
Street Address				Street	Address Route 46, Suit						
City, State, Zip Code				City, S	State, Zip Code wa, NJ 07512						
Project Manager for Monitoring Firm		Telepho	ne No.	Teleph	none No. 333-9176	L		No.			
	Scheduled Co	ompletion	Date (11)	Name	of OSHA Monitor		-				
Occupancy Status During Abatement (Check	Only One)				Address		-		_		
Facility Closed/Vacated During Entire Pe	eriod of Abate	ement		20-2	1 Wagaraw Ro	d Bldg	E				
Abatement Performed Outside of Normal Other – Describe: Normal Working Hours	I Facility Hou	irs)15	100	tate, Zip Code Lawn, NJ 074	10					
Scope of Work (Check All That Apply)	30 76			_	_		- 0				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demo			×	Glovebag Pro	e cedure		Pressu			
	Is Loca	ation			1 Non-Exemple	u () anu i	Tilal	JIE FIL	100 05	ement	
Location of	Norm	ally		Description	of				Ty	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainten Custodia (12	ance/ I Staff?	(i.e. th	s Containing Mermal systems surfacing, VA other miscellar	s insulation, T, or	Amo (Spe SF or		Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A					9			e	
Basement		X		Pipe Insula	tion	25		X			
Roof		X	Bottom	Layer Built-	-up Material	12,00	3F	X			
		-					19	+-			
Name of Registered Waste Hauler		NJDEP W	/aste	Cubic Yards	Name of	Registere	ındfil				
Unicorn Contracting Corp.		Hauler ID 0035844	(5)	of Waste 120	A 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W.S., In					
City, State West Orange, New Jersey			100	Disposal Date TBD		e jlle, Pen	ylva	nia			
Completed by Dimo Golcev	Title Project M			Signature	7 1	1/	5000	ate 22/20	0000000		

ASB-41 (R-06-08)

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

MO 22252848041

			2.0			to NJAC						17.				
Date of Notification (1) 04/21/15					Name of Almog	Building	Owner/(Operator	(2)		2			-		f †
Agencies Notified	Type Notif	fication			Street A				-		41	\$50 1.07	128	1.5		
X EPA	☐ Initial	ı			436 Le	welen (Circle				£			Fit.	12:	26
× DEP × DOL	Amei			13		te, Zip Co						77.5	500			-
× DOL		ndment		_	Englev	vood, N	J 0763	31				LI	EH	14.	117	11
X DOH X DCA	justifi	ication) cellation	including-		Name of	Contact					Telep	e Nu	mber	114,	2	-
			and tracted		FACI	LITY INFO	ORMAT	ION				1				
Name of Facility Where Almog Geva	Abatement i	is Taking	g Place (3	3)					Тур	e of Facility (School (K-1						
Street Address									Ħ	Subchapter	8 (Other					
436 Lewelen Circle									×	Other (i.e. p	rivate & c	merci	al buil	dings	home	es,
City (5)								-	Squ	etc.) Jare Feet	# of F	S	E	Bldg. A	Age	_
Englewood					0						<u> </u>					
County (6) Bergen County					County (Jode (7) JSE ONLY			Cur	rent Use (Prid	or if being	molis	ned)			
Name of Monitoring Firm	n Hired by B	Building (Owner (8)		ASCN	1 No.		1		patement Cor tement	tractor (9					
Street Address								Street		<u> </u>	5040 30 0	-				
										th Street S	uite A4					
City, State, Zip Code										Zip Code ergen, NJ 0	7047					
Project Manager for Mor	nitoring Firm	1			Telephor	ne No.		Teleph		The state of the s	L	nse N	lo.			
								201-	293	-6305	C					
Start Date (10) 04/27/15			Schedule 05/07/		npletion l	Date (11)		1000000		SHA Monitor IM CONSU	ILTING	С				
Occupancy Status Durin	g Abatemer	nt (Chec	k Only Or	ne)				Street		47,78,78, and an array are	- CUIT					
× Facility Closed/Vac Abatement Perform								510000000000000000000000000000000000000		Zip Code	5011	07				
Other – Describe:							_	10000000		NJ 07083						
Scope of Work (Check A	II That Appl	ly)						,								
≥3 sf or ≥3 lf			-	Renova				>	7 5	ull Containme		ıtive F	Pressu	re		
≥160 sf or ≥260 lf				Demolit	ion-			f	- 14	Aini-Enclosure Blovebag Prod						10
] [lon-Exempted	d (*) and 1	-Friat	le Pro	cedur	е	
			Is	Locati	on										ement	
Location				Normal d Sole				scription					-	1)	/pe	
Asbestos-Containing TO BE AB		(CM)		intena				taining N system		ial (ACM)	Ama (Spe		77		四	т
In Facil			Cus	todial-9 (12)	Staff?	(1.0.	surfa	cing, VA	T, or		SFo		Remova	Repair	Encapsulate	Enclosure
(13)				(12)	_		other i	miscellar	neous	5)			oval	ai-	sulai	sure
		10	Yes	No	N/A										e	150
Basem	ent							VAT			450	Ē	x			
				0.												
Name of Baristan 1991	of Besidesed Wests Hede						101	V1		I No.	n					
Name of Registered Was				535	IJDEP W lauler ID		of Wa	Yards ste		Name of						
SAN TON SERVICE	ES .			0000	2430					78350768058080	NLANC	:S C	OMN	IISIC	N	
City, State KENILWORTH, NJ							Dispo	sal-Date		City, State						
Completed by			Title				- 5	Signature	=			Da	ate			
Bryan Parra			Proje	ect Ma	anager		0	Kul	220	1	u)	04	1/21/	15		
								/		(5		-				

MO22572036448

Date of Notification (1) 04/22/15					Building			(2)		5.5	200000000000000000000000000000000000000				
	Town Notification				ndo Rod	inguez	§ ————————————————————————————————————			2[<u> 450</u>	20	1.		
Agencies Notified EPA	Type Notification	п		Street A 231 N	aaress 18th St					Æ.					ંગ
× EPA × DEP × DOL	Amended Amendmer	nt#			ite, Zip Co range,N)17				EL	ÚŽ.			1
ĭ DOH		/-(including			Contact					Telep	ne Nur		7.8.69	-	
DCA DCA	Cancellation														
				FACI	LITY INFO	DRMATI	ON								
Name of Facility Where a Edmundo Rodrigue		ing Place (3)						Туре	of Facility (4	4)					
Street Address									School (K-1 Subchapter		n K_1	2)			
231 N 18th St								×	Other (i.e. p				dings	hom	es,
City (5)		1.152							tc.) e Feet	# of F	rs	E	Bldg. A	Age	
East Orange													J		
County (6) Essex					Code (7) USE ONLY)		Currer	nt Use (Prid	or if being	molish	ned)			
Name of Monitoring Firm	Hired by Building	g Owner (8)		ASCN	No.		Name	of Abat	ement Con	tractor (9					
								Abater							
Street Address								Addres 87th	s Street Si	uite A4					
City, State, Zip Code							0.5100	State, Zij	o Code jen, NJ 0	7047			310		
Project Manager for Mor	nitoring Firm		1	Telephor	ne No.		_	none No		1.0.4.1.	nse N	0.		-	
Start Date (40)		10-1-1-1-			D. (. (44)		201-	293-6	305	0	223	5.00			
Start Date (10) 05/01/15		Scheduled 05/10/1		ipletion I	Date (11)				A Monitor CONSU	LTING	.C				
Occupancy Status Durin	g Abatement (Che	eck Only One	e)					Addres			(Base awar				
× Facility Closed/Vac Abatement Perform							2000	120-7-1-01-0000/0-1	TE EAS	SUITE	07				
Other – Describe:	led Outside of No	mai Facility i	Hours	8		- 12	202	State, Zip ON NJ	07083						
Scope of Work (Check A	II That Apply)										-				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		0000	enovat emoliti	1000-1000			×	7 1 411	Containme		ative F	ressu	re		
2 2100 St 01 2200 II		FI- De	HIOHU	OH				Glov	vebag Prod	edure					
		25 94	88					_ Non	-Exempted	(*) and N	ı-Friab	le Pro			
	onere:		ocation or all			_								ement rpe	
Location Asbestos-Containing	Material (ACM)	Used	Solei	y by		tos Cont		Material		Ama	ıt			ш	
TO BE AB		Custo	dial-S	71.12.144	(i.e.	thermal	system: cing, VA		tion,	(Spe	<u>y</u>	Ren	Re	ncáp	Encl
(13)			(12)				niscellar			20100	,	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-		te .	CD
1st flo	or					Pla	ster wa	alls		1,05	3F	x			
2nd flo	oor					Pla	ster wa	alls		820	F	x			
Basem	ent					Pla	ster wa	alls		700	F	х			
Garag						Pla	ster wa	alls		486	F	х			
Name of Registered Was	ste Hauler		10.00000	JDEP Wauler ID		Cubic of Was	Yards		Name of F	Registere	andfill				
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City, State KENILWORTH, NJ						Dispos	sal-Date		City; State		-				
Completed by		Title				S	ignature	<u> </u>	7	1	Da				_
Bryan Parra		Projec	ct Ma	nager			Bro	y m	Hore	B	04	/22/	15		

Date of Notification (1) 04/21/15				ne of Building orge Anto		Operator	(2)		-	-	- 1	20	W 17	2:
Agencies Notified	Type Notification			et Address	11			-	3	F			0.000	(m=10)
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▼ DOH	justification)			ne of Contact				Te	elephon	Num	ber			
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Name of Facility Where	Abatement is Takin	g Place (3)		AOILITTIN	ORMA	ION	Type of Facility ((4)		-				
Residential							School (K-1	12)						
Street Address							Subchapter Other (i.e. p					dinas	home	20
68 Scotland Rd.		· ·					etc.)			, Gla			30000000000	,,
City (5)							Square Feet 2600	2	of Floor			Idg. A		
South Orange County (6)			Cou	nty Code (7)			Current Use (Pri		ning de	lishe		02 y	IS.	
Essex				TE USE ONL			Residence	OI II DE	eing dei	IISH	eu)			
Name of Monitoring Firr	n Hired by Building	Owner (8)	I	SCM No.		Name	of Abatement Cor	ntracto	or (9)				-	-
N/A	g	oor (0)				0.000	o Services Inc		. (0)					
Street Address						Street	Address							
						156	Maple Ave.							
City, State, Zip Code						120000000000000000000000000000000000000	State, Zip Code		-					
						100000000000000000000000000000000000000	ington, NJ 070)57		0.				
Project Manager for Mo	nitoring Firm		Tele	phone No.		1	none No. 406-7341		Lice 011	∋ No 7).			
Start Date (10) 05/01/15	=	Scheduled 05/04/15		ion Date (11)		of OSHA Monitor aw Nalodka							
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							Maple Ave.							
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Abatement Perform Other – Describe:			erecentes				ington, NJ 070)57						
Scope of Work (Check /	All That Apply)									-				
≥3 sf or ≥3 lf		× Rer	novation				Full Containm	ent wit	th Nega	e Pr	essu	re		
≥160 sf or ≥260 lf		Der	nolition			×	Mini-Enclosure Glovebag Pro							
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Asbestos-Containing TO BE AB			Solely by enance/	ASDE			Material (ACM) s insulation,		Amoun (Specif		מ		E	ш
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City, State		Mariana a popular			- 3	osal Date 05/15	City, Stat		ΟΔ					
Newark, NJ Completed by	*	Title				Signature		rille, f		Date	ρ			
Leslaw Nalodka		Preside	ent			Jigilatule	-1/1	7			/21/	15		



Date of Notification (1)			1,71000		Building C				6.6	5		9				
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Name of Facility Where Warehouse T-43	Abatement is Taking	Place (3)							of Facility (4)							
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Name of Monitoring Firm	n Hired by Building (Owner (8)	-	ASCM	No.		Name o	ACTION STATES	ement Contr	actor	(9)	0			-	
N/A	, ,	, ,							vices Inc.		25.0					
Street Address							Street /	Address	S			13				
							156 N	Maple	Ave.							
City, State, Zip Code							City, St	tate, Zip	o Code							
							Walli	ngton	, NJ 0705	7						
Project Manager for Mor	nitoring Firm		Te	elephone	e No.		Teleph				Lice	e No				
							973-4	406-73	341		011	7				
Start Date (10)		Scheduled		letion D	ate (11)				A Monitor						7,	
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	ated During Entire F			nt		-		Maple						C 1000		
Other – Describe:		ai Facility F	nours				City, St		, NJ 07057	7						
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Location Asbestos-Containing		Used	Solely		Ashest	Deso os Conta	cription		(ACM)	Δ	moun				_	
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Date of Notification (1) 04-24-15				Name o	of Building Owne ton Education	r/Operato	or (2)	2		CHL	8		. / /		15
Agencies Notified	Type Notification	1		Street A	Address rk Place	, i loidii	190		d:		1 1	7.	Ę.	Ė,	
EPA DEP X DOL	Initial X Amended Amendmer		-	City, Sta	ate, Zip Code rk, NJ 07102							1,20	1	į.	
▼ DOH DCA	Emergency justification Cancellatio)	- 1	Name o Amy E	f Contact Blake				Te	leph	a Nu	mher hh			
Name of Facility Where Vacant Building	Abatement is Taki	ng Place (3)		FACI	LITY INFORMA	TION	Ту	pe of Facility	(4)		_			_	
Street Address 129-165 Littleton A	Avenue						×	School (K- Subchapte Other (i.e. etc.)	er 8 (Oth	ner tr & co	ı K-1:	2) al bu	ildings	s, hor	nes,
City (5) Newark								uare Feet	# c	of Fig	3		Bldg. 60+	Age	
County (6) Essex					Code (7) USE ONLY)			rrent Use (Pr ommercial	ior if be	ing d	nolish	ned)			
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCN	l No.	Name Pinn	of A	batement Co Environm	ntractor nental	(9) Co	-				
Street Address						Street 200		ress ad Street			0				
City, State, Zip Code								Zip Code t, NJ 0707	2						
Project Manager for Mo	nitoring Firm	Т	elephor	ne No.	Teleph 201-		No. -6565		Lic 00	se N	0.				
Start Date (10) 03-30-15(1)04-07-		(1)0	oletion [5-15-1	Date (11) 5	Name Even		SHA Monitor Inc.			-					
Occupancy Status Durin X Facility Closed/Vac Abatement Perform	ated During Entire	Period of Ah	ateme	ent	1	Street 10-59		ess ckson Ave	enue						
Abatement Perform Other – Describe: Scope of Work (Check A	ned Outside of Norr	nal Facility H	lours					Zip Code and City, N	IY 111	01	-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ii That Apply)	Printed.	novatio			×	M G	ull Containme fini-Enclosure Blovebag Prodon-Exempted	e cedure	200	ve P			A	
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(2)1st F	loor			х	Pipe	Insulat	tion			201		x			
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City, State Freehold, NJ					Dispo TBD	sal Date		City, State Tullytow		8	-				
Completed by Niamh Fleming		Title Office M	1ana	ger	S	Signature	-	Lith	210	C	Date 04-	24-1	5		

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVER ITY OF NJ April 23,2015 Agencies Notified Street Address Notification Type **D**EPA ■ Initial Notification ENVIRONMENTAL HEALTH & SI FETY DEPT. ☐ DCA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVING ON CAMPUS X DOL City, State, Zip Code ☑ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) X DOH hone Number Name of Contact □ Cancelled I Te MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) STANLEY BERGEN BUILDING, 65 BERGEN STREET, ☐ School (K-12) BLDG# 7252 ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings omes, etc.) RBHS NEWARK CAMPUS Sq. Feet: N/A # of Floors: 14 g. Age: 60+ years County (6) County Code (7) Current Use (prior if being demolished): ADEMIC NEWARK RBHS **ESSEX** (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CON: ILTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number se Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00 10 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/23/15 04/25/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other – Describe: Shift Hours: 5:00 PM – 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containmer /ith Negative Pressure ▼Renovation $\ge 3 \text{ sf or } \ge 3 \text{ lf}$ Mini-Enclosure ≥ 160 sf or ≥ 260 Demolition Glovebag Proc ure Non-Exempted (* nd Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Solely by Maint./Custodial Material (ACM) in Facility (13) (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA 3rd Floor (various X X TSI – pipe insulation <9 LF locations) NJDEP Waste Hauler ID # Name of Reg. Waste Hauler of Registered Landfill Cubic Yards of Waste: 30 CY See Hauler Below #1 & 2 See Below G O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405, NJDEP # 28969 City, State Disposal Date 100 New Ford Mill 04/25/15 Rd. Morrisville, Pa Hauler #2) STG - P.O. 2132, Bristol, Pa 19007, & 58 Pyles Lane, New Castle, De 19720 19067 NJ DEP # 20990 215-736-1700 Completed by (Print or Type) D: RAYMOND C. PEDALINO SENIOR PROJECT April 23, 2015 Raymand C. Pedalino MANAGER

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Date of Notification							wner / Operator ((2) At 15	ÚF∃ 24		/ !			
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Willingboro		Burlington					Demo	nor it boing t						
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Project Manager for	or Monitoring F	irm	Telep	hone	Numb	er	Telephone Nur	mber	Lit	nse Nur				
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	BE ABATED		Main	tenar	nce or		(i.e., thermal sy				em	Repair	зар	ıcls
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	(13)			(12)	NI/A		or other miscella	meous)			=		ate	Ф
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ALPHA ENVIRO	ONIMENTAL			100000	03333		1cubic	Grows La	ndfill					
	OMMENTAL						Disposal Date	City, State						
City, State														

Morrisville, PA

Date

4/16/2015

Various

Signature

Rod Richardson

Title

PM

Trenton

Completed By (Print or Type)
Rod Richardson

Date of Notification (1)				Nome	f Building Oimag	Operator (2)		10					
Date of Notification (1)	4-24-	15		Name C	of Building Owner/	Operator (2)	(1 _a	\a					
Agencies Notified	Type Notification			Street A		3/ 1		,00	-0			Λ	
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Start Date (10) 5-6-15		Schedul	ed Con	npletion - 15	Date (11)	1	SHA Monitor	(6	1
Occupancy Status During	g Abatement (Check			13		Street Add	PC Tecl	nou	jiès	1	nc		
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Date of Notification (1) 04/22/15					Building Owner/ ERN PROPER		(2)	Č	E15 /	PR .	3	hii.	2: :	50	
Agencies Notified	Type Notification			Street Ac 4A CEI	ddress DAR BROOK	DRIVE				4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-				
DEP X DOL	Amended Amendment		_ [te, Zip Code BURY, NJ 08	512				7 - 1	1%	- 10			
DOH DCA	Emergency (i justification) Cancellation	ncluaing		Name of ZEV S					Te	ephon	Num	her			
Name of Facility Where	Abstament is Taking	Diago (2)		FACIL	LITY INFORMAT	ION	-	7- "						11-70° -	
BRIARWOOD CAR								of Facility (4							
Street Address 901 ERNSTON RO)AD	*					×	School (K-1) Subchapter Other (i.e. p	8 (Oth		:-12		dings	, hom	es,
City (5) SAYREVILLE, NJ								etc.) re Feet 100	# 0	f Floor	-	В	Bldg. A	\ge	
County (6) MIDDLESEX COUI	NTY			County C	Code (7) ISE ONLY)		10.000	ent Use (Pric			lishe ER	ed)			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM	No.			tement Con							
Street Address							Addre	ss DOVE CC	DURT	.)	i 				
City, State, Zip Code		-						ip Code OD, NJ 08	3701						
Project Manager for Mor	nitoring Firm		T	Telephon	ne No.	Teleph	none N 668-9	0		Lice	∍ No				
Start Date (10) 05/04/15		Schedule 05/18/1		pletion D	Date (11)	Name	of OSI	HA Monitor	SSIC		((
Occupancy Status Durin	g Abatement (Check	Only One)			1.6.4	Addres		, , ,	,	-				
Facility Closed/Vac	ated During Entire P	eriod of A	batem	nent				DOVE CC	URT						
Other – Describe:	ed Outside of Norm	al Facility	Hours					ip Code OD, NJ 08	2701						
Scope of Work (Check A	Il That Apply)					LAN	LVVO	OD, NJ 00	5/01						-
≥3 sf or ≥3 If × ≥160 sf or ≥260 If		-	enova emolit			×	Mir	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure			essu	re cedur	Δ.	
		ls l	ocati	on					1 / 4	0.101	1001			emen	t
Location	n of		ormal Sole			scription							Ty	pe I	
Asbestos-Containing TO BE AB, In Facil (13)	ATED ity		itenar	nce/			s insula T, or		(\$	mount Specify or LF		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-		ate	e.
FLOOR	ING				ACN	1 9X9 T	ΓILE		41,	500 \$		Х			
BASEMI	ENT				JOINT	COMP	OUN	D	64	15 SF		X			
ATTI	С				PIPE I	NSULA	OITA	١	3,8	300 L		Х			
						TV -	0 1	i.							
Name of Registered Was NEWARK CARTING			Н	JDEP Wa auler ID 1 1509	No. of Wa	Yards ste YARDS	3	Name of F	Registe	ered La	Ifill				
City, State NEWARK, NJ					Dispo 01/1	sal Date 5/15		City, State BETHLE		1 PA	1				
Completed by JOSEPH PERLSTEI	IN	Title OWNE	ER			Signature	9				Date 04/	22/1	5		

Date of Notification (1) 04/23/15			Building CO			2)		2015 🛔	R 2	8	ĒH I	2: 3	1
Agencies Notified Type Notification		Street Ad 212 2N	ddress ND STRE	ET, SU	ITE 3	02	į	10.00					
EPA Initial DEP Amended Amendment #			te, Zip Cod VOOD, N		1			Tie.	T.,		135	3	-
Emergency (in justification) DCA Cancellation	cluding		Contact (ASSOV	ER] 1	Telephor	Ni imi				
		FACII	LITY INFO	RMATION									
Name of Facility Where Abatement is Taking	Place (3)					Type of Faci	lity (4)						
Street Address 422 2ND STREET							pter 8 (C	other thate & con	(-12) ercial		lings,	home	es,
City (5) LAKEWOOD, NJ						Square Feet 5,000	#	f of Floo	*	В	ldg. A	ge	
County (6) OCEAN COUNTY		County C	Code (7) JSE ONLY)			Current Use HOME	(Prior if	being de	olishe	ed)			
Name of Monitoring Firm Hired by Building On	wner (8)	ASCN	No.			f Abatement EAD PRO			-				
Street Address				1 -		ddress	COUF	RT	-				
City, State, Zip Code					City, St	ate, Zip Cod WOOD, N	e	0.00	() 				
Project Manager for Monitoring Firm		Telephor	ne No.	1	Telepho	one No. 68-9078		Lice	e No				
	Scheduled Co	mpletion I	Date (11)	. 1	Name o	f OSHA Mor EAD PRO			-				
Occupancy Status During Abatement (Check						ddress			-	-			-
Facility Closed/Vacated During Entire Pe		ment		100		ITE DOVE	COUF	RT					
Abatement Performed Outside of Normal Other – Describe:				6		ate, Zip Cod WOOD, N)1					
Scope of Work (Check All That Apply)									-		-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov X Demo				×	Full Conta Mini-Enclo Glovebag Non-Exen	osure Procedu	ire	ve Pr		re cedur	0	
	In Law					NOII-EXE	ipied ()	and Ive	Habit		Abate		t
Location of	Is Loca Norm			Desci	ription	of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainten Custodia (12	ance/ I Staff?		os Contair	ning Ma ystems ng, VAT	aterial (ACM insulation, , or)	Amour (Special SF or L		Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A							J			w	
KITCHEN				FLOC	Merca Johns	.E		150 S		Х			
BASEMENT				PIF	PING			100 L		Х			
						1							
Name of Registered Waste Hauler NEWARK CARTING		NJDEP W Hauler ID 04509		of Waste 5 YARI	9	IES	e of Reg	istered L	idfill				
City, State NEWARK, NJ				Disposal 04/27/1			State 「HLEH	EM PA					
Completed by JOSEPH PERLSTEIN	Title OWNER	N.		Sig	nature				Date 04/	e '23/1	15		

CF 3324

Date of Notification (1) 04/24/15	cation (1) Name of Building Owner/Operator (2) KEVIN CORCORAN tified Type Notification Street Address								R	28	A.	12:	~ ;				
Agencies Notified	Type Notification		1 7	Street A	ddress /AUXHA	ALL R	OAD			F 1 18	i.				+ 1		
DEP X DOL	Amended Amendment		17.00		te, Zip Co N, NJ 07						Paradia da gran						
DOH DCA	Emergency (justification) Cancellation	including	Name of Contact Telephore KEVIN CORCORAN									ne lumher					
			-	FACI	LITY INFO	DRMAT	ION				-	-					
Name of Facility Where	Abatement is Taking	g Place (3)						Type of Faci									
Street Address 2031 VAUXHALL ROAD Subchapter Other (i.e. pretc.)									pter 8 (C		-12) rcial buildings, homes				es,		
City (5) UNION, NJ								Square Feet 2000	1.00	of Floor	Bldg. Age						
County (6) UNION COUNTY				County Code (7) (STATE USE ONLY)				Current Use HOME	Current Use (Prior if being den			ished)					
Name of Monitoring Fir	m Hired by Building (Owner (8)		ASCN	1 No.		100000000000000000000000000000000000000	of Abatement LEAD PRO			8						
Street Address							Street	Address			-						
City, State, Zip Code				City, State, Zip Code LAKEWOOD, NJ 08701						-	_						
Project Manager for Mo	T	elephor	ne No.		Teleph	none No. 668-9078		Licer 1200	No	١.							
Start Date (10) 05/07/15	Com	pletion I	Date (11)		Name	of OSHA Mon			-								
						Address	IONAL										
							HITE DOVE COURT										
	med Outside of Norm			City, State, Zip Code LAKEWOOD, NJ 08701						11							
Scope of Work (Check	All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-		olition Mini-E					sure Procedu	vith Nega re and Non-				0			
		T						1 NOII-LACII	and Non	able Procedure Abatement							
Logotic	n of	ls Lo	mally	50.74		5						Туре					
Location Asbestos-Containing		Used S			Asbes		escription of ntaining Material (ACM) Amous							т			
TO BE AI In Fac (13	cility	Mainte Custod			(i.e.	surfa	al systems acing, VA miscellar			(Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure		
		Yes I	No	N/A				205				<u>a</u>		late	IГе		
INTER	RIOR					PIPE	INSULA	ATION		130 LF		X					
											_						
											8						
Name of Registered Wa	aste Hauler		10000	IDEP W		0.272,01654	Yards	Name	of Regi	stered La	fill						
NEWARK CARTIN	G	. 12	255.75	uler ID 509	No.		RDS	IESI									
City, State NEWARK, NJ						05/0		BET		EM PA							
Completed by JOSEPH PERLSTE	LSTEIN Title OWNER						Signature				Date 04/24/15						

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) April 22, 201	5	Name of Building	Name of Building Owner/Operator (2) DnA Demolition												
									P 6 78 4						
	eation ial Notification ended Notification	Street Address City, State, Zip Co		Camplain Road	čiis,	1 R 28 AN 12: 52									
[x] DOH [x] Em	endment # ergency (including	City, State, Zip Co													
L I DCA	ification) ncellation	Name of Contact Antor	nio Dimuz		elephone	umber umber									
	FA	 CILITY INFORM	ATION			1)									
Name of Facility Where Abatement is Takir		CILIT I INFORM	IATION	Type of Facility (4)		at			-						
Residence				[]	School	ol -12)									
Street Address				[]	Subch	er 8 (otl	ner than	k-12)							
112 Old Church	Road			[x]	Other (., privat	te & cor	nmerc	ial build	dings,					
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 2000 sf	# of	ors									
Monroe	Middlesex	8		Current Use (Prior if		olished)			00						
Name of Monitoring Firm Hired by Building		ASCM No.	Name of	Resident Abatement Contractor	(9)	-									
Guardian Contra Street Address	cting, inc.		Street Ac	Guardia	n Cort	cting,	Inc.								
1889 Route 9, U	nit 61		Succi Ac	1889 Ro	oute 9	nit 61									
City, State, Zip Code Toms River, NJ	08755		City, Star	te, Zip Code											
Project Manager for Monitoring Firm	Telephone Numbe	er	Toms River, N						ense Number						
Nicholas Fernicola	732-349-9932		732-34)624									
Scheduled Start Date (10) 4/22/15	Scheduled Comple 4/23/15	etion Date (11)	Name of	OSHA Monitor E.M.S.I	. Anal	l, ical									
Occupancy Status During Abatement (Chec		- Company (1997)	Street Ad	ldress											
	ed During Entire Period of Ald Outside of Normal Facility I			1056 St	elton R	ıd									
Other – Describe	o and of Homes I donney I		City, Stat	e, Zip Code Piscatav	vav Ne	Ierse	v 088	54							
Scope of Work (Check all that apply)			[]	Full Containment											
FFS			[]		with Neg	ve ries.	sure								
[] >3 sf or ≥3 lf	5 5	vation	[x]	Glovebag Procedu											
[X] ≥160 sf or ≥260 lf	[] Demo	olition	[]	Non-Exempted (*)	and No	riable Procedure									
							Abate	ement '	Гуре						
Location of	Is Location Normally used		Descriptio		Α-	ınt	R E	R	Е	E					
Asbestos-Containing Material (ACM)	Solely by			pestos-Containing A. (Special (ACM)				E P	N C	N C					
TO BE ABATED	Maintenance/Custodia		., thermal s		OF	y SF F)	M O	A	Α	L					
in facility (13)	Staff (12)	ins	ulation, sur VAT, o				v	I R	P S	O S					
V7	(12)	oth	er miscella				A	IC	U	U					
-	YES NO N/A			Consider to reference of the			L		L E	R E					
Basement	X	Asbestos pipe	insulation	1	1001	-	X			-					
Name of Registered Waste Hauler	NIDED W-+- III	TO LOUIS	1 0111	1											
Guardian Contracting, Inc.	NJDEP Waste Haule 20223	er ID No. Cubic Ya	rds of Wast	Name of Register T.R.R.F.	ed Lanct										
City, State Toms River, New Jersey	Disp 4/24	osal Date 1/15	City, Sta	te pwn, Pennsylvania											
Completed by (Print or Type)	Title	Signature	1 1 1	// / / /		5	Date								
Nicholas Fernicola	Project Manager	Y	Hot	tel			4/22	/2015							
	*Do not use this for	rm for asbestos licer	sure exem	pted activities											

SUPERSTORM SANDY HOUSE RAISING ** REQ. WAIVER 10-DAY-HUI	no Ticane So	(Pursua)	ON OF ASE	8:60 and	12:12	0)	()	(13	542	B				
Date of Notification (1) APRIL 23, 2015	Name	Name of Building Owner/Operator (2) DAVID ROTH												
Agencies Notified Type Notification		Street Address 182 WINDING WAY							20 8012: 59					
EPA Initial Amended Amendment #			State, Zip C LE SILV		07739)	1	, e	- 5 10 3					
DOH justification) DCA Cancellation	ncluding		of Contact					Tele	e one Number					
Cancellation		FA	CILITY INF	ORMATI	ON				2					
Name of Facility Where Abatement is Taking ROTH PROPERTY	Place (3)	18		<u> </u>		Туре	of Facility (4)						
Street Address 182 WINDING WAY	s ^e				School (K-12) Subchapter 8 (Other (i.e. private 8 etc.)				e nan K-12) mmercial buildings, homes,					
City (5) LITTLE SILVER							Feet	# of 2	ors		3ldg. <i>A</i> 1950			
County (6) MONMOUTH							t Use (Prid		demolish	ned)				
Name of Monitoring Firm Hired by Building O N/A	AS	CM No.			Name of Abatement Contractor (Finishing Touch Asbestos									
Street Address						eet Address 80 Broadway, Unit A								
City, State, Zip Code						City, State, Zip Code Long Branch, NJ 07740								
Project Manager for Monitoring Firm N/A	Telep	hone No.			hone No .222.83			cense N 0040	0.					
Start Date (10) APRIL 28, 2015						of OSH	A Monitor	-						
Occupancy Status During Abatement (Check	Only One)				Street	Addres			-					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal Other – Describe:							Code							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition	olition Mir Glo					ent with e cedure d (*) and	gative F			'e		
l accident as	\$1000000000000000000000000000000000000	ocation rmally		D-					217.1100		Abatement Type			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maint Custoo (Solely by enance/ dial Staff? (12)	ely by ance/ Staff? Asbestos Con (i.e. thermal surfa			escription of taining Material (ACM) Il systems insulation, acing, VAT, or miscellaneous)			unt cify LF)	Removal	Repair	Encapsulate	Enclosure	
Kitchen,powder rm, closet	Yes	No N/A	100	ywall ar	nd Joi	nt Com	nound	10	sf	x	-			
			1	<i>y</i>			Positio							
2						313777 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
Name of Registered Waste Hauler		NJDEP		Cubic			Name of		Landfill					
Finishing Touch Asbestos Abatemer	nt Corp., I	Hauler 12058		of Was 3 cy		GROWS NO			Landfi	II			,	
City, State Long Branch, NJ			Disposal Date 5/1/15				Oate City, State Morrisville, P							
Completed by Joseph P. Miller	Title Presid	ent		S	Signatur	9/1///	11/2		Date 4/23/15					

NAME OF WAR	4					12112										
Date of Notification (1)	4/24/15	Was resident	1		Building Owner/C	perator	(2)	T-	AF	oppRC	WED.		-			
Anna Alexander	175 670	_ سببورون برس			40STEEL			NODe	of Health & Senior Son							
Agencies Notified	Type Notification			Street A	ddress C <i>C 小を</i> ごす。	WAT	121868 RO	9 Parl	A C YOMON							
DEP	国 Initial		1							signat						
⊠ POF	Amended Amendment	#	;	137 Un	ite, Zip Gode シアンタレニ	N.	7 0764	ST Date:	M	113	Time	21	12			
因 DOH	Di Emergency (i. justification)	ncluding	+		f Contact			Telepho	Number							
□ DCA	☐ Cancellation			ی	TECLIA			I (alapina	rvun	Inches :						
				FACI	LITY INFORMATI	ON					-		-			
Name of Facility Where	Abatement is Taking	Place (3)					Type of Facility ((4)	- Laurence			-				
Stroot Address							☐ School (K-1	12)	-				-			
	THAT RIDGE	ROA	7				☐ Subchapter ☐ Other (i.e. p	B (Other that rivate & cor	(-12) arcia	l build	ilngs,	home	ış,			
City (5)						***************************************	Square Feet	# of Flo	-	TE	Bldg.	Age				
MINTUALE							90,000	2		- 1	3					
County (6)	AND THE PERSON NAMED IN		1	County (- Inc.	Current Use (Pri	or if being de	illshe	d)	A HE WILL					
OBJUST	_		1	(STATE (JSE ONLY)	_	OFFIC.	£	72		=	7°. 54				
Name of Monitoring Fire Bio TERRA !	n Flired by Building O Savaraco Socat	(8) wher در سه		ASC	M No.	Name A. M	of Abatement Cor IAC Contracting Inc	tractor (9)	13							
Street Address	4				Marie Carlotte Control of the Contro		Address Vreeland Ave,	***********				ار.	-			
City, State, Zip Code																
LEWIND NIT	0708)						State, Zip Code and Park, NJ 07433	2								
Project Manager for Mo	nitoring Firm		1	Toloni	none Na											
_ RICK			1	973-	hone No. 454-3762		hone No. -262-5841	Lic	e No	,						
Start Date (10) 4/2	-5-/15	Schedule	ed Con	-	Jate (11)		of OSHA Monitor	l Canimat I								
Occupancy Status Duri	Ob-lament (Ob-	· C-1- O-		1001			Tr. des reconstruction to reserve	i Services III	warmake	·						
☑ Facility Closed/Vac	ated During Entire P	eriod of A	batem	ent		d	: Address Hover Street	27								
Abatement Perform Other - Describe:	ed Outside of Norma	J Facility I	riours	AF:	3.00	City, S	State, Zip Code		-		-					
	MANAGE EL	-				Hack	ensack, NJ 07606				*					
Scope of Work (Check.	All That Apply)											***************************************	790			
☐ ≥3 sfor≥3 if			anovat			فر	Full Containme	nt with Neg) Pro	ssure						
120 ≥160 afor ≥260 if			emoliti	ÒTE			I Mini-Enclosure	120 m 2 4 7 1 1								
							Glovebag Proc Non-Exempted	edure (*) and Nor-	able	Proc	edure					
		ls	Locati	ion						1112		ement				
Locatio	on of	1	lormal	ily	De	scription of			Туре							
Asbestos-Containing	Material (ACM)	E	d Sole		Asbestos Con	taining	Material (ACM)	Amou								
TO BE AS	SATED		todial S		(i.e. thermal	system cing, VA	s insulation,	'(Spec		3	70	E I	ETIC			
(13)			(12)			ding, ve discellar		SF or L		Removal	Papair	Encapsulate	Enclosure			
		Yes	Νo	N/A						2	1	8	ag.			
TOP FLOOR	4.19		THE REAL PROPERTY.	X	ALLOT	32.5	"CHTICK	540	SF	×	-	-				
					th dropping and a second					Ť						
					Military and the state of the s			deally observation of			-		*****			
					70							-				
Name of Registered Wa	ste Hauler			JDEP W	aste Cubic	Yards	Name of	Registered L	MI				_			
Newark Carling, Inc			H	lauler (D) 04509		2	IEST I	PA Bethleher andfill Corp.								
City, State, Zip Code Newark, NJ 07105			Pindopanie		Dispos	al Date		e, Zip Code shem, PA 1	5			************				
Completed by		Title		-	The state of the s	ignaturé	and the second		Date	- /		<i>i</i> -				
R. McDonald		Preside	ent		1	1)	[]// Formal	ex .	4	1/	4/	15-	KI.			

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)							Ti.					
	April 24, 201	3			ALL GGG						26618						
Agencies Notified [X] EPA [] DEP		al Notific	Notification 2031 Route 9						. 23	T let							
[x] DOL	Ame	endment # ergency (i			City,	City, State, Zip Code Toms River, NJ 08755											
[] DCA	justi	fication)			Name of Contact Telephon Dan Quinn					Jumber							
						A-000000000000000000000000000000000000					/\						
Name of Facility Where A	hatement is Taking	Place (3	\	FAC	CILITY	INFORM	MATION	- AT							n.		
	ilding	s i lace (5	,					Type of F	acility (4)	Schoo	r_12\						
Street Address									[]	Subch	ter 8 (of	her tha	n k-12)			
17-	4 US 22 West								[]	Other homes	a., priva				ldings,		
City		Count	y (6)		County Code (7) (STATE USE ONLY)			Square feet # of			ors Bldg. Age						
Springfield	Springfield Union				(GIAIL OSL ONLI)				se (Prior	if being d	olished)		70			
Name of Monitoring Firm		Owner (8)		ASCM	No.	Name of	Abatement		r (9)	· 						
Street Address	A						Street Ad	drace	Guard	ian Con	icting,	Inc.					
City State Zin Code							222200000000000000000000000000000000000			Route 9,	nit 61						
City, State, Zip Code							City, State	e, Zip Code		River, N	w Jersey 08755-1271						
Project Manager for Monit	Project Manager for Monitoring Firm Telephone Number							e Number	101115	Kivei, I	cense N			2/1			
Scheduled Start Date (10)	1/2 1/4 -					(11)	732-349 Name of	9-9932 OSHA Mon			0624						
4/24/15 4/29/15 Occupancy Status During Abatement (Check only one)							Street Ad	drees	E.M.S	.L. Anal	ical						
[X] Facility Closed/Vacated During Entire Period of Abat [] Abatement Performed Outside of Normal Facility Ho							0.0001710	a1 033	1056 5	Stelton F	ad						
	er – Describe	Outside 0	I NOITHAI I	racility Ho	ours		City, State	e, Zip Code	Piscata	away, N	, Jerse	y 088	354				
Scope of Work (Check all	that apply)						[]	Full Co		t with Ne		8					
[] >3 s	of or ≥3 lf		Γī	Renova	tion				nclosure								
[x] ≥16	0 sf or ≥260 lf		[x]	Demoli			Glovebag Procedure Non-Exempted (*) and N				riable Procedure						
										T		Abat	ement	Type			
Location	of		Is Location ormally ι				Description of					R	R	Е	Е		
Asbestos-Containing N	faterial (ACM)		Solely b	у				estos-Containing (aterial (ACM)			int y SF	Е	E	N	N		
TO BE ABA in facility		Maint	enance/C Staff	ustodial		(i.e.	, thermal s	ystems		(Spe	F)	M	P A	C A	C		
(13)	,		(12)			inst	lation, sur VAT, or					O V	I R	PS	O S		
9		, me				oth	er miscellar					A	I K	U	U		
Section 6		YES	NO	N/A								L		L E	RE		
Exterior Exterior			X		Root					9200		X					
Exterior			X		Flasl	ning				500 5		X					
Name of Registered Waste		N.	JDEP Was	te Hauler	ID No.	Cubic Ya	rds of Waste	Name	of Registe	ered Lancif							
Guardian Co City, State	ntracting, Inc.			20223		60		T.R	Registe	ACU LANCI	74						
Toms River,	New Jersey			Dispose 4/30/1			City, State	e wn, Penns	evlven:								
Completed by (Print or Type Nicholas Ferr	e) '	Title			Signat	1/ 1	11/	/ Cin	syrvania /	1		Date			-		
TVICTIOIAS FEIT	ncuia		t Manag		<i>C</i>	Y (ic		+	\mathcal{A}				/2015	5			
		. D	not use	ınıs Jorm	jor asb	estos licen	sure exemp	ted activit	ies.		All the second						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

					<u> </u>							
Date of Notification (1) April 24, 2015		Name of Building (Owner/Operator (2) DeForest Demolitic	36633								
1 1 1	ion Notification ded Notification	Street Address City, State, Zip Coo	2406 Herbertsville	Road	Z 5		3					
[x] DOH [x] Emerg	dment # gency (including	0.0,0 0.00	Point Pleasant, NJ			į.	Vi					
DCA	cation) ellation	Name of Contact Dane		Telephone	mber							
	FA	CILITY INFORM	ATION									
Name of Facility Where Abatement is Taking Residence	Place (3)		Type of Facili] School								
Street Address 206 Sailfish Way			[;	Other (i homes,		er than k-12 & commer		lings,				
City	County (6)	County Code (7) (STATE USE ONL)	Square feet Y) 900 sf	# of F	rs Bldg. Age 60							
Lavallette	Ocean	8	7,500	Prior if being der esidence	lished)							
Name of Monitoring Firm Hired by Building C	Owner (8)	ASCM No.	Name of Abatement Con		nt sting, Inc.							
Street Address			Street Address	389 Route 9,								
City, State, Zip Code			oms River, N									
Project Manager for Monitoring Firm	Telephone Numbe	Г	Telephone Number 732-349-9932		ense Number 624							
Scheduled Start Date (10) 4/27/15	Scheduled Comple 4/28/15	etion Date (11)	Name of OSHA Monitor	M.S.L. Anal	al cal							
Occupancy Status During Abatement (Check		patement	Street Address)56 Stelton R	ıd							
	Outside of Normal Facility F		scataway, Ne	Ne Jersey 08854								
Scope of Work (Check all that apply)		22-000	[] Full Containment with Ne									
[>3 sf or ≥3 lf		vation	[] Mini-Enclo	Procedure	tú.							
[X] ≥160 sf or ≥260 lf	[X] Demo	olition	[X] Non-Exem	pted (*) and Nor	riable Procedure							
	2000000 80				-	Abatemen	t Type					
Location of	Is Location Normally used		Description of bestos-Containing	Arr	unt	R R	E	E				
Asbestos-Containing Material (ACM)	Solely by		Material (ACM)	(Spe		E E P	N C	N C				
TO BE ABATED	Maintenance/Custodia	ıl (i.e	., thermal systems	70 70	F)	IVI A	A	L				
in facility	Staff	ins	ulation, surfacing,		100	O I R	PS	0				
(13)	(12)	oth	VAT, or ner miscellaneous)			A	U	S U				
	YES NO N/A	I	ioi iniscentaneous)			L	L E	R E				
Exterior	X	Asbestos sidir	ng	800 5		Х	L					
					-			+				
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haul 20223	er ID No. Cubic Y	ards of Waste Name of T.R.F	Registered Land								
City, State Toms River, New Jersey		oosal Date 9/15	City, State Tullytown, Pennsy									
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	chit te		Date 4/24/20	15						

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