CHECK# 9019

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Date of Notification (1)		23		Building (<i>A</i> .	'11/	17-	7	I.a.	
4 4 13 Agencies Notified Type Notification		8 8	Street Ad	LEEO	K A	4015	DUR		208	-	ţ~	-	7	1
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DOL Amendment Emergency		- L		2 H	ORT	HILL	S,A	J. J.	27078			- 1	Q	
DOH justification)				Contact					Telephon	e Nur	nber			
DCA Cancellation	,			EO L LITY INFO		GOOL			10. 1		-	_		
Name of Facility Where Abatement is Takin RES ID BUTIAL. Street Address	ng Place (3)	mp-A,ET	260,					Other (i.e. t	12) r 8 (Other than			lings,	home	ès,
City (5)							Squar	e Feet	# of ribe	-31	~7B	ldg. A	ge/	
SHOLT HILLS								300	2	~		+5		
County (6)			County C				Curre	nt Use (Pri	or if being der	molish	ed)	-		
ESSEC		(STATE U	SE ONLY)				RES	יון מא לוי	4Lr				
Name of Monitoring Firm Hired by Building	Owner (8)	i Neter	ASCM	No.		\$1000 E. B.			ntractor (9)					
Street Address		*					Addres Vreela	s and Ave.						8368
City, State, Zip Code								p Code ark, NJ						
Project Manager for Monitoring Firm		-	Telephor	ie No.		100000000000000000000000000000000000000	one No 262-5		Lice 001	nse N 56	0.			
Start Date (10)	Scheduled		pletion D	Date (11)		Name	of OSH	IA Monitor	ntal Servic	es	ti			
Occupancy Status During Abatement (Cher	ck Only One		Street Address											10000
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Al nal Facility I	oatem Hours	ent	p Code ck, NJ 0	7606									
Scope of Work (Check All That Apply)						1100						-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	CONTRACTOR .	enova emoliti					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	ls I	ocati	on								T	Abate	emen	
Location of	No	Sole	y		De	scription	of				-	Ty	pe	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ntenar odial S (12)	ice/	? (i.e. 1		taining M I systems icing, VA miscellar	s insula T, or		Amoun (Specifi SF or LF	У	Removal	Repair	Encapsulate	Circiosure	
Baremout		/	1/	AT				27251		1				
pro cross			V	<i>P</i> 1				9 103		1				
Name of Registered Waste Hauler		l N	JDEP W	aste	Cubin	Yards		Name of	Registered L	andfill				
Newark Carting , Inc.		F	auler ID 1509	No.	of Wa	ste			A Bethlehe			Cor	٥.	
City, State Newark, NJ		5008			3 sal Date		City, Sta						-	
Completed by					13 / B Signature		Detrile	ioni, FA	T De	ita			_	
Joseph Vocaturo	Title Vice P	resid	dent			Jignature	<u>.</u>	Jours	>	De	1te 4/	4/1	3	

Cx#25107

Date of Notification (1) 4/4/16				T No	mo of Duildi		(0)	78/	APA) ,				
	4/4/16	_		INd	ine oi builgi	ng Owner/Operato	Picknally	/ A . ;	APR	-/	A	4//:		
Agencies Notified	Type Noti	fication		Str	eet Address	3			-011	15	/2			
⊠ EPA	☑-Initial	2 5%		_				Q.	LIC	FA	- UA	170		
DEP DOL	□ _® Amend			City	, State, Zip	Code				-19	1/1/	-		
M DOL		dment #_ ency (inclu	dina			Per	ınsauken, NJ	08109			,	9		
⊠ DOH	justific	cation)	9	Nai	me of Conta			Telephone Nu	mher			_		
□ DCA	☐ Cance	llation			I	ois Picknally		15 3 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
						FORMATION			, 00.)-1Z	21			
Name of Facility When	e Ahatement i	s Taking D	300 /3		ACILITY	FORMATION	T = - 7 = - 100	7.0						
Traine or Facility Viller	C / IDUICITICITE	Reside					Type of Facility							
Street Address		reside	ıııaı				School (K-1	2) 8 (Other than K-	40\					
							Other (i.e., p	private & commer	cial bu	ilding	s,			
Ch -							homes, etc) # of Floors		Dista	Λ			
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County (6)		CIIIISauk	CH, IN				2300		_ _		0+/-			
	urlington	7		US	SE ONLY)	(7) (STATE	Current Use (P	rior if being demo	olished))				
Name of Monitoring Fir		uilding Own	er	ASC	M No.	Name of Abater	nent Contractor (9	0\			_	_		
(8)	MECS		004				vens Environ		005 T					
Street Address			_			Street Address	vens Environ	nental Servi	ces, I	nc.				
ASST	PO Bo	x 341				Street Address	DO T	200						
City, State, Zip Code		711 5 11		PO Box 322 City, State, Zip Code										
	Crosswick.	NJ 085	15			City, State, Zip C		NIT 00501						
Project Manager for Mo				elephon	o Nie	T-IIN	Allelitow	n, NJ 08501		- 1				
	Weisgarbe		10000		98-4070	Telephone No.	59-9688	License Ne.	202000					
Start Date (10)	VV CISEATUC						00493							
4/18/16		Schedule			tion Date (11) Name of OSHA Monitor									
Occupancy Status Duri	ina Abatawa	1/01	5/22	2/16			M	ECS						
T Escility Closed Vess	ing Abatemen	t (Check of	ily one)	Street Address PO Box 341									
☐ Facility Closed/Vaca☐ Abatement Performe	ited During Er ad Outside of	Normal For	of Aba	tement				ox 341						
Other - Describe:	8 am to 1	nomai rac	ility HC	ours		City, State, Zip C	ode	500 242 / 1002				_		
							Crosswick	s, NJ 08515						
Scope of Work (Check	all that apply)					Π- "0		V2 1925	100			_		
≥3 sf or ≥3 if		X	Renova	ation		Mini-End	tainment with Neg	gative Pressure						
≥160 sf or ≥260 lf			Demoli			Gloveba	a Procedure							
		1	s Loca	lion		☐ Non-Exe	empted (*) and No	n-Friable Procedu	ıre					
			Norma						A	Abate				
Location		Us	ed Sole	ely by		Description of				Ту	oe .			
Asbestos-Containing TO BE ABA			aintena Custod			os Containing Mate		Amount			ш			
IN Facility	y		Staff		(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Removal	20	Encapsulate	Enclosure		
(13)			(12)			other miscellaneo		Si di LF)	Mov	Repair	psu	dos		
		Yes	No	N/A	1				/al	=,	ılate	ure		
Baseme	ant.		-	1							(D			
Daseille	ent	_	X	+	The	ermal Pipe Ins	ulation	200 lf	X					
			_						X					
Name of Registered Was	sto House													
1 33					Waste D No.	Cubic Yards of Waste	Name of Regist	ered Landfill						
Stevens Environmental Services, Inc.					292	2 CU		GROWS Lan	dfill					
City, State						Disposal Date	City, State /					-		
Allentown, NJ						5/22/16/	n //	Morrisville,	PA					
Completed By Title						Signature	11/	Date				=		
	Mahlon E. Stevens Project					111	1	4/4/16						
SB-41						/						_		

		12		215	State of NJ
_	(, ,		Notification of Asbestos Abatement
Paragon Job#					(Pursuant to NJAC 8:60-7 and 12:120-7)

	())	Notifica	State ation of Ash		Abatement			30	-0		
Paragon Job#		(P				and 12:120-7)				11		
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	LINE	f D. 314	0	r/Operator (2)				,	PP	. 7		1-1
Date of Notification (1) 0 4 / 0 4 / 1 6		ne of Buildi filler Ott	ing Owne	n/Operator (2)				2016 A 305 S	[:::-	A	MI	·
Agencies Notified Type Notificati	on Stre	eet Address						- L,	CE	6/13	1.	G.
EPA Initial									CA	STAT	TA	9/
DEP Amendr	nent City	, State, Zip	Code	-						-		
DOL Amendment #	— F	Parsippany	. NJ 07	054								
DOH Emergency		ne of Conta	NAME OF TAXABLE PARTY.				Telepho	ne Numbe	r			
justification) DCA Cancella	tion	Alan Mark	rne									
		NIAII IVIAIR	cus									_
			FACI	LITY INFORM	ATION							
Name of facility where abatement is	s taking place	e (3)					Type of Facility					
Residential								ol (K - 12)		1/	40)	
Street Address								hapter 8 (C (Private/C			12)	
·								./Homes, e		*******		
							Square Feet		rs		ig. A	ge
City (5)	County	/ (6)				nty Code (7) te use only)	1,200 sf	02		65		
West Caldwell	Essex	,			(Stat	te use only)	Current Use (Vacant Build		g dem	iolishe	ed)	
Name of Monitoring Firm Hired by I				ASCM No.	<u>-</u> п	Name of Abatement		ımg				
N/A		1.1	-			Paragon Contract						
Street Address					$=$ \parallel	Street Address	ing, me.					
** T T T T T T T T T T T T T T T T T T						590 River Rd.						
City, State, Zip Code						City, State, Zip Code						
						Clifton, NJ 0701	4					
Project Manager for Monitoring Firm		Phor	ne Numb	er	_	Telephone Number		License		oer		
10 0						(973) 614-1600		00748				
Scheduled Start Date (10)	Sched.	Completion	Date (11)		Name of OSHA Moni	7.500					
04/15/2016	04/19/	2016				Paragon Contract Street Address	ting, Inc.					
Occupancy Status During Abatemer					-	590 River Rd.						
Facility closed/vacated during			ent.			City, State, Zip Code						
Abatement performed outside	of normal fa	cility hours-	-			,,,,						
Describe:						Clifton, NJ 0701	4					
Scope of Work (check all that apply	/)											
□ Demolition □	Renovation				F	ull Containment w/neg	gative pressure	Glove	bag pi	ocedu	ıre	
≥3 sf or ≥3 lf □	≥160 sf or ≥	260 If				Mini-enclosure	Non-Exe	mpted (")	Non-f	riable	proce	edure
Location of		normally us		1					R	R	Е	E
asbestos-containing	by mainten staff(12)	ance/custo	dial	Descripti	ion of a	sbestos-containing	Amount	0=	e m	e p	n c	n
material to be abated in facility (13)		NI.	N1/4	material	(ACM)		(Specify LF)	SF or	0	a	а	C
()	Yes	No	N/A						v e	l r	р	
Roof			X	Roof Flash	ing		45 SF					
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_									10	Ш		HI.
									44	닏	닏	부
Pagistared Wests Hairles	LUISE	D. Harris 12	# 10	ubio Vordo el	Masta	Nome of Desisters	Londfill				Ш	
Registered Waste Hauler Red Technologies, LLC.	3616	P Hauler ID		ubic Yards of cyds	vvaste	Name of Registered Minerva Enterpr						
City, State			isposal D			City, State			-			
Portland, CT 06480			TBD			Waynesburg, Ol	Н					
Completed by (Print or Type)	Title		7.1	Signature	1	A.		Date				
Goran Lazevski	President			1	- ,		127	04/04	/2016			

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

2016-53

Check # 2765
APR -7
AMII: 50
LICENSING ROL B & G proj. #: Date of Notification (1) Name of Building Owner/Operator (2) 10 |4 |/|0 |4 |/|1 |6 | Rick Tosun Agencies Notified Type Notification Street Address □ EPA X Initial DEP City, State, Zip Code Amendment X DOL Chatham, NJ 07928 Telephone Number X DOH Name of Contact Cancellation ☐ DCA Rick Tosun **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Rick Tosun Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Square Feet Bldg. Age # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Chatham, NJ 07928 Morris Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number License Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 04/18/2016 04/19/2016 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) ☐ Demolition Renovation Full Containment w/negative pressure Glovebag procedure Mini-enclosure Non-friable procedure >3 sf or >3 lf >160 sf or >260 lf Is location normally used solely E Location of E e by maintenance/custodial Amount asbestos-containing Description of asbestos-containing n m D staff(12) C (Specify SF or material to be material (ACM) C 0 a а abated in facility (13) V Yes No N/A p e VAT & mastic 286 sf X basement main room NJDEP Hauler ID# 19563 Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler B & G Restoration, Inc. Tullytown Resource & Recovery Center Disposal Date City, State City, State Lincoln Park, NJ 04/20/2016 Tullytown, PA Signature Date Completed by (Print or Type) Gordana Luna 04/04/2016 Gordana Luna Secretary/Treasurer

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

2016-52 B & G proj. #:

Gordana Luna

Secretary/Treasurer

& LICENSING Date of Notification (1) Name of Building Owner/Operator (2) 0 4 1/10 4 1/11 16 Hightstown Main Office 333645-G02 Type Notification Agencies Notified Street Address ☐ EPA 150 Mercer Street X Initial DEP City, State, Zip Code Amendment X DOL Hightstown, NJ 08520-9998 Telephone Number X DOH Name of Contact Cancellation ☐ DCA Ian Coulson FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Hightstown Main Office Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address X Bldgs./Homes, etc. 150 Mercer Street Square Feet | # of Floors Bldg. Age County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Hightstown, NJ 08520-0998 Mercer Post office Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. The Louis Berger Group, Inc. 115 B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 350 Eagleview Boulevard, Suite 250 City, State, Zip Code City, State, Zip Code Exton, PA 19341 Lincoln Park, NJ 07035 License Number Project Manager for Monitoring Firm Phone Number Telephone Number (973)696-6869 00378 610-280-4019 Bruce Lockwood Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 04/17/2016 04/18/2016 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Renovation Full Containment w/negative pressure X Glovebag procedure × >3 sf or >3 If Mini-enclosure Non-friable procedure >160 sf or >260 lf Is location normally used solely Location of E е е by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing m n staff(12) p C (Specify SF or material to be material (ACM) C 0 a a abated in facility (13) Yes No N/A ٧ p X heating unit UH-3 & UH-4 pipe insulation 15 If in the work area Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill Tullytown Resource & Recovery Center B & G Restoration, Inc. 19563 Disposal Date City, State City, State Tullytown, PA Lincoln Park, NJ 04/19/2016 Signature Date Completed by (Print or Type)

Ciordana Luna

04/04/2016

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

2016-51 B & G proj. #: Date of Notification (1) Name of Building Owner/Operator (2) 0 4 / 0 4 / 1 16 Kathleen Koza Agencies Notified Type Notification Street Address ☐ EPA X Initial DEP City, State, Zip Code Amendment X DOL Belleville, NJ 07009 Telephone Number X DOH Name of Contact Cancellation ☐ DCA Kathleen Koza **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Kathleen Koza Subchapter 8 (Other than K-12) Other (Private/Commercial X Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Belleville, NJ 07109 Essex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number License Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched, Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 04/15/2016 04/16/2016 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Full Containment w/negative pressure ▼ Renovation Non-friable procedure ✗ Mini-enclosure \times >3 sf or >3 lf >160 sf or >260 lf Is location normally used solely E Location of e e by maintenance/custodial Amount asbestos-containing Description of asbestos-containing п m p C staff(12) (Specify SF or material to be C material (ACM) 0 a LF) abated in facility (13) No N/A ٧ Yes p X pipe insulation 11 If basement main room 6 If X X behind bar area pipe insulation X 4 If pipe insulation bathroom Y 30 If X boiler/laundry room pipe insulation X Name of Registered Landfill NJDEP Hauler ID# 19563 Cubic Yards of Waste Registered Waste Hauler Tullytown Resource & Recovery Center 3/4 B & G Restoration, Inc. Disposal Date City, State City, State Tullytown, PA Lincoln Park, NJ 04/16/2016

Signature

Secretary/Treasurer

Gordana Luna

Completed by (Print or Type)

Gordana Luna

Date

04/04/2016

State of NJ Notification of Asbestos Abatement

2016-47 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check # 7760 Date of Notification (1) Name of Building Owner/Operator (2) 10 |4 |/10 |4 |/11 |6 | Jane Foster Agencies Notified Type Notification Street Address ☐ EPA X Initial DEP City, State, Zip Code Amendment X DOL Morris Plains, NJ 07950 Telephone Number X DOH Name of Contact Cancellation ☐ DCA Jane Foster **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Jane Foster Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Morris Plains, NJ 07950 Morris Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number License Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 04/15/2016 04/16/2016 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition X Renovation Full Containment w/negative pressure X Glovebag procedure Mini-enclosure Non-friable procedure \times >3 sf or >3 lf >160 sf or >260 lf Is location normally used solely E Location of Е e by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n m p staff(12) C (Specify SF or material to be material (ACM) C 0 a a abated in facility (13) v Yes No N/A p e pipe insulation 24 lf X crawl space & basement NJDEP Hauler ID# 19563 Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler

1/2

Signature

City, State

Gordana Luna

Tullytown, PA

Disposal Date

Secretary/Treasurer

04/16/2016

Tullytown Resource & Recovery Center

Date

04/04/2016

B & G Restoration, Inc.

Completed by (Print or Type)

Lincoln Park, NJ

Gordana Luna

City, State

CK 00544217

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Date of Notification (1) 4/4/2016		1	Name of Merck	Building (Sharp &	Dwner/ Doh	Operator me Cor	(2) p.		ć	OTE AF	PR-	7	Ata.	- 1	
Agencies Notified Type Notification		5	Street Ad 126 Ea	ddress ast Linco	ıln Av	enue P	О Вох	x 2000, F	£ :	148	TES		17	1:4	6
■ EPA ■ Initial ■ Amended ★ DOL ■ Amendment #		[City, Sta Rahwa	te, Zip Coay, NJ 07	de 7065	1179		x 2000, F		& Li	CE	451	NG	POL	
□ Emergency (inc justification) □ DCA □ Cancellation	iuding		vame of	Contact Scheni					Tele	enhone M	Mumi	nar			7.7
			FACI	LITY INFO	RMA	TION				5.1					
Name of Facility Where Abatement is Taking P Building 75 Power House Street Address	Place (3))						of Facility (School (K-1 Subchapter	12)	or than K	(12)	v			
126 East Lincoln Avenue							×	Other (i.e. petc.)				build			s,
City (5) Rahway							Squa 16,2	re Feet 87	# of	Floors		100	dg. A 1 yrs	Trans	
County (6) Union				Code (7) JSE ONLY)				ent Use (Pri er House		ng demo	lishe	d)			
Name of Monitoring Firm Hired by Building Ow Environmental Health Investigations,			ASCN 0010					tement Cor urg Indus			Cor	npar	ıy		
Street Address 655 West Shore Trail						7 7 7 7 7 7	Addres Spill	ss man Driv	е						
City, State, Zip Code Sparta, NJ 07871								ip Code n, PA 180)15						
Project Manager for Monitoring Firm Lisa Liloia			elephor 973-72	ne No. 29-5649		99000000000	none N 691-1			License 00721					
	chedule /14/20		ompletion Date (11) Name of OSHA Monitor Brandenburg Industrial Service Comp							npar	ny	1100000			
Occupancy Status During Abatement (Check C Facility Closed/Vacated During Entire Per															
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Abatement Areas will be	Facility	Hours				350.00		ip Code n, PA 180	015						
Scope of Work (Check Ail That Apply)						1		22					778.		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat		Full Containment with Negative P Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable											
	le	Locatio	n n						- ()				-	ment	
Location of	N	lormally	У		D	escription	n of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solely intenan odial Si (12)	Asbestos Control (i.e. therm of the control of the			ntaining N	/laterial s insula \T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Ground, 1st, Platform Levels	Yes	No X	N/A		.01 1	Pipe Ins	latia	_	2.0	390 LF		37		Ф	
Boilers 4, 6 & 7, Tanks	X				lation &		32		65 SF		X				
Roof flashing, Tar & Caulk	X				Surfacin		ormig	1.5/65	60 SF	_	X				
Ground Level - Boiler's 4 & 6	Х				Transite			0.000	75 SF		Х				
Name of Registered Waste Hauler	100000	JDEP W		200000000000000000000000000000000000000	c Yards		Name of	Registe	red Lan	dfill					
Freehold Catage, Inc.	850 N		auler ID 939	No.	of Waste 450 Lycoming Cty Resource Managemen					nt					
City, State Freehold Disposal Date TBD City, State Montgomery,										PA					
Completed by Jennifer Polzer	Title Contr														

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name	e of Buildin	a Ow	vner/Operator ((2)	70-		11	12			
	29 /	16			77.75		~	titute of Tec		2016 AF	PR-7		4- £			
Agencies Notified EPA	Type Notific					t Address 3 Dr. Mar	tin L	uther King	Jr. Blvd.	2016 AF	ÜS	AM	9: 6	î4		
⊠ DOLWD			77.		City,	State, Zip (Code		TO CAY SEE AN EXCHANGE	- 2 L/(CFAIS	1711				
☑ DHSS ☐ DCA	Amendm Emergen	0.0			1	wark, NJ					-cms,	NG	TUL			
(NJAC 5:23-8)	justificati	ion)	ciuaing	3	Name	of Contac	t			Telephone No	umber	9				
	☐ Cancella				Mr.	Joseph	Муе	ers								
FACILITY INFORMAT	ION															
Name of Facility Where A		Takino	Place	(3)					Type of Facility	(4)						
NJIT Property				(-)					School (K-12	7.70 of 0.0						
Street Address									☐ Subchapter	8 (Other than K-	-12)					
120-142 Bleeker Stro	eet								Other (i.e., phomes, etc.)	rivate and comr	mercial b	uildin	gs,			
City (5)									Square Feet	# of Floors	E	Bldg. A	ge			
Newark									N/A	N/A		N/A				
County (6)					Coul	nty Code (7	7)(STA	ATE USE ONLY)	Current Use (Pr	rior if being dem	olished)					
Essex									Vacant Lot							
Name of Monitoring Firm I	Hired by Build	ding C	wner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)).						
Omega Environmen	ta Services	s, Inc			N/A		E	East Coast H	laz Mat Remov	al, Inc.						
Street Address							Str	eet Address								
280 Huyler Stree	et						4	194 E. 41 Str	eet							
City, State, Zip Code							Cit	y, State, Zip Co	ode							
South Hackensack				F	Paterson, NJ	07504										
Project Manager for Monit		Tel	ephone	No.	Telephone No. License No.							_				
Eric Gelhaus				2	01-489	-8700	9	73-345-0022	2	00507						
Start Date (10)					etion Da		Na	me of OSHA N	lonitor							
03 /08 / _	16	_ 0	4_/	_ 3	0 /	16	al, Inc.									
Occupancy Status During							Str	eet Address								
Facility Closed/Vacated	During Enti	re Per	iod of	Abate	ement		4	194 E. 41 Str	eet							
Abatement Performed (Outside of No	omal	Facility	Hou DM	rs - Des	cribe	City	y, State, Zip Co	ode							
Scope of Work (Check all				1 141-		MAI	P	Paterson, NJ	07504							
	illat apply)							☐ Full Cont	ainment with Neg	ative Pressure						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Re 図 De					☐ Mini-Enc ☐ Glovebag	losure Procedure							
								☐ Non-Exe	mpted (*) and No	n-Friable Proce	dure					
Location of				Loca		D					Α	patem	ent T	ype		
Asbestos-Containing Mate	rial (ACM)		Use	d Sol	ely by	Descripti		r ntaining Materia	al (ACM)	Amount	Re	Re	田田	田田		
TO BE ABAT	ED				ance/ Staff?	(i.e	., the	ermal systems	insulation,	(Specify	Remova	Repair	cap	Enclosure		
IN Facility (13)	,		Cus	(12)			S	surfacing, VAT, her miscellane	or or	SF or LF)	<u>a</u>		Encapsulate	sure		
(.0)			Yes	No	N/A		Oti	ner miscellane	ous)				ate			
Exterior Undergropun	d Pipe				\boxtimes	Pipe Ins	sula	tion		160 LF						
0												П	П	П		
			П	П	$\forall \Box$							-	=			
Name of Registered Waste	Hauler				NJDEP \	Naste	Cut	oic Yards of	Name of Regis	tored I endfill			Ш	Ш		
Freehold Cartage				1 9	lauler II	O No.	Was		GROWS, In							
City, State								posal Date	City, State							
Paterson, NJ 07504								2-20-2016		, PA 12506						
Completed By (Print or Typ					Signature	/ ///		Date								
James Unger	mato	r/Proi	ect Mana	ger	June	4 14		3-	79	/	/					
ASR-41					7.		-	Minus	unn) -	×/	-/	6		

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Date of Notification (1							wner / Operator	r (2)			A	PR-7		14	
	3/15/16							f Education		-	<u> </u>)	/	As	,	-
Agencies Notified PA	Type Notifica	ation		Stree			ss ect S	troot				8.71	Br.	4/7	9.	_
□ DEP							Zip C					- 4/1	70.0		6	0
□ DOL		nded #1-4/1/16					J 086						CHON	11	in	
	1 2 <u> </u>	gency		Name				00				T	elephoi	e N	umbe	er
□ DOH □ DCA		ellation						ollins				1				
					CI	LIT	Y INF	DRMATION	L. (4)				1,000			-
Name of Facility Wh			ace (3)				Type of Facili School (I		NON ERIZ	ARIF					
Trenton Central I Street Address	rign School	or west			-17					Other than						
1001 W State Stre	- o t					8				ate & com		building	s. home	es. e	tc.)	
1001 W State Stre	eet							Square Feet	*	# of Floo			ldg. Age		/	
City (5)		County (6)	ICo	unty	Co	de (7)	60000			3			60+		
Trenton		Mercer	100	unity	00	40 (' /	Current Use (if being de	-	d)		00		
renton		Mercer						School	(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n bomig ac	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,				
Name of Monitoring	Eirm Hirad h	y Building Own	or (8)			450	M No.	Name of Aba	temen	t Contract	tor (9)					
Environmental C		building Owi	101 (0)		ľ	100		Bristol Env								
Street Address	Omiconon			-				Street Addres		, , , , , , , , , , , , , , , , , , , ,						
120 North Warren	1 Street							1123 Beave	er Stre	eet						
City, State & Zip Co								City, State &	Zip Co	ode						
Trenton, NJ 0801			-111					Bristol, PA								97-7-3-
Project Manager for	Monitoring F	irm		phone			er	Telephone N		•	1000	ense N	umber			
Steve Fairess			609-		_	_		(215)788-60			00	509				
Scheduled Start Dat	te (10)	Scheduled Cor				(11)		Name of OSI			_					
			ON H)			Bristol Env		nentai in	C.					1,5-5,-11
Occupancy Status D	4/1/16 pancy Status During Abatement (Check						nt.	Street Addres	100000	oot						
	4/1/16 pancy Status During Abatement (Check Facility Closed/Vacated During Entire							City, State &								
	upancy Status During Abatement (Check Facility Closed/Vacated During Entire					III LC	John	Bristol, PA								
	upied During							Distoi, i A	1300							
Scope of Work (Che																
Coope of train (one	on an area of	- 1.37								Full Cont		t with N	egative	Pres	ssure	ļ
≥3 sf or ≥3 l	f		\boxtimes	Re	nov	vatio	n			Mini-Enc						
≥160 sf ≥26	O If			De	emo	litio	1		\boxtimes	Glove Ba						
									Ц	Non-Exe						
	ocation of			Loca				Description Asbestos-Con		_		ount ecify	ADA	цепп	ent T	ype
	tos-Containir erial (ACM)	ig		mally Solely				Material (A		9		or LF)			ш	
	BE ABATED			ntena				(i.e., thermal s		IS			Ren	Re	ıca	nc
	n Facility		Cust	todial		aff?	i	nsulation, surfac					Remova	Repair	Encapsulate	Enclsoure
	(13)			(12)		1/4		or other miscell	laneou	ıs)			<u>n</u>	2.538	ate	0
			Yes	1		N/A										
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Name of Registered					Waste D No.											
Bristol Environm		1000		90	J 110.	1/4 Cu yd		OWS Lar	ndfill							
City, State Bristol, PA								Disposal Date 4/1/16		, State rrisville,	PA					
Completed By (Prin	t or Type\			Т	itle	8		Signature					Date			
Gino Pizzigon	77.			5000		ject		1 3 3 3 3	0		1	~	3/15	116	,	
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Date of Notification 11/4/16		٨	lame of	Building	Owner/Operator	11AND E	x Boots	ے د	7	
Agencies Notified Type Notification	1	5		ddgess			A A	Mac.		
					BOX 19	8	7 3			_
□ PA ☑ 'Inital' □ DP □ Amended X) DOL Amendment	¥		iny, Sta	le. Zip C	ode	- 11	008E 9			
Emergency (ncluding	-			May C	OUVET 1				
		1		Contac			Telephone Numbe	ı.		
□ Cancellation		_		SAN						
9			FACIL	JTY INF	ORMATION					
Name of Facility Where Abatement is Takin	ng Place (3))		190		Type of Facility	1			
LES IDENCE						School (K-12	(Other than K-12)			
Street Address						Other (I.e., pr	vale & commercial	building	ps.	
100						Square Feet	# of Floors	Bldg	Age	
CAPE WAL	,					1000	2_	4	ot	
	1	7	County	Code () (STATE	Current Use (Pri	or if being demolist	red)		
County (6) (APE MAY			USEO	WLY	/ 1-	VA	CANT			
	Owner	- A	SCM No	0.	Name of Abatem	nent Contrador (9)			
Name of Monitoring Firm Hired by Building	OWITCE			out .	KLEM	CO IN	CI			
(8)		- -			Sveel Address	2	- 1			
Street Address						S. SPRU	CÉ AVT.			
		-	55.00		City, State, Zip C	Code	. 11 7 2	205	2	
City, State, Zip Code					- MAR	LE SHA	License No	000		
Project Manager for Monitoring Firm	[.	Telep	hone N	0	Telephone No.	79-0472	0046	14		
	· · · · .				Name of OSHA					
Statt Date (10) I	eduled Con		on Date	(11)	TO C F	PKALEM	M			
· Ulullb	4/14		2						-	
Occupancy Status During Abatement (Ch	eck only or	fe)			7 40 C	, Spruc	EAVEI			
Entire F	enod of At	baten	nent			^ 1				
Abatement Performed Outside of Norm	ial Facility i	Hours	,		A 1 1 0	LE SHAD	E, N, J,	0803	52	
Other - Describe:		_								
Scope of Work (Check all that apply)					Full Co	ontainment with N	egative Pressure			
. ≥3 st or ≥3 II	Rend	ovatio	xn		—	nclosure bag Procedure	_			
2160 sl or 2260 ll	₩ Dem	altar)		Non-E	y pue (,) perduex	Ion-Friable Procedu	i e	catem	en.
	Iş Lo							1	I px	
	Used S	mally Soleh			Description	01	Amount			m.
As Desios - Containing Material (ACM)	Maint	enan	œ/	Asbe	sios Containing M unermal system:	s insulation.	(Specify	Re	22	Emcapsolata
TO BE ABATED	11	att?	1	(1.0	surfacing, VA	.1. or	SF & LF)	Removal	Repair	DStil
IN Facility (13)	(12)			other myscellan	neous)		5		
1.27	Yes	No	N/A							
			-			, E	17.50SF	X		
SIDING			x		MANSIT					
							-			
						I blame of Dr	egistered Landfill			
Name of Registered Waste Hauler		TA	JOEP !	Waste	Cubic Yards	Name of Re	1, C, M, C	1, B		
KLÉMCO INC.		1	tauler C	07_	5					
					Disposal Date	City, State	DBINE,	U,J	4	
MAPLE SHADE, N	J,08	30:	52		_		D /3 / ~ C]	.,.1	1 1	,
	Title	0.000			Signature	osyx / Se		14	11	0
Completed By	04	IN	ER			J				
10/6/11										

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Date of Notification (1): 4-16			oing Owner Operato	Cow TRIAC	TIEVE =	775 150	F,		
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Agencies Notified Type Notifica	don .	Street Addres	RT. 50	F15	F-	9			
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∑ DOL Amended	n: =	Ony State Zu		N 7	08230	-			
Emergence	y including		MFIELD,	10.7.		bor		-1	
Ø DOH Justification		Name of Cont		1.2.	Telephone Num	DE:			7
L Garcelass	· · · · · · · · · · · · · · · · · · ·		E BREUR	116					
	*	FACILITY I	NFORMATION		600 90				
Name of Facility Where Abatement is Ta	aking Piace i3			Type of Facility	×.				
RESIDENCE				☐ School (K-		21			
Street Address (r 8 (Other than K-1 private & commerci		dinas		
				homes, etc					
City (5)				Square Fee!	# of Floors	В	ldg A		
OCTAN CITY				1000		_ _	40	_	
County (6)			5º ISTATE	Current Use (F	rior if being demoli	shed)			
CAPE MAY		USE DAL+		VAC	ANT				_
Name of Monitoring Firm Hired by Buildin	ng Owner	ASCH NO	Name of Abater	ment Contractor (s)				
(S) N A			KLEV	nco In	١ (,				_
			Speel Address						
Street Address			369	S. Spr	UCC AVE				
			Cmy State Zip C	Code			_		
City, State Zip C∞de			MAPI	(DF N.T	0	80	5 5	_
	1 -2.2	phone No	Telephone No		License No				
Project Manager for Monitoring Firm	. 2/2	D 10.15 15		9-0422		4			_
-			Name of OSHA						
State Date (10)	heauled Comorei		JOSEPH	Y 2	To				
4-14-16	1	16	Street Address	ILLEMA	1 12	-			
Occupancy Status During Abatement (C	heck only one.		369 5	. Spruc	e Ave				
X Facility Closed Vacated Duning Entire	Penot of Abater	nen"	05 State Zp 0		C 1.00				
Abatement Performed Outside of North	mai Facilii; hour	5			ALT OS	505	>-		
Other - Describe:			MAPLE	JHADE	14.1	100	_		_
Scope of Work (Check all that apply			— F Co.	ntainment with No	egative Pressure				
	Renovation	~	- Alm-En	ciosure					
≥3 sf or ≥3 ff 	Demoisor		. 🗖 Gloved	ag Procedure	Triable Ground	iro			
∑ 3 100 21 Ct 3200 t	A-		₹ Non-Ex	empted (1) and N	on-Friable Procedu		bater	nent	
	is Location	1			7. 	1	Typ		
S #	Normally Used Solety	5,	Description o	•	1				
Location of	Maintenand	وح کد ع	sics Dontaining Ma	teria: (ACM)	Amount	-		E	Ē
Asbestos-Containing Material (ACM) TO BE ABATED	್ರ ೧೮೩೦೦ ಕ	-	inemai systems i sudalong WAT	nsulation	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
IN Factor	Staff1		sunading in i		3, 0, 2, ,	iova	olr	Sult	SUI
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SIDING			. 13.14			T			
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	-1 1 1	DEP Waste	Oubit Yards	Name of Reg	istered Landfill				
Name of Registered Waste Hauter		uler 10 No. 7904	of Waste	CIAL	C M U	A			
KLOMEO INC.		7904		1 2 2 1	V 1.1. V				
City State			Disposal Date	City, State	Λ IR 1h	1 7	-		
MAPLE SHADE	N.J			1 - MOO!	OBINE I	7. 7			
Completed By)	Signature	0 0	Date -	-4-	16	,	
MICHAEL KLEMMINI-	VICE. F	RESIDENT	_ Mu	21/1/		<u> </u>			5.70
WILLHACE INCOME				250					

Date of Notification (1) Name of Building Owner / Operator (2) **Environmental Liability Transfer** 4-5-16 Agencies Notified Type Notification Street Address X EPA 1650 Des Peres Rd., Suite 306 DEP Initial City, State & Zip Code \boxtimes DOI Amended St. Louis, MO 63131 M DOH Emergency Name of Contact Telephone Number DCA Cancellation Adam Peetz, ELT FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Building # 2, Perth Amboy 1160, LLC. School (K-12) Street Address Subchapter 8 (Other than K-12) 1160 State Street Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) NA NA Perth Ambov Middlesex NA Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC. Street Address Street Address 874 Piney Hollow Road, PO Box 70 City, State & Zip Code City, State & Zip Code Winslow, New Jersey 08095 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-567-0600 01263 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4-15-16 10-28-16 EMSL Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 107 Haddon Ave. Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: Westmont, NJ 08108 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Solely by Material (ACM) Material (ACM) Encapsulate SF or LF) Enclsoure Maintenance or Removal TO BE ABATED Repair (i.e., thermal systems Custodial Staff? in Facility insulation, surfacing, VAT (12)(13)or other miscellaneous) Yes No N/A Roof X Black Tar Material 25,000 s.f. Roof Roof Flashing X 3.000 s.f. X Siding X Transite Material 10,000 s.f. X **Exterior & Interior Windows** Window Caulk 1,000 l.f. X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Bull Waste & Recycling, Inc. 21435 80 Salem County Landfill City, State Disposal Date City, State Berlin, NJ 11-18-16 Alloway, New Jersey Completed By (Print or Type) Title Signature Date Theodore S. Budzynski President 4-5-16

MO#23456160696

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

Emergency Notification

Date of Notification (1)				Name o	of Building (Owner/Operator (2	2010 .	The state of		- 11				
04	01 /	16		Donald	J. Dough	ertv	APP	-7 AM 9: 65 S CONTROL HS/NG Telephone Numb						
Agencies Notified	Type Notificatio	n			Address	orej	A JASON	AM 9: 65	0					
☐ EPA							23/6	S /		Lymore				
☑ DOLWD ☑ DHSS	Amended Amendment	#	Ī	City, St	tate, Zip Co	de	FICE	HEISTRAL						
□ DCA						, NJ 07043		ING OF						
(NJAC 5:23-8)	justification)			Name	of Contact			Telephone Numb	er					
	Cancellation	1		Donald	l J. Dough	erty			_					
				FAC	ILITY INF	ORMATION								
Name of Facility Where	Abatement is Tak	ing Place	(3)				Type of Facility							
Residence		68E8E4111C+24TC-2					School (K-12	2) 3 (Other than K-1 2)						
Street Address								rivate and commerc	ial bui	lding	S,			
							homes, etc.							
City (5)							Square Feet	# of Floors	BIO	lg. Ag	je			
Upper Montclair, NJ ()7043			T 0	0 - 1 - /7\ /6	TATE HOE ON VI	Cussent Hea (Dr	ior if being demolis	2004)					
County (6)				Count	y Code (7) (8	STATE USE ONLY)	Current Use (Pi	for it being demoils	ieu)					
Essex Name of Monitoring Firm	a Hirad by Ruildin	o Owner	8)	ASCM I	No.	Name of Abatem	ant Contractor (9	1		-				
Name of Mosticoring Film	ir rilled by Ballali	ig Owner (0)	ASCIVI			eni Guniracion (s	,						
Street Address						Gr Tech LLC Street Address								
Street Address						576 Valley Rd #	4283							
City, State, Zip Code						City, State, Zip C								
						Wayne, NJ 074								
Project Manager for Mor	nitoring Firm	COAT AND ALL STREET	Tele	ephone		Telephone No.	, , ,	License No.	nse No.					
NEW WES						973-638-1777		01127						
Start Date (10)	Sc	heduled C	omple	tion Da	te (11)	Name of OSHA								
04/02/	16	04 /	_ 0:	3_/_	16	Envirovision Co	onsultants.Inc							
Occupancy Status Durin	ng Abatement (Ch	neck only o	one)			Street Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	ted During Entire	Period of	Abate	ment		20-21 Wagaraw	Road, Bldg .#	35E						
Abatement Performe					cribe	City, State, Zip C								
Time of Abatement:		_PM/	— F 1VI		AM	Fair Lawn, NJ (
Scope of Work (Check a	all that apply)							nation with negative	press	ure				
		⊠ Re	enovat	ion		Mini-En	ntainment with Ne closure							
☐ ≥ 160 sf or ≥260 lf		De	emoliti	on		Gloveba	a Procedure	Tent with Negative	Press	ure				
				1.		☐ Non-Ex	empted (*) and in	on-Friable Procedu	_	1				
Locatio	s of		s Loca Norma			Description	of		-		ent T	T		
Asbestos-Containing		Use	ed Sol	ely by	Asbes	stos Containing Ma		Amount	Rer	Repair	Enc	Enclosure		
TO BE AB		V-19	inten	ance/ Staff?	(i.e.	, thermal systems		(Specify SIF or LF)	Removal	pair	aps	losu		
IN Fac (13)			(12			surfacing, VA other miscellan		SIF OI LF)	<u>a</u>		Encapsulate	re		
		Yes	No	N/A							(0			
Basement				X	Pipe insu	lation		12 LF	\boxtimes					
Dasomone					T AP C MAD C				П			П		
		ᆛ							믐					
			Ш						14		Ш	Ш		
Name of Registered Wa	aste Hauler	J,	N	JDEP Wast	e Hauler ID No.	Cubic Yards of Wa	ste Name of Reg	istered Landfill						
Gr Tech LLC				003378	85	TBD	T.R.R.F. Inc	3						
City, State		11				Disposal Date	City, State							
Wayne, NJ 07470				20		TBD	Tullytown, l	PA						
Completed By (Print or	Type)	Title				Signature	Λ		ate			7.3		
N.Jevtic		Owner	mer //ew/c Wenad 04/01/2016											
11.30 7 110		O 111101				//	ew wend				-			

12104 State of New Jersey - Notification of Asbestos Abatement

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			(Purs	uant to N.J.A.C	2. 8:60-7 and 12:120-7)									
Date of Notification (1) March 31, 2016					Name of Building Owner Bloomfield Colleg		(2)	2018 A	PP	7				
Agencies Notified		Notification	Туре		Street Address	,,,		JURG-		AM -				
I⊠ EDA		The state of the s		fication	467 Franklin Stree	t		75°S	1122	1 9:				
⊠ EPA ⊠ DCA		The second second		ification	City, State, Zip Code			LICELLON						
x DOL		□ Emerg		including	Bloomfield, NJ	17003			- CA3	Withou				
X DEP X DOH		□ Cance	ation) lled		Jack Mc Grane		I Tele	ephone Niii	mher	116 01				
				FACILITY IN	FORMATION									
Name of Facility Where Abate Bloomfield College-			Boiler	Room	Type of Facility (4) School (K-12)									
Street Address 63 Freemont Avenue	ŭ				Other (i.e. private & commercial buildings, homes, etc.)									
City (5)	County (6	3)	Count	Code (7)	Sq. Feet: 2,000 # of Floors: 2 Bldg. Age: 50+ years									
Bloomfield	Essex			Use Only)	Current Use (prior if bein	g demolis	hed): Offi	ices						
Name of Monitoring Firm Hired Envirovision, inc.	d by Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)									
					GREENWOOD ABA	TEMEN	CONS	ULTANT	S, INC	<u> </u>				
Street Address 20-21 Wagaraw Road	Blda ±	£ 35F			Street Address									
	, 5.49 //				511 MAIN STREET									
City, State, Zip Code Fairlawn, NJ 07410		City State, ZipCode Butler, NJ 07405												
Project Manager for Monitoring Firm Telephone Nu					Telephone Number		Licer	nse Numbe	<u>r</u>					
Fred Larson		973-636-	9145		973-492-0477		008	40						
Scheduled Start Date (10)		Scheduled C		on Date (11)	Name of OSHA Monitor									
June 2, 2016		June 15,	2016		EMSL Inc.									
Occupancy Status During Ab					Street Address									
Facility Closed/Vaca Abatement Performed					1056 Stelton Road									
Describe					City, State, Zip Code									
Other - Describe: Su	ıb-Chap	oter 8- Non	-Occu	pied	Piscataway, NJ 08854									
Source of Work (Check all that	apply)				x Full Containment with Negative F									
≥ 3 sf or ≥ 3 lf				■ Renovate	tion		i-Enclosur		egalive	riessuie				
	260			Demolition		Tent /0	Blovebag F	rocedure						
						Non-E	kempted (*	*) and Non	-Friable	Procedure				
Location of Asbestos-Containing Material (ACM) in Facility (13)		ocation Normal			bestos Containing Material		nount	Abateme	ent Type					
Material (ACM) III Facility (13)		f? (12)	NA	VAT, or other mis	nal systems insulation, surfacticell.)	-	pecify SF LF)	Remove	Repair E	Encap Enclose				
Boiler Room	X			Mechanical		0.00	0 SF	X						
<u>.</u>				TSI		6	5 LF	\boxtimes						
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	ID#	Cubic Yards of Waste:			e of Registe dowfill La		dfill							
Hauler #1) Greenwood A		nt Consulta	nts, Ind	c Butler, NJ 0		<u>C</u>	City, State							
NJ DEP # 125 Hauler #2) Newark Carti		Newsel NI	0.4500	NI DED # 10551	June 15, 2016 Route 2, B									
Completed by (Print or Type)		Title	J4307,	110 DEL # 17331	Signature		Date)4-842-2	/ 64				
Marin Graure	T	Marin Grau	n.e.	-	ch 31, 2	016								
		MANAGER	1		11000000 oprocession									

CK 5417								ō				2000	A 20 12 PM	int Fo
	NO		CATION	ate of New OF ASB to NJAC	ESTOS	ABATE		Ť	2	910		10		
Date of Notification (1) 4/4/16				Building Gable I					A	16 APR	-7	Ban		
Agencies Notified Type Notification	(1)		Street A	ddress					- U -	15/10	S	777	9. 62)
EPA Initial Amended Amendment				te, Zip Co Holy N		0		S.		E LICE	NS/A	G A	01	
□ DOH		1.3	Name of Chuck	f Contact					***	onhone N	lumber			
Name of Facility Where Abatement is Taking	a Blood (2)		FACI	LITY INFO	ORMAT	ION	T	f F 1114 - /	4)					
Chuck Gable Private Home Street Address	y Flace (5)						x x	School (K-1 Subchapter Other (i.e. p	2) 8 (Oth			ilding	s, hom	es,
City (5) Mount Holy NJ 08060							Squ	etc.) are Feet)0+	# 0	f Floors		Bldg. 35+	Age	
County (6) Ocean				1000+ 2 County Code (7) Current Use (Prior if being den										
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	No.		Name Pern		atement Con	tractor	(9)				
Street Address	***************************************					Street PO E								
City, State, Zip Code						T-0.00		Zip Code din NJ 080	91					
Project Manager for Monitoring Firm		Telephone No. Telep 856-					No. 9800		License 00727	CONTRACTOR OF THE PARTY OF THE				
Start Date (10) 4/13/16	Scheduled 4/19/16	Com	pletion I	Date (11)		Name Sam		SHA Monitor			3 · · · · · · · ·			
Occupancy Status During Abatement (Chec	k Only One)				Street	Addre	ess						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Home owner will be	al Facility F	atem lours	ement urs City, State, Zip Code											
Scope of Work (Check All That Apply)			100000000000000000000000000000000000000											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-					×	M G	ull Containme ini-Enclosure lovebag Proc	edure				re	
(8)	ls L	ocatio	on					on Examples	7 011	0 11011111	I I	Aba	temen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Used Main	Solel tenan	y by ice/		tos Cont	taining N systems	lateria s insu		(5	mount Specify or LF)	Ren		ype Enca	Encl
(13)	tement (Check Only One) Street Address Ouring Entire Period of Abatement utside of Normal Facility Hours owner will be Home TApply) Renovation Demolition Full Cont Mini-Enc Gloveba, Non-Exe Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Street Address City, State, Zip Cod Mini-Enc Gloveba, Non-Exe Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)										Removal	Repair	Encapsulate	Enclosure
Crawl space			X		Pipe	Insula	tion		5	2 LF	х			
												-		
, F											-	-	-	
Name of Registered Waste Hauler United Containers		100000	JDEP W auler ID		Cubic of Was	Yards ste		Name of F		ered Land	fill			
City, State		22	459			sal Date		G.R.O.\)					
Elm NJ Completed by	Titlo				4/19/	200000	0	Morrisvi	ile PA					
Completed by Title Signature Date Anthony T Perna President 4/4/16														

CK 14164

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

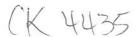
Date of Notification (1) APRIL 4, 2016			Name of Building Owner/Operator (2) ASBURY PARTNERS, LLC Street Address 1100 OCEAN AVENUE City, State, Zip Code ASBURY PARK, NJ 07712 Name of Contact STEPHEN CLARK														
Agencies Notified	Type Notification			Street Ad 1100 C	dress CEAN	AVEN	UE			AND AM							
EPA DEP DOL	Initial Amended Amendment #	£			e, Zip Co RY PAR		07712				& Z	105	6,71	'' S	0/2		
DOH DCA	Emergency (i justification) Cancellation	ncluding		Name of STEPH	Contact HEN CL	ARK				Tele	ephone Nu	mber 7	SIN	3/176	H		
				FACIL	ITY INFO	RMATI	ON			1							
Name of Facility Where ASBURY LANES	Abatement is Taking	Place (3)							of Facility (4 School (K-1)	2)							
Street Address 209 4TH AVENUE					- 63, 		Other (i.e. p etc.)	er 8 (Other than K-12) . private & commercial buildings, homes,									
City (5) ASBURY PARK								300	re Feet 000 SF	enough to	Floors	/	1939				
County (6) MONMOUTH				County C (STATE U	ode (7) SE ONLY)				ent Use (Prio HTCLUB								
Name of Monitoring Firm N/A	Hired by Building C	wner (8)		ASCM	No.		Name Finis	of Aba shing	tement Con Touch As	tractor bestos	(9) s Abater	nent C	orp.	Inc.			
Street Address								Addre:	dress empson Street								
City, State, Zip Code									ip Code g Branch,	NJ 0	7764						
Project Manager for Mor		Telephon	e No.			none N 222.8			License I	No.							
Start Date (10) APRIL 18, 2016		Com 21, 2		Date (11)		Name N/A	of OSI	HA Monitor	1								
Occupancy Status Durin	g Abatement (Check	Only One	e)				Street	Addre	SS								
	ated During Entire P ned Outside of Norm						City, S	state, Z	ip Code								
Scope of Work (Check A	III That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	7,7,	THE REAL PROPERTY.	enova emolit				7	Mir 4 Glo	II Containme ni-Enclosure ovebag Prod on-Exempted	e cedure				e			
		10.500	_ocati	(2000) U			- Indian	3		1/2			Abate	70	ă.		
Location Asbestos-Containing TO BE AB In Faci (13)	n Material (ACM) NATED lity	Used	ormal I Sole ntenar odial S (12)	ly by nce/		tos Con thermal surfa	escription taining N I system ecing, VA miscellar	Materia s insula T, or	ation,	(S	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A										Ф			
PIN ACCES	S ROOM			X			VAT			60	00 SF	X					
Name of Registered Wa Finishing Touch Ask		nt Corp.,	ı H	JDEP W lauler ID 2058		Cubic of Wa 3 Cy			Name of TRRF		ered Landf ill						
City, State West Long Branch,				Dispo 4/22	sal Date		City, Stat	e wn, P	A								
Completed by Joseph P. Miller		Title Presi	dent	<i>E</i> .		Date 4/4/16											
						1	-	8 8	00 t t	8. 3	1 210		56 A		ti.		

CKH 2892

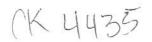
CNI de	195	(Pursuant to NJAC 8:60 and 12:120)											200					
Date of Notification (1) 4/4/16					of Building C		perator	(2)			2011	6 4.	- 4	1 / 1	V.			
Agencies Notified	Type Notification		-	Street A	Address							AP	1	>	` .	<i>f</i>		
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× EPA × DEP × DOL	× Initial Amended			City, Sta	ate, Zip Coo	de					<u> </u>	111	0	-	9.	G/		
× DOL	Amendment	#			ng Ridge		Jersey	v 079	180	LICENCON.								
ĭ DOH	Emergency (including	-		of Contact			,		Telephone Number								
DOA DCA	justification) Cancellation			Howa						ZOIG APP - 7 AM 9: 67 Telephone Number ING TO								
				FAC														
Name of Facility Where A	batement is Takin	g Place (3)					Туре	of Facility (4)			257					
Menzal + Beissel Pi	roperty								School (K-1	2)								
Street Address									Subchapter	8 (Oth								
				Other (i.e. p							& comm	nercia	l buil	dings	home	es,		
City (5)				Square Feet							# of Floors			Bldg. Age				
Chathem				2000									- 11 - 22	55+				
County (6)			Code (7)			Curre	ent Use (Prid	or if bei	ng dem	olish	ed)							
Morris			(STATE	USE ONLY)		_	resi	dence										
Name of Monitoring Firm	Hired by Building (Owner (8)	ASCI	M No.		Name	of Aba	atement Con	tractor	(9)							
							Ace	Insul	ation Co., Inc									
Street Address					10		Street	Addre										
						ose Rd	Rd											
City, State, Zip Code						•												
							Colts	s Nec	k, New Je	ersey								
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph	none N	lo.		Licens	se No			-			
							7322	29417	757		0002	9						
Start Date (10)	54			npletion	Date (11)		Name	of OS	HA Monitor									
4/13/16		4/18/1																
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street	Addre	SS									
Facility Closed/Vaca	ted During Entire F	eriod of	Abatem	nent														
Abatement Performe X Other – Describe: 7	ed Outside of Norm am-7pm	al Facility	y Hours	3			City, S	tate, Z	ip Code									
Scope of Work (Check All	That Apply)	_																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova					Full Containment with Negative Pressure Mini-Enclosure										
2 100 SI 01 2200 II		X	Demolit	1011				Glovebag Procedure										
							×	Non-Exempted (*) and Non-Friable						e Procedure				
		Is	Locati	on											ement			
Location	of		Normal			Des	cription	of						Ту	ре			
Asbestos-Containing I TO BE ABA			ed Sole intenar		Asbesto						mount				ш	m		
In Facilit		Cus	todial S	Staff?	(i.e. ti		systems ing, VA		ation,		pecify or LF)		Rem	Re	ıcap	ncl		
(13)	T0		(12)		,		iscellan				/		Remova	Repair	Encapsulate	Enclosure		
		Yes	No	N/A									=		ate	e,		
indoors	3			x		lin	oleum			- 1	40sf							
macon						1111	oleum	1			4051		×					
							10 10 10 10 10 10 10 10 10 10 10 10 10 1											
Name of Registered Wast	e Hauler		100000	JDEP W	20000000000	Cubic Y	rards		Name of F	Registe	red Lan	dfili						
Ace Insulation Co Inc	auler ID		of Was	te		Chrins	85,6											
City, State			12	2086		2												
Colts Neck, New Jers	sev				- 1	Disposal Date City, State 4/18/16 Easton, PA												
Completed by	~~,	Title					gnature	-/	Lastuil,	гА		D-1						
Bree McGuire								1				Date	: 4/16					
ree McGuire Secretary Treasurer												7/ 1	-11 10					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2470 2016 APR -7 AM 9: 61
& LICENSING ROL (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 04 04 , 16 Cindy Andrews Type Notification Street Address Agencies Notified X Initial ☐ EPA ☐ Amended X DOLWD City, State, Zip Code Amendment # X DHSS Cranford, NJ 07016 Emergency (including ☐ DCA Name of Contact Telephone Numbe (NJAC 5:23-8) justification) Cancellation Cindy Andrews FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Residence Subchapter 8 (Other than K-1 2) Street Address X Other (i.e., private and commercial buildings, homes, etc.) # of Floors Bldg. Age Square Feet City (5) Cranford, NJ 07016 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Union Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 973-638-1777 01127 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 04 / 14 / 16 04 / 15 / 16 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM- PM/ Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or >3 If ■ Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure = > 160 sf or >260 lf Demolition Is Location Abatement Type Normally Location of Description of Removal Repair Enclosure Encapsulate Used Solely by Asbestos-Containing Material (ACM) Amount Asbestos Containing Material (ACM) Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? SIF or LF) IN Facility surfacing, VAT, or (12)other miscellaneous) (13)Yes No N/A X Pipe insulation 120 LF Basement

NUDER Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler 0033785 TBD T.R.R.F. Inc Gr Tech LLC City, State Disposal Date City, State Tullytown, PA Wayne, NJ 07470 TBD Completed By (Print or Type) Title Signature 04/04/2016 N.Jevtic Owner ASB-41 MAY 11



Date of Notification (1)				Building O			(2)		1	LICS	-7		1 1	+					
04/04/16 Agencies Notified Type Notification		S	treet Ad	dress						P 3/1)	1-,	9/4	g. 5	ę.					
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DEP Amended Amendment #_		695		/OOD, N		701					110/4	G	U						
Emergency (in- justification) DCA Cancellation	cluding			Contact IO HOR	ROWIT	Z			Tele	ephone N	umber								
Name of Facility Where Abatement is Taking I	Dlaca (2)		FACIL	ITY INFO	RMATI	ON	Type o	f Facility (4)										
Name of Facility Where Abatement is Taking to	riace (3)							chool (K-1											
Street Address							x O	ubchapter ther (i.e. p tc.)	8 (Othe			dings	, hom	es,					
City (5) LAKEWOOD, NJ 08701							Square 1200	re Feet # of Floor			s Bldg. Ag								
County (6) OCEAN COUNTY			County C	ode (7) SE ONLY)			Curren	t Use (Prid	or if bei	ng demoli	shed)								
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.		100000000000000000000000000000000000000	e of Abatement Contractor (9) A LEAD PROFESSIONALS												
Street Address						100000000000000000000000000000000000000	Address	s OVE C	OURT	6									
City, State, Zip Code							, State, Zip Code KEWOOD, NJ 08701												
Project Manager for Monitoring Firm		T	Telephone No. Tele						÷	License 1200	No.								
Start Date (10)	Scheduled 04/15/16		pletion [Date (11)	4			A Monitor PROFE	SSIO	NALS									
Occupancy Status During Abatement (Check						Street	Address	S				4.		7.1					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma			ent		Commence of the Commence of th	OVE CO	OURT												
Abatement Performed Outside of Norma Other – Describe:	I Facility H	ours			-		State, Zip Code KEWOOD, NJ 08701												
Scope of Work (Check All That Apply)																			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovation emolition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
	1-1	4: .				E.	Non	i-Exempte	d Non-Friable Procedure Abate				nt						
Location of	No	rmally	y		De	scription	n of				-	Type		_					
Asbestos-Containing Material (ACM) TO BE ABATED	Used Maint	enan	ce/			taining N				mount Specify	Z.	70	Enc	En					
In Facility (13)	Custod	dial S (12)	taff?		surfa	icing, VA	AT, or	040.400000	SI	or LF)	Removal	Repair	Encapsulate	Enclosure					
(15)	Yes	No	N/A				50				<u> </u>		ate	ne e					
EXTERIOR					5	SIDING	3		18	00 SF	X								
												-	-	_					
												-							
-		l M	IDED W	laata	Cubic	Vordo		Name of	Pagisto	ered Land	Ifill	_	0						
Name of Registered Waste Hauler NEWARK CARTING	H	JDEP W auler ID		of Wa			IESI	regist	orou Earl										
City, State	04	509			RDS	9	City, Sta	te											
NEWARK, NJ	RK, NJ								04/15/16 BETHLEHEM PA										
Completed by JOSEPH PERLSTEIN	Title OWNE	Olgitator									Date 04/04	16							



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Date of Notification (1) 04/04/16				Building Ov SEASON			(2)			2016	AP	P -	7 8	M		
Agencies Notified Type Notification			Street Ad	ddress /ENTUR/	A DRI\	/E			É	34	ESI	US	7	1 0		
EPA Initial DEP Amended Amendment	#		City, Sta	te, Zip Code	е					- 4	ESI LI	CEI	4511	ig'		
Emergency justification) DCA Cancellation		-	Name of	Contact MO HOR					Telenhone Number							
_ BOA Cancellation			FACILITY INFORMATION										-			
Name of Facility Where Abatement is Takin Street Address	g Place (3)							of Facility (4 School (K-12 Subchapter 8 Other (i.e. pretc.)		K-12) ercia	l build	ings,	home	S,		
City (5) HOWELL, NJ			Square Feet #						# of Floors	Bldg. Age						
County (6) MONMOUTH COUNTY			County Code (7) Current Use (Pr					Giller and the second	r if being demo	olishe	ed)	7				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	1 No.				f Abatement Contractor (9) EAD PROFESSIONALS								
Street Address	77 237 7 2	Street Address 6 WHITE DOVE COURT														
City, State, Zip Code							ip Code OD, NJ 08	3701								
Project Manager for Monitoring Firm	T	Telephor	ne No.			hone N 668-9		Licens 1200).						
Start Date (10) 04/06/16	Schedule 04/07/1		npletion (Date (11)				HA Monitor D PROFES	SSIONALS							
Occupancy Status During Abatement (Cher	• 11 11 11 11 11		Street Address 6 WHITE DOVE COURT													
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	nal Facility	Hours	City, State, Zip Code LAKEWOOD, NJ 08701							8						
Scope of Work (Check All That Apply)	,															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	arrestant .	enova emolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
V	10000	Locat							() and ()		T	Abate	ement pe	á.		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	d Sole	ly by	(i.e. t	os Conta	system ing, VA	Materia is insul AT, or	0.03.100 Sep. No.	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
EXTERIOR	Yes	No	N/A		9	IDINO	2		1000 SF		X		e			
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7									8							
				<u> </u>						-15"				6.000		
Name of Registered Waste Hauler NEWARK CARTING		H	JDEP W lauler ID 4509		of Was	tubic Yards f Waste -4 YARDS Name of Registered Landfill IESI					liit					
City, State NEWARK, NJ					Dispos 04/07		9	City, State	EHEM PA							
Completed by JOSEPH PERLSTEIN	Title OWN	ER			Signature Date 04/04/16											



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		NO		ATION (e of New OF ASBE NJAC 8	STOS	ABATEM				9810	F. C. (111	14			
Date of Notification (1) 04/04/16			1000		Building C			*****	Inc		2016 A	APR -	7	AM	0. ~		
Agencies Notified	Type Notification			treet Ad		Chanc	,c Oom	parry,	mo.		A SHE	- A-1		111	D: 5		
					lancy S	treet					A DHE	2/0,	i O	14/7			
EPA DEP	Initial Amended				e, Zip Coo						(2	LICE	NS	NO	HOL		
DOL	Amendment			-	k, NJ 07									140			
□ DOH	Emergency justification)		N	lame of	Contact	100	Telephone Number										
DCA	Cancellation		-	Thoma	s Catan	ızaro	M 00										
		DI (0)		FACIL	ITY INFO	RMATI	ON	T	of Facility (4	\							
Name of Facility Where		g Place (3)						_									
Interport Maintena	ice buildings								School (K-12 Subchapter 8		er than K-	-12)					
635 Delancy Stree	t							M o	Other (i.e. pretc.)				dings	, home	es,		
City (5)									e Feet	# of	Floors	E	Bldg.	Age			
Newark							20,0	00	-	1		50+-					
County (6)			County C					nt Use (Prio		-	ished)	14					
Essex			(3	STATEU	SE ONLY)	0	[10-10-10-10	nmercial F	11 200	1005						
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		100000000000000000000000000000000000000		tement Cont								
N/A						ors, L	LC										
Street Address							Street /										
City, State, Zip Code							City, St	tate, Zi	p Code								
							Suss	ex, N	J 07461								
Project Manager for Mor	Т	elephon	e No.		Teleph				License								
								864-2			01137	7					
Start Date (10)		Scheduled		pletion D	ate (11)				A Monitor								
04/18/16	- Alt	05/05/16	<u> </u>				Ame										
Occupancy Status Durin	to when in anything								ss 30th Stree	a†							
X Facility Closed/Vac Abatement Perform				ent					p Code								
Other - Describe:							The second second		NY 1001	16							
Scope of Work (Check A	All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	novati molitic				E		l Containme		Negativ	e Press	ıre				
24		<u> </u>					×		vebag Proc		d Non Fo	iabla Da					
		in participation						i No	n-Exempted	(*) an	a Non-Fr	lable Pr		re temen	t		
	9		ocatio rmally											уре			
Locatio Asbestos-Containing		Used	Solely	y by	Asbest		scription taining M		(ACM)	Д	mount			m			
TO BE AB	ATED	Custo	tenan dial St		(i.e.		l systems icing, VA		ation,		Specify or LF)	Remova	Re	Encapsulate	Enclosure		
In Faci			(12)				miscellan			اد	Of Li)	nova	Repair	lusc	uso		
(13)			No	N/A								1 2		ate	e e		
Maintenance	Bldg. #1		Х			joint	compo	und		81	0 S.F.	x					
Maintenance	Bldg. #1		Х			fl	oor tiles	S		31	0 S.F.	x					
Maintenance	Bldg. #2		X			fl	oor tiles	S		45	0 S.F.	x					
Maintenance	Bldg. #2		Х			roofi	ng mat	erial		20,0	000 S.F	. x					
Name of Registered Wa	JDEP W		100000000000000000000000000000000000000	Yards		Name of F	Registe	ered Land	dfill								
Atlantic Carting		Hauler ID No 190713					iste 160		G.R.O.	W.S.							
City, State		-			-	Disposal Date City, State											
Wayne, NJ						on c	ompleti	ion	Morrisv	ille, F	PA						
Completed by		Title	y 4			3	Signature	9 04	600:			Date					
Marko Stankovic		Presid	lent				Marko	Stan	Stankovic 04/04/16								