€51099

May 08, 2014	Date of Notification (1)		a 1376		Name of	Building	Owner/O	perator	(2)	V.DJ			194	2 400			
Agencies Notified Type Notification Street Address	Single	08 2014				. 5.	e on a se	7)			£ acres						
Initial DOH							10 7 00111	110011	. 00/11/00		2117	· ·	Dist	£	70		
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DOL	DEP	CAST COLUMN COLU										47.0.0	000				
DOH	DOL													. 1	H IN		
Dock	DOH.		including							9	Tele	phone	Numb	er	(2	
Name of Facility Where Abatement is Taking Place (3)				F	Project I	Manage	er										
Ortho Diagnostic / Johnson & Johnson Street Address 320 / 1001 Route 202 City (6) Raritan, NJ County Code (7) Somerset S								NC									
Subchapter 5 (Offer tank Art.)	Name of Facility Where	Abatement is Takin	g Place (3)					Type of F	acility (4)							
Other (i.e. private & commercial buildings, homes, etc.)		hnson & Johns	on						Sch	ool (K-12)							
Square Feet	Street Address													مانيط	llaas	h	
Raritan, NJ County, (6) Somerset Name of Monitoring Firm Hired by Building Owner (8) Sulava Environmental, Inc. Street Address 12 Kilmer Drive 1500 Kings HWY N, STE 209 City, State, Zip Code Hillisborough, NJ 08844-3830 Project Manager for Monitoring Firm Telephone No. Cherry Hill, NJ 08034 Project Manager for Monitoring Firm Streat Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Project Manager for Monitoring Firm Steward J, Bulava 908-874-6207 Start Date (10) Scheduled Completion Date (11) S177/14 Scheduled Completion Date (11) S177/15 The MACK Group, LLC. Streat Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Project Manager for Monitoring Firm Telephone No. Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor The MACK Group, LLC. Streat Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) S3 of or 23 if Asbestos-Containing Material (ACM) TO BE ABATED In Facility Closed/Acated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Close Abatement Performed Outside of Normal Facility Hours Close Abatement Performed Outside of Normal Facility Hours Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) S3 of or 23 if Asbestos-Containing Material (ACM) TO BE ABATED In Facility Closed/Acated During Entire Period of Abatement Abatement Normally Used Solely by Maintenance' Custodial Staff? ((2) Yes No N/A Fittings & asbestos pipe 35 if Fittings & 26 Fittings & 35 if Fittings	920 / 1001 Route 202	2							VV		/ate o	COMI	ierciai	Dullo	ings,	nome	35,
County (6) County Code (7) County Code (7) Current Use (Prior if being demolished) Facility	City (5)								Square F	eet	# of	Floors		В	ldg. A	ge	
Somerset Street Address	Raritan, NJ											3					
Some of Maintering Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)	County (6)				100	0.0			Current l	Jse (Prior	if beir	ng dem	olishe	d)			
Bulava Environmental, Inc. Street Address Street A	Somerset				(STATE U	ISE ONLY,		_				Facili	ty				
Street Address	Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		Name	of Abatem	ent Contra	actor	(9)					
1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034	Bulava Environmenta	al, Inc.					1	The M	ACK Gr	oup, LL0	Ο.						
City, State, Zip Code Hillsborough, NJ 08444-3830 Project Manager for Monitoring Firm Edward J. Bulava 908-874-6207 (973) 759 - 5000 00781 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor The MACK Group, LLC. Scheduled Completion Date (11) Name of OSHA Monitor The MACK Group, LLC. Scheduled Completion Date (11) Sched	Street Address							Street	Address								
Hillsborough, NJ 08844-3830 Project Manager for Monitoring Firm Edward J, Bulava Start Date (10) Scheduled Completion Date (11) Solid Completed by City State, 2ip Code Cherry Hill, NJ 08034 Street Address 1500 Kings HWY N, STE 209 City, State, 2ip Code Cherry Hill, NJ 08034 Street Address 1500 Kings HWY N, STE 209 City, State, 2ip Code Cherry Hill, NJ 08034 Street Address Full Containment with Negative Pressure Mini-Enclosure Clovebage Procedure Non-Exampled (1) and Non-Friable Procedure Non-Exampled (2) and Non-Friable Procedure Non-Exampled (2) and Non-Friable Procedure Non-Exampled (2) and Non-Friable Procedure Non-Exampled (3) Abatement Type Abate	12 Kilmer Drive							1500 k	(ings H\	MY N, S	TE 2	209					
Project Manager for Monitoring Firm	City, State, Zip Code		andon u ballino					City, S	tate, Zip C	Code	*******						
Edward J. Bulava	Hillsborough, NJ 088	344-3830					Cherry	Hill, NJ	08034								
Start Date (10) Scheduled Completion Date (11) 5/17/15 Name of OSHA Monitor	Project Manager for Mon	itoring Firm		Telephor	ne No.		Teleph	one No.			Licen	se No.					
Scope of Work (Check All That Apply) Safety 28 for ≥ 260 lf Scope of Work (Check All That Apply) Safety 260 lf Scope of Work (Check All That Apply) Safety 260 lf Scope of Work (Check All That Apply) Safety 260 lf Scope of Work (Check All That Apply) Safety 260 lf Scope of Work (Check All That Apply) Safety 260 lf Scope of Work (Check All That Apply) Safety 260 lf Scope of Work (Check All That Apply) Safety 260 lf Scope of Work (Check All That Apply) Safety 260 lf Scope of Work (Check All That Apply) Safety 260 lf Scope of Work (Check All That Apply) Safety 260 lf Scope of Work (Check All That Apply) Safety 260 lf	Edward J. Bulava			9	08-874	-6207		(973)	759 - 50	00		0078	1				
Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Cherry Hill, NJ 08034	Start Date (10)		Schedul	ed Con	npletion [Date (11)		Name	of OSHA	Monitor	-		-				
Facility Closed/Vacated During Entire Period of Abatement Abatement Pother - Describe: Scope of Work (Check All That Apply)	5/17/14	4			5/17/15	5	1	The M	ACK Gr	oup, LL0	Э.						
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Bld 1003 Mechanical Room Bld 1003 1st Fl. Bathroom OCD Tunnel #1 Name of Registered Waste Hauler Freehold Cartage City, State City, State, Zip Code Cherry Hill, NJ 08034 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT. or other miscellaneous) SF or LF) Page 1000 Page 1100 Page 1	Occupancy Status Durin	g Abatement (Ched	k Only Or	ne)				Street	Address					-			
Cherry Hill, NJ 08034	Facility Closed/Vac	ated During Entire	Period of	Abater	nent			1500 k	Kings HV	NY N, S	TE 2	209					
Scope of Work (Check All That Apply)		ed Outside of Norn	nal Facility	/ Hours	3		1	City, S	tate, Zip C	Code		C-000 9.00					
Renovation Demolition Renovation Silvation Slove by Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, Surfacing, VAT, or other miscellaneous) Renovation Demolition Renovation Normally Used Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, Surfacing, VAT, or other miscellaneous) Renovation Demolition Renovation Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Renovation Demolition Renovation Non-Friable Procedure Renovation Non-Friable Procedure Abatement Type Abatement Type Renovation Non-Friable Procedure Renovation Non-Friable	Other-Describe.							Cherry	Hill, NJ	08034							
Demolition Demolition Description of Abatement Type Demolition Demolition Description of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Demolition Demoli	Scope of Work (Check A	ll That Apply)															
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Bld 1003 Mechanical Room Bld 1003 1st Fl. Bathroom OCD Tunnel #1 Name of Registered Waste Hauler Name of Registered Landfill Disposal Date Name of Registered Landfill Disposal Date City, State Freehold, NJ Completed by Title Name of Registered Landfill Disposal Date City, State Imperial, PA 15126			× F	Renova	ition				Full Co	ontainmen	t with	Negat	ive Pre	essur	е		
Non-Exempted (*) and Non-Friable Procedure Abatement Type	≥160 sf or ≥260 lf			Demoli	ion			•									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Bld 1003 Mechanical Room Bld 1003 1st Fl. Bathroom OCD Tunnel #1 Name of Registered Waste Hauler Freehold Cartage City, State Freehold, NJ Completed by Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Normally Used Solely by Maintenance/Custodial Staff? (12) Asbestos Containing Material (ACM) (Asbestos Containing Material (ACM) (Specify SF or LF) Perputation of Asbestos Containing Material (ACM) (Specify SF or LF) Reputation Normally Used Solely by Maintenance/Custodial Staff? (12) Reputation Normally Used Solely Staff? (13) Reputation Normally Used Staf								Š	Non-E	pag Proce xempted (*	aure and	Non-Fri	iable P	roceo	dure		
Location of Asbestos-Containing Material (ACM) See Solely by Maintenance/ Custodial Staff? (12) Ves No N/A			le	Locat	ion										Abat	emen	t
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Bld 1003 Mechanical Room Bld 1003 1st Fl. Bathroom OCD Tunnel #1 Name of Registered Waste Hauler Name of Registered Waste Hauler Preehold Cartage City, State Freehold, NJ Completed by Title Fittings & asbestos pipe 35 If Cityings & asbestos pipe 773 I/f Cubic Yards of Waste Cubic Yards of Waste Cubic Yards of Waste BFI Imperial Landfill City, State Disposal Date Signature Date						Asbes				CM)	A	mount				m	
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Bld 1003 Mechanical Room Bld 1003 1st Fl. Bathroom OCD Tunnel #1 Name of Registered Waste Hauler Freehold Cartage City, State Freehold, NJ Completed by Fittings & asbestos pipe Title Fittings & asbestos pipe Tittings & asbestos pipe Titting			-		T									<u>a</u>	=	late	Ĩe.
Bld 1003 1st Fl. Bathroom OCD Tunnel #1 NJ DEP Waste Hauler ID No. Freehold Cartage City, State Freehold, NJ Completed by Fittings 1			Yes	No	N/A												
OCD Tunnel #1 Signature Date D	Bld 1003 Mecha			fit	ttings &	asbes	tos pipe			35 If		X					
OCD Tunnel #1 Name of Registered Waste Hauler NJ DEP Waste Hauler ID No. Freehold Cartage City, State Freehold, NJ Completed by Fittings & asbestos pipe Title NJ DEP Waste Cubic Yards of Waste Suppose Date Cubic Yards Of Waste Cubic Yards Of Waste City, State Disposal Date City, State Signature Date	Bld 1003 1st FI	X	I .		f	ittings				26		X					
Name of Registered Waste Hauler NJ DEP Waste Hauler ID No. Freehold Cartage City, State Freehold, NJ Completed by NJ DEP Waste Hauler ID No. Disposal Date Signature Date Name of Registered Landfill Cubic Yards of Waste BFI Imperial Landfill City, State Disposal Date Signature Date	OCD Tuni	nel #1	X			fit			toe nine		7	73 l/f	1	$\langle \rangle$	-		
Hauler ID No. of Waste	OOD Tull	1101 # 1	/\		 	116	ungs a	asues	ios pipe			13 1/1					-
Hauler ID No. of Waste	Name of Besistered 11	ata Havisa			II DED.	lant-	0	Vac		lama at 5			- 46v				
Freehold Cartage 22253 8.3 BFI Imperial Landfill City, State Disposal Date City, State Freehold, NJ 5/17/15 Imperial, PA 15126 Completed by Title Signature Date	Name of Registered Was	sie Hauler		1.50						ame of Re	giste	red Lar	natili				
City, State Freehold, NJ Completed by Disposal Date 5/17/15 Imperial, PA 15126 Signature Date	Freehold Cartage						1		В	-I Imper	ial La	andfill					
Completed by Title Signature Date							Dispos			and the same of the same of the same							
Completed by Title Signature Date	Freehold, NJ						5	/17/15		1970	PA 1	5126					
		84-741-75-81-544	Title							7/	0		Date	(-	
	Michael Cooper President							1/2-	1/				5/8/1	4			

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Date of Notification (1)			1	Name of I	Building	Owner	Operator (2	2)	PP-4	- 1 1	3 ******	9-		•	
June	06, 2014		0	rtho Di	agnost	ic / Jo	hnson &	Johnson	1 1000	r ·	y tens i	Exact.			
Agencies Notified	Type Notification			Street Ad	dress		The second second second								
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DEP	Amended	821	-	City, State	0.1100.1111.0777.000.000								-		_
□ DOL	Amendment		- R	aritan,	NJ 088	369		*		r	7-1-	- 11			
DOH DOH	Emergency (justification)	including	-	Name of			752		Tel	ephonel	lumbe	r	10		_
DCA	Cancellation		P	roject N	Nanan	or		3	-	10				Ĵ	
			l -		ITY INF		TION						-		
Name of Facility Where A	Abatement is Taking	g Place (3)					11.57.001.57	Type of Facility	(4)	-	110				-
Ortho Diagnostic / Jo	hnson & Johns	on					1	School (K	-12)						
Street Address								Subchapt		er than K	-12)				
920 / 1001 Route 202								Other (i.e	. private	& comme	rcial b	uild	lings,	home	es,
City (5)								etc.) Square Feet	# 0	Floors		BI	ldg. A	100	-
Raritan, NJ								oquare rect	# 0			, D,	iug. r	ige	
County (6)				County C	odo (7)			Current Hea (F	haina if hai	3	Cabad				- 1
Control of the Contro				STATE US	1)		Current Use (F		3.55 (1.15 ()			
Somerset	111 11 5 111	2 (8)		ASCM			T L		The second second second	Facility	<i>'</i>				
	Name of Monitoring Firm Hired by Building Owner (8) ulava Environmental, Inc.						Section 1	f Abatement C		(9)					
							ACK Group,	LLC.							
Street Address						Street A	Address								
12 Kilmer Drive						1500 K	ings HWY N	I, STE	209						
City, State, Zip Code						City, Sta	ate, Zip Code				***				
Hillsborough, NJ 088	44-3830						Cherry	Hill, NJ 080	34						
Project Manager for Moni	toring Firm		1	Telephon	e No.		Telepho		52 (8	License	e No.				
Edward J. Bulava			90	08-874-	-6207		(973) 7	59 - 5000		00781					
Start Date (10)		Scheduled						f OSHA Monito						-	
5/17/14		62		5/17/15			The MA	ACK Group,	LLC						
Occupancy Status During	Abatement (Chec	k Only One					Street A								
Facility Closed/Vaca							1500 K	ings HWY N	I STE	209					
Abatement Performe	ed Outside of Norm	al Facility H	Hours	ent				ate, Zip Code	4, OIL 2						
Other - Describe:							200	Hill, NJ 080	31						
Scope of Work (Check Al	That Apply)	-0-44			-0.30%		Officity	11111, 143 000	J 4						
≥3 sf or ≥3 lf		☑ _		Western Co.				a							
≥3 st or ≥3 if ≥160 sf or ≥260 if		DOMESTIC .	novat moliti					Full Contain Mini-Enclosu		Negativ	e Pres	sur	е		
				OII			\geq	Glovebag Pr							
							\geq	Non-Exempte		Non-Fria	ble Pro	oceo	lure		
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Location	of		ormall	5		D	escription of	of			_	_	Ty	/pe	
Asbestos-Containing		100 miles (1990)	Solel tenan			stos Co	ntaining Ma	aterial (ACM)	А	mount				m	
TO BE ABA		Custo			(i.e		al systems			Specify		D D	Z)	nca	Enc
(13)	ty		(12)				facing, VAT miscellane		51	or LF)		Remova	Repair	Encapsulate	Enclosure
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		Yes	No	N/A											
Bld 1003 Mecha	X,			fit	ttings	& asbest	os pipe		35 If	- ?	X,				
Bld 1003 1st Fl.	X				fittings			26		X					
OCD Tunn	nel #1	X			fit	ttings	& asbest	os pipe	7	73 l/f	_	X,			
OCD Basement	A Building	X				as	bestos pi	ре	2	00 l/f		\times			
Name of Registered Was	te Hauler		9,000	DEP Wa		500000000	c Yards	Name o	of Registe	red Land	fill				
	Ha	auler ID N		of W											
Freehold Cartage				2225	3		10.3		perial L	andfill					
City, State				Disp	osal Date	City, St									
Freehold, NJ					5/17/15		al, PA 1	5126							
Completed by					Signature	100			Date						
Michael Cooper		ent			-	and from	1//		ε	6/6/14	1				

Location of Ashestos-Containing Material (ACM)		s Locati Normal	ly	Description of				emen	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar stodial S (12)	nce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					le le	
OCD Tunnel #2	X			asbestos pipe	300 l/f	X			
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Date of Natification (1)	T Name of	Duittin of C		(0)	** e.	-		000000000	
Date of Notification (1)	VICTORY CANCELLY		wner/Operato	construction	* *		F 2 .	33	
August 01, 2014 Agencies Notified Type Notification			c / Johnson	& Johnson					
Agencies Notified Type Notification	Street Ad		000 50		2014 AU	G-4	PH	Г.	30
EPA Initial			e 202, PO E	30x 300			- 1	· · ·	16
DEP Amended Amendment #2	The second second	te, Zip Coo			1570	799		+	
Emergency (including		NJ 0886	59	december of the control of the contr	PelephoneN	JUE H			<u> </u>
DOH justification) DCA Cancellation	25 25 25 25 25	Contact			elephoneN	lumber:	O1: 1	Q	6
DCA Cancellation		Manager					-		
Name of Facility Where Abatement is Taking Place (3)	FACI	LITY INFO	RMATION	Type of Facility	(4)			-	_
Ortho Diagnostic / Johnson & Johnson					ZAMS AGRISA				
Street Address				School (K- Subchapte	r 8 (Other than K	-12)			
920 / 1001 Route 202				Other (i.e.	private & comme		ldings	, hom	ies,
City (5)				etc.) Square Feet	# of Floors		Bldg.	۸۵٥	
Raritan, NJ				Oquare reet			olug.	-ge	
County (6)	County C	Code (7)		Current Use (Pr	ior if being demol	iched)			_
Somerset		JSE ONLY)		Odireit Ose (11	with a way.	.00			
Name of Monitoring Firm Hired by Building Owner (8)	ASCM	l No	Name	e of Abatement Co	Facility				
Bulava Environmental, Inc.				MACK Group, I	**************************************				
Street Address				t Address	LU.				
12 Kilmer Drive			1 12000		STE 200				
City, State, Zip Code				Kings HWY N State, Zip Code	, STE 209		-		
Hillsborough, NJ 08844-3830				ry Hill, NJ 0803	21				
Project Manager for Monitoring Firm	Telephor	ne No.		phone No.	License	No.	-		
Edward J. Bulava	908-874		201000000000000000000000000000000000000	759 - 5000	00781				
Start Date (10) Scheduled Co			1, 1	e of OSHA Monitor	The state of the s				
5/17/14	5/17/15		The N	MACK Group, I	IC				
Occupancy Status During Abatement (Check Only One)	0711710			t Address					_
Facility Closed/Vacated During Entire Period of Abate	ement		1500	Kings HWY N	STF 209				
Abatement Performed Outside of Normal Facility Hou	Jrs			State, Zip Code	0.2200				
Other - Describe:			1	y Hill, NJ 0803	34				
Scope of Work (Check All That Apply)				<i>y</i> ,			-		-
≥3 sf or ≥3 lf Renor	vation			Full Contains	nent with Negative	Pracei	ire		
≥160 sf or ≥260 lf Demo				Mini-Enclosur	e	1 10330	110		
				Glovebag Pro	ocedure d (*) and Non-Friat	olo Droos	, di usa		
		Dell'est		Non-Exemples	() and Non-Fhat	JIE PTOCE		emen	nt.
Is Localisa of Norm			2 8 8	2				уре	
Asbestos-Containing Material (ACM) Used Sc	olely by	Asbesto	Descriptions Containing	n of Material (ACM)	Amount				
TO BE ABATED Mainter Custodia			thermal systen	ns insulation,	(Specify	Z,	ת	Enc	E
In Facility (13) (12			surfacing, V. other miscella	AT, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
			ouror miodono	oodo,		\secondarias	air.	late	ure
Yes No	N/A							L.	
Bld 1003 Mechanical Room	,	fitti	ngs & asbe	stos pipe	35 If	X			
Bld 1003 1st Fl. Bathroom			fittings	3	26	\times			
OCD Tunnel #1		fitti	ngs & asbe	stos pipe	773 l/f	\times			
OCD Basement A Building			asbestos	pipe	200 l/f	X			
Name of Registered Waste Hauler	NJ DEP W	107.5	Cubic Yards		Registered Land	fill		1	
Freehold Codess	Hauler ID		of Waste	55.					
Freehold Cartage City, State	222:	33	10.3 Disposal Date		erial Landfill				
Freehold, NJ									
Completed by Title			5/17/1 Signatur		I, PA 15126	Date			
Michael Cooper President			Signatur	-15/-		/1/14			

Location of Asbestos-Containing Material (ACM)	1	s Location	y	Description of				emen ype	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solel aintenar stodial S (12)	ice/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					te	Ф
OCD Tunnel #2	X			asbestos pipe	300 l/f	X			
Bldg 1003 Facilities Department		X		pipe insulation	119 l/f	X	Ī		
"		X		fittings	13	X	1		
				14	THE REPORT OF THE PARTY OF THE	MARKET STREET			
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CK #26256

Date of Notification (1)				of Building O	wner/Operator (2) OHME CORP.	- *	er er er		Seage (c	
8 / 1 /	14		Street	Address						
	lotification		126 E	LINCOLN AVI	ENUE, P.O. BOX	2000, RY281414	16 -L	r Pi	4 5:	57
DEP	nitial Notification Amended Notific Cancellation		City, S	State, Zip Code WAY, NEW JEF			· · · · · ·	` ^ ^		
	On Hold EMERGENCY N	OTIFICATI	- 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	of Contact LATRONICA		Talantinna Niimi	er v L	111 1	: 1414	V.
			FACILITY IN	FORMATION						
Name of Facility Where Abatemen		ce (3)			Type of Facility School (K-	-12)				
MERCK SHARP & DOHME CORP	ORATION					er 8 (Other than K- private & commcl.		home	s etc)
Street Address					Square Feet	# of Floors	T		g. Age	
126 EAST LINCOLN AVENUE -BU					100,400	7			52	
RAHWAY	JNION			ty Code (7) USE ONLY)		or if being demolis	1850.			
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVEST				ASCM No.	- III	ment Contractor	A second			
Street Address	IIGATIONS, IN	J.		17	Street Address	MENTAL CORPO	RATIC)N		
655 WEST SHORE TRAIL					313 SPOOK RC	OCK ROAD				
City, State, Zip Code				-	City, State, Zip C					
	RTA, NEW JERS				SUFFERN, NEV					
Project Manager for Monitoring Firm		Telephone			Telephone Num		ense Nu	umber		
WILLIAM S. KERBEL, CIH Expected State Date (10)	Scho	973-729-5	tion Date (1	1)	845-369-7500 Name of OSHA	Monitor [110	1			
	14	10 /	15	/14		ORATORIES INC		#11	480	
Month Day Yea		nth	Day	Year				200000	NOWE O	
Occupancy Status During Abatemer					Street Address	OTDEET				
X Facility Closed/Vacated Abatement Performed O				e.	117 EAST 30TH	ISIREEI				
X Other - Describe: MOND					City, State, Zip C	ode				
						W YORK, NEW Y	ORK 1	0016		
Scope of Work (Check all that apply) Demolition		vation		Full Conta Mini-Enck	inment with Negat	ive Pressure				
>3SF OR LF	I/elio	valion	-		Procedure					
x >160 SF OR 260 LF				X Non-Friab	le Procedure					
Location of	11 600 000000	Location		Description of As	sbestos-	1	A	batem	ent T	уре
Asbestos-containing		mally used	C	ontaining Materi		Amount	RE	RE	E	E
Material (ACM) TO BE ABATED	10 \$10,000,000	olely by t/Custodial		(ie. Thermal sy		(Specify	REMOVAL	REPAIR	ENCAPS	ENCLOS
in Facility (13)	11.55	taff (12)	1	sulation, surfaci or other miscella		SF or LF)	A	R	JSc	SC
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Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Haule	P Waste r ID No. 15939	Cubic Yards	of Waste 120	The second secon	red Landfill UNTY RESOURC R DRIVE/ROUTE		IAGE	MENT	SER
City, State		10909	Disposal Da	te	City, State	I DINVE/ROUTE	10		7 10	
FREEHOLD, NEW JERSEY			8/11/2014-1	0/15/2014	MONTGOMERY		Ĺ			
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR	OF OPER		Signature	4	Date	81	1/	W	

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

Friable Initial Notification Check #: 6007

6435-NJ

					5	31	Owner/Operato	F (2)			1 de 1	r=	7.4	_
ate of Notification		4										-	i u u	elected.
0 7 / 2				mmit			hools			2010	Allo			-
gencies Notified	Type Notiti	cation	SCI	eet e	addr 6	35				2014 /	106	-4	PH	13.
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[X] DOH	[]Cance]		Nan	ne of	Cont	act		[3	Celephone N	umber				
[X]DCA	[]cances		Eli	zabet	th Bo	ak					1 222			
				FA	CILIT	TY IN	FORMATION							
ame of Facility W	here Abatem	ent is Ta	king	Plac	e (3)	1			cility (4)					
Summit High Schoo	1						1	[1S11	hool (K-12) bchapter 8	Othe	r th	an K	-12)	
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05 1/ 1 DI - D	to and							Square Fee	t # of F.	DOES	Bla	g. A	ge	
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ame of Monitoring wner (8)	rirm mired	DY BUILD	y	1.504										
Vestchester Enviro	nmental, Inc.			0012	27		Four Strong B							
treet Address														
07 North Walnut S							180 Sargeant	Avenue -					_	_
ity. State. Zip (Lode													
Vest Chester, PA 1	9380	d Firm T	relen	hone	Numb	er	Clifton, NJ 07			Licens	se Nu	ımpeı	c	
				96-35			973-614-0377	,		00807				
Natt Abraham	ate (10) S	ched.Com				III	Name of OSHA	The second secon		0000.	-			
		0 8 / Month /	1 0	1/11	141		Four Strong E	Builders Inc						
0 8 / 0 8 / Day / Occupancy Status	Year	Month /	Day eck c	only o	Year		Street Addre							-
(X) Facility Clos						ļ	180 Sargeant	Δνεημε						
of Abatement []Abatement Pe						,	City. State.	Zip Code						
Hours - Desc []Other - Desc	ribe:					- \	Clifton, NJ 07	n12						
cope of Work (Ch		annly)			•		<u> </u>				2000			-
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Asbestos	tion of -Containing		t	rmall Used			Descripti Asbestos-Con	taining	Amor	unt	E	R E	CA	C I.
	al (ACM) ABATED		by	olely Main	- 1		Material (i.e., thermal	systems	SF	or	0 0	PA	PS	0
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Girls Locker Room	Storage Ro	om		X	I	Pipe	Fitting Insulation	on	7 each	1	X			
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			+	1-1										
lame of Registere	d Waste Hau	ler	N	JDEP	Wast	e	Cubic Yards	Name of R	egistered	Landfi	.11			-
				auler		No.	of Waste	GROW	S Inc					
Four Strong Builde	ers, Inc.		1	2609			Disposal Date	G.R.O.W.						
ALI. GLECE	200													
Clifton, NJ		T#721					Signayur	Tullytown	, PA		TD:	ate		
Completed By (Pri	nt or Type)	Title					D	5	_				2002	
Bilyana Kulakovsk	2	Office A	Admir	nistrat	tor		(7	DL // 1	/	1	17/	/29/1	14	
	a	011100						111			-			

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT

(158U

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

/		(2.55			S - miles	- (2)		-			1
Date of Notification (1)	10011				Owner/Operator	TANGEL	o [*] -				
	-29-14			NNA	POLEI	(5	14 AUG -4 F	नि उः	ÛŽ	-	†
Agencies Notified /	Type Notification		Street	Address	20074	SHORE	DRIVE				
□ EPA ′	I britial	1	/ _	tate, Zip C				Till	Til.	-	7
□ DOL	Amended Amendment#			MS	RIVER	NJ-DE	375 3	IHG	L. 1 /		
	Emergency (inc	luding .	hl	-E Contac			Telephone Number		. /	åν	٦
□ DOH □ DCA	justification) Cancellation		Name	R/C	PLACK	15					
[] my					ORMATION	-			,		1
	•		FAI	CHAIN A MAL	ORGENTION	Type of Facility ((1)				٦
Name of Facility Where	Abatement is Taking	Place (3)				C School (K-12)					t
						A redecharder 8	(Other than K-12)	in all districtions	AC.		
Street Address	17/ Was	- 1	DRI	VE		M Other (i.e., pri	vate & commercial	Person s	95.		
132 20	0.14 STUR	C +		V	·	Square Feet	# of Floors	Bidg	Age		٦
City (5)	DV	5 A	11								_
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County (6)	EAN		USE	ONLY)		PRIVAT	HOME				_
_		himor	ASCM	i No.		ement Contractor (9)		641	0		- 1
Name of Monitoring Fit	m Hired by bullowing C	RYIICA			BRIC	K INDUS	TRIES	[N	_		-
(8)			_		Street Addres	s	772				1
Street Address					145 N	ATICK T	K1			=	=
					City, State, Zip	Code A//	08/29	1			1
City, State, Zip Code					BRIC	CK NJ			-		=
	1 James Circu	T Te	elephon	No.	Telephone No.		License No.	6			
Project Manager for N	TOTALOURS Last		•		7328		0119			==	=
	I Scher	fuled Comp	oletion D	late (11)	Name of OSH	A Monitor	(9)	2			
Start Date (10)	1-14/8	-4	-1	4	ľ				=	=	=
21.1.2	uring Abatement (Che		9)		Street Addres	SS	8 1	3	20	+	-1
Occupancy Status Vi	cated During Entire Pe	eriod of Aba	atement	-					_		=
Abstement Perform	med Outside of Norma	A Facility H	ours		City, State, Zi	p Code	₹.		=	-	1
Other - Describe:	VACANT						111 m	_	U	=	=
Scope of Work (Cher					வித்து	Containment with Ne	gative Pressure	2	-5-	1	1
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Demo	ligon		Glov	rebag Procedure -Exempted (*) and N	nn-Friable Procedu	re _	(C)		
≥160 Si Oi ≥200 ii	,					-EASSEPECT () Colors	0	A	batén		
		Is Loc		-			E17		Тур	8	
Locati	ion of	Used So	olely by	1	Description estos Containing	n of	Amount		1	FUE	_
Asbestos-Containi	ng Material (ACM)	Mainter Cust	nance/	Asb	 thermal system 	ms insulation,	- (Specify	R	고	Encapsulate	nc
TO BE A	BATED	Sta	ff?	, ,	eurtacing V	AT OF	SF or LF)	Remova	Repair	psui	Enclosure
	3)	(1	2)		other miscella	aneous)		100	-	ate	3
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Name of Registered	Waste Hauler	-1	NID	P Waste	Cubic Yards	Name of Re	gistered Landfill	2			
BRICU IN	DUSTRIES	INC	Hapuh	602	of Waste	/ 6	PROW	٧		_	_
	DU - 1.10/22		12/	002	Disposal Da	ite City, State	PA				
City, State BRICK	LN.				8.	a : 0	1 01				
		ide (Signatu	11/) Date	7	29	,	10
Completed By	PLACKIS"	F	RE	S.	(Het Weel	R		7	=	Y
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CK 1578

			TN	ame of	Building	Owner/Operato	F (2)		PRIA ALIC	. j.	DM	2. 1	. ^	granisma
Date of Notification (1)	28-16			THE	SKES	Owner/Operato	UC	KLEY	TEIT MUU			7. (1	4
Agencies Notified	Type Notification		4	-	J.Jenova		_		COTECT		n.			angle State of the
Agencies receives	™ initial					V HILL	八日	AD	- 20 1 11	F 67			-	4
DEP	Amended	- 3	C	ity, Sta	te, Zip Co	de / //	1	010	59	P = 11.	JIIki	ù-	A.	
DOL	Amendment #_ Emergency (inc	duding	1_	W.	HR RE	EN NJ		7	Telephone Nu	mher			-	1
☐ DOH	instification)	•			Contact	2. 0.4.0	ě	/	I Gightions rai	21100	•	,		-
□ DCA	Cancellation		_4			LACKIS				+ ,	<u>· · · · · · · · · · · · · · · · · · · </u>			ᅱ
	·			FACE	MY INFO	RMATION		/ / / / / / / / / / / / / / / / / / /	4)					\dashv
Name of Facility Where	Abatement is Taking	Place (3)				. 19	3 -	pe of Facility (-
Technic of the many	•							School (K-12) Subchapter 8	Wharman is	-12)				1
Street Address (/a	00 00							Other (Le., pri	vate & commi	HOLE!	HEIGH	gs,		1
Street Address	RBOR COU	RI					+	homes, etc.) mare Feet	HOITE	-	Bldg	. Aga		1
City (5), / 2 2 4 12	121 25	200		N.J	/		1.5	indicato s coc	2	_		50		_ [
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County (6) No -n	-/		1	USEC	WEY)	(SIAIL	arripment	•						_
County (6) DCEB	77	Stanta -	_ [SCM N	_	Name of Abate	ement	Contractor (9)			,		55.50	owedow.
Name of Monitoring Fire	n Wired by Building (MARIEL	1	ANIH IN	-	Porice	K	INDUS	TRIES	_/	NC			_
(8)			حا		-	Street Address	s .							and a second
Street Address					-	145 1	NA	-TICK	TRAIL					_
						City, State, Zip	Code	6, 1	000	300	1			1
City, State, Zip Code		100				BRIC		NJ.	001	37		<u> </u>	-	=
Project Manager for Mo	volining Firm		Telep	hone N	ө.	Telephone No.	20	760	License No	16	76	,		1
Linker meneger in the		/′_						7499	101	4	_		_	ᅴ
Start Date (10) 8	2 / / Scha	fuled Con	npletin	on Dali	9 (11)	Name of OSH	A Mor	filor						-
,				4							-			=
Occupancy Status Dur	ing Abatement (Che	ck only or	ie)			Street Addres	S							1
Foodily Classed/Vac	ated During Entire Po	enod of Alt	aten	rent			A-3					-	-	
Abatement Perform	ed Outside of Norma	I Facility t	fours	•		City, State, Zip	p (200	е						
Other - Describe:	VACAN	7										VI and		
Scope of Work (Check	all that apply)					☐ Full C	Contai	inment with Ne	gafive Pressur	rė				
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≥160 sf or ≥260 lf		Dem	olition	Ĺ		Non-	Exem	pted (") and No	on-Friable Pro	cedure				-
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		Non	mally		÷	Description	n mf			1	-1		-1	-
Location	n of	Used S Maints			Asbes	ine Containing I	Materi	ial (ACM)	Amount (Specify				F	q l
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IN Fac	lity		aff? (2)	-		other miscella	neous	s) -		-	Removal	4	Encapsulate	Enclosure
(13)		-		NI/A					28			-	0	
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BRICK INJ	DUSTRIES	/nc	H	2 1	002	Of Waste	5		. O. W.	در ح				
·				-3-		Disposal Date	e. ,	City, State -	DA					
City, State BRICK.	N.J.					8-15-	14	-		-		<u> </u>	_	-
Completed By		le				Signatur	e (/2/19/1	< D	ate /	29	,_	14	52
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				-								53		

CK 1627

Date of Notification (1)	1-28-1	4	N	lame o	of Building	Owner/	Operator CON*	(2) TEY	- 261	4 AUG	-L	PM	3:	
Agencies Notified	Type Notificati	on	S	treet	Address	200	, 4	611011	RA	7701	0.7	200	178	
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☐ DOH ☐ DCA	justification Cancellation	n).	1	E	RICPL	AG	415		Telebron	S MIRROR		· 	7	4
				FAC	LITY INF	ORMAT	OH	Type of Facility	(4)					_
Name of Facility Where	Abatement is Ta	king Place (3).					School (K-1	(2) 8 (Other thi	an K-12)				The Company of the Co
	PO DRI	/E				-		Other (Le.,	private & cor	nmercial	buildi	ngs, g. Ag	e	_
City (5) BRIC	K s							Current Use (F				50		_
County (6) DCE	7N			USE	y Code (7 ONLY)			RE	SIDE					_
Name of Monitoring Flm (8)		ng Owner	A	SCM	ło.	Name	of Abaten RIC	nent Contractor (9) USTR	15	5 /	/N	C	_
Street Address			حاح	-		Street /4	Address	ATICK	TRA	16				-
City, State, Zip Code		gas.				City S	tate, Zip (ode NJ	.08)		/			
Project Manager for Mo	nitoring Firm	= 1	Telep	hone l	Vo.	Teleph 732	one No.	-7499	License	No.	76			_
Start Date (10) 8 - 8	7 14 8	cheduled Co	mpleti	on Da	e (11)	1 /	of OSHA							- The second second
Occupancy Status Duri	/		_	1		Street	Address					-	-	
Facility Closed/Vaca	ted During Entire	e Period of A	baten	ent										=
Abatement Performs Other - Describe:	ed Outside of No VACA	rmal Facility	Hours			City, S	tate, Zip (,00e						=
Scope of Work (Check □≥3 sf or ≥3 if	all that apply)	Ren	ovatio	in		. [Mini-Er	ntainment with N	legative Pres	sure				
≥160 sf or ≥260 if		Den	notition	i		Ī	Gloveb Non-E	ag Procedure cempted (*) and I	Non-Friable I	Procedur	e			\dashv
			ocation mally	3					adding the contribution		A	bater Typ		
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Name of Registered W	este Hauler		IN	DEP 1	Naste		Yards	Name of Re	egistered Lar	ndfill C		<u> </u>		\neg
BRICKIN	DUSTRIE	5 /NC	2	16	O D	of Wa	sal Date	City, State	R.O. 4	J (\(\times		===	_	-
BRICK.	N.J.					8-	18-1	4	TH	Date .				_
Completed By ERIC PLA	CKIS	Title PR	£ 5	· ,			ignature (160)	Hoch		7-	29	2_	14	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

		NO				AC 8:60		20)	2141				(r	19
Date of Notification (1)	July 29, 2014				Name o	of Building (ator (2) set Develor	oment		18	19	,	L3
Agencies Notified [x] EPA [] DEP	1	l Notifica	ation		Street /	Address	-	County Lin	29	14 AUG -		H 2:	5?	
[x] DOL	Ame [x] Emer	ndment # rgency (in ication)	ŧ			tate, Zip Coo		ood, NJ 08	23	& Liu			101 6 1	
[] DCA		ellation				Rose S	Sweeney		Teleph	one Number				
				FAC	ILITY	INFORM	IATION							
Name of Facility Where A Res Street Address	batement is Taking sidence	Place (3)			www.		Type of Fac	[] Sch [] Sub	ool (k-12) ochapter 8 (o		100 St. 100 St.	- 59 - 52 (1) - 52 (1)	
	Anglers Road								hon	er (i.e., priva			ial build	lings,
City		Count				Code (7) E USE ONL	Y)	Square feet 1500	sf	of Floors		g. Age	50	
Tuckerton		Ocea							(Prior if being Residence	g demolished	I)			
Name of Monitoring Firm N/A	3 1000	Owner (8	3)		ASCM :	No.	Name of	Abatement Co	ontractor (9) Guardian Co	ontracting	, Inc.			
Street Address				Street Ad	dress	1889 Route								
City, State, Zip Code	City, State, Zip Code							e, Zip Code	Toms River			755-1	271	
Project Manager for Monit	toring Firm		Telephone	Number			Telephon 732-34	e Number		License 1 00624				
Scheduled Start Date (10) 7/29/14			Scheduled 7/31/1	3300 mm.	on Date ([11]		OSHA Monito	or E.M.S.L. At					
Occupancy Status During	Abatement (Check ility Closed/Vacate			od of Abat	ement		Street Ad	dress	1056 Steltor					
[] Aba	atement Performed er – Describe						City, Stat	e, Zip Code	Piscataway,	New Jers	ey 088	354		
Scope of Work (Check all	that apply)						[]		tainment with 1		000000000			
[x] >3 s	sf or ≥3 lf		[]	Renovat	tion		[]	Mini-Enc Glovebag	closure g Procedure					
	0 sf or ≥260 lf		[x]	Demolit			[x]		mpted (*) and	Non-Friable	Proced	ure		
			T- 1				D	C			Aba	tement	Туре	T
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodic Staff (12)						Ast N (i.e. inst	Description Destros-Conflaterial (A., thermal sullation, sur VAT, o	taining CM) systems rfacing, r	1	Amount Specify SF or LF)	R E M O V	R E P A I R	E N C A P S	E N C L O S
YES NO N						oth	er miscella	incous)			A L		U L E	U R E
Porch interior wall			X		Asbe	estos sidin	ıg		16	0 sf	X			
											-			
			-								-	-	-	-
Name of Registered Waste Guardian Co	Hauler entracting, Inc.	. 1	NJDEP Was	te Hauler 1	ID No.	Cubic Ya	rds of Wast	e Name of	f Registered La R F	ındfill		1	L	
City, State Dispo							City, Sta	te						
Toms River, Completed by (Print or Typ		Title		8/1/14		ture	Tullyto	own, Pennsy	ylvania /		Date			
	N 1763	10 50000000			1	× / 1	7	//	1		L			

7/29/14

Project Manager

Nicholas Fernicola

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

NOCK

Date of Notification (1)			e of Building C	wner/Operator (2)				(i, v)
20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -						- 10 TH	1 4 5	-	
7 / 30 /14 Agencies Notified Type Notification	n	_	et Address ROSPECT AVE	NUE					
X EPA Initial Not	ficatior Notification	City,	State, Zip Code		2014 AU 01		PH	2. 3	17
X DOH x On Hold EMERGE	#2 NCY NOTIFICATI		e of Contact N NESBITT		Telephone N.	h	läih	iG	69
Nome of Facility 18th and Abedeurant in Table	F (2)	ACILITY II	VFORMATION						
Name of Facility Where Abatement is Take HACKENSACK UMC	ing Place (3)			Type of Facility School (K	-12) er 8 (Other thar	n K-12)			
Street Address				X Other (ie.	private & comm				
30 PROSPECT AVENUE-BOILER HOUSE				Square Feet 150	# of Floors	5		g. Age 52	:
City (5) County (6	3)	Cour	nty Code (7)	Current Use (Pr		olished)		JZ	
HACKENSACK BERGEN	•		E USE ONLY)	BOILER HOUS		ionarieu,	55		
Name of Monitoring Firm Hired by Buildi OMEGA ENVIRONMENTAL CORPORATION			ASCM No.	Name of Abate			ON!		
Street Address	714		1/	PAR ENVIRON Street Address	MENTAL COR	PURATI	UN		
280 HUYLER STREET				313 SPOOK RO	OCK ROAD				
City, State, Zip Code				City, State, Zip					
	CK, NEW JERSEY			SUFFERN, NE					
Project Manager for Monitoring Firm	Telephone			Telephone Num	1	icense N	lumbe	r	
ANTON REZIN Expected State Date (10)	201-489-87	A CONTRACTOR OF THE PARTY OF TH	441	845-369-7500		101		·	
7 / 24 /14	Sched. Complet	30 Jate		Name of OSHA QAUALITY ENV					
Month Day Year	Month	Day	Year	QAOALIII LIN	VIITONIVILINI AL	•			
Occupancy Status During Abatement (Chec				Street Address					
X Facility Closed/Vacated During E Abatement Performed Outside or	Intire Period of Ab	atement	- 4-	1376 ROUTE 9					
X Other - Describe: Monday -	Friday 5:00 pm - 1	Ours - Desi	cribe:	City, State, Zip	Codo				
Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF	Renovatior	-	Mini-Enclo	WAPPIN ainment with Nega	GERS FALLS ,	NEW Y	ORK 1	2590	
Location of	Is Location		Description of As	sbestos-	f	TA	baten	ent T	vne
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	normally used solely by Maint/Custodial Staff (12)	ir	containing Mater (ie. Thermal sy sulation, surfaci or other miscella	ial (ACM) estems ing, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
BOILER HOUSE HT WATER TANK ROOM	x	TANK INSI	JLATION		250 SQ. FT.	X	\Box		
BOILER HOUSE HT WATER TANK ROOM	X	PIPE INSU	LATION		150 LN. FT.	X			
							_		
						-	-		
		-				-	+	_	\vdash
									\Box
						-			
	 					-	-		
Name of Registered Waste Haule	NJDEP Waste	Cubic Yard	s of Waste	Name of Registe	ared Landfill				\vdash
VISION TRANSPORT	Hauler ID No.	- 22.0 1 414	10	GROWS LANDE					\dashv
2 FISH HOUSE ROAD	15939			1121 BORDENT					
City, State		Disposal D		City State					
KEARNY, NJ 07032 Completed by (Print or Type Title	I	7/24/14-12/	30/14 Signature	MORRISVILLE,		ato 1		-	
	CTOR OF OPERA	ATIONS	oignature /	XX	D	ate /	_	50	-14

Date of Notification (1)				Name of Building On HACKENSACK UMC		2)		5	lace to	j
7 / 23 /14				Street Address		0014	3:10		30.	
Agencies Notified Type Notification	n	-		30 PROSPECT AVE	NUE	2814	AUG -	4 P	M 2:	57
X EPA Initial Noti DEP X Amended X DOL Cancellati	Notific		#1	City, State, Zip Code HACKENSACK, NEV	W JERSEY 076		rini & Litt		HAG	- <u> </u>
X DOH On Hold EMERGE	NCY N	NOTIF	State of the state of			Telephone I	Number			6
				FACILITY INFORMATION		9.1				
Name of Facility Where Abatement is Tak	ng Pla	ace (3)		Type of Facilit	F100 E10 E10 E10 E10 E10 E10 E10 E10 E10				
HACKENSACK UMC						er 8 (Other tha				
Street Address		-			Square Feet	private & com			es, etc g. Age	
30 PROSPECT AVENUE-BOILER HOUSE					150	6)	Dic	52	
City (5) County (3)			County Code (7)	Current Use (Pr	rior if being de	molished)			
HACKENSACK BERGEN				(STATE USE ONLY)	BOILER HOUS	E				
Name of Monitoring Firm Hired by Buildin		ner (8)		ASCM No.	Name of Abate		1. /			
OMEGA ENVIRONMENTAL CORPORATIO	N			17	PAR ENVIRON	IMENTAL CO	RPORATI	ON		
Street Address 280 HUYLER STREET					Street Address 313 SPOOK RO	DOK DOAD				
City, State, Zip Code		-			City, State, Zip				My 1 1 - 2 2 2 2 4 2	
S. HACKENSAC	CK, NE	W JE	RSEY		SUFFERN, NE		01			
Project Manager for Monitoring Firm		Tele	ohone	Number	Telephone Num		License N	lumbe	r	
ANTON REZIN		201-	489-8	700	845-369-7500		1101			
Expected State Date (10)	Sch	ed. Co	mple	tion Date (11)	Name of OSHA	Monitor		1000		
7 / 24 /14		12	1	30 /14	QAUALITY EN	VIRONMENT	AL			
Month Day Year Occupancy Status During Abatement (Check		onth	-	Day Year	Street Address					
X Facility Closed/Vacated During Er			f Abal	ement	1376 ROUTE 9		208			
Abatement Performed Outside of	Norma	l Facil	ity Ho	urs - Describe:						
X Other - Describe: Monday -	Friday	5:00 p	m - 1	:00 am	City, State, Zip					
Scope of Work (Check all that apply)				Trull Conta		IGERS FALLS	S, NEW Y	ORK	12590	
Demolition	Reno	ovation	ř	Mini-Enclo	inment with Nega	tive Pressure			N	- 13
>3SF OR LF	7				Procedure					-
X >160 SF OR 260 LF					le Procedure					
Location of	1613	Locat		Description of As	sbestos-			Abater	nent T	уре
Asbestos-containing	1	mally		Containing Materia	0.50	Amoun	ıt R	RE	E	E
Material (ACM)	The Common Commo	solely I	The second	(ie. Thermal sy		(Specif		REPAIR	ENCAPS	ENCLOS
in Facility (13)	10000000	nt/Cus		insulation, surfacil	20-10-11-11-11-11-11-11-11-11-11-11-11-11	SF or LI	F) \$	Z	PS	SC
in racinty (13)	Yes	Staff (1 No	N/A	or other miscella	neous)		-		ULE	URE
BOILER HOUSE HT WATER TANK ROOM			.,,,,	TANK INSULATION		250 SQ. FT	. x	\dagger	1	
BOILER HOUSE HT WATER TANK ROOM	1-			PIPE INSULATION		1		+	+	
DOLLER HOUSE HI WATER TARK ROOM	1-		-	FIFE INSULATION		150 LN. FT.	X	+	+	\vdash
	-	-	-			130 0		-	-	
									1	
	-		-			-		-	-	-
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	1					 		+	+	
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						7.1				
Name of Registered Waste Hauler	NJDI	EP W	aste	Cubic Yards of Waste	Name of Registe					
VISION TRANSPORT	1	er ID N		10	GROWS LAND					
2 FISH HOUSE ROAD City, State	L	15939	,	Disposal Data	1121 BORDEN)			
KEARNY, NJ 07032				Disposal Date 7/24/14-12/30/14	City, State	PA 19067		/	1	, 1
Completed by (Print or Type) Title				Signature	1/		Date -	7/	721	10
BENJAMIN SANCHEZ DIRI	ECTO	ROF	OPER	ATIONS /	XX			10	<u> </u>	11

		1				BESTOS ABAT		3				
Date of Notification (1)			(Pur	suar	Name	:60-7 and 12:12 of Building Ov ENSACK UMC	vner/Operator (2)					\exists
7 / 11 /	14				Street	Address			+			-
	Notification					OSPECT AVEN	NUE					
X EPA X I	nitial Notifi Amended N		tion		City, S	tate, Zip Code	V JERSEY 07601					\neg
	Cancellatio		LIOIT		linon	ENONOIG NE	V DEROET 0700					
	On Hold EMERGEN	ICY N	OTIFIC	ATIC		of Contact NESBITT		Telephone Number	or .			
				F	ACILITY INF	ORMATION		Ť. j.		- 100		
Name of Facility Where Abateme	nt is Takir	g Plac	ce (3)				Type of Facility	(4)				
							School (K-					
HACKENSACK UMC							X Other (ie. p	8 (Other than K-1				
Street Address 30 PROSPECT AVENUE-BOILER	HOUSE						Square Feet 150	# of Floors 6		-	. Age 52	
	County (6) BERGEN)	Til.			y Code (7) USE ONLY)	Current Use (Prior BOILER HOUSE	or if being demolish	ned)			
Name of Monitoring Firm Hired b			er (8)			ASCM No.		nent Contractor (
OMEGA ENVIRONMENTAL CORI	PORATIO	4	- Na the			17		MENTAL CORPOR	RATIO	N		
Street Address 280 HUYLER STREET					20		Street Address 313 SPOOK RO					
City, State, Zip Code	OVENCAC	. N.C.	M 150	CEV			City, State, Zip C					
Project Manager for Monitoring Firm	CKENSAC	K, NE			Number		Telephone Numb		nse Nu	ımber	<u> </u>	
ANTON REZIN	'		201-48				845-369-7500	1101			12	
Expected State Date (10)		Sche	Access to the second		ion Date (1	0	Name of OSHA		_		-	
	/14	1	12 /		30	/14	QAUALITY ENV					1
Month Day Ye			nth		Day	Year	Street Address					
Scope of Work (Check all that apply	During En Outside of I MONDAY-	tire Pe Vormal	riod of A Facility AY 7AM	/ Hou	ırs - Describ	_	1376 ROUTE 9 City, State, Zip C WAPPIN ainment with Negati	GERS FALLS, NE	EW YO	ORK 1	2590	
Demolition >3SF OR LF		Treno	vauori		,	Gloveba	g Procedure ble Procedure					
X >160 SF OR 260 L	<u> </u>	Τ,	1			Description of A		Γ	TA	haten	nent Ty	vne
Location of Asbestos-containing Material (ACM) TO BE ABATED		non s Mair	Location mally us solely by nt/Custo	sed / odial	C	ontaining Mater (ie. Thermal sy sulation, surfac	ial (ACM) /stems ing, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR		ENCLOSURE
in Facility (13)		Yes	No I	N/A		or other miscell	aneous)		Γ	10.0	Ē	JRE
BOILER HOUSE HT WATER TAN	NK ROOM	x			TANK INS	JLATION		250 SQ. FT.	X	_	_	-
BOILER HOUSE HT WATER TAN	NK ROOM	X			PIPE INSU	LATION		150 LN. FT.	X	+	\vdash	\vdash
		\vdash	\vdash						+	+	-	
		+										
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		+	1	oa sta			30.0					
Name of Registered Waste Hauler		NJD	EP Wa	ste	Cubic Yard	s of Waste	Name of Registe					
VISION TRANSPORT 2 FISH HOUSE ROAD	-	Haul	er ID N 15939			10	GROWS LAND 1121 BORDEN					
City, State				-	Disposal D		City, State	DA 40007				
KEARNY, NJ 07032	1				7/24/14-12	/30/14 Signature	MORBISVILLE	PA 19067	е	1	1	1
Completed by (Print or Type) BENJAMIN SANCHEZ	DIR	ECTO	R OF C	OPER	RATIONS	Signature 2	288	Dat	7	11	///	7

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

Check # 9015

L U Sime Lat				N			٠.				
Date of Notification (1) 2014 AUG - July 2316	2014	N	ame of	Building Owner/O		opher	Ruh	5	1		
Agencies Notified Type Notification		S	treet Ac			1	zelane	Roo	ما		
Amended Amendment	بلج		ity, Stat	te, Zip Code South	an	pton		080			10
DOH Emergency (in justification) Cancellation	cluding	N	Ch	Contact Ru	ĥs			e Number		- ,	
			FACIL	LITY INFORMATION	ON	v					
Name of Facility Where Abatement is Taking Single Family D Street Address	Place (3)	ing					K-12) oter 8 (Other tha			2.	đ
2357 Nonth Fi	relan	e	Roa	d		etc.)	e. private & com				28,
Southampton	No	Σ,	06	380ද		Square Feet	# of Floor		Bldg.	age	
County (6) Burlington	•			Code (7) ISE ONLY)		Current Use (Prior if being de	molished)			
Name of Monitoring Firm Hirad by Building O	vner (8)		ASCM	No.	Name	of Abatement (logic	.\$	In	n R
Street Address	7			900	Street	Address Bo	× 337	3		400	
City, State, Zip Code	NJ	• (86	533	10 W	tate, Zip Code	A	UTO	180	53	3
Project Manager for Movid ring Firm		- 1	elephor	ne No. 758-3365	Teleph	none No	Lice	ense No.	20	14	
A '4'A	Scheduled	Com	pletion I	Date (11)	Name	of OSHA Monit	tor f	<u>UU</u>	9_	-	
Aug 11, 2014	Aus		60	19			chnolog	ies.	Lac		
Occupandy Status During Abatement (Check Facility Closed/Vacated During Entire Pe	riod of Ab	ateme	ent		9	Address					
Abatement Performed Outside of Norma Other – Describe:	Facility F	Hours	1			tate, Zip Code		08	<u> </u>	33	
Scope of Work (Check All That Apply)						- (1		3	-30-	570)
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	_	novati				Mini-Enclos Glovebag F			100	re :	
	le I	ocatio						Zo.		temėnt	ť-
1 4	1990	omally		· De	scription	of		<u> </u>	<u> </u>	ype	-rc 10
Location of Asbestos-Containing Material (ACM)	Used	Solely		Asbestos Conf	taining N	Material (ACM)	Amour	110	45	100	2
TO BE ABATED	Custo			(i.e. thermal	system: cing. VA		(Specif	y	W	car	nc
In Facility (13)		(12)			niscellar			2	Repair	Encapsulate	Enclosure
	Yes	No	N/A							ate	θ.
1st fl Home office		X		WRAPPED	Air	2 Duct	101	.F 2	•		
					34			+	+	+	
	-								\top	1	
Name of Registered Waste Hauler			JDEP W		Yards	Name	of Registered L	andfill		-	
EPC Technologies	5	Ha	uler ID	00			steMan	agene	nt o	6 8	AS
City, State	VJ	,			sal Date		state enisville	PF	f		
Completed by Schen Kee	Title Pres	الدن -	+		Signatur		2.	Date	7-3	i-1	4
THEMP SICINED INFR	LICE	2100	111	1.5					0 -		*

CHECK 1072

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

Date of Notification (1)		Name of Building Owner/Operator (2) Donna Fisher										
EPA Initial			Street Ad 41-Lak	ldress (e Michig	gan Dr.	1.0		2814 AUC	3 - L P	H 2	: 5 i	
DEP Amended Amendment #		_	City, Stat Little E	e, Zip Cod gg Harb	de oor ,NJ	08087		e intor o	TOO O			
DOH justification) DCA Cancellation	cluding			Contact Diangso	n			Telephone	Number	1HG	(
			FACIL	ITY INFO	RMATIO							
Name of Facility Where Abatement is Taking Donna Fisher Property	Place (3)					Ty	ype of Facility (4				•	
Street Address 41-Lake Michigan Dr.								8 (Other than rivate & comm		dings,	home	es,
City (5) Little Egg Harbor							quare Feet 300	# of Floors		Bidg. A	ge	
County (6) Ocean				ode (7) ISE ONLY)		_ C	urrent Use (Prid	or if being dem	olished)	95		
Name of Monitoring Firm Hired by Building Ov	wner (8)		ASCM	No.			Abatement Con Environme					
Street Address			L			Street Ad 339-La	dress fayette Stre	et				
City, State, Zip Code							e, Zip Code k, NJ 07105	23				
Project Manager for Monitoring Firm	=	1	Telephor	ne No.		Telephon 973-49		Licens 0124	se No. 10		5	
Start Date (10) 8/2/14	d Com	pletion [Date (11)		Name of	OSHA Monitor	GONHER	A Co	P.D			
Occupancy Status During Abatement (Check	Only On	e)	-		i	Street Ad	dress	1		,		
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	I Facility				_	City, State	genti dress 3 - Rou e, Zip Code					
Scope of Work (Check All That Apply)		-	union, NI 6							-		
≥3 sf or ≥3 tf ≥160 sf or ≥260 lf		enovat emolitio			ent with Negat cedure of (*) and Non-l		Pressure					
	T	1	ocation								ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormally d Solely ntenan odial S (12)	y y by ice/		tos Conta thermal s	escription of ntaining Material (ACM) al systems insulation, acing, VAT, or			Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						=		ate	(D)
Rear of the House		-	х		Trans	ite Sidir	ig	1225 SF	x			
Rear side Wall			Х		Grey E	Brick Ca	ulk	160 LF	x			
South Wall		Х		Windov	w Adhes	sive	50 LF	х				
Living Room		Х		Floor	Tile Mas	tic	875 SF	x				
Name of Registered Waste Hauler	H	JDEP W auler ID		Cubic Y			Registered La			. 0.	· C	
TAI STATE MANSTER	· 1	955	1	Dispos	al Date	MIN City Stat	e Erry	NIC	1 179	130	~	
Oity, State			C S	Disposal Date City, State Wynes Bur & OH 4460				60	PP			
Completed by Carlos Gomes	ident Signature Date 7/28/14											

(K#2397

Emergency	Print Form
Scray X.	60

C1.			· 		ullding O	wner/Opera	tor (2)			0		LES 16	,	
Date of Notification (1)			12	ame of B		NO T	Zes 36	Do.	0014	£110 (
Agencies Notified Type N	Notification		s	treet Add	ress		1		2814	AUG -4	Pr	2:	35	
				489	0 10	0, 1 -0	ndy	Dric	œ_		2.0			
176	nitial mended		C		, Zip Cod	e	,0	2-5-0			اناتا ناھاتا	111	0,	
	mendment #		-	10	CK	, Neu	76	1200	Telen	hone Numb	oer	¥ (2	A	100
DOH	ustification)	•	1	lame of C	ille				1		1(128)	-	-	12
DCA LLC	Cancellation					RMATION								
Name of Facility Where Abatem	ent is Taking	Place (3)					Type	of Facility (4)					
	eso on							School (K-12 Subchapter 8	2) 8 (Other	than K-12)				
Street Address	1 >	_						other (i.e. pr	ivate &	commercia	build	ings,	home	s,
483 Norman	rcy D	rise						etc.) ire Feet	# of F	loors	I BI	dg. A	ge	-
City (5)	0						0943			2	11 13	90		
County (6)				County C	ode (7)		Curre	ent Use (Prio	r if being	g demolishe	ed)			
O (ean			(STATE U	SE ONLY)		- T	205. de	xe					
Name of Monitoring Firm Hired	by Building O	wner (8)		ASCM	No.	1		atement Con	555	9)				
								ation Co.,	inc.					
Street Address						1 7	treet Addre 35 Montre	ss ose Road						
City, State, Zip Code						1	ity, State, 2							
City, State, Zip Code							Colts Ned	ck, N.J. 07	722					
Project Manager for Monitoring	Firm		17	Telephon	e No.	31. 200	elephone N			License No).	- 200		
7							'32-294-	distribution of the second		00029				
Start Date (10)		Scheduled	Com	pletion D	ate (11)	N	ame of OS	HA Monitor						
Occupancy Status During Abate	ement (Check	Only One	110	1		S	treet Addre	ess						
Facility Closed/Vacated Do				ent										
Abatement Performed Out	side of Norm	al Facility H	lours	OII.		C	ity, State, 2	Zip Code						
4	lam-t	PAC												
Scope of Work (Check All That	Apply)	_												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	novat	200000000000000000000000000000000000000				ull Containme ini-Enclosure		Negative P	ressu	re		
2160 \$1 01 2200 11			mont	011			J. G	lovebag Prod on-Exempted	cedure	Non Eriahl	lo Pro	cadur		
		Т		1			- X IV	on-Exempled	1 () and	NOTE HAD	1		ement	
1		1/10/2019	ocati ormali	2000		Dasor	iptian of	1				Ty	ре	
Location of Asbestos-Containing Materi	ial (ACM)	Used	Sole		Asbes	tos Contain	ing Materi	al (ACM)		nount	_		E	m
TO BE ABATED In Facility		Custo	dial S	77 2000-010	(i.e.	thermal sy surfacing	stems insu g, VAT, or	lation,		oecify or LF)	Remova	Repair	cap	nclo
(13)			(12)				cellaneous)		- 120	oval	air	Encapsulate	Enclosure
27 W		Yes	No	N/A								1	e	
215000				9	5	diny			18	0000	1			
00 1 0 V				-		0								
		1										20		
								-						
Name of Registered Waste Hau	uler	1	434 3000	JDEP W		Cubic Ya		Name of	Registe	red Landfill	1		1	
Ace Insulation Co., Inc.			200	auler ID 2086	No.	of Waste	3	G.R.O.	W.S.					
City, State	-					Disposal	Date	City, State						
Colts Neck, New Jersey						181	4/14	Tullytov	wn, PA		. ,			
Completed by		Title	tanı	Treasur	ırer	Sign	nature TSA C	1/200		Da	13	1	14	
Bree McGuire		Secre	lary	Treasu			JU	1			II			

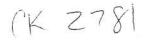
(K# J398)

Date of Notification (1)		7	DL	Building	Owner	perator	(2)			a markinda e	- Krass	Sale .	**********
Agencies Notifice 1 Type Notificetion		-+-6	(I)	11.P	17	itte	77		- 2014-AUG	-4-F	用つ	7. 5.	
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Date of Notification (1)

Date of Notification (1)				Name	of Building Owne	r/Operato	or (2)				4 640	line"	
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Agencies Notified	Type Notificatio	n		Street	Address	(,)	, <u></u>	28	4 AUG -	4 1	M)· ·	
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Name of Facility Where	Abatement is Taki	ing Place (31	FAC	CILITY INFORMA	TION	Tune of Facility	(4)					
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City, State, Zip Code							State, Zip Code						
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Project Manager for Mo	nitoring Firm	775	- 1	Telepho	ano No			11122					
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Start Date (10)		Cabadul			5 : 40		294-1757		00029				
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Date of Notification (1) 04/01/14				ne of Building C Z CONSTRU		ator (2)	261	4 AUG	- L	PF	1 2:	55	
Agencies Notified EPA	Type Notification			et Address 2 2ND STRE	EET, STE	302	2		Ter					
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DOH DCA	Emergency (justification) Cancellation	including	100000000000000000000000000000000000000	ne of Contact UL MIZRAC	HI			Tele	ephone N	lumbe	er			
			F	ACILITY INFO	RMATION					_				-
Name of Facility Where	Abatement is Takin	g Place (3)					Type of Facility School (K-	12)	. v.					
Street Address 145 SOMERSET A	VENUE						Subchapte Other (i.e. etc.)	private &	& comme					s,
City (5) LAKEWOOD			100				Square Feet 1000	# of	Floors		Blo	dg. Ag	ge	
County (6) OCEAN				inty Code (7) ATE USE ONLY)		1.0	Current Use (Pr HOME	ior if bei	ng demo	lished)			
Name of Monitoring Firm	Hired by Building	Owner (8)	A	SCM No.			of Abatement Co LEAD PROF							
Street Address					1 52		Address	OURT		Т				
City, State, Zip Code			pi - liu				ate, Zip Code EWOOD, NJ	08701						
Project Manager for Mor	nitoring Firm		Tele	ephone No.	502.5		one No. 668-9078		License 1200	e No.				
Start Date (10) 08/10/14		Scheduled (08/10/14	Comple	tion Date (11)			of OSHA Monito LEAD PROF		NALS	Ī				
Occupancy Status Durin	ng Abatement (Chec	k Only One)			St	Street Address								
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Abatement Perform Other – Describe:	ned Outside of Norn	nal Facility Ho	ours		17		tate, Zip Code EWOOD, NJ							
Scope of Work (Check A	All That Apply)													
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City, State NEWARK, NJ						Date 4		ate LEHEI	И РА					
Completed by JOSEPH PERLSTE	EIN	Title OWNE	R		Sign	nature	•			Date				

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Date of Notification (1) 04/01/14	et .	Name of Building Owner/Operator (2) MIZ CONSTRUCTION 2014 AUG -4 PH 2: 35										
Agencies Notified Type Notification EPA Initial		Street Ad 212 2N		ET, STE	302	2	: ECSTS	13 CO	HT	3 ₄ 7		
DEP Amended Amendment #			e, Zip Cod VOOD, N	e IJ 08701		S	76 1 1 1 1	ENSI	NG		E)	
Emergency (ii DOH DCA Emergency (ii justification) Cancellation	ncluding	Name of SAUL I	Contact MIZRAC	HI			Telephone N	limher				
		FACIL	ITY INFO	RMATION	2000-		-1					
Name of Facility Where Abatement is Taking	Place (3)					Type of Facility (4 School (K-12	2)			1		
Street Address 331 Laurel Avenue							8 (Other than K- rivate & comme		lings,	home	es,	
City (5) Lakewood						Square Feet 1500	# of Floors	В	dg. A	ge		
County (6) Ocean County	310 30 30	County C	ode (7) ISE ONLY)		Current Use (Prior if being demolished) HOME							
Name of Monitoring Firm Hired by Building C	wner (8)	ASCM	ASCM No. Name of Abatement Contractor (9) AAA LEAD PROFESSIONA									
Street Address		Street Address 6 WHITE DOVE COURT										
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701										
Project Manager for Monitoring Firm		Telephor	ne No.	Te	eleph	hone No. License No.						
Start Date (10)	Scheduled C	completion [Date (11)			of OSHA Monitor	1200					
08/11/14	08/11/14	AAA LEAD PROFESSIONALS Street Address										
Occupancy Status During Abatement (Check		6 WHITE DOVE COURT										
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility Ho	ement urs		1 1		tate, Zip Code EWOOD, NJ 0	8701					
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Name of Registered Waste Hauler		NJDEP W	Cubic Yar	rds	Name of	Name of Registered Landfill						
NEWARK CARTING	Hauter ID No. of Waste			IESI								
City, State NEWARK, NJ	Disposal Date City, State BETHLEHEM PA											
Completed by JOSEPH PERLSTEIN	Title OWNER	₹		Sign	ature	9		Date				

Emergency (+ 4014)

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Date of Notification (1)	70111	Name of	Building Owner/O	perator (2)	n	004		•		
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Agencles Notified Type Notification		Street Ac	Idress Q7	Wilson	1	16	- 0		N PORT	
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D DCA D Cancellation		fet	er Mik	eanda		'-'			. S.	
Name of Facility Where Abatement is Taking	Diamet2) £	FACI	JTY INFORMATI	ON	f Facility (4					
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Completed by	Presid	1.+		Signature	Sall	1	Date 7-	31.	-16	4
Steve Schenker	LIKESIO	K(V)		MARKE		Pin			U	L

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:00 and 12:120) (N 5179

	Date of Notification (1)	ப			Name of Building Owned Operator (2)									
	7-30-201	Type Notification			J. ARCHIBALD									
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					FA	CELITY	FORMA!	TON		West,		- I		
	J. ARCHIBA		Place (3))					Type of Facility School (K-1)			STREET STREET		
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	Name of Monitoring From H	ited by Building On	mer	ASC	l No.		1.		ment Contractor (9)				
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-	City, State, Zip Code						City, S	inte, Zip (Code	21				
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	Name of Registered Waste H			PW	ste H	auter	Cubic Ya	rds of	Name of Registe	nd Landli	11 8			7
	Best Removal	Inc	17	⊾ 109			1 40	-	Minerva	Enterpr	ises			Annual Property of the Parket
6	Ty. Ship	ck, N.J.	0760	3			Disposal		Cay, State Waynesby	88				1
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·I	PVELDRAN	Estim	ator				RIL	eldra	m	A A A	7-3	0 -	20/1	1
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CK 10 10 STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12) Name of Building O110 Date of Notification (1) wner/Operator (2) 07/28/2014 Bonnie Allen 2814 AUG -4 PM 2:55 Street Address Notification Type Agencies Notified (X) Initial Notification 589 West Grand Avenue (X) EPA) Amended Certification City, State, Zip Code (X) NJDEP & LICENSING) Cancelled (X) NJ DOL Rahway, NJ 07065 (X) DOH Tel. Number Name of Contact) DCA Bonnie Allen FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) () School (K-12) () Subchapter 8 (other than K-12) Residence (X) Other (i.e. private & commercial bldgs., homes, etc. Street Address Sq. Feet: 2500 # of Floors 2 Bldg. Age 124 589 West Grand Avenue Current Use (prior if being demolished)_Apartment Building County (6) County Code (7) City (5) (State Use Only) Rahway Union Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. Industrial Safety and Environmental Solutions, Inc ISES, Inc. Street Address Street Address 3300 Hudson Avenue 3300 Hudson Avenue City State, ZipCode City, State, Zip Code Union City, NJ 07087 Union City, NJ License Number Project Manager for Monitoring Firm Telephone Number Telephone Number David Camacho 201-325-0055 (201) 325-0055 01124 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) ISES, Inc, 08/12/2014 08/11/2014 Street Address Occupancy Status During Abatement (Check only one) X) Facility Closed/Vacated During Entire Period of Abatement 3300 Hudson Avenue) Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: Other: Union City, NJ 07087 Source of Work (Check all that apply) (X) Renovation) Demolition (X) SMALL Project. (>25 <160 SF or >10 <260 LF ACM) (>160 SF or > 260 LF ACM)) Large Proj. (< 25 SF or < 10 LF ACM)) Minor Proi. X) Full Containment with Negative Pressure) Mini-Enclosure () Glovebag Procedure Amount (Specify SF or LF) Abatement Type Is Location Normally Used Description of ACM (i.e. Location of Asbestos-Solely by Maint./Custodial thermal systems insulation, Containing Material (ACM) in surfacing, VAT, or other Facility (13) Staff? (12) Rep. Encap Enclose miscnous.) YES 88LF X TSI Pipe Insulation X Basement NJDEP Waste Hauler ID # Name of Reg. Landfill Cubic Yards of Waste Name of Reg. Waste Hauler Cumberland County Landfill 15 04509 Newark Carting City, State Disp. Date City, State Newburg, PA 17242 08/12/2014 369 Raymond Blvd, Newark NJ 07105 Date Completed by (Print or Type) Signature

Brian Camacho

Manager

07/28/2014



Date of Notification (1) Aug 1	2014 Name o	f Building Owner/Operat	GREEN BRO	SOK-4 LPE	છે: હા)						
Agencies Notified Type Notification	Street A	ddress ,		Α		-						
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DOL Amended Amendment #		^/\	Mamaroneck, NJ 10543									
☐ Emergency (in	i Name o	f Contact		Telephone Nu	mber		_					
DOH justification	Ga	ey Vinch (C	ontractor)	, coop, che ille								
	FAC	ILITY INFORMATION										
Name of Facility Where Abatement is Taking		. 1.	Type of Facility	20.70			•					
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	ad East		Other (i.e. etc.)	private & commerc	ial build	lings,	home	ès,				
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Street Address Ro. Box 3	37	Sue	P.O. BOX	337	9							
City, State, Zip Code	MT 09	533 City	State, Zip Code	714	'n	06	72	2				
Project Manager for Move it ril gr-irm	Telepho	one No. Tele	ephone No.	License	Vo.	9	200					
Steve Schenken	609	758-3365 609	758-330		03	59	4					
Start Date (10)	Scheduled Completion		ne of OSHA Monitor	. 4	- 2		- 1114					
Occupancy Status During Abatement (Check			et Address	hnologies	<u> </u>	nc	-1					
Facility Closed/Vacated During Entire P			P.O. BOX	337	G	5						
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Other - Describe:			Vew Egypt	NJ-	283	53	<u>3</u> -	-				
Scope of Work (Check All That Apply)	tanan Maria was			Call C	2		ĺ	ા _ 7				
□ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if	 □ · Renovation □ Demolition 		☐ Full Containm ☐ Mini-Enclosur	ent with Negative	Pressu	rė:	,					
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	T		□ Non-Exempte	ed (*) and Non-Eria	ble Pro	œdure Abate						
	Is Location			<>		Ty		*				
Location of	Normally Used Solely by	Descript Asbestos Containing		Amount								
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In Facility	Custodial Staff? (12)	surfacing,		SF or LF)	Remova	Repair	sde	Enclosure				
(13)		other misce	ilaneous)		val	=	Encapsulate	ure				
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7st floor level	χ	1	Skely)	400 SF	, X	-	_	-				
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EPC Technologies	170	Disposal D		te Manage	men	0	F 1	A				
New Egypt	NJ.	by 9-3		visuille	PA							
Completed by	Title	Signat). C	ate 8.	1-	11	j				
Steve Schenker	President		leep & Ole	oh	0.	- /	1	1				

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

-Check # 9015

Date of Notification (1)		Name o	f Building Owner/Or	perator (2)		<u> </u>			
July 31,	2014		7:1		here !	Ruhs	3: 61	G	ı
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DOL Amendment	#	0.0,0	South	3	ia A	LASLING	عطا	ିବ	
☐ Emergency (including	Name o	f Contact	anp	10,51	Telephone No	umber	O.V	
DOH justification) DCA DCA Cancellation		Ch	iris Rul	ńs	* *	1			
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Name of Facility Where Abatement is Taking				Тур	e of Facility (4)			
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Street Address	- ,	ر	. /	100		3 (Other than K- ivate & commen		linas hor	nes
235 North F	inclane	Ro	id .		etc.)		oran oane		
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PA. Boy 3	37			PA.	Box	337			
City, State, Zip Code				City State,	Zip Code	1	7 -	-	
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Project Manager for Monit ril gr Firm		Telepho	ne No.	Telephone I	10 mm	License	No.	200	
Steve Schenker	2	609	758-3365	609 75	8-336	- 20	0.3	194	
Start Date (10)	Scheduled Co			Name of OS			- A		
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Location of	Norm Used So			cription of		Ē	_	= -	7
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EPC Technologies City, State New Egypt Completed by	NJ.		1-8	2-14	Morni	sville	PA		
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Steve Schenker	Presid	knt	15	Leave	BOCKE	ha	7	-31-1	4

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	, , ,	(Pursuant to NJAC	8:60 and 12:1	20) . 2	814 AUG	
Date of Motification (1)	2/2//14	.) [[]	g Owner/Operator	honey L	614 AUG -4 P	# 3: 61
11.42° 3	Type Notification	Stype Authors		1/	1, 1, 12, 13	HTAGA
Agency Notified	C initial	, , , , , , ,	0x 2698		& LIUERSH	16
Ö-EPA O-DEP	Amended Amendment #	City, State, Zia	eld:N	5. 07091-0	2678	63
BOOL	C Emergency (including justification)		et 1	Tel	ephone Number	
D DCA	DI Cancellation	172 Mich	gel Maho	ney 1		
		FACILITY INF	ORMANON .	Type of Facility (4)	•	
Name of Facility Where A	batement is taking Plac	E (3)		☐ School (K-12)	W-121	
Street Address	. 1	POUE RD		D Subchapter & (Office Other (i.e. private)	& commercial building	153,
867 WI	110W G	1500E KD		homes, etc.) Square Feet #0	Floors Bldg	Age
Cay (5)	ld No	o		5,600	2	80
WESTFIE COUNTY (6)		County Code ((STATE USE	Current Use (Prior if	SIDEN!	HOUSE
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	·		City, State, Zin	Code	.10 0	2957
City, State, Zip Code	•		0101	501206	cense No.	0001
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Occupancy Status Durin	g Abatement (Check only	y one)	14.0. I	30X 181	1	
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City, State	1 - 110	7 69947	ENSPIESE LIEU	Homisus	NE Da	10/11
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CANOS HI	Done	t use this form for asbestor	2 Ministerior Current	\		5 4 5

Date of Notification (1)			Name	of Buildin	g Owner/Operator ((2)	with the second	4 17		-	\Box		
07 1 22 1 1	4		Mo	140	Preta					1	1.1		
Agencies Notified Type Notification	,			t Address			JUL 2	3 201	4				
				Co		eet							
□ DOH Amendment #	ŧ		Street Address AD Coyle Street City, State, Zip Code Parts NT 0885 9 Name of Contact Mario Preta FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) PRI dential ASCM No. Name of Abatement Contractor (9) Street Address Street Address										
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(NJAC 5:23-8) justification) Cancellation					_		I elepnone N	umber					
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358 Broadway						colon T	Ten	U					
City, State, Zip Code		Yes 11 1-2											
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Project Manager for Monitoring Firm			•		Telephone No.								
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Start Dafe (10) U Sche	duled C	omple	tion Da	ite (11)	Name of OSHA N		. 0						
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Abatement Performed Outside of Norma	I Facilit	y Hour	s - Des	cribe	30 Wes E		Street	-					
Time of Abatement: 4 P	M/	PM-		AM	MYC, N		L						
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≥160 sf or ≥260 lf		molitic			☐ Gloveba	g Procedure		11 <u>2</u> 0000000					
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lame of Registered Waste Hauler	1	079050	JDEP \		Cubic Yards of	Name of Reg	istered Landfill						
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SB-41				for achori	ne licensure exemp	ted activities			\				

CK 2752

Date of Notification (1)	Name of Building Owner/Operator (2) Woodbridge VF, LLC c/o Vornado Realty Trust 2014 Aug.															
7/30/2014	T = 11 // /			Street Address										2. 6 -		
Agencies Notified EPA	Type Notifi	cation			210 Ro	uress						· · · · · · · · · · · · · · · · · · ·	teres.		, ,,	y. C. !.
× EPA × DEP × DOL	× Amer	nded ndment #	2			e, Zip Code us, NJ 07		910			2	ناد	LICE	k :	0517 145	REI
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	1—	10000 COLUMNIA COLUMN			FACIL	ITY INFOR	RMATIO	N								
Name of Facility Where Former SYMS Buil			Place (3)							acility (4)						
Street Address	3						-		Sub	chapter 8 er (i.e. priv	(Othe			ildin	as hor	nec
555 King Georges	Road								etc.)						1100,
City (5)	abia								Square F			Floors	Bidg. Age			
Woodbridge Town County (6)	snip		22		County C	ode (7)			The Comment of the Co	36,000 1 50 Current Use (Prior if being demolished)						
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Name of Monitoring Firm	1000 mm - 100 mm - 100 mm	uilding O	wner (8)		ASCM	No.		of Abatem			(9)					
Environmental Tac	ctics, Inc.									acting, I	nc.					
Street Address 64 Broad Street										Address Clifton Avenue, Unit 365						
City, State, Zip Code							tate, Zip C									
Matawan, NJ 0774	17		- William						on, NJ 0							
Project Manager for Mo Thomas Geiger		Telephone No. (732) 290-2217				Telephone No. License No. (973) 450-9500 01036										
Start Date (10) 08/25/2014		1.55	Schedule 09/25/2		pletion D	Date (11)	of OSHA I		nc.							
Occupancy Status Durin	ng Abatemen	t (Check	Only On	e)				Street	Address							
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Abatement Perform Other – Describe:		of Norma	al Facility	Hours	£			200	state, Zip C							
Scope of Work (Check	All That Appl	v)			Clifton, NJ 07012							1000				
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7.	ame of Registered Waste Hauler					No.	Cubic Yards Name of Registered Lan of Waste									
Atlantic Carting					NJ-641 40 Yards								ω.			
City, State Wayne, NJ 07470					Disposal Date City, State TBD A Bethlehem, PA											
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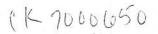
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Date of Notification (1)			Na	me of Bulld	ling Owner/Operator	(2)	1	signalure		10
07 7 28 /	14	G.	1	Warren Hi	lls Regional Boar	d of Education	Date:	BERNY Y		
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Name of Facility Where Apatement is	Taking Pl	200 (2)		ACILITY	INFORMATION				-	
Warren Hills Middle School	1 - 101119 7 1	200 (3)				Type of Facility				- 5-20-20
Street Address						School (K-1	2)	12/2/6		
64-66 Carlton Avenue						Other (l.e., p	8 (Other than K- private and comm	12)	hulldla	
City (5)						nornes, etc.)	ICI CIQI	bullum	95,
Washington, New Jersey 0788	32				sector (Square Feet	# of Floors	-	3ldg. A	/Be
County (6)			100	uney Coole	PAVOTATELIAN	20,000	2		55+	
Warren			0	rain's Code ((7)(STATE USE ONLY)	Current Use (Pr	for if being demo	ollahed)		
Name of Monitoring Firm Hired by Bui	Idina Own	er (8)	LASC	M No.	TO:	Middle Sch	ool			
Westchester Environmental L.	LC	. (0)	700	IN INU,	Name of Abatems	ent Contractor (9)				
Street Address					Lilich Corpor	ation				
307 North Walnut Street					Street Address					
lty, State, Zip Code				·	606 McBride					
West Chester, Pennsylvania 19	9380				City, State, Zip Co		WO =	-	_	
roject Manager for Monitoring Firm		To	ephone	e No	Woodland Pa	rk, New Jerse	y 07424			
Paul McCaa				51-7545	Telephone No.		License No.	-		_
tart Date (10)	Scheduled	Compl	etion D	late /4 4)	973-225-8400		01104			
07 / 29 / 14	07	/ 3	1 /	14	Name of OSHA Mo					-
occupancy Status During Abatement (Check only	/ Ohe)			J &\$ Environs	nental Labs				
J Facility Closed/Vacated During Entit	re Period	of Abak	amont		Street Address	ANGRES 26				
a Abatement Performed Outside of Ni	Armel Fool	Ilda . T I		scribe	2333 Route 22		8			
Time of Abatement:AM	PM/5P	MPM-		AM	City, State, Zip Coo		-			
cope of Work (Check all that apply)					Union, New Je	rsey 07083				
1 ≥3 sf or >3 if				82	T Full Conta	Introdución M	-11	-		
1 ≥160 sf or ≥260 If		tenovat Iemoliti			LI WINTERDO	līment with Neg sure	auve Pressure			
		ernund	OII			Procedure				
		s Loca	tion	T	Z NOI-EXEM	brea (,) and Non	-Friable Procedu	-		
Location of Asbestos-Containing Material (ACM)	, I He	Norma ed Sol	illy		Description of			Ab	ateme	nt Ty
TO BE ABATED	M	aintens	ince/	Asbes	stos Containing Mate	rial (ACM)	Amount	굖	Re	5
IN Facility (13)	Cu	stodial	Staff?	(i.e.	., thermal systems in: surfacing, VAT, o	ar I	(Specify	Remova	Repair	Encapsula
(10)	Yes	(12) No	N/A	4	other miscellaneou	is)	SF or LF)	<u>a</u>		Encapsulate
n 106,108,110,204,205,206,207,		-	-							e
		×		VAT & N	flastic-Non Friable	e Method	9 SF	Ø		7
awispace under Cafeteria					nsulation- Gloveb				-	
		Ø					28 inches	×	Ш	_
			-	-						$\Box i$
ne of Registered Waste Hauler		1	IDED	01-6-		l				71
ilich Corporation		H	JDEP V		Cubic Yards of Waste	Name of Registe		1-		
, State			18724	1	10	G.R.O.W,S. 1				
Voodland Park, New Jersey 074	24				Disposal Date	City, State			-	
poloted Du /Dalat au Turn					08/01/14	Morrisville, I	Pennsylvania			
atiana Kalenikova	Title				Signature			to r		
	Vice Pr	eside	nt		Tore	- //-	Da	7/	/	ž L
41					und	caf la	cela,	1/2	8//	4

1979 F - 100000 400000 1000000 200000 200000).=2,0,2,0,000		[]Non-	Friable Procedu	ire				
		Is					Aba	teme	ent ?	Type
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	B t Ct	ocati ormal Used Solel y Mai enand stod aff (.ly l .y .n- :e/ ial	Descripti Asbestos-Cor Material (i.e., therma insulation, sur	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U	ENCLOSUR	
	Yes No	No	N/A					1		E
Basement			X	Duct Insulat	tion	50 sf	X			
			-							
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC	• Ha		Waste ID No.	Cubic Yards of Waste 1.5	Name of Regi	S.	.11			<u> </u>
City, State Montclair, NJ 07042				Disposal Date	City, State Morrisvi	lle, PA 1	1906	7		

Completed By (Print or Type) Title Signature Date Constantine Vivian President 7-28-14 140~



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)



Date of Notification (1) 7/28/2014			Name of Building Owner/Operator (2) Sunoco Partners Marketing & Terminals, L.P. Street Address												
Agencies Notified		Notification 7			Street Address US Route 130 8		2914	4 AUG	-4 1	TM 3.	l U				
(X) EPA () DEP (X) DOL (X) DOH		(X) Initial N () Amended () Cancelle	Certification	n	City, State, Zip Code Westville, NJ 08093-1000 Name of Contact Tel, Number										
() DCA					Name of Conta Fawzi Belguet	<u>ct</u> .		Tel. Nu	mber	48 0.000-000					
				FACILITY IN											
Name of Facility Where Al Sunoco Partners Marketin	batement is Ta ng & Terminal	aking Place (3 s, L.P.	3)		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.										
Street Address US Route 130 & I-295					(X) Other (i.e. private & commercial bidgs., homes, etc. Sq. Feet N/A # of Floors N/A										
2: (5)	0 + (0)		County Co	odo /7\	Sq. reet_twn		# 611 10013	<u> </u>		-3					
<u>City (5)</u> Westville	County (6) Gloucester		(State Use		Bldg. Age N/A (Outside piping) Current Use (prior if being demolished) Tank Farm										
Name of Monitoring Firm KA Industrial services, LL		Owner (8)	ASCM No	<u>).</u>			Name of Cor K A Industria								
Street Address	O				Street Address										
26 Colonial Ave City, State, Zip		800 Billingspor	t Rd												
Woodbury Nj 08096					Paulsboro, NJ										
Project Manager for Monit Scott Dechant	toring Firm	Telephone 1 856-224-43			Telephone Number Licen 856-224-4392 0085					ense Number 57					
Scheduled Start Date (10	1	Scheduled (Completion	Date (11)	Name of OSHA	Monitor									
8/11/14	1	10/10/14	o o i i i pio ti o i i		Same	1102			- 475						
Occupancy Status During () Facility Closed/Vacate () Abatement Performed	d During Entir	e Period of A	batement		Street Address										
(X) Other – Describe – Exarea, no other contractors	terior abatem			stricted work	City, State, Zip Code										
Source of Work (Check a	The Control of the Co														
() Demolition (X) Reno (X) Large Proj. (>160 SF (X) Full Containment	ovation or >260 LF A () Mini-Enclos	CM) () SM Pr	oj. (>25<16 Glovebag P	60 SF or >10 <26	00 LF ACM) ()	Minor Proj	. (<25 SF or <	10 LF A	CM)						
Location of Asbestos- Containing Material (ACM	Is Loc	ation Normally	y Used	Description of thermal system		Amount (Specify SF or	LF)	Abate	ment Typ	<u>be</u>				
Facility (13)	Staff?	200 (A. 200 (A	NA	surfacing, VAT		(Estimate	ed)		Rem.	Rep.	Encap	Enclose			
Various Pipe:In Racks		X		Pipe Insulation	n – TSI	~2,500 L	F		X						
Name of Reg. Waste Hau Waste Management, Inc.		NJDEP Wa 17273	ste Hauler	ID#	Cubic Yards of 40 (estimated)					Landfill ounty Lar	dfill				
<u>City, State</u> South Harrison, NJ							Disp. Date Various			City, Stat South Ha		NJ			
Completed by (Print or Ty	ype)	Title			Signature			Date							
ANDREW GREEN		MANAGER	- KAIS		and	Marations !	Supervisor	7/28/2	014						
					Site Operations Supervisor										

Mail to: NJDEP-DSHW-BRRTP

401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

mo 59138977513

State of New Jersey	
NOTIFICATION OF ASBESTOS ABATEMENT	2.44
(Pursuant to NJAC 8:60 and 5:16)	-

Date of Notification (1)		1000 m 100 100 100 100 100 100 100 100 1		Name	of Buildin	g Owner/Operator (2	2)	AUG -4	DM 3:	iL					
07/	28/2	014		C	arlos	Magne	2814	AUG -4	TII O'	34 718					
Agencies Notified	Type Notification	n		Street	Address	- 10 1	A 2.5 HS			1					
E POLWE	☐ Initial			4	5Z (-entral	AVE	4. 1 m.F N	SING	0	D ₂				
☑ DOLWD	Amended Amendment	#		City, S	State, Zip (Code	2	- L- L-			P				
DCA			a	Je	reev	1 CILLI A	NT 87307								
(NJAC 5:23-8)	justification		3	Name	lame of Contact Telephone Number										
	☐ Cancellation	1		16	arlas	Magnes			•						
				FA	CILITY IN	FORMATION						+			
Name of Facility Where	Abatement is Tak	ing Place	e (3)				Type of Facility	(4)			-	-			
Carlos N	laaner		, ,				School (K-1					j			
Street Address	Myrica						Subchapter	8 (Other than I				1			
967 /1im	tral Av	0					Other (i.e., phomes, etc.		nmercial	building	gs,	- 1			
City (5)	irai Al		-				Square Feet	# of Floors		Bldg. A	70	-			
TENERUL							oquare r cer	17 01 1 10013		Diug. A	ge				
County (6)	174		-	Cour	nty Code (() (STATE USE ONLY)	Current Use /Pi	rior if being der	nolished						
11 1-	ι.			Cou	ny code (MOTATE USE ONETY	Ourient ose (i	nor ir being der	nonsneu	,		- 1			
Name of Monitoring Firm	Hired by Ruildin	Owner	(8)	ASCM	No	Name of Abateme	ent Contractor (0	1	_						
Traine of Morntoning Finn	Timed by Building	y Owner	(0)	AGGIVI	140.	Name of Abateme	4 = 1	11				-			
Street Address		W.				Street Address	tbateme	yn T							
ou oct / tadi cos							RITH ST	1 11	Δ	1 /					
City, State, Zip Code				-	***	City, State, Zip Co	11 (11	SUH	CH8	7_					
City, State, Zip Code						City, State, Zip Co	17	A F		114					
Project Manager for Man	and a Figure		TE			North	Bergen	3 10 3	970	47					
Project Manager for Mon	itoring Firm		Tel	ephone	No.	Telephone No.	an in s	License No							
Start Data (40)						201-2	93-630	5 012	23						
Start Date (10)	Tail Sch	eduled (Name of OSHA M	lonitor								
7 1301	The second secon	00		11.	2014	HILM.	AMMICO	DNUSULT	1162	16					
Occupancy Status During						Street Address	0 1	. ,	<i>2</i> .						
Facility Closed/Vacate					2	1600 K	Loute &	ast So	ite	107	-				
Abatement Performed Time of Abatement:	Outside of Nom	nal Facili PM/	ty Hou	ırs - Des L	cribe AM	City, State, Zip Co	ode		,	-					
Time of Abdicinent.	- Alvi-	1 101/			/AIVI	Union.	NEO	70182							
Scope of Work (Check al	that apply)						1 3 0	1000							
≥3 sf or ≥3 lf		□ R	enova	fion		⊠ Full Cont ☑ Mini-Enc	ainment with Ne	gative Pressure	е						
_ ≥160 sf or ≥260 lf			emolit			☐ Glovebag	g Procedure								
						☐ Non-Exe	mpted (*) and No	on-Friable Proc	edure						
			s Loca Norma					60884	1	batem	ent T	уре			
Location Asbestos-Containing				ely by	Ashe	Description o stos Containing Ma		Amount	2	R	E	回			
TO BE ABA			ainten			., thermal systems i	nsulation,	(Specify	3 -	Repair	cap	clos			
IN Facili	ty	Cus	stodiai (12	Staff?		surfacing, VAT,	or	SF or LF) \(\frac{5}{2} \)		Encapsulate	Enclosure			
(13)		Yes	No	1	1	other miscellane	ous)				ह				
Dalla			-	-	1	1 12. 1	- 1	0 00	11 =	2. —	-				
DOTHYDOIA	1	ᆜᆜ	×		In	sulation Di	gald_	305n	F- 1	8 1					
	2						20	7							
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Name of Pagistaged Was	to I louis-		14		<u> </u>	I 0 1 1 1 1 1 1					Ш				
Name of Registered Was				NJDEP N Hauler, II		Cubic Yards of Waste	Name of Regis				-				
SANTON SE	EVICES			224	30	2004/04-3000	1015 DO	OWLAN	DIES	0	Mis	SOM			
City, State	(i					Disposal Date	City, State	102							
Kenl war	Ha NIT						KENKI	ny, NJ							
Completed By (Print or T	(pe) T	itle				Signature		111	Date,	,		\neg			
KAIAA L	DICKER 1	DVA	TBC	H M	unade	12	100)	12/	8/3	701	110			
ASB-4T	CAN NOT	,,,,,			S	of the			17/6	9/6		7			
JAN 13		* Do not	use t	his form	for asbest	os licensure exemp	ted activities.	***							

MO#21901443682

. 9			. (2)
⊃.	**	 	- 61

Date of Notification (1)			1	Name o	f Building	Owner/Operato	or (2)								
07/	30 / 14				Rodzeje	wski			2814 AUG -4	. PH	3	: [5	<u>.</u>		
	Type Notification Initial				Address Avenue					00	e				
2000000	Amended	12	100		ate, Zip Co	ode		2	W LIUC	Noll	ξŲ,		an.		
□ DHSS □	Amendment #		I	Mapley	vood, NJ	07040							()		
☐ DCA (NJAC 5:23-8)	justification)	Holdaling			of Contact				Telephone Nu	mber					
	Cancellation		C	Charles	s Holmes										
				FAC	ILITY IN	ORMATION									
Name of Facility Where Ab	atement is Takir	ng Place	(3)					Type of Facility (4)						
Private home							[School (K-12) (Other than K-1	21					
Street Address								Other (i.e., pr			buile	dings			
17 Park Avenue								homes, etc.)				_			
City (5)								Square Feet	# of Floors		Bidg	g. Ag	е		
Maplewood, NJ 07040 County (6)				Count	y Code (7) (STATE USE ONL	LY)	Current Use (Pri	or if being demo	olished)		<u> </u>		
Essex															
Name of Monitoring Firm F	lired by Building	Owner (5) /	ASCM	No.	Name of Abat	temer	nt Contractor (9)							
						Gr Tech LLC	2								
Street Address						Street Addres	S								
						576 Valley R	Rd #2	283							
City, State, Zip Code						City, State, Zi	ip Co								
						Wayne, NJ 0									
Project Manager for Monit	oring Firm		Tele	phone I	No.	Telephone No	5 .		License No.						
						973 - 638-177	11.70		01127		_				
Start Date (10)	2.50	eduled C				Name of OSF	HA Mo	onitor							
08/09/_		08/		/ _		Envirovision	Con	sultants,Inc					-		
Occupancy Status During						Street Addres	SS								
					arib a			Road, Bldg .#	34A						
Time of Abatement:	AM-	PM/	PM_	s - Des	AM	City, State, Z									
		-				Fair Lawn, N				40.00.00			-		
Scope of Work (Check all	that apply)							and decontaming			essi	ile.			
>3 sf or >3 lf > 160 sf or >260 lf		⊠ Re □ De	novati molitic	ration Mini-En				Enclosure bag Procedure Tent with Negative Pressure Exempted (*) and Non-Friable Procedure							
		1 30	Locat	ion	1			npida () dila ria	1110000.1000		Aha	Abatemen		/ne	
Location			Vorma	lly		Descript	ion of	f		-		_			
Asbestos-Containing N		174 2413/195100	d Sole intens			stos Containing			Amount		Remova	Repair	Encapsulate	Enclosure	
TO BE ABA IN Facilit			todial	Staff?	(1.6	 thermal systems surfacing. 			(Specify SIF or LF)		OVa	air.	nsd	JUS(
(13)	5 3	-	(12)	Т		other miscel	llaned	ous)			_		<u>ଥ</u>	3	
		Yes	No	N/A	-						-	_			
Basement				\times	Pipe ins	ulation			10 LF		X	Ц			
Basement		İ		X	Boiler in	sulation			35 SF	1	X				
				П	1			V.			_				
			15	\pm	 		_			,				Ī	
Name of Desired 181	to Hauter		I L	DED Micri	e Haular ID his	Cubic Varda of	Whom	Name of Regi	stered Landfill			لت		L	
Name of Registered Was	te naulei						******								
Gr Tech LLC	7.7.1.4			00337	85	TBD	-	T.R.R.F. Inc						-	
City. State		88				Disposal Dat	.೮	City, State							
Wayne, NJ 07470						TBD		Tullytown, F	PA .	Te					
Completed By (Print or Ty	/pe)	Title				Signatu	re /o/	1 1	1	Date					
N.Jevtic	C)wner					Med	Inc New	Lao	07/30)/20	14			
ASB-41		* Do no	n use	this for	m for asbes	sios licensure	y xemp	ted activities.							
MAY 11		200 110													

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Lond	y-10	4174	4.,	- :	2.004	Box.	6

7/28/2014			Pequannock Board of Education 2914 AUG -4 PM 3: 17														
Agencies Notified	Type Notification		1 3	Street Ad 85 Sun	idress iset Road	d .			10								
EPA DEP DOL	Initial Amended Amendment				te, Zip Cod on Plains		07444		2		& LICENSING GO						
DOH DCA	justification) Cancellation		- 2	Name of Mr. Jos	Telephone Number												
				FACIL	ITY INFO	RMAT	ION										
Name of Facility Where Pequannock Town		g Place (3)							of Facility (200							
Street Address 85 Sunset Drive		ŀ	L,					IT O	Subchapter Other (i.e. p etc.)				build	ings,	home	es,	
City (5) Pompton Plains								Squar n/a	e Feet	# of n/a	f Floors	Bldg. Age n/a					
County (6) Morris				County C	Code (7) ISE ONLY)	<u> </u>	Current Use (Prior if being demolished) School										
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		Name of Abatement Contractor (9) MTM Metro Corporation										
Street Address	Street Address							Street Address 135-137 McBride Avenue									
City, State, Zip Code							City, State, Zip Code Paterson, NJ 07501										
Project Manager for Mo	1	Γelephor	ne No.		Telepl	hone No).	ı	Licens								
Start Date (10)		pletion D	Date (11)		Name	50000	IA Monitor		00809	9							
8/09/2014		8/11/201	4				15		o Corpor	ation							
Occupancy Status Durin							120000000000000000000000000000000000000	Addres	s IcBride A	venue	2						
Abatement Perform	cated During Entire ned Outside of Norm	nal Facility H			1		City, State, Zip Code Paterson, NJ 07501										
Scope of Work (Check A	All That Apply)		200	200			rate	15011,	143 0730	E						-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,	and the same of th	iovat noliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		ls Lo	catio	on											ement	t	
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Used S Mainte Custod (enan	y by ice/		os Cor herma surfa	escription ntaining N al system acing, VA miscellar	Material is insula AT, or	No. 1	(5	mount Specify F or LF)		Removal	Repair	e Encapsulate	Enclosure	
Storage Roor	n C-100-B	x				Pipe	e Insula	ation	-		8LF	- 1	ĸ	-7/45-	х		
Name of Registered Wa	ste Hauler		N.	JDEP W	aste	Cubic	Yards		Name of	Registe	ered Lan	dfill					
MTM Metro Corpora				auler ID I 5552	No.	of Wa			GROW	S							
City, State Paterson, NJ 07501		Disposal Date 8/12/2014			City, State Tullytown, PA												
Completed by Elizabeth Maslarkov	,	Title Busine	ss A	dminis	strator		Signatur Elizab		Paslarkov	y		Date 7/28		14			

State of New Jersey

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

Check # 7553

Date of Notification (1)	7/30/14		Name of Building Owner/Operator (2) c/o DR Environmental											
Agencies Notified	Type of Notificat	- 33	Service Control	ddress	Office	ıılaı		1814 AUG -	PM 3.	(C)	-			
[] EPA	Type of rectificat	SERVICE CONTRACTOR		lder Av	e.				1.11					
	[x] Initial	20000						THAT	·					
[] DEP	Notification [] Emergency	Cit	*	te, Zip C			P.	& LUF	EKSING					
[X] DOL	[] Amended	- 1	erge	nfield,	NJ 07	621	3	** = 101	-14C114G	6	Q T			
[X] DOH	Notification		ame of	Contact			Te	lephone Numi	ber		*		-	
[] DCA	[] Cancellation	r R	ober	t Cotte	r				÷					
				F	ACILIT	Y INFORMATION								
Name of Facility When	e Abatement is Ta	king Plac	ce (3)				Type of Facility (4	4) K-12)						
Residence							Subchar	K-12) oter 8 (Other th .e. private and	nan K-12)	mildir	nae			
Street Address							homes,	etc.)	and commercial buildings,					
152 Elder Ave.							Square Feet	# of Floors	Blde	a. Age		_		
City (5)	- 1	County ((6)		Cou	inty Code (7)	1500	2	~ 70					
Bergenfield		Berge	n		(ST	ATE USE ONLY)	Current Use (Prioresidence	or if being dem	olished)		9.88550			
Name of Monitoring F	irm Hired by Buildi	ng Owne	г А	SCM No	.		nent Contractor (9)							
N/A							Jupiter Environ	mental Se	rvices, In). 				
Street Address						Street Address	3 Lynn Court							
City, State, Zip Code				SAME THAT	City, State, Zip C							-		
•						Lincoln Park, I								
Project Manager for M	onitoring Firm	Telep	hone	Number		Telephone Num			License Nu					
0.1.1.1.01.1.5.1							973-709-0200			00	085	2		
Scheduled Start Date 8/9/14	25 (CO) 27	d. Compl	8/14			Name of OSHA	Monitor J & S Environr	mental Lab	oratories,	LL(2			
Occupancy Status Du						Street Address								
[] Facility Close	ed/Vacated During erformed Outside o	Entire Pe	Facili	f Abatem tv Hours	ent		2333 Route 22	W						
Desc	cribe:		1 40111	., 110010		City, State, Zip 0		00						
[x] Other – Desc	cribe: partially vaca	ated					Union, NJ 070	03						
Scope of Work (Check	k all that apply)						[] Full (Containment w	ith Negative I	Press	ure			
[] Demolition				[]	Renova	tion	[] Mini	- Enclosure		.000				
[] ≥3 sf or ≥3 lf	200 15							ebag Procedui – Friable Proc						
[x] ≥160 sf or ≥2	260 If		Land	i T			[X] NOII	- Fliable Floc	zedure	Δh	ator	mon	-	
			Locat mally I	1200000		Desc	cription of				Abatement Type			
Locatio		8	Solely I	оу		Asbestos	- Containing		Amount	R	R		E	
Asbestos – C Material (tenanc al Staf	e/Cus			rial (ACM) mal systems		(Specify SF or LF)	E M	E P	N	N	
TO BE A		Louis	a. Ota.	. (.2)			surfacing, VAT,		e. e/	0	Α	Α	L	
In Fac	11/200	V	No	N/A		or other m	niscellaneous)			V	I R	PS	O S	
(13))	Yes	INO	IN/A						î	K	1000000	U	
basement			X		VAT				350 SF	X			-	
Name of Registered V	Vaste Hauler	NJ	DEP V	Vaste	Cu	ıbic Yards	Name of Regist	ered Landfill	11 11.					
Jupiter Environr		es Ha	uler IE 04782		Of	Waste 2	Minerva La							
City, State						sposal Date	City, State		-					
	Lincoln Park, NJ					/22/14	Waynesbur	g, OH						
Completed By (Print of	or Type)	Title				Signature	Date							
Pane Repic		Gen	eral	Manag	jer	<i>F</i>			7/30/1	4				
ASB-41				12-2-2					4					