NO CK

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





Date of Notification (1)	25 /	14				Owner/Operator (2 Department of Co				-w		
Agencies Notified T	ype Notificat			Street	Address Ward Av		1			· ·		
☑ DOLWD ☑ DHSS ☐ DCA (NJAC 5:23-8)	Amended	n)	4	City, Si Boro	ate, Zip C	ode NJ 08505	8	Telephone Number			<u> </u>	
	_ Cancellatio	on		-550								
				FAC	ILITY IN	FORMATION		A. III				
Name of Facility Where About Albert Wagner Correct Street Address		aking Place	(3)						al bu	ildina	6	
500 Ward Ave							homes, etc.)	ivate and commerci	ai bu	ildirig	э,	
City (5)							Square Feet	# of Floors	Blo	lg. Ag	je	
Bordentown							20000	2	4	+0+		
County (6)				Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
Burlington				Journ	., 0000 (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Name of Monitoring Firm H	irod by Build	ing Owner (8)	ASCM I	No.	Name of Abateme	ent Contractor (9)			TEAN		
Environmental Conn		ing Owner (0)	ASCIVIT	4 0.		VIRONMENTAL					
	ection						AIICOMMENTAL	L, 1110.				
Street Address						Street Address	CTREET					
120 N Warren Street						1123 BEAVE						
City, State, Zip Code						City, State, Zip Co						
Trenton, NJ 08608						BRISTOL, PA	19007					
Project Manager for Monito	oring Firm			phone I		Telephone No.		License No.				
Richard Beach				9-392		215-788-6040		00509				
Start Date (10) ON HOLD	S	cheduled C			- A	Name of OSHA N BRISTOL EN	lonitor VIRONMENTAI	L, INC.				
Occupancy Status During A	Abatement (C						-			-		
☐ Facility Closed/Vacated						Street Address 1123 BEAVE						
☐ Pacinty Closed Vacated ☐ Abatement Performed C					cribe	City, State, Zip Co						
Time of Abatement:												
Scope of Work (Check all t	hat apply)		15-69-5			□ Eull Con	tainment with Neg	native Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ Re □ De				☐ Mini-End	losure g Procedure	n-Friable Procedure				
			Loca			⊠ Non-Exe	Inplea () and No	III-I Hable I Tocedure	_	atem	ant T	vno.
Location of Asbestos-Containing M TO BE ABAT IN Facility (13)	aterial (ACM ED) Use Ma	Norma d Sole intena	illy ely by ance/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Water Closet	-	Tes			Pipe In:	sulation		7 LF				
				-	•			12 LF		\boxtimes	П	
Stairwell		ᆜᆜ			Pipe in	sulation		12 LI				
		ᆜᆜ							분			
										П	Ш	Ш
Name of Registered Waste			100	NJDEP Nauler II		Cubic Yards of Waste	Name of Regis					
Service Transport G	roup Inc.			20990		1	Minerva La	andfill				
City, State New Castle, DE						Disposal Date 8/5/14	City, State Waynesbu	ırg, OH				
Completed By (Print or Type) Gino Pizzigoni Estimator				-		Signature Line P	grisoni) L Dat	e 8/	1./	14	,
ACD 44	o Pizzigoni Estimator					Y/	101	10		/		

ASB-41 MAY 11

GI 14127

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

Ch# 2675

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					Department of C	corrections					
	n		10000000								
	#		City,	State, Zip (Code	Pi Pi					
		a	Во	rdentowr	n NJ 08505						
tification)		3	Name	of Contac	t		Telephone Num	nber			_
ncellation			Jo	hn Gibers	son						
			FA	CILITY IN	FORMATION		٠				
ent is Tak	ng Plac	e (3)				Type of Facility	(4)				
nal						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
		1		-		Subchapter 8	Other than K-1;	2)			
						Other (i.e., p	rivate and comme	ercial b	uildin	gs,	
								TB	Ide A		
								8	533	ige	
			Cou	nty Code /7	VICTATE LICE ONLY		I -		40+		
			000	nty Code (/)(STATE USE UNLT)	Current Use (Pri	or if being demoli	shed)			
v Building	Owner	(B) I	ASCNA	Ma	TN						
E 47000000000000	Owner	(0)	ASCIN	NO.	IV	- 1 1					
						VIRONMENTAI	L, INC.				
					City, State, Zip C	ode			112		
					BRISTOL, PA	19007					
irm					Telephone No.		License No.				_
		- 1000			215-788-6040)	00509				
Sche	eduled C	omple	tion Da	ite (11)	Name of OSHA N	/lonitor					
. _	8/	5	_ / .	14	BRISTOL EN	VIRONMENTAL	_, INC.				
nent (Che	ck only	one)			Street Address				_		
g Entire P	eriod of	Abate	ment		1123 BEAVE	R STREET					
of Norm	al Facilit	y Houi	rs - Des	scribe	0.00133331110.7400734.						
ΛF	PM/ <u>5:00</u>	PM-2:	:30AM								
ply)		***									-
	_				☐ Mini-Enc	losure	ative Pressure				
					⊠ Non-Exe	mpted (*) and Nor	n-Friable Procedu	re			
::								Ab	atem	ent T	vpe
(A ON 4)								-			T _
(ACM)	Ma	intena	nce/	Asbes	stos Containing Ma	terial (ACM)	Amount	em	(epa	nca	Enclosure
	Cus		Staff?	(1.6.				ova	#	squ	uso
	-		T	-			J. J. Z. /	-	-	late	ē
			-								
	+		+	Pipe Ins	ulation		7 LF	\boxtimes			
				Pipe ins	ulation		12 LF				
					2						
								In	П		П
r		N	JDEP V	Vaste	Cubic Yards of	Name of Regist	ered Landfill		_		_
nc.					Waste						
			∠0990		Disposal Date	City, State					
				1	Pisposai Date	Oity, State					
				- 1	01E14 A	Marin - L	011				
Titi					8/5/14 Signature	Waynesbur	g, OH	15			
	Notification tial mended mendment mergency (stification) incellation ment is Takinal sy Building on Schellation Schellation sy Building on Schellation sy Building sy Bu	nended nendment #	Notification tial nended nendment # nergency (including stification) incellation ent is Taking Place (3) nal by Building Owner (8) nal Scheduled Comple 8 / 5 nent (Check only one) g Entire Period of Abate e of Normal Facility Hour MPM/5:00PM-2 PM/5:00PM-2 Calcal	Notification tital 500 Incended 1	Notification tial sended mended mended mended mended stification incellation incellation stification incellation i	State of NJ Department of Control Rotification Street Address S00 Ward Ave City, State, Zip Code Bordentown NJ 08505 Name of Contact John Giberson FACILITY INFORMATION Pacinity Street Address South Contact John Giberson FACILITY INFORMATION	Notification tital nended nend	Name of Building Owner/Operator (2) State of NJ Department of Corrections	Notification Street Address	Name of Building Owner/Operator (2) State of NJ Department of Corrections	State of NJ Department of Corrections

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

GI 14127

MAY 11

NO CK

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TIFICATION	OF ASBE	STOS AB	ATEMENT	
(Pursuant to	N.J.A.C.	8:60 and	12:120)	S

Date of Notification	⁽¹⁾ 7/16/14		N	ame o	of Bu		Owner / Operator	(2)	* * ** *	·	* ******	_		
Agencies Notified EPA	Type Notifica	tion	S	treet	Addr					- 5 P	1 1			
☐ DEP						& Zip C			· · · · · · · · · · · · · · · · · · ·	·				
□ DOL	Complete Com	ded R#1-8/1/14	27				J 08077	42	建 [][Tele	phon	o Niu	mha	_
□ DOH □ DCA	☐ Emer	gency ellation	1.000			ontact YLOR		9	~ L10	Tilifele	priori		gy gy	
				FAC	ILIT	Y INF	ORMATION						- 1	
Name of Facility W			ice (3)				Type of Facility School (K-							
Street Address	ITAL OTTE	-					Subchapte	er 8 (Other than	n K-12)					
1700 RIVERTON	ROAD						Name of the last o	private & com					c.)	
							Square Feet	# of Floo	rs	Bldg	. Age			
City (5)		County (6)	Cou	inty C	code	(7)	17000		2					
CINNAMINSON		Burlington					Current Use (P		molished)					
							COMMUNICA		(0)		-100		-	-
Name of Monitoring	Firm Hired b	y Building Own	er (8)		AS	CM No	Name of Abate BRISTOL EN	ment Contract	Or (9)					
USA ENVIRONM	IENTAL MAI	NAGEMENT		- /-	١.		Street Address		IAL IIVO					
Street Address 8436 ENTERPRI	SE VAL						1123 BEAVE							
City, State & Zip C							City, State & Z			2-2-10-1				
PHILADELPHIA							BRISTOL, PA							
	Manager for Monitoring Firm JENKINS				Nun 810		Telephone Nur 215-788-6040		Licens	se Num (ber 0050	9		
	iled Start Date (10) Scheduled Cor						Name of OSH				10			
	ON HOLD						BRISTOL EN		TAL INC					
Occupancy Status	ON HOLD upancy Status During Abatement (Check of Facility Closed/Vacated During Entire F			e) of Aba	atem	ent	Street Address 1123 BEAVE							
Abatement	Performed O	utside of Norma	al Hou	ırs ~	7am	to 3pm						1000		
	5:00 PM -1						BRISTOL, PA 19007							
I .	cupied During													
Scope of Work (Ch	neck all that a	oply)						Full Con	tainment wi	th Nea	ative	Pres	sure	8
	ı£		\square	Rer	nova	tion	ľ	Mini-End						
			Ħ		noliti		Ì		ag Procedu	res				
≥160 sf ≥2	00 11			-			Ì	Non-Exe	mpted and	Non-F				
	ocation of			Locat			Description		Amou		Aba	teme	ent T	ype
Asbe	stos-Containir	ng		nally		i	Asbestos-Cont		(Speci SF or L				ш	
	aterial (ACM)			olely tenar			Material (AC (i.e., thermal sy		SF OIL	-1)	Re	Z.	Encapsulate	Enclsoure
10	BE ABATED in Facility			odial			insulation, surfaci	ng, VAT			Remova	Repair	psu	Isou
	(13)			(12)			or other miscella	ineous)			<u>a</u>		ate	6
			Yes	No	N/	Α			4000 (
Basement Area							VAT/MAST	IC	1900 \$	SF	M	片	片	H
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			님	H	+						Ħ	Ħ	Ħ	而
10 11	- d Marta Har	lor		I L	IDE	□ □ □ Wast	e Cubic Yards	Name of Reg	istered Lan	dfill				
Name of Register	ed vvaste nat	iei		100,000		ID No.	프레 [4구]일상(1)(1)(1) ((() () () () () () () (
SERVICE TRAN	SPORT GR	OUP, INC.	*	10000	0990		20	MINERVA L	ANDFILL					
City, State NEW CASTLE,							Disposal Date	City, State WAYNESBI	JRG, OH 4	14688				
Completed By (Pr			:	Ti	itle		Signature				Date			
				177.5	0.0000000	I. MGF	MGR. Patrick J. De Care Je 7/16/14							
	TRICK T. DeCaro						1 work	7 0	17	~	-	-	-	2

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

Cle#2665

Date of Notification (1) 7/16/14		Name of Building O		(2)					
Agencies Notified Type Notifica	tion	Street Address	IONICATIONS						
⊠ EPA966/		1700 Riverton R	oad						
☐ DEP ☐ Initial		City, State & Zip Co							
☑ DOL9654 ☐ Amen	(T)(T)(T)	Cinnaminson N.	08077						
☑ DOH9647 ☐ Emer		Name of Contact			Tel	ephon	e Nur	nbe	r
☐ DCA ☐ Cance	ellation	ALEX BAYLOR							
		FACILITY INFO							
Name of Facility Where Abateme		(3)	Type of Facility School (K-						
Street Address	· C			er 8 (Other than K-	12)				
1700 RIVERTON ROAD				private & commerc		home	s. etc	:.)	
1700 KIVERTON KOAD			Square Feet	# of Floors		g. Age			
City (5)	County (6)	County Code (7)	17000	2		-			
CINNAMINSON	Burlington			rior if being demol	ished)				
On the American			COMMUNICA	ATIONS					
Name of Monitoring Firm Hired b	y Building Owner ((8) ASCM No.		ement Contractor (9					
USA ENVIRONMENTAL MAN	AGEMENT			IVIRONMENTAL	INC				
Street Address			Street Address						
8436 ENTERPRISE AVE			1123 BEAVE						
City, State & Zip Code PHILADELPHIA PA 19153			City, State & Z BRISTOL, PA						
Project Manager for Monitoring F	irm Tel	lephone Number	Telephone Nu		License Nur	nber			
MARK JENKINS		5-365-5810	215-788-604			00509	9	========	
	Scheduled Comple	etion Date (11)	Name of OSH			W: 46- 55			5,12211
8/4/14	150	15/14		IVIRONMENTAL	. INC				
Occupancy Status During Abater	nent (Check only o	one)	Street Address						
Facility Closed/Vacated I			1123 BEAVE City, State & Z						-
Abatement Performed O		nours – ram to spin	BRISTOL, PA	30.000					
Describe: 5:00 PM -1 Facility Occupied During			BRISTOL, FA	A 13001					
Scope of Work (Check all that ap									-
		_2	,	Full Containr		gative	Press	ure	
≥3 sf or ≥3 lf		Renovation	, [Mini-Enclosu	2.00				
≥160 sf ≥260 lf		Demolition	Į	Glove Bag P				ą.	et a compa
				Non-Exempt					
Location of	the second secon	Is Location ormally Used	Description Asbestos-Conta		Amount (Specify	Aba	temer	IL I	ype
Asbestos-Containin Material (ACM)	9	Solely by	Material (AC	X13x17x111 X 21	SF or LF)	1_		щ	
TO BE ABATED	Ma	aintenance or	(i.e., thermal sy			en	Re	car	ncl
in Facility	Cu		nsulation, surfaci			Remova	Repair	Encapsulate	Enclsoure
(13)	Ye	(12) es No N/A	or other miscella	neous)		=		ate	œ.
December Avec	1.22		VAT/MAST	IC .	1900 SF		\Box	П	П
Basement Area	F	러님	TATALIA .	-		H	H	Ħ	
		1717				TH	Ħ	$\overline{\sqcap}$	

		i i i i i i i i i i i i i i i i i i i							
Name of Registered Waste Haul	er		Cubic Yards	Name of Registere	ed Landfill				
		Hauler ID No.	of Waste	MINERVA LAND	SEIL I				
SERVICE TRANSPORT GRO	OUP, INC.	20990	20		JFILL		-		8-1-
City, State NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG	, OH 44688				
Completed By (Print or Type)		Title	Signature	The state of the s		Date			
PATRICK T. DeCaro		PROJ. MGR.	Ot il	1.19 Caro	1 il	7/16/	14		
£			Fatrick J. O' Caro / jl 7/16/14						

NO CK

ETS JOB # 4243/14						AMENDINE	
Date of Notification (1) 7/31/14		Name of Build THE PORT A	ing Owner	/ Operator (2)	ORK & NEW	JERSEY	PM 3:40
Agencies Notified Type Notification EPA		Street Address 241 ERIE ST	5	OOM 236		3	Sult Rule
DEP Initial Notif		City, State & Z				CE LIL.	Cartill
DOL Amended	The contract of the contract o	JERSEY CIT		310			
DOH Cancellation	27.0	Name of Conta	7 (C. C. C	N.		1376	elenhone Number
DCA		MR. RALPH					
		FACILITY	INFORM	IATION		7	
Name of Facility Where Abatement is ALASKA AIRLINES - TERMINAL			Тур	pe of Facility (4) School (K-12)			
TICKETING MACHINES Street Address				Subchapter 8 (0	Other than K-1	12)	
NEWARK LIBERTY INTERNATION	NAI AIRPOI	RT		Other (i.e., priva			s, homes, etc.
3 BREWSTER ROAD	ALL AIR O				# of Floors		dg. Age
	nty (6) Co	ounty Code (7)		1.2 MIL.	2		50+
NEWARK ESS	The state of the s		Cu	rrent Use (Prior if	being demoli	shed)	
Name of Monitoring Firm Hired by Bui CARDNO ATC	ding Owner (8)	ASCM 98		me of Abatement))	
Street Address 104 E. 25TH STREET - 10 TH FLO	OR		Str	eet Address O CLAY STREE			
City, State & Zip Code NEW YORK 10010			Cit	y, State & Zip Co	de		
Project Manager for Monitoring Firm PATRICK SISK		phone Number	r Te	lephone Number 8-706-6300		License Nu	umber 00511
	duled Completi	on Date (11)	7.72	me of OSHA Mor	nitor		
Occupancy Status During Abatement Facility Closed/Vacated During	(Check only on	e)	Str	reet Address 59 JACKSON	AVENUE		
Abatement Performed Outside			Cit	ty, State & Zip Co			
Describe: MONDAY - FRI Other - Describe:				ONG ISLAND C		01	
Scope of Work (Check all that apply) Demolition Large Project Quantity is ≥ 3 SF or ≥ 3 LF A Quantity is ≥ 160 SF or ≥ 260				Mini-End	tainment with closure g Procedure	Negative P	ressure
Location of		Location		Description of		Amount	Abatement Type
Asbestos-Containing Material (ACM) TO BE ABATED	8	mally Used Solely by ntenance or	1	oestos-Containing Material (ACM) , thermal systems	Squa	Specify are Feet or lear Feet)	(Specify: Removal, Repair, Encapsulation or
in Facility (13)		todial Staff?	insula	ition, surfacing, V. her miscellaneous	AT	,	Enclosure)
GROUND FL TERMINAL A - PASSENGER SELF TICKETING		NO	FI	REPROOFING	2 0	12 SF	MINI ENCLOSURE
MACHINES							
Name of Registered Waste Hauler TRI-STATE TRANSFER	NJD	EP Waste Hau		Cu. Yds. of Wa	aste Nam	e of Registe	ered Landfill TERPRISES, INC.
City, State 1199 RANDALL AVENUE, BROM	IX, NY 10474	Disposal Date City, Stat TBD 9000 MI				State	A ROAD,
Completed By (Print or Type) Richie Smith	Title Project Exe			Signature WAYNESBURG, OI			Date 7/31/14

CK 19265





Date of Notification (1) 07/31/2014					Building Owner AWAY BOR			OOL DISTE	NCT	12			**			
Agencies Notified Type Noti	fication			Street A		JUGH 3			(IC)	AUG-	5 F	17 5	· i · [
					AST MAIN S	TREET			0.0				(
DEP Ame	nded		- 1		te, Zip Code	7000					-		-			
— × Eme	ndment # rgency (ir				AWAY, NJ 0	7866			7,	de LIU	<u> Nu</u>	بالال	- /	92		
	fication) cellation				PLETON				l iei	anho- '	iUU IT		1	1		
				FACI	LITY INFORMA	TION										
Name of Facility Where Abatement LINCOLN ELEMENTARY S)				enno	e of Facility (4	60							
Street Address	011001						×	School (K-12 Subchapter 8		er than K-1	2)					
37 KELLER AVENUE							Ö	Other (i.e. pr				dings	home	es,		
City (5)							Squ	are Feet	# 0	Floors	E	Bldg. A	ge			
ROCKAWAY																
County (6) MORRIS					Code (7) JSE ONLY)		Cur	rent Use (Prio	r if bei	ng demolis	hed)					
Name of Monitoring Firm Hired by B				ASCN				atement Cont								
WEST CHESTER ENVIRON	MENTA	AL, LLC	3	0012	7			OTHERS	CONT	RACTIN	IG, IN	IC.				
Street Address 307 NORTH WALNUT STRI	EET					Street 250		ess HERFORD	воц	JLEVAR	D					
City, State, Zip Code WEST CHESTER, PA 1938	0							Zip Code N, NJ 07014	 !							
Project Manager for Monitoring Firm			10	Telepho	ne No.	Telepl		-		License N	No.			_		
PHILLIP CONTEH	61				31-7545	973-	956-	8700		00494						
Start Date (10) 08/01/2014	1.33	Scheduled Com 08/04/2014			Date (11)			SHA Monitor S NO 9 (AB	OVE)						
Occupancy Status During Abatemen	nt (Check	Only On	ie)			Addr	ess									
Facility Closed/Vacated During																
Abatement Performed Outside Other – Describe: FRIDAY AF		al Facility	Hours			City, S	State,	Zip Code								
Scope of Work (Check All That App	ly)															
23 sf or ≥3 lf			lenova				4 「	ull Containme	nt with	Negative	Pressu	re				
× ≥160 sf or ≥260 lf			emolit	ion		Ė] G	lini-Enclosure Hovebag Proce	edure							
10471.00				7		L	l N	lon-Exempted	(*) an	d Non-Fria	ble Pro	VS-11 - 200	W (10-1			
		7.0	Locati Iormall		0 		9						ement rpe			
Location of Asbestos-Containing Material (A	CM)	Use	d Sole	ly by	Asbestos Co	escription ntaining N		al (ACM)	А	mount			т			
TO BE ABATED In Facility			odial S		(i.e. therm	al system facing, VA				pecify or LF)	Remova	Repair	ncap	Enclo		
(13)			(12)			miscellar		hers.		,	loval	pair	Encapsulate	Enclosure		
7		Yes	No	N/A				0					fe ⁻			
ROOM B7			12	X	CE	ILING T	ILE		40	00 SF	X					
ROOM B7	4			X	PIPE	INSULA	ATIC	N	4	1 LF	Х					
Name of Registered Waste Hauler			I N	JDEP W	aste Cub	ic Yards	2000	Name of R	eaiste	red Landfil						
TWO BROTHERS CONTRAC	TING,	INC.	Н	auler ID 3743		aste		GROWS			E					
City, State CLIFTON, NJ 07014						osal Date 04/2014		City, State		.E, PA 19	A 19067					
Completed by		Title				Signature		 . 			ate					
VIVECA RAMOS		PROJECT COORDINATOR			U	in	ia M	m	~ 0	7/31/2	2014					

	2 Two Brother		actin	g			F	XX973 956 8833			10000	002
1EMBER - MAIL	IN HARD CO)PY		HOLTADI	nto of New Jersey I OF ASBESTOR A to NJAC 8:50 and			1	00L		0 D	AY
Date of Notification (1) 07/31/2014				Name o	Building Owner/Op	ostalor IGH S	(2) CHOOL DIST	RICT	AUG		_	014
Agencies Nollfled	Type Notification			Street A 103 E	ddress AST MAIN STR	EET		1	œ.Ì	数	W	
E DEP	Initial Amended Amendmen				ita, Zip Code AWAY, NJ 078	68		WAI	VER	AF	PR	Û۷
NOON NOON	justilication Cancellation)		Name g	Contact PLETON			Tetechone No	mber			
				PAC	LITY INFORMATIO	M						
Name of Facility Where LINCOLN ELEMEN Street Address 37 KELLER AVENI	NTARY SCHOOL		a) ——				Type of Facility (School (K-1 Subchapter Other (i.e. ;	00 .	12) olal bui	dinga	, אפרום,	99,
City (5) ROCKAWAY			7.00				Square Feet	# of Floors		3ldg. /	\go	
County (d) MORRIS					Code (?) USB ONLY)	_	Current Use (Pri	of It solned to so	2h3d)			
Name of Monitoring Firm WEST CHESTER I				ASCN 0012			BROTHERS	OONTRACTI	VG, IA	ic.	11	
Street Address 307 NORTH WALK	IUT STREET			-			Addmin RUTHERFORI	D BOULEVAR	D	į g	1	
Cily, Stale, Zip Code WEST CHESTER,	PA 19380			04/40/00	,		ete, Zip Code FON, NJ 0701	4		-1-	1	
Project Manager for Mor PHILLIP CONTEH	nitoring Firm			Talapho 610-43	ne Na. 31-7545		one No. 668-8700	Ucense 00494	No.	7	ż	~
Start Date (10) 0B/01/2014		Scheduk OB/04/2		npiellon	Data (11)		OF AS NO 9 (A	BOVE)		7	i	c.
Occupancy Status Durin Facility Closed/Vac			oorde.			Street	Address					ć
Absiement Perform Dihar - Describe;	red Outside of North	mai Papility M	Hour	D		Oity, Bi	ale, Zip Code		- (
Scope of Work (Check A 23 of or 23 if 2100 of or 2200 if	I Thet Apply)		lensys Bamell		R		Mini-Englosum Glovebag Prod	90 0 t 10 00 00 m ac			78	
Location	ı of	1	Locat	lly	Dage	arlptton				Abat	emant /pa	
Asbesics-Containing TO BE AB in Pacif (13)	Meterial (AGM) ATED Ity	Ma Gual	d Sole Into no todini 1 (12)	nos/ Busin?	Asbestos Conte (i.e. therms) 6 surfaci other mi	ining M yetems	aledmi (ACM) Insulation, I. or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Endosure
		Yes	No	NA							NT .	
ROOM	87			X	CEILI	NGT	LE	400 SF	X		1 1	

ASB-41 (R-09-08)

Name of Registered Waste Hauler

City, State CLIFTON, NJ 07014

Completed by VIVECA RAMOS

TWO BROTHERS CONTRACTING, INC.

"Do not use this form for asbestoe licensure exampled activities.

MORRISVILLE, PA 19087

Date

07/31/2014

Name of Registered Landilli

GROWS

Chy, State

33 -8 Hd S-9714 MB

Cubio Yarda of Waste

08/0#/2014

NJDEP Weste Hauler ID No. 18743

PROJECT COORDINATOR





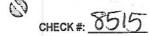
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

	otification (1):		Name o	f Build	ing Own	ner/Operator (2)			THE AUG	-5	Pil	7. :			
07/29/201			Newark Street A		SING A	unority							-		
Agencies Notified	Type Notificat		500 Bro							~ ,	· ~	- 15.			
EPA	x initial ☐ Amended			-	Code:				9 mr	LEN.	11847.	175.1			
DEP	Amendment#:		Newarl	1				711				i	3		
DOL	□ Emergency		Name o		act:			Telephone	Number:			,	O		
e/pou	(including justification	i)	Al Mor	nno											
□ DCA □ DCA	□ Cancellation			7.5	110				100						
				10		FACILITY INFO									
Name of I	Facility ADM	INISTR.	ATIVE	BUILE	DING		Type o	f Facility (4):					- 1		
71 LUDL	OW STREET						□ Subc	ool (K-12) chapter 8 (Other than K-	12)		8				
City/ (5)		County	(6):		County	Code (7):	X Othe	er (i.e., private & comme	ercial buildings, hor	mes, etc	c.)				
NEWARI	K	ESSEX			07104	, ,	Squar	e Feet:	# of Floors: 1						
							Bldg.	Age nt Use : House							
N	Monitoring Fi	m Hired	l by Bui	lding ()wner	ASCM No.:		of Abatement Contra	actor (9):						
DIVINE	ENVIRONM	ENTAL	oj Du.	iumb c		00146		Development, Inc							
Street Ad	ldress:		1				Street	Address:							
	DADWAY														
								Rutgers Place							
City, Stat	ty, State, Zip Code:						City,	State, Zip Code:							
Newark	Jewark, NJ 07104						Paramus, NJ 07652								
	roject Manager for Monitoring Firm: Telephone					Telephone No.:	Telep	hone No.:	License No.:						
NKIRU.						201-483-9788	(973) 350-0101 01215								
Start Dat 08/8/14	re (10):		Schedule 0/12/1		pletion	Date (11):	Name of OSHA Monitor: Metro Analytical Laboratories								
	y Status During	11 (2)			ne)		Stree	t Address:							
	Closed/vacated					t	255 V	West 36th Street, Suit	te 203				3		
☐ Abatem Describe:	ent Performed C	Outside of	Normal	Facility	Hours			State, Zip Code: York, New York, 10	0018						
□ Other Describe:															
Scope of	Work (Check all	that app	ly):					E Full C	Containment with	Negat	ive Pro	essure			
□≥3 sf ⊕≥160	$ or \ge 3 \text{ lf} sf or \ge 260 \text{ lf} $				□ Reno □ Demo	vation olition		⊕Mini- □Glove	Enclosure bag Procedure xempted (*) and N						
			To	Locat	ion			F 140H-12	Acimpted () and)	1	Abate	ement			
	Location of			Vorma		, E	escripti	on of			Ту	pe			
Asbestos	s-Containing N	/aterial	Use	d Sole	ly by	Asbestos Cor	ntaining nal syste	Material (ACM) ms insulation,		_		田	H		
	(ACM)			intena ustodi		suri	facing, \	AT, or	Amount	Removal	Repair	Encapsulat	Enclosure		
TO	D BE ABATE! IN Facility	D		Staff		othe	r miscel	laneous)	(Specify	104	paii	psu	osu		
	(13)		37	(12)	N/A				SF or LF)	a		lat	re		
Caulki						Caulking Doo	r and w	indow	705 LF	*					
ROOF						Flashing, Pitch	h pocke	t and Vent Tar	2093 SF	*					
PIPE						Pipe and Boile	er Insul	lation	1437 LF	*					
Floor	Tiles					VAT	400 LF *								
Name of TRI-ST	Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC. NJDEP Waste Hauler				EP Waste Hauler II	auler ID No.: Cubic Yards of Waste: 30 Name of Registered landfill: MINERVA ENTERPRIS ASSOC, INC.				ISES					
City, State: Disposal Date:				City, State: Waynesburg, OH 44688											
Bronx, NY 10474				Signature: Date:											
Completed By: Title: Sylvester Oracegbunam President					07/29/2014										

Date of Notification (1)	21/14		Nai	ne of Buildin	g Owner/Operator	(2) Rosario	Things	~5	Fit				
	31/14		- Ctr	eet Address		Rosario			6-1-7-		=		
Agencies Notified	Type Notification Initial		Sur	eet Address	1	115 Revere	Pre.	, , ,	٠.,		_		
DEP	Amended Amendment #		City	, State, Zip (renton, NJ 08	3629	-ito,	NG		1		
DOH DCA	☐ Emergency (ir justification) ☐ Cancellation	iciuaing	Nai	ne of Contac			Telephone Num	har			3		
									100		_		
Name of Facility Where	Abatament in Takin	a Place /		ACILITY IN	FORMATION	Type of Facility	(A)						
Name of Facility Where		dential				School (K-1)							
Street Address	1115 Re					Subchapter	8 (Other than K-1) rivate & commerci	2) al build	dings,				
City (5)						Square Feet	# of Floors	BI	dg. A	ge			
	Trent	ton, N	J			1400	2	- _	70-	+/-			
County (6)	Mercer			ounty Code (SE ONLY)	7) (STATE	Current Use (Pr	ior if being demoli	shed)					
Name of Monitoring Firm		Owner	ASC	M No.		ment Contractor (9							
(8)	MECS				Ste	vens Environi	mental Servic	Services, Inc.					
Street Address					Street Address	200000000000000000000000000000000000000							
	PO Box 34	1				PO E	30x 322						
City, State, Zip Code			***		City, State, Zip 0		111.00504			7/2	5,275		
	rosswicks, NJ	08515				Allentow	n, NJ 08501						
Project Manager for Mo	Secretary of the second		Telepho		Telephone No.	50 0000	License No.	00493					
Lou I	_aureti		(000) 200 2010						3	_			
Start Date (10)	Sche	duled Cor	mpletion	npletion Date (11) Name of OSHA Monitor									
8/13/14		1000	15/14										
Occupancy Status Durin					Street Address	DO I	2 241						
☐ Facility Closed/Vaca				t			30x 341				_		
☐ Abatement Performe ☑ Other - Describe:		I Facility	Hours		City, State, Zip (ks, NJ 08515						
Scope of Work (Check	all that apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation nolition		☐ Mini-Er ☐ Gloveb	Intainment with Ne Inclosure Pag Procedure Rempted (*) and No	-	ıre					
		Islo	cation		LINOIPLA	tempted () and 140	on-i nable i roccue		Abater	nent			
		Non	mally		g				Тур				
Location Asbestos-Containing			Solely by enance/		Description o stos Containing Ma		Amount			_	m		
TO BE ABA	TED	Cus	todial		, thermal systems	insulation,	(Specify	Rem	Repair	nca	ncl		
IN Facility (13)	/		aff? 12)		surfacing, VAT other miscellane		SF or LF)	Removal	air	Encapsulate	Enclosure		
(10)		Yes	No N	'A	outer massinans			-		ılate	co'		
Baseme	ent		×		Boiler Insula	ation	50 sf	×					
					Pipe Insula		25 lf	×					
Dasciii	CIII		X	-	1 Ipo IIIouiu			1					
								+					
Name of Bogistered We	ete Hauler		I NIDE	P Waste	Cubic Yards	Name of Regi	stered Landfill		\Box		_		
Name of Registered Waste Hauler					of Waste	Traine of Regi	1						
	nvironmental		1	r ID No. 8292			T.R.R.F., I	nc.			_		
City, State					Disposal Date	City, State	/T.,11-4	DΛ					
Completed D	Allentown, I				8/15/14 Signature/	A /	Tullytown,	ГА					
Completed By Mahlon F. Ste	Title		iect M	anager	Signature	1 1/	Date	7/3	1/14				

ASB-41 MAR 00

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



Date of Notification (1)	Name of B	Building Owner/Op	erator (2)							
7/31/14		Street	SUNC	-Apt	5	Inc	12 -	5 ;		-
Agencies Notified Type Notification EPA Initial Amended	Street Add	i 05 \ e.,Zip Code	Bloo	mfiol	d	Av	<u>e</u> .			F _
☐ DEP ☐ Amended ☐ DOL Amendment # ☐ Emergency (in:		Lifton	W		3	ca L	ICE	M.	NO	
□ DOH justification) □ DCA □ Cancellation	Name of C	Contact Sh	atuel		Teleph	none Num	ber	^	•	1
Name of Facility Where Abatement is Taking F		ITY INFORMATIO		of Facility (4)						
Street Address Manda	Apodnes	172	□ St	chool (K-12) ubchapter 8 (ther (i.e. priv	Other th			ings, l	nomes	s,
City (5) a 1 Ci	Court			tc.)	# of FI			ldg. A		
MHTON 1	J			0,000		3	┸	(0)	0	
County (6) Passa 10	County Co		Currer	nt Use (Prior)	955	1	:a) <			
Name of Monitoring Firm Hired by Building Ow	ner (8) ASCN	/ No.	Name of Abate A. MAC Cont	ement Contra		The second second				
Street Address			Street Address 105 Lowell R		Unacida Distribution					
City, State, Zip Code			City, State, Zip Glen Rock, N							
Project Manager for Monitoring Firm	Teleph	none No.	Telephone No 201-262-584		L	icense No 00156				
Start Date (10) 8 2114	Scheduled Completion D	Date (11)	Name of OSH Omega Env	A Monitor vironmental S	Services	Inc.				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe			Street Address 280 Huyer St				-11			
☐ Abatement Performed Outside of Normal ☐ Other - Describe:			City, State, Zip Hackensack,	Code	Algorithm a bright display		RESEARCH STREET			
Scope of Work (Check All That Apply)										
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	Renovation Demolition		Mini-l Glove	Containment Enclosure ebag Proced Exempted (*)	iure					
	Is Location		U Non-	Exempled) and No	n-rnable	FIOCE	Abate	ement	
Location of	Normally Used Solely by		cription of		10		_	Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maintenance/ Custodial Staff? (12)	surfac	aining Material systems insulat ing, VAT, or iscellaneous)		(Spe	ount ecify er LF)	Removal	Repair	Emapsulate	Enclosure
0'1 - 0 - 3 0	Yes No N/A	20.0			11 -	1 :				_
Boiler Room 3-2		AP.	부		110	LT	X			
Poler Rom 3-2 Poler Rom 3-2	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	Boiler	TAPILE	tion 5	14O	SF SF	X			
Name of Registered Waste Hauler Rovic Transport	NJDEP Wa Hauler ID N 20785			Name of Re	Š		Corp.			
City, State, Zip Code Riverdale, NJ 07457	A CONTRACTOR OF THE PARTY OF TH	Disposa	2114	City, State, Bethlehem				-		
Completed by R. McDonald	Title President		gnature Pandal	Ka-ms	Jan d	LA Dat	e7/	31	JX	f



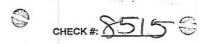
CHECK #: 856

Date of Notification (1)	Name of	Building Owner/Op						
7/80/14	Street Ac	JULO	Winters	114/110-5	Dir n	1		\dashv
Agencies Notified Type Notification	Street Ad	377.401.070.0701 (201)	ardine Ro	000				Name and Address of the Owner, Spinster, or other Persons of the Owner, Persons of the O
☐ EPA ② Initial ☐ Amended	City, Stat	te, Zip Code	0	CALA		77		\neg
☐ DEP ☐ Amended ☑ DOL Amendment#	_	Glen Ros	K NT	07452	41/16		0	
☐ Emergency (including	Name of		<u>M</u>	Telephone Nur	nber		200	
	1	Islia Win	ators	3,5 3,5 3,5 3,5 3,5 3,5 3,5 3,5 3,5 3,5				1
DCA Garicellation	FACIL	LITY INFORMATIO	ON ON		_			
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4	1)				and the second
Rosidoneo			☐ School (K-1)	2)				
Street Address			☐ Subchapter	8 (Other than K-12 rivate & commercia	2) al buildin	as ho	mes	
1100 Harding R	Dad		etc.)	ivate & commercia	ai bullulli	93, 110	11103,	
City (5)	<u> </u>		Square Feet	# of Floors	Blo	g. Age	9	
Glan Rock NI	0743	52	1700	2	1	5	\geq	
County (6)	County C	Code (7)	Current Use (Price	or if being demolish	ed)			-
bersen	STATEL	JSE ONLY)		deneg				
Name of Monitoring Firm Hired by Building Owner (8)	ASC	M No.	Name of Abatement Cor					and the same of th
			A. MAC Contracting Inc	The second secon				
Street Address			Street Address					
			105 Lowell Road					
City, State, Zip Code			City, State, Zip Code					
			Glen Rock, NJ 07452					
Project Manager for Monitoring Firm	Telep	hone No.	Telephone No.	License N	lo.			
			201-262-5841	00156				-
	ed Completion	Date (11)	Name of OSHA Monitor	l Candona Inc				under the same
9/10/19	138/11	4	Omega Environmenta	i Services inc.				\neg
Occupancy Status During Abatement (Check Only Or	ne)		Street Address					I
□ Facility Closed/Vacated During Entire Period of A	batement		280 Huyer Street City, State, Zip Code					
☐ Abatement Performed Outside of Normal Facility ☐ Other - Describe:	riours		Hackensack, NJ 07606	Ē.				1
One of Made (Charle All That Apply)								\neg
Scope of Work (Check All That Apply)			☐ Full Containme	et with Mogative P	raccura			
	enovation emolition		☐ Mini-Enclosure		ressure			
1 2160 \$1 01 2260 II	Ciriontion		☐ Glovebag Proc	edure	lo Proce	dura		
		T	☐ Non-Exempted	(*) and Non-Friab		Abate	ment	
	s Location					Тур		
Location of Us	Normally ed Solely by	De	escription of	Amount			_	
Asbestos-Containing Material (ACM)	aintenance/	(i.e. therma	ntaining Material (ACM) I systems insulation,	(Specify	8	2	828	Enc
In Facility Cus	stodial Staff? (12)		acing, VAT, or	SF or LF)	вустве	Rapair	Encapsulate	Enclosure
(13)	()	otner	miscellaneous)		B	7	late	9
Yes	No N/A				-	-	-	
Attic / top floor	X	aspestos a	ontaine Vermicule	PLOLF	X			
The state of the s			0.			-		
					+	-	-	
				Deviate and Law 451				
Name of Registered Waste Hauler	NJDEP V Hauler ID			Registered Landfil				
Rovic Transport	20785	ito.	JESI PA	. Bethlehem Landfil	I Corp.			
City, State, Zip Code				te, Zip Code				
Riverdale, NJ 07457		8	18/14 Bethleh	em, PA 18015				
Completed by Title				1011	Date /	2	12	1
R. McDonald President	dent	The state of the s	Signature Panfall A-M	Janto	110	<u> </u>		<u>r</u>



CHECK#: 8515

Date of Notification (3) Agencies Notified Type Notification Streat Address Strea
□ DEP Amendment # Emergency (including justification) □ DCA □ Cancellation
DOL
DOH
Name of Facility Where Abatement is Taking Place (3) Street Address Street Address City (5) Name of Monitoring Firm Hired by Building Owner (8) Street Address
Street Address Street Address Street Address City (5) County (6) County (6) County (7) Strate Use ONLy) Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Street Address Street Address Street Address Street Address City, State, Zip Code Glen Rock, NJ 07452 Project Manager for Monitoring Firm Street Address Start Date (10) Schedulad Comptetion Date (11) Occupancy Status During Abatement (Check Only One) Street Address Street Address Street Address Street Address 105 Lowell Road License No. 00156 Start Date (10) Schedulad Comptetion Date (11) Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Other (i.e. private & commercial buildings, homes, etc.) Square Feet
County (6) County (6) Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Street Address City, State, Zip Code Start Date (10) Scheduled Completion Date (11) Coccupancy Status During Abatement (Check Only One) Street Address 280 Huyer Street City, State, Zip Code
County (6) County (6) County (7) STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Street Address 5733 Same H. Subel 3 City, State, Zip Code Glen Rock, NJ 07452 Project Manager for Monitoring Firm Telephone No. 201-262-5841 Name of OSHA Monitor Omega Environmental Services Inc. Street Address Street Address
County (6) County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) Street Address 5733 Same H. Supe 13 City, State, Zip Code Street Address Street Address Street Address Street Address Street Address Street Address 280 Huyer Street City, State, Zip Code
Name of Monitoring Firm Hired by Building Owner (8) Street Address 5733 Samew H. Sube 13 City, State, Zip Code Glen Rock, NJ 07452 Project Manager for Monitoring Firm Telephone No. 50143344 Scheduled Completion Date (11) Name of Abatement Contractor (9) A. MAC Contracting Inc City, State, Zip Code Glen Rock, NJ 07452 Telephone No. 201-262-5841 Name of OSHA Monitor Omega Environmental Services Inc. Street Address 280 Huyer Street City, State, Zip Code
A. MAC Contracting Inc Street Address 5733 Same St. Supe 13 City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Glen Rock, NJ 07452 Project Manager for Monitoring Firm Telephone No. 201-262-5841 Start Date (10) Scheduled Completion Date (11) Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement A. MAC Contracting Inc A. MAC Contracting Inc Street Address 105 Lowell Road City, State, Zip Code Glen Rock, NJ 07452 Telephone No. 201-262-5841 Name of OSHA Monitor Omega Environmental Services Inc. Street Address 280 Huyer Street City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code
Street Address 5733 Same St. Supe 13 City, State, Zip Code Vew Owns A 70133 Project Manager for Monitoring Firm Telephone No. 201-262-5841 Street Address 105 Lowell Road City, State, Zip Code Glen Rock, NJ 07452 Telephone No. 201-262-5841 Street Address 105 Lowell Road License No. 00156 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Omega Environmental Services Inc. Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Street Address 280 Huyer Street City, State, Zip Code
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Project Manager for Monitoring Firm Telephone No. Start Date (10) Scheduled Completion Date (11) Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Glen Rock, NJ 07452 Telephone No. 201-262-5841 Name of OSHA Monitor Omega Environmental Services Inc. Street Address 280 Huyer Street City, State, Zip Code Understand NJ 07606
Start Date (10) Start Date (10) Scheduled Completion Date (11) Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours 504+324-9[clo7] Name of OSHA Monitor Omega Environmental Services Inc. Street Address 280 Huyer Street City, State, Zip Code Understand N. 107606
Start Date (10) Scheduled Completion Date (11) Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Name of OSHA Monitor Omega Environmental Services Inc. Street Address 280 Huyer Street City, State, Zip Code Literate N. 107506
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Omega Environmental Services Inc. Street Address 280 Huyer Street City, State, Zip Code Unstreament N.1.07606
Security Status Butling Abatement (Check Only She) Facility Closed/Vacated During Entire Period of Abatement 280 Huyer Street City, State, Zip Code City, State,
Abatement Performed Outside of Normal Facility Hours
Scope of Work (Check All That Apply)
□ ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure
□ Demolition □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure
Abatement
Location of Normally Description of
Asbestos-Containing Material (ACM) TO BE ABATED Used Solely by Maintenance/ Custodial Staff? Asbestos Containing Material (ACM) Amount (i.e. thermal systems insulation, (Specify Custodial Staff?)
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)
Yes No N/A
Basement X VAT 1190 SFX
Bathrooms & closet X vat + mastic 765F X
Pathrooms + closet & Plaster 190 SF X
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill
Rovic Transport Hauler ID No. 20785 IESI PA Bethlehem Landfill Corp.
City, State, Zip Code Riverdale, NJ 07457 Disposal Date Bethlehem, PA 18015
Completed by R. McDonald President Signature Rankal A. M. Sandal Date 30



Date of Notification (1)		IN	lame of	Building Owner/C							-	\neg
7/30/14				DORIS		nccull	ML	1114 AL	JG - 5	5 P	: :	
Agencies Notified Type Notification			Street Ad		wer	na Vist	10	Ano				- Indiana
☐ EPA			City, Stat	e, Zip Code	i Ci	100 010	·		111	N.	lku	
✓ DOL Amendment ☐ Emergency (The second secon	-		Hawt	<u>ho</u>	me lu	\mathcal{I}_{\bullet}	075	10	5	1190	
☑ DOH justification)☑ DCA ☐ Cancellation			Name of	Contact	نه ۸ ه	111.00	1 016	ephone Nur	nder			.
L DOA L CARCERATION			FACIL	ITY INFORMAT	1100	AMAINI					~3.453 <i>0</i> 000	
Name of Facility Where Abatement is Taking	g Place (3)					Type of Facility ((4)					
Street Address						 □ School (K-1 □ Subchapter 	8 (Other	than K-12)			-
al Buena)	lista	X	tre			Other (i.e. p etc.)	rivate &	commercia	al buildi	ngs, i	nome	s,
City (5)	A (==		2342 835max			Square Feet	# of	Floors	В	ldg. A		\neg
Hawthorne	W			506		Current Use (Pri	or if boin	2 a demolish	od)	-5	0	
County (6) Passaia			County C STATE U	se only)		ROS1			eu)			a de la constanta
Name of Monitoring Firm Hired by Building 0	Owner (8)		ASC	M No.	 2007/9704/0704 	of Abatement Con AC Contracting Inc	ntractor (
Street Address						Address _owell Road						
City, State, Zip Code						State, Zip Code Rock, NJ 07452				(The second second
Project Manager for Monitoring Firm			Teleph	none No.		hone No. -262-5841		License N 00156	0.			- Millian Millian
Start Date (10) 81514	Schodula	25	noitein E	Date (11)		of OSHA Monitor ega Environmenta		es Inc.				
Occupancy Status During Abatement (Che		e)	1			Address						interestation
 ✓ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of Nom ☐ Other - Describe: 			nt		City, S	Huyer Street State, Zip Code ensack, NJ 07606	5					\Box
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	T .					Non-Exempted	() and	NOH-F Habi	1		emen	
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai Cust	d Solely ntenan odial Si (12)	ce/ taff?	Asbestos Co (i.e. therma surf	ntaining	Material (ACM) is insulation, AT, or	(5	mount Specify F or LF)	Removal	Rapair	Emapsulate	Enclosure
	Yes	No	N/A				0	310	107		-	\vdash
Baseme 11 H			X	Pipe	2,		656) LF	X			
									-			
Name of Registered Waste Hauler			JDEP W		Yards	Name of	Registe	red Landfill			1	\vdash
Rovic Transport	4		auler ID I 20785	NO. FOT VV	$^{\text{aste}} 2$			em Landfill	Corp.			
City, State, Zip Code Riverdale, NJ 07457				8	sal Date	Ψ Bethleh	te, Zip C em, PA	ode 18015				
Completed by R. McDonald	Title Preside	ent			Signatur	Lela M	1-12	IN Di	7/=	30	114	

NJ Dept of Health & Senior Service	es		C1-1	e all Nove In					·	· Cr	**************************************	<u>. </u>
Date: 7 201 The: 3:5		(Pu	ATION C	te of New Je DF ASBEST 1 NJAC 8:60	OS ABATEI and 12:120)}		2314 ALS	CK#	. <u>&</u>	<u>؛ (ر</u>	2
Date of Notification (1) 7/30/14		1	Ī	Soliding Own	er/Operator		acd		a	, , , ,		
Agencies Notified Type Notification		AND PROPERTY.	Street Ad	dress OA	Sun	nni+	L A	a CLI	. Li	401	ΥÚ	
☐ DEP ☐ Amended ☐ DOL		_	City, State	a, Zip Code	أماما	ν.	77	7090				
☑ DOH	uding	Orcentific	Name of	Contact Cett T	30 ff	rod		Telephone Num			,,,	
Name of Facility Whore Abatement is Taking Pl	-1 -		HAGIL	ITYINFORM	MATION	Туре	of Facility (4)				السيادي	
Street Address 402 Summir	CLU	3r	0			日 Si 図 O) (Other than K-12) vate & commercial		ings, I	T ome:	S,
City (5) Library and N	۲ /	2000	990)			e Feet	# of Floors	T B	ldg. A	ge) ()
County (6)	<u>J</u> ;	1	County C	ode (7) SE ONLY)		Andrews .	-	if being demolishe		ما	12	ido
Name of Monitoring Firm Hired by Building Own	ier (8)		ASC	I No.			ement Cont	Account of the last of the las	f	PI		0
Street Address	41 10 to 1	****	1		Stree	t Addres	s	<u> </u>				
Clly, State, Zip Code					City,	State, Zi						
Project Manager for Monitoring Firm		T	Teleph	ione No.	Telej	phone No),),	License No				
Start Date (10) 7/21114 5	chedule		pletion E	Pats (11)	Name		A Monitor	00156 Services Inc.				
Occupancy Status During Abatement (Check to Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal to Other - Describe:	od of A	e) bateme	-	F	Stree 280 City.	et Addres Huyer S State, Zi	is Feet					
Scope of Work (Check All That Apply)	-						***************************************	, , , , , , , , , , , , , , , , , , , 				
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	ls	Locati	on			□ Non-	exampled (7 and Non-Friable	Proc	Abat	emen /pe	t
Location of Asbestos-Containing Material (AGM) TO BE ABATED In Facility (13)	Use Ma	lamov d Sobe d Sobe intenar s latbot (12)	ly by nce/	(i.e. th	Descriptions Containing ermal system surfacing, Vother miscolla	Materia ns insula AT. or		Amount (Specify SF or LF)	Банрув	Repair	Encapsuída	รายอย่างเล
11.77	Yes	No	N/A						=	1	B.	3
Basement Balerram			X	Pix	e ms	ultot	ow	180 LF	1	-	-	
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Name of Registered Waste Haufer			JDEP W		Cubic Yards		Name of F	Registered Landfill	_	-		
Rovic Transport			auter ID I 20785	No.	of Waste		IESI PA E	Bethlehem Landfill (Согр.			- المواسوة
Cily, State, Zip Code Riverdale, NJ 07457					Disposal Det	14	Bothleher	, Zip Code n, PA 18015			- Ard	
Completed by R. McDonald	Title Presid	ent			Signati	ro La	ua.m	Danta Da	7/	30 l	14	



CK#24603

Date of Notification (1)	31/14				Name	of Buildin	g Owner/Operator SI	(2) .MAO.HAI.,	LLC. G G		~, 		
Agencies Notified	the second second second	Notification			Street	Address							_
⊠ EPA	Init						4	13 Albemarle	Rd				_
DDEP	An	nended nendment # nergency (in		-	City, S	State, Zip (Code La	wrence, NFC	8648	. Noin	ت	02	?. ∌
⊠ DOH	_ jus	stification)	icidaling	1	Name	of Contac			Telephone Nu	mber			
□ DCA	☐ Ca	ncellation					Joe Shelmet						_
					FAG	CILITY INF	ORMATION						
Name of Facility Where	Abatem			(5.30000)				Type of Facility	(4)				
		Resi	denti	al				School (K-1)	2) 8 (Other than K-	12\			
Street Address		43 Albe	emarl	e Rd				Other (i.e., p	rivate & comme	rcial buil	dings	6	
City (5)								Square Feet	# of Floors	В	dg. A		
*		Lawr	ence	NJ				1100	1		7	0	_
County (6)	Л					nty Code (ONLY)	7) (STATE	Current Use (Pi	ior if being dem				
	1ercer	D 11.11						ent Contractor (9	residence	e			_
Name of Monitoring Firm (8)	N/A	y Building (Jwner		ASCM	NO.	The second secon	ens Environi	FOLD (1997)	COS IT)C		
Street Address	11/7			 1			Street Address	ens Environ	nemai Servi	.003, 11	ic.		_
Officer Address							Oli eet Address	PO F	30x 322				
City, State, Zip Code							City, State, Zip C						
									n, NJ 08501				
Project Manager for Mor	nitoring F	irm		Tele	phone	No.	Telephone No.		License No.		200		
							(609) 25	59-9688		0049	3		_
Start Date (10)		Sched			tion Da	te (11)	Name of OSHA		DOG				
8/13/14				3/18/	14			M	ECS				_
Occupancy Status Durin							Street Address	PO F	341 Sox 341				
Facility Closed/Vacat Abatement Performe							City, State, Zip C		OX 341				_
Other - Describe:				ty Hou	13		City, State, Zip C		ks, NJ 08515	;)			_
Scope of Work (Check a	all that a	pply)					Π = " 0 : .	atalaana ata dib Nia	ti D				
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≥160 sf or ≥260 lf			De De	emolitic	n		Gloveba	ag Procedure empted (*) and No	un Eriabla Proces	duro			
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Location Asbestos-Containing N		(ACM)		d Solel ntenan		Asbes	Description of tos Containing Mat		Amount		_	_	ш
TO BE ABA	TED	100000	-	ustodia Staff?	al		thermal systems i	nsulation,	(Specify	Remova	Repair	nca	inclo
IN Facility (13)	'			(12)			surfacing, VAT, other miscellaned		SF or LF)	ova	Ē.	Encapsulate	Enclosure
×			Yes	No	N/A							late	Ф
Exterior H	Iouse				×		transite sid	ing	200 sf	×			
Name of Registered Wa	ste Haul	er			JDEP \		Cubic Yards	Name of Regi	stered Landfill				
Stevens E	nviron	mental			lauler IC 182	No. 292	of Waste 1 CU		GROWS L	andfill			
City, State							Disposal Date	City, State					
	Aller	ntown, I	NJ				5/20/14,	1 4	Morrisville	e, PA			
Completed By		Title			.)	and the same of th	Signature	~//	Date	7/01	/1 4		
Mahlon E. Ste	evens		Pı	ojec	t Mar	ager	7/31/14						

CK 4263

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	of Notification (1)						Building (perator	(2)	ζ	MA		••••			69
	ncies Notified	Туре	Notification		-	Street Ac	dress		200000000			· 4:	// <u>^</u> \ <u>\</u>	Pii,	*,		9.
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×	DEP DOL		Amended Amendment				te, Zip Co City No		1			Q L/4	E ho	·	21 30		
×	DOH		Emergency justification)		100		Contact					Tele	phone N	umber			
	DCA		Cancellation			and the second	nderson		ON	x0 - 17 - 3							
10300000	ne of Facility Where	Abater	nent is Takin	g Place (3)		FACIL	LITY INFO	KWAII	ON	Туре	of Facility (4	1)			<u> </u>		
Dei											School (K-1			46)			
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City	(5)			***************************************						Squa	etc.) are Feet	# of	Floors	E	ldg. A	ge	-
	antic City NJ 084	101								100		2			5 +		
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	et Address					1			Street							,	-
										Зох З							
City	, State, Zip Code									10000	Zip Code Iin NJ 080	91					
Proj	ect Manager for Mor	nitoring	Firm			Telephor	ne No. 4-1683		The second second	hone 1 753-	No. 9800		License 00727				
	t Date (10)			Schedule		npletion l	Date (11)		Name	of OS	SHA Monitor						
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	upancy Status Durin		ed Western		175				Street	Addre	ess						
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				le.	Locat	ion				i N	on-Exemple	1 () an	d Non-Fil	lable Fit	Abat	emen	t
	Locatio	n of		N	lorma	lly		De	scription	n of					Ty	ре	_
	Asbestos-Containing TO BE AB	•		Mai	d Sole intena	nce/		tos Con			al (ACM)		mount Specify	l D	_	Enc	m
	In Fac	ility		Cust	odial ((12)	and the second second	(1.0.	surfa	cing, V/	AT, or	1		or LF)	Removal	Repair	Encapsulate	Enclosure
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	Roc	of				х			Roof			19	20 SF	x			
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	th Teck					6429	8)	1642	9		ACUA				-		
	, State enfield NJ							Dispo 8/20/	sal Date 14	е	City, Stat 6700 D		Rd EH	T NJ 0	8234		
	npleted by hony T Perna			Title Presi	dent			1	Signatur	0				Date 7/31/1	4		
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P Emergence	YIX	No			OF ASBE			ENT	CK	C	42	48	_	C	5	
Date of Notification (1) 8/31/14					Building O ildren's		erator (2	2)		Alig	,	-			2,	
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				FACIL	ITY INFO	RMATIO								_		
Name of Facility Where Abateme The Children's Home	ent is Taking	Place (3)							of Facility (4 School (K-12	2)						
Street Address 243 Pine Street									Subchapter Other (i.e. pretc.)				ding	s, ho	mes	s ,
City (5) Mt Holly NJ 08060								Squa 1000	re Feet 0+	# of 1	Floors	- 1	31dg. 35 +	0.500		
County (6) Burlington				County C	ode (7) SE ONLY)			Curre	ent Use (Pric	r if bein	g demoli	shed)		-		
Name of Monitoring Firm Hired to JAG Environmental	y Building O	wner (8)		ASCM	Ņo.	1000	Name o		itement Con nc.	tractor (9)		- ny d			
Street Address 3111 Route 38 Suite 11						100	Street A									
City, State, Zip Code Mt Laurel NJ 08054					1				ip Code in NJ 080	91						
Project Manager for Monitoring I Rosa Izzi	Firm			Telephon 609-31			Telepho 856-7				License 00727	No.		1000	5-2-100	18
Start Date (10) 8/1/14		Schedule 8/2/14	d Cor	npletion [Date (11)		Name o		HA Monitor							
Occupancy Status During Abate	ment (Check	Only On	e)				Street A	Addre	ss		-					
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	ring Entire P	eriod of A	bater	nent s			City, St	ate, Z	Zip Code						Y	
Scope of Work (Check All That	Apply)												27.89			
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Gymnassium Kitchen	Area	Yes	No	N/A		Floor T	ile / m	nastic		10	0 SF	x	╁	+		_
Gymnassium Michel	Alea					110011	110 / 11					1	+	+	-	
Name of Registered Waste Hau United Containers	iler			NJDEP W Hauler ID 2459		Cubic Y of Wast			Name of G.R.O.		red Land	ifill			(*)	
City, State				_ 100		Disposa	al Date	-	City, Stat	6	-					-
Elm NJ						8/4/14			Morrisv		1906	7				
Completed by Anthony T Perna		Title Pres	ident			Si	gnature	1	1			Date 7/31/	14			



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Date of Notification (1) 8/31/14					ner/Operator t Private H		1 4	14					
Agencies Notified Type Notification		0.000	reet Add	iress st 11th St	reet		P		~				
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DCA Cancellation				ITY INFORM	MATION	77528							
Name of Facility Where Abatèment is Taking F Melody Bernahrdt Private Home	Place (3)						School (K-12	2)	than V	12)			
Street Address 109 West 11th Street	1/ NEW TOTAL CONTROL	200-0000-00		0		×	Subchapter 8 Other (i.e. pr etc.)	ivate & d	commerc	cial build			۶,
City (5) Ship Bottom NJ 08008						100	are Feet 00+	# of F 1.5		35	dg. Ag 5 +	je 	
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Name of Monitoring Firm Hired by Building Ov N/a	vner (8)		ASCM	No.			atement Con	tractor (9	9)		•		
Street Address						t Addr Box							
City, State, Zip Code							Zip Code rlin NJ 080	91					
Project Manager for Monitoring Firm			elephon	ne No. 4-1683	1 00000000	hone -753	No. -9800		License 00727	No.			
	Scheduled 3/5/14	Com	pletion E	Date (11)	Nam Sar		SHA Monitor						-
Occupancy Status During Abatement (Check		9)				et Add	ress		-				\neg
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of A	bateme	ent		City,	State,	Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Maria Control	enovat emoliti		ă.		H	Full Containmonth Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure				e	
	la la	Location									Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	lormall d Solel ntenar odial S (12)	y y by nce/ staff?	(i.e. th	Descriptions Containing nermal syste surfacing, Nother miscell	Mate ms ins VAT, o	sulation, r	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					10	20.05	-	+	-	-
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Name of Registered Waste Hauler		I N	JDEP V	Vaste	Cubic Yard	s	Name of	Registe	red Lan	dfill			
United Containers		100000	lauler ID 2459		of Waste 3		G.R.O						
City, State Elm NJ				Œ	Disposal Da 8/5/14	ate	City, Sta Morris		1906	7			
Completed by Anthony T Perna	Title Presi	ident			Signat	ture				Date 7/31/1	4		



Date of Notification (1) Name of Building Owner / Operator (2) July 30, 2014 MCP 8 King Road LLC Agencies Notified Type Notification Street Address EPA 260 Franklin Street, Suite 620 DEP **⊠**DOL Initial City, State & Zip Code Amended Boston, MA 02110 \boxtimes DOH Amendment #_ DCA Cancellation Name of Contact Telephone Number **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Spectra Laboratories School (K-12) Street Address Subchapter 8 (Other than K-12) East Building - 8 King Road Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) 200,000 70 Current Use (Prior if being demolished) Rockleigh Medical Laboratories County (6) County Code (7) Bergen USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Arcadis U.S., Inc. Synatech, Inc. Street Address Street Address 35 Columbia Road 829 Radio Road City, State & Zip Code City, State & Zip Code Branchburg, NJ 08876 Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Alex Hernandez 908-526-1000 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor August 11, 2014 December 31, 2014 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Facility occupied outside of work areas Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure $\ge 3 \text{ sf or } \ge 50 \text{ lf}$ Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure Location of Is Location Normally Used Solely by Description of Asbestos-Containing Abatement Type Asbestos-Containing Material (ACM) Maintenance or Custodial Staff? (12) Amount (Specify SF or LF TO BE ABATED Material (ACM) IN Facility (i.e., thermal systems Encap sulate insulation, surfacing. VAT Yes No N/A or other miscellaneous) 1st Flr AA Lab, Hematology, Specimen Handling, Lab Hallway, Lab Administration, Chemical Lab, IT Offices, Southwest Office Hallway and Logistics. 2nd Fir South Office Area, Accounting and Conference Room X Adhesive associated with Blue Cove 4,230 SF X Base 1st Flr Corridors; 2nd Flr Vacant Break Room; Floor Tile and Mastic 6,000 SF X X Northeast Stairwell; E Lab Beneath Flooring in E Lab and IT Storage X Black ACM Mastic 9,700 SF X 2nd Flr Throughout (except SW Offices) X Black/Yellow Carpet Mastic 25,000 SF Χ North Stairwell X Yellow/Black Rubber Flooring Mastic 150 SF X X MER 5 ACM Transite Wall Panels 650 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Synatech, Inc. Hauler ID #27429 160 **Grows Landfill** City, State Disposal Date City, State Little Egg Harbor, NJ 08087 September 15, 2014 Morrisville, PA Completed By Title Signature Diane Aloia **Executive Administrator** July 30, 2014

State of New Jersey

Check # 10335

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

Date of Notification	(1)	,	Name	of Bui	lding	Owner/Operator	(2)					(1)	1
7-30-14			Ca	roly	n M:	itchell						65	
Agencies Notified	Type Notif	ication	Stree	et Addr	ess					44:0			
[]EPA	[X]Initia		35	Doug	glas	s Road	323	er Ada e					
[]DEP	Notif	fication	City	, State	, Zir	Code	****				A .		
[X]DOL	[]Amende Notif	ed fication	G1	en R	idge	∍,NJ,07028		17 7 May 6 2	· 5 ;	j 			
[X] DOH			Name	of Con	tact		Telepho	ne Number	j- 111				
[]DCA	[]EMERGE		Ca	roly	n Mi	itchell						€	
				FACI	LITY	INFORMATION			-				
Name of Facility Whe	re Abatemer	nt is Taki	ng Pl	ace (3)			Type of Facil	lity (4)					
Same as above							[]School	(K-12)					
Street Addres							1 (20) (3)	oter 8 (Oth					
								(i.e., priv ouildings,					
							Square Feet	# of Flo					
City (5		County	(6)Es	sex	600,000	unty Code (7)	3200	3		1000	04		
					(S	TATE USE ONLY)	Current Use	(Prior if b	eing	den	oli	shed	i)
Name of Monitoring F. Owner (8)	irm hired h	by Buildin	g AS	CM No.		Name of Abater							
N/A						AZTECH M	anagement	, Inc.					
Street Address		111111111111111111111111111111111111111	-323			Street Address							
50-200-0						86 Chris	topher St						
City, State, Zip Code	9	***************************************		-		City, State, 2	Lip Code						
						Montclai	r, NJ 070	42					
Project Manager for N	Monitoring	19 0 T 18 19 18 18 18 18 18 18 18 18 18 18 18 18 18		ne Numb	er	Telephone Numb	er		Licen	se	Num	per	
X		N,	/A			(973)744	-8800		003	37	1		
Scheduled Start Date	(10) Sc	ched. Comp	letio	n Date	(11)	Name of OSHA M	fonitor						
8-12-14		8-14	-14			N/A							
Month Day Ye Occupancy Status Duri			Day	Year									
[X]Facility Clos of Abatement	ed/Vacated	During Er	tire	Period		Street Address	1.0						
[]Abatement Per	formed Out	side of No	rmal	Facilit	Y	City, State, Z	ip Code				-		
Hours - Descr []other - Descr	ibe:«OffHor	Occupancy	pt»	rint»									
Scope of Work (Check			Desc	<u> </u>									
and the second	max mice d	PPTI				[]Full (Containment wi	th Negativ	e Pre	ssu	re		
[X]≥3 sf or 2 []≥160 sf or				ovation olition			Enclosure						
	2200 11	L	1 Dem	OTICION			pag Procedure riable Procedu	ıre					
Tonabia	- 6	ī	Is ocati	on			22		Z	bat	ете		Type
Location Asbestos-Cont	PRES IN		ormal Used	ly		Description Asbestos-Cont		Amount		R	R	E	E
Material (Solel	у		Material (A	ACM)	(Specif	300	E M	E	C A	C
TO BE ABA' In Facili		l t	y Mai enanc	e/	ir	(i.e., thermal asulation, surfa		SF or LF)		0	A	PS	0
(13)			ustodi aff (-	or other miscel		Lie)		A	R	Ŭ	UR
Basement		Yes	No	N/A								-	E
basement				X		pe Insulati	Lon	80 lf	X	-			
					Bo:	iler		35 sf	X				
Vana of Day's													
Name of Registered Wa AZTECH MANAGE		NC. H	DEP W	ID No.	0333	bic Yards Waste 1.5	Name of Regi G.R.O.W.		dfill				
City, State			70%	,	Di	sposal Date	City, State						
Montclair, NJ	07042				15.00	8-15-14	Morrisvi	lle, PA	190	6	7		
Completed By (Print o	r Type) T	itle?				Signature			Dat	_			- 15
Constantine Vi		Preside	nt			N	1 - 1		Dat	:е 30-	14		
							Vidor		22 / 100 - 200	w soroi	esective)		

CK 016278

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

D&S Proj. #: 2014-281			(Pursu	ant to NJAC	8:60	and 12:120)		0				
								* * ***	-	·- ·	۰ _	
Date of Notification (1)	117	Name of Bu	ilding Owr	ner/Operator (2)		-	427	5			
10 17 1/10 19 1/11 14		CHURC	H OF TH	E SCIENTIS	T							
Agencies Notified Type Notificat	on	Street Addre	ess					- Mr. Ja		A. 14	*	***
DEP Amended		211 BRC	DAD STR	REET				A αL	iCi	Ps -	i Lisa I	
Amendment #:	7	City, State,	Zip Code						-00-0			
DOL Emergency		ACTION AND DESCRIPTION OF	ANK, NJ	07701								
DOH (including justification)		Name of Co	ntact				Telepho	ne Number		900000000		
DCA Cancellation		TOM M	INDEN							-	ė.	
			FAC	LITY INFORM	ATION					•		
Name of facility where abatement i	s taking pl	ace (3)					Type of Facility	(4) ol (K - 12)				
CHURCH OF THE SCIENTI	ST						=	hapter 8 (Oth	er th	an K	-12)	
Street Address								(Private/Com	mei		/	
211 BROAD STREET						- 1	Bldgs Square Feet	./Homes, etc. # of Floors	Т	Ble	dg. A	age
City (5)	Cou	inty (6)			Cou	nty Code (7)	Oquaic i cci	# 01 1 10013			-g. / ·	.90
					(Sta	te use only)	Current Use (I	Prior if being o	dem	olishe	ed)	
RED BANK Name of Monitoring Firm Hired by I		ONMOUT	H	100111		Name of Abatemer	ot Contractor (0)					
Name of Monitoring Firm Filed by I	olug. Own	ei (o)	- 1	ASCM No.			110000000000000000000000000000000000000					
Street Address				l ————		D & S RESTOR	RATION, INC.		_			
Oll Ool Addition						20 California A	A ve					
City, State, Zip Code	_				-1	City, State, Zip Cod	The second second second second					
** ***						Paterson, NJ 0	7503					
Project Manager for Monitoring Firm		Ph	none Numb	per	_	Telephone Number		License No		er		
						973-345-802		011	69			
Start Date (10)	Sched	d. Completi	on Date (1	1)		Name of OSHA Mo D & S Restora						
07/21/14	08/1	5/14				Street Address	tion, mc.			-	-	
Occupancy Status During Abatemer						20 California A	venue					
Facility closed/vacated during Abatement performed outside						City, State, Zip Cod						
Describe: NORMAL H	OURS		-			Paterson, NJ 0	7503					
Scope of Work (check all that apply					_		Full Containment	w/negative or	essi	ıre		
□ > <u>3</u> sf or > <u>3</u> lf · □	Renovation	on				×	Mini-enclosure	mnogativo pi				
≥160 sf or ≥260 lf	Demolitio	'n					Glovebag proced Non-Exempted (*		hlo	proo	odure	0
Location of		n normally		у			Non-Exempled (RT	R	E	T
asbestos-containing	by mainto staff(12)	enance/cus	todial	Descripti	on of a	sbestos-containing	Amount		e m	e p	n c	E n
material (acm) to be abated in facility (13)	Yes	T No	T N/A	material	(ACM)		(Specify LF)	SFor		a	a	C
7.000 (declaration 20.000 at 1.000 at	165	No	N/A						е	r	р	
CHURCH BASEMENT						ON-WRAP&CU			X			10
CHURCH BASEMENT CRAWL SPACE		LX		1		ON-WRAP&CU"			X	닏	브	부
CHURCH BASEMENT CRAWL SPACE		X		TRANSITE	ASSESSMENT OF THE PERSON NAMED IN	AND DESCRIPTION OF THE PERSON	700 sq ft	_		屵	片	11
CHURCH CAFERIA/BATHROOM		X		PIPE INSU	LAII	ON-WRAP&CU"	Γ 280 L FT			井	片	ዙ
Registered Waste Hauler	INID	EP Hauler I	ID# I C	Dubic Yards of	Waste	Name of Registere	ed Landfill				Ш	TL
D & S RESTORATION, INC.		506	10000000	22 YDS			, RESOURCE R	ECOVERY	6 2. 9			
City, State PATERSON, NJ 07503	-		Disposal [Date DUS DATES		City, State TULLYTOWN	N PA		R			
Completed by (Print or Type)	Title		·	Signature		TOLLTOWI	1,171	Date				
BOGDAN JOLDZIC	PRESID	ENT						07/09/20	14			

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

ASB-41

CK 006278

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

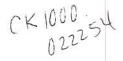
-
60
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D&S Proj. #: 2014-281

ASR-41

Date of Notification (1) Name of Building Owner/Operator (2) 0 7 /2 9 /1 4 CHURCH OF THE SCIENTIST Agencies Notified Type Notification Street Address EPA Initial M Amended 211 BROAD STREET DEP City, State, Zip Code Amendment #: 1 DOL Emergency RED BANK, NJ 07701 DOH. (including Name of Contact Telephone Number justification) DCA TOM MINDEN Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) CHURCH OF THE SCIENTIST Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 211 BROAD STREET Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) RED BANK MONMOUTH Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 07/21/14 08/15/14 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 lf Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of Е by maintenance/custodial e asbestos-containing n Amount Description of asbestos-containing staff(12) m n D material (acm) to be C (Specify SF or material (ACM) 0 C a abated in facility (13) a LF) Yes No N/A ٧ p CHURCH BASEMENT PIPE INSULATION-WRAP&CUT 200 L FT X CHURCH BASEMENT CRAWL SPACE PIPE INSULATION-WRAP&CUT 900 L FT CHURCH BASEMENT CRAWL SPACE TRANSITE PANELS 700 sq ft CHURCH CAFERIA/BATHROOM PIPE INSULATION-WRAP&CUT 280 L FT X CHURCH 2nd flr. O's CEILING PLASTER 256 SO FT Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 25 YDS TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 VARIOUS DATES TULLYTOWN, PA Completed by (Print or Type) Title Signature **BOGDAN JOLDZIC** PRESIDENT 07/29/2014

Do not use this form for ashestos licensure exempted activities





3

Date of Notification (1) 6/23/14 Amended 7/2	8/14		1	Name of Passaic	Building C Valley S	owner/Ope ewerage	erator (2 Comn) nission			* * ****	ined		
	Type Notification		1.335	Street Ad 500 Wil	dress Ison Ave									7.
D EPA DEP DOL	Initial Amended Amendment #				e, Zip Coo , NJ 071			€ _A	Œ.	LIUEN.		2000		
DOH	Emergency (in justification) Cancellation	cluding			Contact AcCarthy	7				ohone Nur		-	1	
				FACIL	ITY INFO	RMATIO								
Name of Facility Where A Passaic Valley Sewe Street Address								Type of Facility (School (K-1 Subchapter	12)	than K-1	2)			
600 Wilson Ave								Other (i.e. petc.)	orivate &	commerci	al build			3,
City (5) Newark, NJ 07105								Square Feet 4575	2	Floors	19	dg. Ag 971	je	
County (6) Essex			1	County C	Code (7) ISE ONLY)		_ (Current Use (Pri Office/locker	or if being	g demolish	ned)	- 30		
Name of Monitoring Firm Briggs Associates, Dr	Hired by Building Ovision of H&R Er	wner (8) rvironme	ental	ASCM 0004	l No.			f Abatement Co States Conti		7.5				
Street Address 3 Crosswicks Street							Street A	ddress Main Street	Extens	ion, Su	ite 10			
*City, State, Zip Code Bordentown, NJ 0850	05							ate, Zip Code evill e, NJ 08 8	872					
Project Manager for Moni Michael Hoodak	itoring Firm			Telephor 609-29	ne No. 8-5520		Telepho 732-5	ne No. 25-0100		License N 00749	lo.			
Start Date (10) 7/8/14	art Date (10) Sched						Tiger	f OSHA Monitor Environmen						
Occupancy Status During								Desktop.sef Elizabeth A	Street Ad VC	dress				
Facility Closed/Vaca Abatement Performe Other – Describe:						_		ate, Zip Code en, NJ 07036	5					
Scope of Work (Check Al	II That Apply)	111111111111111111111111111111111111111	_		*****									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,		enova emolit					Full Contains Mini-Enclosus Glovebag Pro Non-Exempto	re ocedure				e	
		3.0	Locat				Unal	NOII-EXCITIPE	l l	7 11011 7 110	1	Abate	ement pe	
Location Asbestos-Containing <u>TO BE AB/</u> In Facili (13)	Material (ACM) ATED	Use Mai	lormal d Sole ntena odial S (12)	ely by nce/ Staff?		stos Conta thermal s surfac		aterial (ACM) insulation, F, or	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
L	. 501	Yes	No	N/A		1 D: - :	1-4	2	200 16		-		60	
Solids Handling Mai	Solids Handling Maintenance Bldg				Added	al Pipe ir Scope-C		W.O	300 lf	000 sf	X		XX	
				1000sf	of duct									
Name of Registered Was	Name of Registered Waste Hauler				Vaste	Cubic `	Yards	Name o	f Registe	red Landf	ill			
Freehold Cartage		1	Hauler ID 5939		of Was			rn Berks						
City, State Freehold, NJ						Dispos 7/31/1	al Date	City, Sta Birdsb	ate oro, PA	19508				
Completed by Michael Migliore		Sr Ac	coun	t Mana	ger	S	ignature	Miglio	æ		Pate 7/28/14	ŀ		
			***************************************			(V	-	1					-	

CK 23237

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



Date of Notification (1)					Name	of Building	Owner/Operator (2)	1		-	·	744	
07/	30 /	14			Mer	ck Sharp	and Dohme Co	orporation						
Agencies Notified	Type Noti	fication			Street	Address			1.7	-	į.	į d		
☑ EPA					200	0 Gallopi	ing Hill Road			31				
□ DOLWD □	☐ Amen				City, S	tate, Zip C	Code		a.		~ .	1164		
☑ DHSS		lment #			Ker	ilworth,	NJ 07033		My ul	ilch	41	716		
DCA (NJAC 5:23-8)	☐ Emerg		cluaing		Name	of Contact			Telephone N				_	道道
(110/10 0.20 0)	☐ Cance				Mik	e Latroni	ica							-
					FAC	ILITY IN	FORMATION							
Name of Facility Where A	batement	s Takin	g Place	(3)				Type of Facility	(4)					
Building 5								School (K-12						
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr			hui	Idina	•	
2000 Galloping Hill	Road							homes, etc.)		inerciai	Dui	luling	۵,	
City (5)								Square Feet	# of Floors		Bld	g. Ag	je	-
Kenilworth								115000	4		4	6		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being den	nolished)			
Union								Vacant						
Name of Monitoring Firm	Hired by B	uilding (Owner ((8)	ASCM	No.	Name of Abatem	ent Contractor (9)			_			
Atlantic Environme	ntal, inc	8					USA Environ	mental Manage	ement, Inc.					
Street Address				1			Street Address							
2 E. Blackwell Stree	et						8436 Enterpr	ise Avenue		-14	60	2		
City, State, Zip Code							City, State, Zip C		· · · · · · · · · · · · · · · · · · ·	,	-	-		
Dover, NJ 07801							Philadelphia		167		KUO	3 -		
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.		License No	ř. –		j.		
Ray Pirnat				9	73-366	-4660	215-365-5810)	1156		Ç	n		
Start Date (10)					tion Da		Name of OSHA N		1.0	4.8	-	2		
08 /13 /	14	(09_ /	13	3_/_	14	USA Environ	mental Manage	ement, Inc	; -	1			
Occupancy Status During	Abatemer	t (Chec	k only o	one)			Street Address			Ž.	4	,,	0.00	
□ Facility Closed/Vacate	ed During E	ntire Pe	riod of	Abate	ment		8436 Enterpr	ise Avenue			0	Γ.		
☐ Abatement Performed							City, State, Zip C	ode						
Time of Abatement: 7	:00 AM-3:	30PM/_	P	'M	AM		Philadelphia	PA 19153						
Scope of Work (Check al	I that apply)					· ·							
☑ >3 sf or >3 lf			⊠ Re	novat	ion		☐ Full Con	tainment with Neg	gative Pressure	9				
⊠ ≥160 sf or ≥260 lf			De				⊠ Gloveba	g Procedure						
							Non-Exe Non-Exe	empted (*) and No	n-Friable Proc	edure				
				Loca							Aba	teme	ent T	уре
Location Asbestos-Containing		ON #1	50995	Norma	0.5	Acho	Description of stos Containing Ma	100	Amount		D D	Re	En	E
TO BE ABA		CIVI)	Ma	intena	ince/	(i.e	, thermal systems	insulation,	(Specify		Removal	Repair	сар	Enclosure
IN Facili			Cus	todial (12)	Staff?		surfacing, VAT	, or	SF or LF)		1		Encapsulate	ure
(13)			Yes	No.	N/A		other miscellane	eous)					te	
Lower Level Rooms						Floor T	ile and Mastic		4700 SF	: [3		П	
Lower Level						Pipe Fit	and the second		6 LF		3			
Lower Level			-	-	10222	Fipe Fi	ungs		O LI		2			
										- 1	ᅬ	Ц	П	Ц
										[
Name of Registered Was	te Hauler			1633	JDEP \		Cubic Yards of	Name of Regis						
Freehold Cartage In	ic.				15939		Waste 40	Lycoming	County RMS	3				
City, State							Disposal Date	City, State						
Freehold, NJ							9/13/2014	Montgome	ry, PA					
Completed By (Print or Ty	ype)	Title	9				Signature 1	7//		Date				
Dilip Kumar		P	rogra	m Ma	nager		18 11 11	Muar	*	7-3	0	-/1	L	
			65%		_ 33			A JOHN CONT		. 0	_		P.0000	

ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.

(K 00808J

Date of Notification (1)					Building Own		(2)		2	Ela ain	, ,			
7/29/14	Type Notification			reet Ado		, and			4	EM AUI	7-5	Pi	i 3:	37
Agencies Notified EPA	Initial				herspoon	St			-1	4				
EPA DEP DOL	Amended		100000000000000000000000000000000000000		, Zip Code					& L		1-47	17.	UL.
☑ DOL	Amendment # Emergency (ir			rinceto						alexander of the second		1000	• .:	
DOH DCA	justification)	icidanig		me of C				1	Teleph	none Num	ber			-
☐ DCA	Cancellation			obert	21525S									
		DI (0)		FACILI	TY INFORM	ATION	Type	of Facility (4)						
Name of Facility Where		Place (3)					-							
Flood damaged pro	perty							chool (K-12) ubchapter 8 (Other	than K-12)			
Street Address) -						岗 c	ther (i.e. priv				ings, l	nome	s,
59 Meadowbrook D	и.						е е	tc.)	# of F	oore	BI	dg. Ag	16	
City (5)							Square 2100	50.500	1	0015		ug. Aį)+	je	1
Princeton			10	-1.0	(7)			nt Use (Prior i		demolish			-	-
County (6)			(S	ounty Co	SE ONLY) _			cupied	Dellig	demonstr	ou,			
Name (Monitoring Firm	Hired by Building O	wner (8)	1	ASCM	No.	Name	of Abat	ement Contra	actor (9)	-			
AET	,	•		n/a		Yanı	nuzzi E	Environme	ntal In	ic.				
Street Address							Addres							
2693 Pennel Rd						152	Route	206 South)					
City, State, Zip Code						E 000000000000000000000000000000000000	state, Zij							
Media PA 19063						Hills	borou	gh, NJ 088	44					
Project Manager for Mor	nitoring Firm		Te	elephone	e No.		none No		77 33	icense No	o.			
Eric Houskenecht			6	10-89	1-0114	908-	218-0	880		1228				
Start Date (10)		Scheduled	Comp	letion D	ate (11)			A Monitor			1000000			
8/11/14		8/18/14					271111111111111111111111111111111111111	Environme	ntal S	ervices,	inc			
Occupancy Status Durin	g Abatement (Check	Only One)				Addres							
	ated During Entire P			nt		A		06 South				-		
Abatement Perform Other – Describe:	ed Outside of Norm	al Facility F	lours				State, Zi		111					
	H. T					HIIIS	borou	gh, NJ 088			-			
Scope of Work (Check A	(II I nat Apply)					15	71				8			5
≥3 sf or ≥3 lf		Section 1	novatio molitio			ř	0.135911	Containment i-Enclosure	t with N	legative P	ressu	е		
≥160 sf or ≥260 lf		N De	montio	11			Glo	vebag Proced						
						2	≤ Nor	n-Exempted (*) and I	Non-Friab	le Pro			
		Is L	ocation	n								Abate Tv	emeni pe	
Location	n of		rmally Solely			Description							C-261	
Asbestos-Containing			tenano			Containing I rmal system				ount ecify	ZD.	_	Enc	g
TO BE AB In Faci			dial Sta	aff?	` .	surfacing, V	AT, or			or LF)	Remova	Repair	aps	Enclosure
(13)			(12)		ot	her miscella	neous)				val	Bi-	Encapsulate	sure
		Yes	No	N/A									· O	
Water Heater & util	ity closet rooms			х	Т	ransite pa	anels		50	Osf	х			
Drywall c	eilings			х	Spa	ckling Co	mpour	nd	50	0sf	х			
Living are	a walls			х	Spa	ckling Co	mpour	nd	50	0 sf	х			
Name of Registered Wa	ste Hauler		10000000	DEP W		Cubic Yards of Waste		Name of R		ed Landfil	l			
Yannuzi Group Inc			331 (3210)3	467	-00 min 1	0		GROWS	5					
City, State					100	Disposal Dat	е	City, State			yes com		125	
Hillsborough, NJ			575.0		8	12 - 18	<u> </u>	Morrisvil	le, PA					
Completed by		Title				Signatu	re/	1		1	ate			
John Mucha		Projec	ct ma	nager		1 Vh	L/	1	36	7	/29/1	4		
ASB-41 (R-06-08)					(Do	not use	this form for a	asbesto	s licensu	e exe	mpted	activ	rities.

NO CK

ASB-41

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

Date of No	țification (1)					Name of B	uilding Ov	vner / Oper	ator (2) 💍				
07/	/	/14					HOFFMAN							
/	/	Tuna of No	-tifi so	tion			Street Add	iress SLAND AVE	ENLIE					
Agencies I	EPA	Type of No	Initial		i.		City, State			6912 EU 17	1111		1-60	
	DEP		Amer		Ŀ		NUTLEY, I							
	DOH		Amer	ndm	ent #	#	Name of C	THE PERSON NAMED IN COLUMN 1			Telephor	ne Numbe	er .	
□ □	DOL		Emer	gen	cy w	// justification	BILL LICH	TENAU						
		✓	Canc	ella	tion								-	
						FA	ACILITY IN	FORMATIC	N					
Name of F	acility Who	ra Ahatam	ent is	Tal	ring	Place (3)		Type of Fa	acility (4)					
HOFFMAN			iciii. is	iai	ing	race (o)		l ypc or re	zonicy (4)					
		ā							School (K	-12)				
Street Add	iress									er 8 (Other				
340 KINGS	SLAND AVE	NUE						V		, private &	cmmercia	al		
City (E)		County (6)				County Code	(7)	Square Fe	bldgs., ho	# Of Floor		Building	Δαe	
City (5) NUTLEY		County (6) ESSEX	,			County Code	(1)		000	3		Dunaniş	40+	F
101221		LOOLA						the state of the s		being dem	olished)	1		
								VACANTA	NAREHOUS	SE				
Name of N	onitoring	Firm Hired	by Bl	dg.	Own	er (8)	ASCM NO	Name of A	batement	Contractor	(9)			
									LITION CE	DV/IOEC IN				
EHI								Street Add		RVICES IN	<i>J</i>			
Street Add 655 WEST		2ΔΙΙ				87		Street Au	uress					
City, State				-				32 WILLIA	MS PARKV	VAY				
SPARTA, N								City, State	, Zip Code					
Project Mr		nitoring Fi	irm			Telephone Nu	mber							
BILL KIRBI	IL					973-729-5649			NOVER, NJ	07936				
	/ 05	/	10000		omp	oletetion Date (1	,	Telephone	e Number		License	Number		
$\frac{-08}{}$	/ 05	/14	-	09	-/	/ 30 /	14	973-77	72-3660			0	0860	
Occupanc	v Status D	uring Abat	ement	t (C	neck	Only 1)			SHA Moni	tor	-		-	
	Facility CI	osed/Vaca	ted Du	urin	g En	tire Period of				RVICES IN	Ο.			
	Abatemen							Street Ad	dress					
			d Out	side	of N	Normal Facility		00 1451 1 14	MO DADIO	1/0.3/				
	Hours - De		MON		_				MS PARKV					
v	Other - De	scribe: _	7:00A			PM			NOVER, NJ					
Scope of V	Nork (Chec	k All That							•					
	Demolition			V		Renovation	V			h Negative	Pressure	е		
	≥3sf or ≥3						\ \ \	Mini - End	losure Procedure					
V	≥160 sf or	2260 II								d Non-Fria	ble Proce	edure		
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Completed	d by (Print	or Type)	-			Title			Signature		->		Date	
STEVEN S	STILES					PROJECT MA	NAGER		XI	11				08/04/14

Location of		ls		Description of		Abateme	nt Type		
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ND FLOOR		1		VAT & MASTIC	4500SF	7		1-4	
ND FLOOR		1		DUCT INSULATION	150 SF	7			
BUILDING 103		1		FIRE DOORS	57 EA.	V			
ROOF		V		PITCH POCKETS	35 SF	7			
ROOF .		4		ROOFING & FLASHING	16000 SF	7			
BUILDING 103/EXTERIOR		V		CAULK	1650 LF	7			
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STATE OF NEW JERSEY

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

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Date of Notification (1					Building Ov	wner / Oper	ator (2)	4				
$\frac{07}{18} / \frac{18}{18} / 18$	/14			AAK Street Ad	dress				_			
Agencies Notified	Type of Not	tification			all Street, 5	th Floor						
☐ EPA		nitial			e, Zip Code		6.5	A 1	TU 11	1 (- 5		
		Amended		Edison, N.								
☑ DOH		Amendmen		Name of (10			Telephor	ne Numb	er	14	
☑ DOL		≟mergency Cancellatio	w/ justification n	Kevin Doy	yie							
			F	CILITY IN	FORMATIC	ON						
Name of Facility Whe	re Abateme	ent is Takin	g Place (3)		Type of Fa	acility (4)						
AAK						School (K-	.12\					
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					Food Proc							
Name of Monitoring F	irm Hired b	oy Bldg. Ov	vner (8)	ASCM NO	Name of A	Abatement	Contractor	(9)		0-4403		
CARDNO ATC					I VI Demoi	lition Service	ae Inc					
Street Address					Street Add		35 1110.					
104 E. 25TH Street												
City, State, Zip Code						s Parkway						
NEW YORK, NY			12 ()		City, State	e, Zip Code						
Project Mngr. For Mo PATRICK SISK	nitoring Fir	m	Telephone Nu 212-353-8280	mber	Fast Hano	ver, Nj 0793	36					
Sheduled Start Date (10)	Sched, Con	npletetion Date (1	1)		e Number		License	Number			
08_ /19	/ 14	_09	19/	14_	947/201							
/ /			/ /			84-8682				00860		
Occupancy Status Du	iring Abate	ment (Chec	Entire Period of			OSHA Moni lition Service						
Abatement		ou burning a			Street Ad							
		d Outside o	f Normal Facility			221 12						
Hours - De	scribe:	5 00414 4	DODM MON ED			s Parkway e, Zip Code						
Other - Des	scribe:	5:00AM - 1:	30PM - MON - FR			e, Zip Code over, Nj 0793						
Scope of Work (Chec	k All That A	Apply)			4							
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Demolition >3sf or >3l	Ş.	V	Renovation		Mini - End	ainment wit	n Negative	Pressur	8			
≥160 sf or						Procedure						
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Name of Registered \	Vaste Haule	er	NJDEP Waste	Cubic	Name of F	Registered	Landfill					
LVI Demolition Service			Hauler ID No.	Yards	GROWS							
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City, State East Hanover, NJ				Disposal Date	City. State	e , PA 19067						
Edot Harlover, 140												
Completed by (Print	or Type)		Title			Signature				Date		
STEVEN STILES			PROJECT MA	NAGER		1 Ita	m S		\supset		08/	14/14

ASB-41

EDS14-263

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

Page 1 of 1 Check # 1307

Date of Notification (1) 7-24-2014						Building eld Publ			(2)		¥.		43				
Agencies Notified	Type No				Street Ad 920 Pa	ddress ark Ave	1.	****		281	4	5	ř.	Ģ.	53		
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⊠ DOH ⊠ DCA	just	ergency (ification) icellation	including		Name of	AND THE RESERVE OF THE PERSON		*			Tele	phone	Num		-5-3-		
<u> </u>						LITY INFO		ION				-					
Name of Facility Where Woodland School	Abatemen	is Taking	Place (3	5)				, on	Ty	pe of Facility (4		T					
Street Address 730 Central Street		•					X			School (K-12 Subchapter Other (i.e. p etc.)	8 (Othe				dings,	hom	es,
City (5) Plainfield									222.62	quare Feet 0,000	# of	Floors		2018	ldg. <i>A</i> 0+	ige	
County (6) Union					County (Code (7) JSE ONLY,)		322332	irrent Use (Pric	or if beir	g den	nolishe	ed)			7-11-10-11
Name of Monitoring Firm		Building (Owner (8)		ASCM 0000			18300		Abatement Con up, Inc	tractor	(9)					
Street Address 1253 North Church	St		-			(f)		Street 140		dress mburg Turng	oike	T					
City, State, Zip Code Moorestown, NJ 08	8057							City, S	State	e, Zip Code ngdale, NJ 0		T	69	150			
Project Manager for Mor Mary Ellen Leotta	r for Monitoring Firm eotta					ne No.		Teleph	hone			Licen 0108	se No	•			- 7/4
Start Date (10) 8-11-2014			Schedule 8-17-20		mpletion [Name	of C	OSHA Monitor up, Inc							
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Name of Registered Waste Hauler																	
	ne of Registered Waste Hauler					aste No.	Oubic of Wa	c Yards aste		Name of F	Registe	ed La	ndfill				
GL Group, Inc							TBD			Grows							
City, State Bloomingdale, NJ							Dispo TBD	osal Date		City, State Morrisvi		١	11				
Completed by Michael B Solakov			Title P.M.					Signature	е	plan faller	/		7-2	4-20)14		

GL14-008

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

Page 1 of 2 Check #1311

Date of Notification (1)					Name of	Building C ford Boa)wner/C	perator Educat	(2) tion					e es			
7-25-14	T N-4	6					114 01 1	Luuca		2014 1	119	C DY	6:	13	_	-	-
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DOL	Ame	ndment#			Ruther	ford, NJ	07070	0		Ċ	: 11	7.					
IX DOH		rgency (ir ication)	cluding		Name of	Contact	-				Tele	ephone N	lumb	er		- 40-	
▼ DOH ▼ DCA		ellation			Joseph	P Kelly					i.						
					FACIL	LITY INFO	RMATI	ON						1723			
Name of Facility Where			Place (3)					Туре	of Facility (4)						
Rutherford Sylvan S	School M	S				000000	No.			School (K-12							
Street Address		io					300	-		Subchapter 8 Other (i.e. pr				huild	inge	home	
109 Sylvan Street										etc.)	ivate c	x commit	, Giai	balla	nigo,		,
City (5)		P					1994			e Feet	(5.20) veve	Floors		1 3 3 3 3 3	dg. A	ge	
Rutherford									30,00		2			50)+		
County (6)					County C		11.00			nt Use (Prio	r if bei	ng demo	lishe	d)	3		
Bergen					(STATE L	JSE ONLY)			Scho	ool							
Name of Monitoring Firm	Hired by E	Building O	wner (8)		ASCN	No.		100,000,000,000		tement Cont	ractor	(9)					
McCabe Environme	ental Sen	vices			118			GL (Group,	Inc							
Street Address									Addres								
464 Valley Brook, A	Ave #3A							140	Hamb	urg Turnp	oike						- 8
City, State, Zip Code										p Code				20,12 333			
Lyndhurst, NJ 0707	71							Bloo	mingo	lale, NJ 0	7403	887					
Project Manager for Mor	nitoring Firm	n			Telepho		X	2000	hone N		257	License					
John Chiaviello					$(201)^{2}$	138-483	9	201-	710-9	725		01084	1				
Start Date (10)			Schedule	ed Con	npletion I	Date (11)		100000000		A Monitor							
6-26-2014			7-29-2	014				GL (Group,	Inc							
Occupancy Status Durin	g Abateme	nt (Check	Only Or	ne)					Addres								
Facility Closed/Vac	ated During	Entire P	eriod of A	Abaten	nent					urg Turnp	oike						
Abatement Perform	ned Outside	of Norma	al Facility	/ Hours	5			100000000000000000000000000000000000000		ip Code							
Other – Describe:	-						_	Bloc	omingo	dale, NJ 0	7403						
Scope of Work (Check A	All That App	y)															
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Name of Registered Wa	ste Hauler				JDEP V lauler ID		of Wa	Yards		Name of		erea Lan	IIIII				
GL Group, Inc						4	TBD			GROW	S						
City, State		-		1			Dispo	sal Date	е	City, State	е	T					
Bloomingdale, NJ							TBD			Morrisv	ille, F	A					
Completed by			Title					Signatu	re _		. W		Date				
Elena Solakov			Pres	ident					El	eran Stulle			7-2	5-20	014		

Location(s)	Material Description	Estimated Quantity
	ACM-2 = 3 1/2 Sleeved Penetrations	10
	ACM-3 ≈ Removal of Wall Plaster	115 SF
	ACM-7 = Install 5" wide Vertical Raceway back channel	150 LF
	ACM-8 = Install Back Channel for Horizontal Raceway	50 LF
	ACM-9 = 4 1/2" Sleeves Thru Floor Assembly for Vertical Electrical Conduit	2 Sleeves
	ACM-10 = Install Raceway back Channel Above Existing Casework (35" AFF to Act as Backsplash)	110 LF
	ACM-11 = Modify Illustration Board/ for Vertical Raceway	2 Modification
	ACM-16 = 4' Long Slotted Channels mounted on the Ceiling for Smart Boards	12 Channels
	ACM-17 = 3' Long Slotted Channel Mounted on the Ceiling	4 Channels
	ACM-1 = 2' Vertical Slot Channel Installation 6" above Ceiling- Max 5'	115 Channels
	ACM-2 = 4 1/2 Sleeved Penetrations	9
	ACM-2 = 3 ½ Sleeved Penetrations	9
	ACM-3 = Removal of Wall Plaster	225 SF
	ACM-7 = Install Back Box for 5" Vertical Raceway	160 LF
	ACM-8 = Install Back box for Horizontal Raceway	65 LF
Second Floor	ACM-9 = 4 1/2" Sleeves Thru Floor Assembly for Vertical Electrical Conduit	1 Sleeve
	ACM-10 = Install Raceway Above Existing Casework (35" AFF to Act as Backsplash)	20 LF
	ACM-11 = Modify Illustration Board/ for Vertical Raceway	2 Modification
	ACM-12 = Cut and Remove Existing Coat Hook Strip. Patch the wall for holes and prepare it to receive paint finish.	5 LF
	ACM-16 = 4' Long Slotted Channels mounted on the Ceiling for Smart Boards	12 Channels
	ACM-17 = 3' Long Slotted Channel Mounted on the Ceiling	6 Channels
	ACM-1 = 2' Vertical Slot Channel Installation 6" above Ceiling- Max 5' Apart	40 Channels
	ACM-2 = 4 1/2 Sleeved Penetrations	10
	ACM-2 = 3 1/2 Sleeved Penetrations	4
	ACM-3 ≈ Removal of Wall Plaster	115 SF
	ACM-4 = 6" Sleeved Penetrations	2.
	ACM-5 = 2' High Unistrut 3' Apart Parallel in Hallway	4 Channels
Lower Level	ACM-6 = Install 6x6 Pull Box	7 Boxes
	ACM-7 = Install Back Channel for 5" Vertical Raceway	30 LF
	ACM-8 = Install Back Channel for Horizontal Raceway	60 LF
	ACM 9 = 114" Sleeves Thru Floor / Coiling Assembly	4-Sleeves
	ACM-15 = Sleeve Thru Exterior Wall Assembly for 6" Sleeved Penetration	1
	ACM-16 = 3' Long Slotted Channel Mounted on the Ceiling	4
	Repair/ Replace Spalling Plaster Behind Stage	470 SF
	ACM-1= 2' Vertical Slot Channel Installation of above Coiling: Max 5' Apart	90 Channels
First Floor	3CM-2 = 412 Slowed Penetrations	10

Page 1 of 1 Check #1306

Date of Notification (1) Name of Building Owner/Operator (2) 7-30-14 West Orange Board of Education Agencies Notified Type Notification Street Address 28# 710 -5 PH E: 32 179 Eagle Rock Avenue **EPA** Initial City, State, Zip Code DEP Amended X DOL Amendment # West Orange, NJ 07052 Emergency (including Name of Contact Telephone Number justification) DOH X Robert Csigi Cancellation DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Thomas A. Edison Central Six School School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 75 William Street etc.) City (5) # of Floors Square Feet Bldg. Age West Orange 60,000 +2 40+ Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Ahera Consultants Inc. 0057 GL Group, Inc. Street Address Street Address PO Box 385 140 Hamburg Tpke City, State, Zip Code City, State, Zip Code Oceanville, NJ 08231-0385 Bloomingdale, NJ 07403 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. John Smoyer (609) 652-1833 (201)710-9725 01084 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8-4-2014 8-11-2014 GL Group, Inc. Occupancy Status During Abatement (Check Only One) Street Address 140 Hamburg Tpke Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Bloomingdale, NJ 07403 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)(13)other miscellaneous) Yes No N/A Kitchen/Food Service Area X 350 LF X Pipe Insulation X X Kitchen suite &. food service area Pipe Insulation 32 Fittings Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste **GROWS** GL Group, Inc TBD 0033034 City, State Disposal Date City, State Bloomingdale, NJ Morrisville, PA Date Completed by Title Signature Elong Stulla 7-30-2014 Elena Solakov President

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

EDS14-099

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

Page 1 of 1 Check #1306

Date of Notification (1) 7-30-14				Name o	of Building Owne Orange Boar	r/Operato	r (2) reation	Г		APP	r o v	ž (Ó)	
Agencles Notified	Type Notification				77/			32	Najoepp. of				Servi
EPA DEP DOL	Initial Amended Amendment		_	City, St	atc. Zip Code Orange, NJ 0	780			Date: 7	1 4	nature)		11.4
☑ DOH ☑ DCA	justification) Cancellation			Name o	f Contact t Csigi	4		Te	lephone Nu	10-17/			
				FAC	ILITY INFORMA	TION			1				
Name of Facility Where Thomas A. Edison	Abatement is Takin Central Six Sch	g Place (1 ool	3)				Type of Facility School (K-		i				
Street Address 75 William Street							Subchapte	r 8 (Oth	er than K-1 & commerc	2) Ial bui	≥ dings	, hom	es
City (5) West Orange							Square Feet 60,000 +	# c	of Floors		3ldg. /	Age .	
County (6) Essex					Code (7) USE ONLY)	VIII.	Current Use (Pr School	ior if be	Ing demolis	hed)	5		
Name of Monitoring Fire Ahera Consultants	n Hired by Bullding (Inc	(8) serwC		A\$C! 0057			of Abelement Co Broup, Inc	ntracto	(0)		<u> </u>		
Street Address PO Box 385					,,	12 1 (4) 4 SECTOR	Address Hamburg Tpk		1		5.7 7.7		[36]
City, State, Zip Code Oceanville, NJ 082	31-0385					City, 8	State, Zip Code mingdale, NJ		1				
Project Manager for Mo John Smoyer	nitoring Firm			Telepho (609)	ne No. 652-1833	Telep	none No.)710-9725	777	License N 0:1084	lo.			
Stert Date (10) 8-4-2014		Schedule 8-11-2		mpiction	Date (11)	Name	of OSHA Monitor Broup, Inc						
Occupancy Status Durin	ng Abatement (Chec	k Only Or	ne)			-	Address				-		
Facility Closed/Vac Abatement Perform	cated During Entire Fined Outside of Norm	erlod of A	Abater	nent		140	Hamburg Tpke	9	1				
							mingdale, NJ	07403					
Scope of Work (Check /	All That Apply)	2,466791			1100000		- (1						
≥3 sfor≥3 lf ≥160 sfor≥260 lf			enova emoli			2	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				va.	
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Kitchen/Food S		ļ,	X			e Insula		35	50 LF	X			
Kitchen suite &, for	od service area		×		Pip	e Insula	tion	32	Fittings	x			
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Name of Registered Wat GL Group, Inc	ste Hauler		H	JDEP W lauler ID 033034	No. of W		Name of GROW		red Landfill				
City, State Bloomingdale, NJ						osal Date	City, Stat		A		-		\dashv
Completed by Elena Solakov		Title Presid	dent			Signature	'	I. M.	Da	te 30-20	014		

NO (K

Date of Notification (1) 8/1/14			Nam PSE		Owner/Operat	or (2)		2014 AU	G-5	P	il E	: 29	3
Agencies Notified	Type Notification	n	1	et Address Eagle Roo	ck Rd			% 5:	1			iiv	
DEP DOL	Initial Amended Amendme			State, Zip Co seland NJ (Ž.			Hil		
DOH DCA	Emergence justification Cancellation		5555	e of Contact vn Neville	7			Telenhone	NI	- k -			
	Estated		FA	ACILITY INFO	ORMATION			I					
Name of Facility Where A Street Ecavation	Abatement is Tak	ing Place (3)				Туре	of Facility (4 School (K-12	2)					
Street Address 160 Rochelle Ave						p	Subchapter 8 Other (i.e. pr etc.)			build	lings,	home	es,
City (5) Rochelle Park NJ 0	7662					Squa n/a	are Feet	# of Floors	3		ldg. A /a	ge	
County (6) Bergen				ity Code (7) TE USE ONLY		Curre n/a	ent Use (Prior	if being den	nolishe	d)			
Name of Monitoring Firm	Hired by Buildin	g Owner (8)	AS n/a	SCM No.			atement Cont rironmental		Inc				
Street Address n/a			1			et Addre Old Do	ess ock Rd	89					
City, State, Zip Code n/a							Zip Code NY 11980						
Project Manager for Mon	itoring Firm	(00.0	Telep n/a	phone No.		phone N -924-8		Licen 0113	ise No. 36	2			
Start Date (10) 7/31/14	t Date (10) Schedi					e of OS ne as a	HA Monitor above						
Occupancy Status During	Abatement (Ch	eck Only One)			Stree	et Addre	SS					5	
Facility Closed/Vaca Abatement Perform Other – Describe:					n/a City, n/a	State, Z	Zip Code						
Scope of Work (Check A	II That Apply)				II/a								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The state of the s	novation molition			Mi Gl	III Containmer ni-Enclosure ovebag Proce on-Exempted	edure				9	
		lo I	ocation			110	JI-Excilipted	() and real	Habie		Abate		
Location	of	No	rmally		Description	on of					Ту	ре	
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Maint Custoo	Solely by enance/ dial Staff? (12)	/i o	tos Containing thermal system surfacing, V other miscell	Materia ms insul /AT, or	ation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No N/	A						- 23		ē	,,
street exca	vation		х		Transite	Pipe		3LF	2	ĸ		-	
								3.7.5.2.133					
	**												
Name of Registered Was Veolia ES Technical			NJDEF Hauler 20071		Cubic Yards of Waste 1/4		Name of R Wayne D	egistered La Disposal	ndfill				
City, State 1 Eden Lane, Flande	ers NJ 07863		1200, 1	1	Disposal Dat 8/8/14	te	City, State Belleville	., MI					
Completed by		Title			Signatu	re		7_ 1	Date		-		
Michael J DiMaria		Proj Mo	gr/ Supe	ervisor	m	cho	el/K	Mar	8/1/	14			

CK 343

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

			(Pt	ursua	ant to	NJAC	8:60 and 12:1	20)	2014 Allo L	C (C	7 3		٠.	
Date of Notification (1) 8 - 4 - 1 4			77.0-00				g Owner/Operator nental Re			- 1.	. (,,,	्	
Agency Notified	Type No	tification		3	Street A	Address	Lowship R	oad, Sui	te 300	N	N		JI.	9
CKEPA CKDEP	2 Initial ☐ Amer	nded			City, St	ate, Zip (
E DOL	1.00	ndment # gency (including	1					8034	1-1-1				_	\perp
CIKDOH CIKDCA		ication)				of Contact ph F	i Hirsch		Telephone Numi	ber				
		70			FACIL	ITY INF	ORMATION							
Name of Facility Where								Type of Facility	(4)					
vacant kitc	hen b	ldg, st	ora	ige/	mec	h bl	dg.	☐ School (K-12	?) 3 (Other than K-12)					
Street Address	_							Subcriapter of Street of S	ivate & commercia	building	gs,			
512 Lakeland	d Roa	d						homes, etc.) Square Feet	# of Floors	Bldg.	Δαο	-		
City (5)	To: m a	hin						7,000	2	+/				
Gloucester 7	LOWIIS	птр		-	County	Code (7) (STATE USE		rior if being demolis		- 5			-
County (6) Camden					ONLY)) (STATE COL	vacant		J.1.00)		×		
Name of Monitoring Firm			1	ASCM	No.			nent Contractor (6816		
(8) Pennoni As	ssoci	ates						nvironme	ntal Serv	ices	3,	I	nc	
Street Address 515 Grove St	, s	uite 1B	s antara.				-	aley Str	eet					
City, State, Zip Code Haddon Heig	hts,	NJ 0803	5				City, State, Zip (Philadel	Code Lphia, PA	19137					
Project Manager for Mor R. Alan Lloyd		m			ne No. 547-(0505	Telephone No. 215-533-	-5155	License No. 01166					
Start Date (10) 8 - 13 - 14		Scheduled Cor 9 - 3			te (11)		Name of OSHA Pennoni	Monitor Associat	ces					
Occupancy Status Durin	ig Abatem	ent (Check only	one)		•		Street Address							
☐ Facility Closed/Vacate	ed During	Entire Period of	Abat	ement				re St., S	Suite 1B					
☐ Abatement Performed ☐ Other – Describe: ○U	d Outside	of Normal Facili	ty Hot	urs			City, State, Zip (Haddon F	Code Heights,	NJ 08035					
Scope of Work (Check a	Il that app	y)*abate	mer	t r	rio	r to	demo							
□ ≥ 3 sf or ≥ 3 lf □≥ 160 sf or ≥ 260 lf					□ Ren	ovation	☐ Mini-	Containment with -Enclosure /ebag Procedure	Negative Pressure	€				
QL 100 31 01 E 200 11									d Non-Friable Proc	edure				
				Locati								bate Ty		III
Locati				Normal d Sole			Description		Amount		3		E	
Asbestos-Containir TO BE A		(ACM)		intena: Custodi		Asbe (i.e	stos Containing M	s insulation,	(Specify		Re	Z.	Encapsulate	Enclosure
IN Fa	cility			Staff?			surfacing, VA other miscellan		SF or LF)		Removal	Repair	psul	nsol
(13	2)			(12)			oute, moonan				100		ate	ē
			Yes	No	N/A	*500 3	ttached*		NAME OF THE OWNER.		_	_		
			- 1			500 0					x			
-														
Name of Registered Wa			-3255	IDEP V No.	Vaste H	lauler	Cubic Yards of Waste	Name of Regi						
Service Tra	nspor	t		a-cress#07				A & L S	alvage					
City, State Morrisville	PΔ						Disposal Date	City, State Libson,	OH					
		Title					Signature	-)	T	Date		,		
Completed by Jennifer Ni	ven	Dir. of	OF	pera	atio	ns	In			8-4	- 1	4		

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

512 Lakeland Road

Kitchen Bldg.	-			
DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code**	Code**
fire door insulation	storage/mechanical bldg.	6	SF	REM
window glazing putty a/w partition walls	storage/mechanical bldg.	150	LF	REM
9x9 gray floor tile	storage/mechanical bldg.	170	SF	REM
mastic a/w gray 9x9 floor tile	storage/mechanical bldg.	170	SF	REM
roofing system materials(a/w all layers of the flat roof	storage/mechanical bldg.	3000	SF	REM
window glazing putty	storage/mechanical bldg.	500	SF	REM
block pipe insulation	crawlspace	160	LF	REM
corrugated pipe insulation	conn hallway from senior ctr to WIC	8	LF	REM
brown sheet flooring	conn hallway from senior ctr to WIC	650	SF	REM
mastic/paper a/w brown sheet flooring	conn hallway from senior ctr to WIC	650	SF	REM
fire door insulation	conn hallway from senior ctr to WIC	6	SF	REM
window glazing putty	conn hallway from senior ctr to WIC	750	SF	REM
fire door insulation	original kitchen bldg.	6	SF	REM
9x9 brown floor tile	original kitchen bldg.	60	SF	REM
mastic a/w brown 9x9 floor tile	original kitchen bldg.	60	SF	REM
window glazing putty	original kitchen bldg.	200	LF	REM

MAY 11

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 7 / 3	0 /	14			The second of th		rps of Engineers		District Jo	b#139	0-469	95; Ç	K#	
	ype Notifica	ation	_		Street /	Address	Building 100 Pe			13 L	- C-	i J	- ;	
/	Amended	1						nn Square Eas	L 3		<u>::</u> دی			
⊠ DHSS	Amendm		1)			ate, Zip C			550 540 4		125	<i>5</i> 0		
	Emergen	icy (Inc	luding			•	, PA 19107-3390	<u> </u>	[ن	Ti.		
(NJAC 5:23-8)	justification Cancellat					of Contact hew Tur			Telephone	Numbe		Ö.		
	Joanocha						FORMATION							- (
Name of Facility Where Aba	tomont is 7	Toking	Dlace	(3)	IAC	ILII I IIN	TORWATION	Type of Facility ((4)	32.7	-		-	_
AND THE RESERVE OF THE PARTY OF	atement is	akiig	riace	(3)				☐ School (K-12			. 0	(1)		
Walson Hospital								Subchapter 8	(Other than					
Street Address 5250 New Jersey Ave.								Other (i.e., pr homes, etc.)	ivate and co	mmerci	al bui	lding	s,	
City (5)	•				-			Square Feet	# of Floor	s	Bld	ig. Ag	e	-
Fort Dix								- 1						
County (6)			- 20172	-	Count	v Code (7)(STATE USE ONLY)	Current Use (Pri	or if being de	emolish	ed)			-
Burlington					Journ	, 5545 (.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Air Force Ba						1
Name of Monitoring Firm Hi	red by Build	dina O	wner ((8)	ASCM N	No.	Name of Abateme					-		
M.E.C.S.	ica by ban	unig O		,	3813		AbateTech, li							
Street Address							Street Address							-
Po Box 341							30 Maple Ave	. PO Box 25						
City, State, Zip Code							City, State, Zip Co							
Chesterfield, NJ 0851	5						Lumberton, N							
Project Manager for Monitor	-			Tele	ephone N	10.	Telephone No.		License I	No.				
William Weisgarber					(09) 298		609-265-2107	0	00529					
Start Date (10)	75	Schedu	ıled C	omple	tion Dat	e-(11)	Name of OSHA M	lonitor						
01/_20_/_	14	10	/	3	1_/_	14	EMSL Analyt	ical						
Occupancy Status During A	batement (Check	only o	ine)			Street Address							
□ Facility Closed/Vacated I	During Enti	ire Peri	iod of	Abate	ment		108 Haddon	Ave.						
☐ Abatement Performed O							City, State, Zip Co	ode						
Time of Abatement:	AM	PM	l/	_PM		AIVI	Westmont, N	J 08108						
Scope of Work (Check all th	at apply)						□ Eull Cont	tainment with Neg	ativo Press	Ire				
☐ >3 sf or >3 lf			☐ Re	novat	ion		☐ Mini-End		Jauve Fressi	II C				
≥160 sf or ≥260 lf			⊠ De					g Procedure	. Friehle De					
				10000			⊠ Non-Exe	mpted (*) and No	n-Friable Pri	ocedure	1	otom.	nt T	·m.
				Loca			Description of	s.f			1	ateme		
Location of Asbestos-Containing Ma		A)	Use	d Sol	ely by	Asbe	stos Containing Ma	iterial (ACM)	Amou	nt	Removal	Repair	Encapsulate	Enclosure
TO BE ABATE				intena	ance/ Staff?	(i.∈	e., thermal systems	insulation,	(Speci		NOU	a-	aps	osu
IN Facility (13)			Gus	(12)			surfacing, VAT other miscellane		SF or L	.F)	<u>m</u>		ulat	9
(13)			Yes	No	N/A			,	4				(D)	
SEE ATTACHED														
			П				±2		4444					
			П								П	$\overline{\Box}$		
1000 7000 7000														
			Ш	Щ		VIV.	Cubic V at at	Name of Deci-	torod I and	in	Ш	Ц	Ш	Ш
Name of Registered Waste	Hauler			100	NJDEP V Hauler ID		Cubic Yards of Waste	Name of Regis		u				
AbateTech, Inc.					18750		780		. Landini					
City, State						(Disposal Date	City, State	DA					
Lumberton, NJ							10/31/14	Tullytown,	ra	1=				
Completed By (Print or Type Jennifer Piraine	e)	Title		ions	Coordi	nator	Signature	Les Pria	Me_	Date		0/1	4	
ASB-41	10.15-5	120.00				•		ν ,	VIC					
MAY 11		* L	o not	use t	nis form	tor asbes	tos licensure exemp	otea activities.						

Location of Asbestos-Containing	Solely b	on Normall y Maintena	ince or	Description of Asbestos-Containing	Amount (Specify	P	-	emei /pe	nt
Material (ACM) <u>TO BE ABATED</u> in Facility	Custo	odial Staff?	(12)	Material (ACM) (i.e., thermal systems insulation, surfacing,	SF or LF)	Remova	Repair	Encapsula	Enclosure
(13)	Yes	No	N/A	VAT or other miscellaneous)		oval	air	sulat	sure
BUILDING 5250 Throughout				Popcorn Ceiling	1,785 SF	Ø	П	П	
BUILDING 5250 Throughout				Duct Insulation	160 SF	X	Ī	Ħ	П
BUILDING 5250 Throughout				Transite Roof	921 SF	Ø	Ħ	Ħ	Ħ
BUILDING 5250 Throughout				Window/Door Caulk	33,158 LF	Ø			
BUILDING 5250 Throughout				Interior Window Glazing	150				
BUILDING 5250 Throughout			M	Transite Panels	1,000 SF	M	П	П	П
BUILDING 5250 Throughout				Roofing	23,000 SF				
BUILDING 5250 Throughout		П	X	Roof Hatch Gasket	20 SF	M	П		
BUILDING 5250 Throughout		The state of the s	-	Misc Debris	100 SF	X	Ħ	H	H
BUILDING 5250 Throughout			Ø	Gaskets	10	Ħ	Ħ	Ħ	H
BUILDING 5250 Throughout				Sheetrock	3,250 SF	M	Ħ	H	H
BUILDING 5250 Throughout			X	Backsplash	700 SF	M	H	H	H
BUILDING 5250 Throughout			X	Roof Penetrations	1,200 SF	M	Ħ	H	H
BUILDING 5250 Throughout		T		Flashing	1,600 SF	X	H	H	H
BUILDING 5250 Throughout		Ī		Floor Tile & Mastic	3,770 SF	Ħ	Ħ	H	뉘
BUILDING 5250 Throughout				Stick Pin Mastic	1,100 SF		H	H	뉘
BUILDING 5250 Throughout				Transite Panels	2,650 SF				ᆸ

NO CK

MAY 11

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

Date of Notification (1)				Name	of Building	g Owner/Operator (2)	-				
07 /30 /	14			Sta	te of Nev	v Jersey, Dept o						
Agencies Notified Type Not	ification		-	Street	Address			CENE AUG +	3 717	5: 1	3	
⊠ EPA ☐-Initial-				Div	ision of F	Property Manage					,	
☑ DOLWD ☑ Amen	1	_	917.7		State, Zip C							-
	dment #	750)			08625-0034						
DCA Emerg		eluding	g		of Contac		2014 (.)	Telephone Nu	imber 3			
(NJAC 5:23-8) justific	ation)			100000000000000000000000000000000000000		zak, Building M		Telephone No	IIIIDCI			
	ilation			1			anagei		31.475			
				FA	CILITY IN	IFORMATION	I =					
Name of Facility Where Abatement	100	Barrer .	- 10 St.				Type of Facility (
NJ State House Garage Med	hanica	I Roo	m Re	locatio	n		School (K-12) Subchapter 8		12)			
Street Address							Other (i.e., pr			uilding	s,	
165 West State Street							homes, etc.)		6	-	200	
City (5) .							Square Feet	# of Floors	В	ldg. Ag	ge	
Trenton												
County (6)				Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Mercer							Utility					
Name of Monitoring Firm Hired by E	uilding (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
USA Environmental Manage	ment, l	nc.				AbateTech, I	nc.					
Street Address						Street Address						
344 West State Street						30 Maple Ave	e. PO Box 25					
City, State, Zip Code						City, State, Zip Co	SANCE AND AND AND AND AND AND AND					
Trenton, NJ 08618						Lumberton, N						
Project Manager for Monitoring Firm	<u> </u>		Tele	ephone	No.	Telephone No.		License No.				
William Weisgarber, Jr.			1000000	09-656		609-265-2107	••	00529				
Start Date (10)	Scher	fuled C		etion Da		Name of OSHA M		1 00020		-		
06/16/14(1			1_ /	,	EMSL Analyt						
Occupancy Status During Abatemen	t (Chec	conly	one)			Street Address						
☐ Facility Closed/Vacated During E	ntire Pe	riod of	Abate	ment		200 Route 13	0 North					
☐ Abatement Performed Outside of						City, State, Zip Co	ode					
Time of Abatement:AM	PI	VI/	PM		AM	Cinnaminsor	n, NJ 08077					
Scope of Work (Check all that apply)			8								
		5 15	DC-00000110.54	•			tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enovat emoliti			☐ Mini-Enc	losure g Procedure					
22 <u>-</u> 100 01 01 <u>5</u> 200 11			, i i o ii u	011			mpted (*) and Nor	n-Friable Proce	dure			
		Is	Loca	tion					Ab	ateme	ent T	уре
Location of			Norma			Description of			R	Z	т	m
Asbestos-Containing Material (A	CM)		ea Soi aintena	ely by ance/		stos Containing Ma		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility		10000000	todial	Staff?	(1.6	 thermal systems surfacing, VAT 		SF or LF)	oval	=	nsd	Sur
(13)			(12)	т		other miscellane		****	-		late	(D)
20 100		Yes	No	N/A							8750	
1 Window @ Powerhouse					Windov	v Caulking		34 LF	\boxtimes			
1 Window @ Powerhouse					Window	v Glazing		70 SF			П	
1 Willdow @ Fowerhouse					VVIIIGOV	V Clazing		7001			_	
												Ш
Name of Registered Waste Hauler			1	NJDEP N	Vaste	Cubic Yards of	Name of Regist	ered Landfill				
AbateTech, Inc.			F	lauler II		Waste	G.R.O.W.S.					
City, State		-		18750		Disposal Date	City, State					-
Lumberton, NJ					(8/31/14	Tullytown,	PΔ				
					_		ranytown,					
Completed By (Print or Type)	Title		L.		000020000	Signature	1 0 -		Date	1,	1,1	
Jennifer Piraine	0	perat	ions	Coordi	nator	Vin	der Yva	che I	113	100	14	
ASB-41		De		hin fa	forcet	lan line l	tod potivities					
MAY 11	-	זסח טע	use ti	iis iorm	ioi aspest	os licensure exemp	neu activities.					

NO CK

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

Date of Notification (1) 7 / 30	, 1	4				ng Owner/Operator (1-1-44000 450	NO 01-			
		4		Ne	wark Col	mmunity Health	Senters, Inc.	Job #1206-450	J8 Cn	еск	Ŧ	
Agencies Notified Type No		1		Stree	t Address			DASS FILE				
☐ EPA ☐ Initial ☐ Amer		_		74	1 Broadv	vay		2814 AUG -5	PH	6:	i 3	
	naea ndment i	#4	1	City,	State, Zip	Code						
□ DCA □ Emer		_	<u> </u>	Ne	wark, NJ	07107		3 5			7	
	cation)		.5	Nam	e of Contac	ct		Telephone Nun	nho-	- 1		
☐ Cano	ellation			Bu	siness O	ffice						
				FΔ	CILITY	NFORMATION		1				
Name of Facility Where Abatement	is Takir	ng Plac	e (3)			II OTTIBUTION	Type of Facility	(4)	-			
Newark Community Health			(0)				School (K-12	9.20				
Street Address							☐ Subchapter	(Other than K-1)	2)			
741 Broadway								rivate and comme	ercial b	uildin	gs,	
							homes, etc.)				HOLY PERMIT	
City (5)							Square Feet	# of Floors	B	ldg. A	.ge	
Newark												
County (6)				Cou	nty Code (7)(STATE USE ONLY)		ior if being demol	ished)			
Essex					C73-004		Health Cent	er				
Name of Monitoring Firm Hired by I	100	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Environmental Connection,	Inc.					AbateTech, li	nc.					
Street Address						Street Address						
120 North Warren Street						30 Maple Ave	. PO Box 25					
City, State, Zip Code	+				****	City, State, Zip Co						
Trenton, NJ 08608						Lumberton, N						
Project Manager for Monitoring Firm	0		Tel	ephone	No	Telephone No.	10 00010	License No.				
Ryan Broadwater			20000000		2-4200	609-265-2107		00529				
	Sche	يسسي	-	-		Name of OSHA M		00529				
5/27/14	1			1_ /		EMSL Analyti						
Occupancy Status During Abateme	nt (Cher	ck only	one)			Street Address						
☐ Facility Closed/Vacated During B	City Indiana in the control	000000000000000000000000000000000000000		ment		200 Route 13	0 North					
Abatement Performed Outside of					scribe	City, State, Zip Co						
Time of Abatement: 7:00AM-3:	30PM/_	F	PM	AM		Cinnaminson						
Scope of Work (Check all that apply	()					Cititaliiiisoii	, 143 00077			-		
Coope of Work (Officer all that apply	,					☐ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 If			enovat			☐ Mini-Encl	osure	,				
≥160 sf or ≥260 If			emoliti	on		Glovebag		- E:-LL D				
	-					⊠ Non-Exer	npted (*) and No	n-Friable Procedu	1 25			
1			s Loca Norma						Ab	atem	ent T	ype
Location of Asbestos-Containing Material (A	CM)	Us	ed Sol		Ashe	Description of stos Containing Mat		Amount	Re	Re	ᄪ	四
TO BE ABATED	-	2000	aintena			., thermal systems i		(Specify	Removal	Repair	cap	clos
IN Facility		Cus	stodial (12)			surfacing, VAT,	or	SF or LF)	Va Va	"	Encapsulate	Enclosure
(13)		Yes	No.	N/A	-	other miscellaned	ous)				ate	
.et					1 1000 0 000				_			
1 st Floor			\boxtimes		Floor T	ile & Mastic		2,720 SF				
			П						П	П	П	П
		1		-					1			
					1.0						Ш	Ш
Name of Registered Waste Hauler			1000	IJDEP '		Cubic Yards of	Name of Regis	tered Landfill				
AbateTech, Inc.			H	lauler II		Waste	G.R.O.W.S.					
City, State				18750		Disposal Date	City, State					
Lumberton, NJ						8/31/14		DΛ				
	Le						Tullytown,					
Completed By (Print or Type)	Title					Signature	1	. Da	ate	_)	. 1	
Jennifer Piraine	C	perat	ions (Coord	inator	Vine	AU YV	ame	713	301	14	
SB-41			12.00			0	U		-1-		•	
AY 11	*	Do no	use th	is form	for asbest	os licensure exemp	ed activities.					

NOCK

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

	/1	4			e of Buildin SDA	g Owner/Operator (Job #1406	2) 6-4781, Check	# DH PAG	E 10	F 2			
Agencies Notified Type No				1 1:10-21:30 10:00	t Address	nt Street	25 4	- <u> </u>	7				
☑ DOLWD ☐ ☑ Amer	nded		_		State, Zip (16.				
2	ndment #	_			enton, NJ		C: -						
DCA Emer		ncludin	9	~	of Contac			Telephone Num	hor				
(NJAC 5:23-8) justifi	ication) ellation	4-44-2007-00		2.000	ry Elliott			relephone Num	ibei				
				FA	CILITY IN	NFORMATION							
Name of Facility Where Abatement	is Takir	ng Place	(3)				Type of Facility	(4)					
West NY PS#5							School (K-12						
Street Address					-			3 (Other than K-12		ildin	••		
5401 Hudson Avenue							homes, etc.)	rivate and comme	rcial bi	maing	js,		
City (5)					53-20-70-20-70-7		Square Feet	# of Floors	В	ldg. A	ge	_	
West New York							• *************************************		10.00				
County (6)	-			Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			_	
Hudson				1 3 6 3 5		,	School		and the				
Name of Monitoring Firm Hired by I	Building	Owner	(8)	ASCM	No.	Name of Abateme							
Whitman Companies			(-)			AbateTech, I	3.5						
Street Address						Street Address	2000					_	
7 Pleasant Hill Rd.						30 Maple Ave	e. PO Box 25						
City, State, Zip Code	-							-					
Cranbury, NJ 08512						City, State, Zip Co							
Project Manager for Monitoring Firm	n		Te	lephone	No.	Telephone No.		License No.					
Kevin Lovely			1 112	732-390		609-265-2107		00529					
Start Date (10)	Sche	duled C	omp	letion Da	ate (11)	Name of OSHA M	Ionitor					_	
06 /30 /14				06_ /	3.00	EMSL Analyt	ical					Į	
Occupancy Status During Abateme	nt (Cher	k only	one)			Street Address	X					-	
☐ Facility Closed/Vacated During I			2000			200 Route 13	0 North						
☐ Abatement Performed Outside of					scribe	City, State, Zip Co							
Time of Abatement:AM-	P	M/	_PN	Л	_AM	Cinnaminson							
Scope of Work (Check all that apply	1)					⊠ Full Cont	ainment with Neg	ative Pressure					
≥3 sf or ≥3 If		⊠ Re				☐ Mini-Enc	losure	auvo i roosaio					
≥160 sf or ≥260 lf		☐ De	molit	tion		☐ Gloveba	Procedure	n-Friable Procedu	ıro				
	-	1 10	Loca	otion	1	□ Moli-Exe	mpled () and No	II-FIIADIE FIOCEGU	-		- / T	otto to	
Location of		7.00	Norm			Description o	f		-	atem			
Asbestos-Containing Material (A	(CM)			lely by		stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure	
TO BE ABATED				ance/	(i.e	e., thermal systems		(Specify	VOC	air	aps	losi	
IN Facility (13)		000	(12			surfacing, VAT, other miscellane		SF or LF)	<u>m</u>		Encapsulate	le l	
, , , , , , , , , , , , , , , , , , ,		Yes	No	N/A							Ф		
Back of Building			\boxtimes		Loose	& Flaking Paint (Clean up)	130 SF					
Light Wells			\boxtimes		Loose	& Flaking Paint (Clean up)	5,520 SF					
Exterior			\boxtimes		Stucco			3,720 SF					
see page 2													
Name of Registered Waste Hauler				NJDEP		Cubic Yards of	Name of Regis	tered Landfill					
AbateTech, Inc.				Hauler I 1875		Waste 125	G.R.O.W.S.	Landfill					
City, State				10/0		Disposal Date	City, State					-	
Lumberton, NJ						8/6/14	Tullytown,	PA					
Completed By (Print or Type)	Titl	e					1		ate			_	
Jennifer Piraine	1000000		ions	ons Coordinator Signature Main 13114									

ASB-41 MAY 11

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

NO CK

MAY 11

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

Date of Notification (1)				Name	of Building	g Owner/Operator (2	2)						
07 / 31	/	4		NJS	SDA	/ Job #1406	3-4781 Check #	#	PAGE	2 C	F 2		
	tification	1		Street	Address					1000			
⊠ EPA ☐ Initia		_		32	East From	nt Street							
☑ DOLWD ☑ Ame			\	City, S	state, Zip C	Code							
	ndment #	777)	Tre	nton, NJ	08625							
DCA Signature (NJAC 5:23-8) Signature (NJAC 5:23-8)	rgency (i	including			of Contac			Telephone	Numbe	er	-	5-5490	
☐ Cand				Gar	y Elliott								
					-	IFORMATION							
Name of Facility Where Abatemen	t is Takir	na Place	(3)				Type of Facility ((4)					
West NY PS#5	7 37 37 53 53 53 53		(-)				School (K-12						
Street Address							☐ Subchapter 8	Other than	K-12)				
5401 Hudson Avenue							Other (i.e., pr homes, etc.)	rivate and co	mmerci	al bu	ilding	s,	
City (5)							Square Feet	# of Floo		TDI	ig. A	70	-
West New York							Square reet	# 011 100	15	5"	19. A	ge	
				10	h. O - 1 - 6	NOTATE HOE ON NO	0		6 . 1.	1\			
County (6)				Cour	ity Code (/	()(STATE USE ONLY)	Current Use (Pri	or it being a	emolisn	ea)			
Hudson		_	T				School						
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Name of Abateme							
Whitman Companies						AbateTech, Ir							
Street Address						Street Address							
7 Pleasant Hill Rd.						30 Maple Ave							
City, State, Zip Code						City, State, Zip Co							
Cranbury, NJ 08512						Lumberton, N							
Project Manager for Monitoring Fir	m		Tele	phone	No.	Telephone No.		License I	No.				3-200
Kevin Lovely			73	2-390	-5858_	609-265-2107		00529	C.				
Start Date (10)	Sche	duled C	omple	tion Da	te (11)	Name of OSHA M	lonitor	-					
06 /30 /14	/	08 /	06	1	14_	EMSL Analyti	ical						
Occupancy Status During Abateme	ent (Che	ck only o	ine)			Street Address							
☐ Facility Closed/Vacated During				nent		200 Route 13	0 North						
☐ Abatement Performed Outside					cribe	City, State, Zip Co	Oncolono Siferenta de Dr.					-	
Time of Abatement:AM	F	PM/	_PM-		AM	Cinnaminson							
Scope of Work (Check all that app	у)					N Full Cont	ainmant with Non	ative Dress					
≥3 sf or ≥3 If		⊠ Re	novati	on		⊠ Full Cont	ainment with Neg losure	ative Pressi	ıre				
⊠ ≥160 sf or ≥260 lf			molitio			☐ Glovebag	Procedure						
						☐ Non-Exe	mpted (*) and No	n-Friable Pro	ocedure	6)	II 133		
		11 10 000	Locat							Ab	atem	ent Ty	ype
Location of		120000	Normal d Sole	2.5		Description o				Re	Re	四	Щ
Asbestos-Containing Material (TO BE ABATED	ACIVI)	1 1 S CONTRACT	intena			stos Containing Ma ., thermal systems i		Amoui (Speci	100	Removal	Repair	icar	Clo
IN Facility		Cus	todial S	Staff?	(surfacing, VAT,	or	SF or L		val		Encapsulate	Enclosure
(13)		V	(12) No	N/A		other miscellane	ous)					ate	
North Side Light Well		Yes	No	I N/A	Ashest	os Paint		60 LF	-	\boxtimes	П		
South Side Light Well	-					os Paint		72 LF					
Back Walls						os Paint		34 LF					
Dauk Walls	17.		-		Aspest			04 L1		_			H
Name of Deviators J.W. 11. 11.				IDED.	Mark	Outrie Vendens	Name of Regis	toward I am de	и		Ш	Ш	Ш
Name of Registered Waste Hauler			1737	JDEP \ auler ID		Cubic Yards of Waste		11					
AbateTech, Inc.				18750 125 G.R.O.W.S. Landin									
City, State			700 15 15	72		Disposal Date	City, State	C. 10. C.					
Lumberton, NJ						8/6/14	Tullytown,	PA					
Completed By (Print or Type)	Titl	le	Signature / Date						l va				
Jennifer Piraine	(Operati	ons (Coordi	nator	DENNY	fer luci	Me		11	311	14	
ASB 41		ATA				1	1000	N			5 No. 1		

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

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

	0 /	14			190 000		ng Owner/Operator (oard of Educatio		7-4796	Check	#653	ė.		
The state of the s	pe Notific	ation		Jell 109		t Address		= 5			-			
	l Initial Amende	d					ehigh Streets							
⊠ DHSS	Amendm					State, Zip				133	-12000000			
□ DCA 🗵	Emergen	ncy (incl	luding	g			IJ 08812							
(NJAC 5:23-8)	justificati				07/03/03/05/05	e of Conta			Telepho	ne Numb	er			
L	Cancella	tion			1	ian DeLu								
None of E-sitt 100 At 1				(0)	FA	CILITY II	NFORMATION	18						
Name of Facility Where Abat		l akıng l	Place	(3)				Type of Facility (
Dunellen High School								School (K-12) Subchapter 8		an K-12)	ê			
Street Address 411 1 st Street								Other (i.e., pri	vate and	commer	cial b	uildin	gs,	
City (5)			_					Square Feet	# of Flo	ors	В	ldg. A	\ae	
Dunellen								81,881	2			85	J	
County (6)	2011 - U. A. B.D				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Price	r if beina	demolis	hed)	Name of the		_
Middlesex							,	High School			,			
Name of Monitoring Firm Hire	ed by Build	ding Ow	vner ((8)	ASCM	No.	Name of Abateme						_	-
Environmental Connec	200			` '	000	30	AbateTech, In							
Street Address							Street Address					_		
120 North Warren St.							30 Maple Ave	PO Boy 25						
City, State, Zip Code			-				City, State, Zip Co						_	
Trenton, NJ 08608							Lumberton, N							
Project Manager for Monitorin	ng Firm		_	Tele	ephone	No.	Telephone No.		License	No.	7.5		-	
Dominick Dercole					09-462		609-265-2107		0052					
Start Date (10)	S	Schedul	ed C	omple	etion Da	ite (11)	Name of OSHA M	onitor	1 4.555					
07 /31 /1	4	07	_ /	_ 3	1_ /	14	EMSL Analyti	ical	8					
Occupancy Status During Ab	atement (0	Check o	only c	ne)			Street Address							1000
☐ Facility Closed/Vacated D							200 Route 130	0 North						
Abatement Performed Out	tside of No	ormal Fa	acility	/ Hou	rs - Des	scribe	City, State, Zip Co	de						_
Time of Abatement:	_AM	PM/_		_PM		AM.	Cinnaminson	, NJ 08077						
Scope of Work (Check all that	t apply)		- 11000		8511000010	- 100	<u> </u>							
☐ >3 sf or >3 lf		∇	7 00	novat	ion			ainment with Nega	tive Pres	sure				
≥160 sf or ≥260 lf				moliti			Mini-Encl Glovebag	Procedure						
						-	☐ Non-Exer	mpted (*) and Non-	Friable P	rocedure	9			
# 50 00 100 200 00 - Part				Loca					500	,	Ab	atem	ent T	уре
Location of Asbestos-Containing Mate	arial (ACM	`		Iorma d Sole	ely by	Asha	Description of			and a	Z.	Z,	ш	ш
TO BE ABATED		·		ntena			stos Containing Mat		Amoi (Spec		Removal	Repair	lcap	Clo
IN Facility			Cust	odial (12)	Staff?		surfacing, VAT,	or	SF or		Val	¬	Encapsulate	Enclosure
(13)		1	/es	No	N/A		other miscellaned	ous)					ate	
3 rd Floor Hallway		-]	\boxtimes		10" diai	meter pipe (wet v	vrap)	25 L	F			П	
		I	5					.,						
											-			
Name of Registered Waste Ha	auler				JDEP V	Masta	Cubic Yards of	Name of Deviate		E11		Ш	Ш	Ш
AbateTech, Inc.	aulei				auler IC	No.	Waste	Name of Registe G.R.O.W.S.		mi				
City, State					18750		1		_anum					
Lumberton, NJ							Disposal Date 7/31/14	City, State Tullytown, P	Δ					
Completed By (Print or Type)	-	Title					Signature	^`		l Date				
Jennifer Piraine			ratio	ons (Coordi	nator	OMALA	Ber Pinan	λΛ ^Q	Date	1 -	0/1	4	
SB-41 AY 11		+5					<u> </u>	,	,,,	<u> </u>		(*	-	
A LOTE		Do	riot l	ise th	is form	ior asbesti	os licensure exempt	ed activities.						

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

C2#2678

									CE 1.		- 35		
Date of Notification (1)							g Owner/Operator (2	2)		4.			
	/	14	-		E.I.	duPont	de Nemours						
Agencies Notified EPA	Type Not	ification				Address	guake Road	2014	MUG-5 Pi	15:	59		
□ DOLWD	☐ Amen	ded				State, Zip C	그래 하지 않는데 하지 않는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하						
☑ DHSS		dment #				lin, NJ 0				M. Fill	4.		
DCA		gency (inclu	uding			of Contac			Telephone Num	hor	-/ [.		
(NJAC 5:23-8)	☐ Cance	cation)				hol Rein			Telephone Nun	ibei			
	L Cance	HIALIOIT			1700000000								
					FAG	CILITY IN	IFORMATION						
Name of Facility Where			Place	(3)				Type of Facility (4)				
DuPont Parlin Faci	lity - Bldg	g. 425						School (K-12		5 \			
Street Address								Other (i.e., pr	(Other than K-12 ivate and comme		ilding	ıs,	
250 Cheesequake I	Road					21		homes, etc.)	is .			8/220	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Parlin													
County (6)					Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Middlesex										uv.inu===5=2	100		
Name of Monitoring Firm	Hired by B	Building Ow	vner (8	3)	ASCM	No.	Name of Abateme						
Cardno ATC		W-1001					BRISTOL EN	VIRONMENTAL	_, INC.				
Street Address							Street Address		-				
3 Terri Lane							1123 BEAVE	R STREET					
City, State, Zip Code						***************************************	City, State, Zip Co	ode					
Burlington, NJ 080	16						BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm	i		Tele	phone	No.	Telephone No.		License No.				
John Lutz				60	9-386	-8800	215-788-6040)	00509				
Start Date (10)		Schedul	led Co	mple	tion Da	te (11)	Name of OSHA M	1onitor					
8 / 18 /	14	_ 8	/	_ 25	_ / _	14	BRISTOL EN	VIRONMENTAL	_, INC.				
Occupancy Status During	g Abatemer	nt (Check o	only o	ne)			Street Address						
☐ Facility Closed/Vacate					ment		1123 BEAVE	R STREET					
☐ Abatement Performed	d Outside o	f Normal F	acility	Hour	s - Des	cribe	City, State, Zip Co						-
Time of Abatement: 7	7:00AM-3:	30PM/	PN	Λ- <u></u>	AM		BRISTOL, PA						
Scope of Work (Check a	Il that apply	1)											
		Г	☑ Rer	ovati	on		☐ Full Cont	tainment with Neg	ative Pressure				
□ ≥160 sf or ≥260 lf		Ĕ		nolitio				g Procedure					
								empted (*) and No	n-Friable Procedi	ıre			
				Locat				L		Ab	atem	ent T	уре
Location		014)		lorma	lly ely by		Description of			Z	Re	m	m
Asbestos-Containing TO BE ABA		(CIVI)		ntena			estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facil			Cust		Staff?	(surfacing, VAT	, or	SF or LF)	\\ \a_{\text{al}}	_	lus	sure
(13)			Vaa	(12) No	N/A	1	other miscellane	eous)				ate	
D '' ! !			Yes		-					-			
Building 425 Room 1	10area	- 1				Pipe In	sulation		486				
		[
		1	\neg							П	П	П	П
			=-	=						$+\Xi$	1	-	=
		[1		Ц			Tari i					Ш	
Name of Registered Was				100000	IJDEP I lauler II		Cubic Yards of Waste	Name of Regis					
SERVICE TRANSPORT GROUP, INC.				_	20990		5	GROWS La	andfill				
City, State							Disposal Date	City, State				8	
NEW CASTLE, DE 19720							8/25/14	Morrisville	, PA 19067				
Completed By (Print or Type) Title						Signature	2.	,	ate /	,	,	-	
Gino Pizzigoni Estimator				or			Sin	· Penne	me / Il	8/1	14		
ASB-41							Jones	00	17	_/_/	35 M.		

CK006285

D&S Proj. #: 2014-311

				*				Gene a					
Date of Notification (1)	I N	lame of B	uilding Owr	ner/Operator (2)) .			cell E	18-5	7115	: 58	?	. 100001_00
0 7 / 3 1 / 1 4			KRUPKIN	٧				ne.					
Agencies Notified Type Notification	Jon S	treet Add	ress					Ġ	LLAN		-	6	
DEP Amended			REMON	T DRIVE				2 (9) 4-1	i i i i i	< 153U			
Amendment #		ity, State	Zip Code	1									
Emergency				NJ 07040									
DOH (including justification)	I N	ame of Co	ontact					Telepho	ne Numb	er			
DCA Cancellation	- 11	ANNA	KRUPKI	N						-			
	10		FAC	ILITY INFORM	ATION			.					
Name of facility where abatement	s taking pla	ace (3)					Тур	e of Facility	(4) ool (K - 12	٥١			
ANNA KRUPKIN								=			on V	10\	
Street Address									hapter 8 (r (Private/			-12)	
27 CLADEMONT DRIVE								Bldgs	./Homes,	etc.			
27 CLAREMONT DRIVE City (5)	1 Cour	nty (6)			L 0		Squ	uare Feet	# of Flo	ors	Ble	dg. A	ge
Oity (5)	Cour	ity (O)			12 (2011)	nty Code (7) te use only)	Cu	rrent Use (Prior if be	ina dem	olishe	ed)	
MAPLEWOOD		SEX				.,							
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatemen	t Contra	actor (9)					
				L		D & S RESTOR	RATIO	N, INC.					
Street Address				Street Address									
Cit. Cit. 7: Cod.						20 California A	-						
City, State, Zip Code						City, State, Zip Code							
Project Manager for Monitoring Firm		15	hone Numb	hor.		Paterson, NJ 0 Telephone Number			Licons	e Numb	or		
Project Manager for Monitoring Pilm	1	l l	none Numi	ber		973-345-8020			The street was	01169	er		
						Name of OSHA Mo				01102			
Start Date (10)	Sched	. Complet	tion Date (1	1)		D & S Restora	tion, In	ic.					
08/14/14	08/29	Bhitistica .				Street Address							
Occupancy Status During Abatemen	A THE REPORT OF THE PROPERTY OF THE					20 California A	venue						
Facility closed/vacated during Abatement performed outside						City, State, Zip Code	е						
Describe:NORMAL F	IOURS				_	Paterson, NJ 0	7503		L S				
Scope of Work (check all that appl	y)						Full Co	ontainment	w/negativ	e press	ure		
\boxtimes >3 sf or >3 lf	Renovatio	n				☒	Mini-e	nclosure					
≥160 sf or ≥260 lf	Demolition	1						cag proced exempted (n-friable	proce	edure)
Location of			used solel	у						R	R	Е	E
asbestos-containing	by mainte staff(12)	enance/cu	stodial			sbestos-containing		Amount	CE or	m	e p	n	n
material (acm) to be abated in facility (13)	Yes	No	N/A	material ((ACM)			(Specify LF)	SF 01	0	a	а	C
52000 B	, 00	110	IN/A					***		е	_	р	
BASEMENT		$\square X$		DUCT INS	-			35 SQ FT	-		부	ᆜ	부
GARAGE	ARAGE					TION	3	SQ FT			부	부	무
					-	-					부	무	부
			4							ᆛ	무	片	쓔
Registered Waste Hauler	INJDE	EP Hauler	ID# IC	Ubic Yards of \	Waste	Name of Registere	d Landf	ill		_ _	Ц	Ш	
D & S RESTORATION, INC.	135		The contract of the contract o	2 YDS	radio	TULLYTOWN			ECOVE	ERY			
City, State			Disposal [City, State							
PATERSON, NJ 07503	Title		08/15/1			TULLYTOWN	N, PA						
Completed by (Print or Type) BOGDAN JOLDZIC	Signature					Date 07/3	1/2014						
ASB-41	PRESID:		for asbest	tos licensure ex	empte	d activities.			_0113	112014		- Control	

(K 006284

D&S Proj. #: 2014-310

						GESA SUA					
Date of Notification (1)	Name of B	uilding Own	er/Operator (2)			1914, AUG - 5	YA 5:	57			
0 7 / 3 1 / 1 4		МАССНІА				224					
Agencies Notified Type Notificat	Street Add	ress				& him	3. S. C.	JI.			
DEP Amended	663 RA	MAPO RO	DAD			-1	Assistant Control				
Amendment #:	City, State	, Zip Code									
DOL ☐ Emergency	TEAN	ECK, NJ	07666		(E) 12						
DOH (including justification)	Name of C	ontact				Telepho	ne Number				
☐ DCA ☐ Cancellation		MACCHL	A			'					
		FAC	ILITY INFORMA	ATION							
Name of facility where abatement i	is taking place (3)		-			Type of Facility	(4) ol (K - 12)				
PAUL MACCHIA								ما الله ما الله	V	10)	
Street Address		· 			\$		hapter 8 (C (Private/C			-12)	
663 RAMAPO ROAD							./Homes, e	tc.	Description.	dg. A	000
City (5)	County (6)			Cour	ity Code (7)	Square reet	# 01 11001	5	וט	uy. A	.ge
			- 1		e use only)	Current Use (F	Prior if bein	g dem	olish	ed)	
TEANECK	BERGEN										
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatement (Contractor (9)					
			_		D & S RESTORA	TION, INC.					
Street Address					Street Address						
City, State, Zip Code		is and the second			20 California Av	e.	NA DOCUMENTS			VI-10-10	7.2
City, State, Zip Code					City, State, Zip Code	-0.0					
Project Manager for Monitoring Firm		hone Numb	0.5		Paterson, NJ 075	003	License	Numb	0.5		
Project Manager for Monitoring Fifth	' F	none numb	er		973-345-8020			1169	er		
Ct-d Data (40)	I Sabad Samula	l'an Data (44	· · · · · · · · · · · · · · · · · · ·	_ -	Name of OSHA Monit	or	<u> </u>	1107			
Start Date (10)	Sched. Comple	tion Date (1	1)		D & S Restoration	on, Inc.					
08/14/14	08/29/14			_	Street Address	**************************************	-		ar Republican		
Occupancy Status During Abatemer					20 California Ave	enue	6.				
Facility closed/vacated during Abatement performed outside					City, State, Zip Code						
Describe:				-11	D	-02					
Other-Describe: NORMAL H				- 11	Paterson, NJ 075					_	
Scope of Work (check all that apply 3 sf or >3 lf						ull Containment	w/negative	press	ure		
🗠	Renovation					alovebag procedi	ure				
≥160 sf or ≥260 lf	Demolition					Non-Exempted (*		friable	proce	edure	<u> </u>
Location of	Is location normally by maintenance/cu							e e	R	E n	E
asbestos-containing material (acm) to be	staff(12)		Descriptio material (A		bestos-containing	Amount (Specify	SF or	m	р	C	n
abated in facility (13)	Yes No	N/A	material (A	ACIVII		LF)		o v	a i	a p	L
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Registered Waste Hauler	NJDEP Hauler	ID# C	Lubic Yards of W	Vaste	Name of Registered I						1-
D & S RESTORATION, INC.	13506		yds		TULLYTOWN, I		ECOVER	Y			
City, State		Disposal D			City, State				-		
PATERSON, NJ 07503 Completed by (Print or Type)	Tilla	08/15/1	Signature		TULLYTOWN,	PA	T _{D-1}				
BOGDAN JOLDZIC	Title PRESIDENT		Signature				Date 07/31/	/2014			
ASB-41	Do not use this form	for asbesto	s licensure exe	empted	activities.		01/31/	2017	- Marine P		

GL14-026

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

check #1326

Page 1 of 1

Date of Notification (1) 8-1-14		N	lame of I	Building C	wner/Op ard of E	perator ducat	(2) tion	n: /s	M A	IIA -	-				
Agencies Notified Type Notification	n	S	Street Ad							110 - 5	F	17 5): <u>5</u>	Ę,	3
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DCA Cancellati	OH			ITY INFO	RMATIC)N					_	-	- 2		- 100
Name of Facility Where Abatement is Ta	king Place (3)		1 AOIL		Tamberre		Туре	of Facility (4)							
Memorial Elementary School Street Address			_				×	School (K-12) Subchapter 8		r than K	(-12)				
11 Ely Avenue								Other (i.e. pri etc.)	vate 8	comme	ercial	build	ings,	home	s,
City (5)								are Feet 000+	# of	Floors		1 1993	dg. A	ge	
Laurence Harbor County (6)		To	County C	ode (7)				ent Use (Prior		ng demo	olishe				
Middlesex				SE ONLY)	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Ele	mentary Sc	hool	SS:					
Name of Monitoring Firm Hired by Buildin Environmental Connections, Inc			ASCM 030	No.		Name GL G		atement Contr o, Inc	actor	(9)					
Street Address 120 North Warren Street						Street 140		ess burg Turnpi	ike						
City, State, Zip Code Trenton, New Jersey 08608		(4)						Zip Code Idale, NJ 07	403						
Project Manager for Monitoring Firm Brian Brill			Telephon	ne No.		Teleph 201-		No. 9725		Licens 01084		9			
Start Date (10)	Scheduled 8-4-2014	Com				33337075		SHA Monitor o, Inc	7			329			
8-1-2014 at 4pm Occupancy Status During Abatement (C						Street	Same and	1017)	-		-				
Facility Closed/Vacated During Enti			ent					burg Turnp	ike						
Abatement Performed Outside of N Other – Describe:	ormal Facility F	lours			_	20 NT.3		Zip Code Jdale, NJ 07	7403						
Scope of Work (Check All That Apply)												5.00			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti			7	2	M G	ull Containmer lini-Enclosure lovebag Proce on-Exempted	edure					ė	
	le l	o o o o ti o						OH Exemples	// 4.1	2110111			WILLIAM CONTROL	ment	
Location of	No	ocation rmall	y		Des	scription	n of					_	Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Used Main Custo	tenan	ice/	Asbest (i.e.	thermal surface	system cing, VA	ns insu AT, or		(5	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		otner n	niscella	neous	'				Val	=	ılate	uге
Kindergarten Classroom	163	X	INA	Wra	p & Cu	t Pipe	Insu	ılation	6	2 LF		X			
Tanadigation diagonom										-					
Name of Registered Waste Hauler	aste Hauler				Cubic of Was			Name of R	Registe	ered Lan	ndfill			.,	
GL Group, Inc					TBD			Grows							
City, State Bloomingdale, NJ				11	TBD	sal Date		City, State Morrisvil		Α				1122-22	
Completed by Elena Solakov	Title Presid	ent			S	Signatur	e (Gleson Stor	lla	,	Dat 8-1	e -20	14		

To: NJDOL Asbestos Page 2 of 4

2014-08-01 16:42:32 (GMT)

From: Elena Solakov

MEMBER - MAIL IN HARD CO)PY ,		Sta ICATION Urayant (O NJAC	ESTOS / B:60 and	ABATEM		Page 1	326 xf	OL - 1	0 [)/ _: Y		-
Date of Notification (1) 8-1-14				Building dge Bo	Owner/C	perator (2)	. ()		AUG 1	0	Old		
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Name of Facility Where Abstement is Tall Memorial Elementary School	ing Piace (3	3)					1000	Escility (4)			w		-	כ
Street Address 11 Ely Avenue			an e-manual				Sub	er (i.e. pri	(Oth	er than K-12 & commerci		dings,	hom	
City (5) Laurence Harbor	1		Square Feet 40,000+						# o	Floore	5	ildg. A	ge c	g*-
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Name of Monitoring Firm Hired by Buildin Environmental Connections, Inc.		ASCM 030	No.				ent Confr			-				
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City, State, Zip Code Trenton, New Jersey 08608					-		ate, Zip (code e, NJ 07	403		-			
Project Manager for Monitoring Firm Brian Brill		Telephon (609) 3	ne No. 392-420	0	Telepho	one No.		•	License N 01084	σ.				
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	3.5	Loca					I NOIPE	Xempley	() (4)	4 NOTH-FIRE	- FIC	Abate	ement	ŧ
Location of Asbestos-Containing Materia; (ACM) TO BE ABATED In Facility (13)	intens	ety by ance/ Staff?		tos Coni tierma. surfe		leleriel (A Linsulatio T, Ol		(8	mount Specify For LF)	Remova	Repair	Encepsulate	Enclosuse	
	Yes	No	N/A							_	=		in the	æ
Kindergarten Classroom		X		Wra	p & Ct	rt Pipe	Insulati	on	E	2 LF	X			
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Name of Registered Waste Hauler GL Group, Inc		NJDEP W Hauler ID 0033034	No.	Cubic of WR TBD	Yards	- 10	lame of R	egiste	ared Landbil	1			1	
City. State Bloomingdale, NJ					et#C les		ity, State		·A				-	
Completed by Elena Solakov		4.	Signature Claim Solda 8-1-2014					14						

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D&S Proj. #: 2014-307

Date of Notification (1)	Name o	of Building Own	er/Operator (2)				0044					
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Agencies Notified Type Notificat	ion Street A	ddress										
DEP Amended	508 1	MADISON A	VENUE				7	14.	Th.	j <u>t</u>		
Amendment #:	City, Sta	ate, Zip Code					-					
Emergency	DUI	NELLEN, NJ										
DOH (including justification)	Name of	f Contact			-		Telephor	e Numbe	r			
☐ DCA ☐ Cancellation		DERICK EL	FLEIN, EXE	CUTO)R		'					
		FAC	ILITY INFORM	ATION								
Name of facility where abatement i	s taking place (3)					П	Type of Facility					
THE ESTATE OF ELVIRA	el el elvi						=	ol (K - 12)			4.00	
Street Address	LILLIN					- 1	☐ Subch	apter 8 (C (Private/C			-12)	
							Bldgs.	Homes, e	etc.			
508 MADISON AVENUE						- 1	Square Feet	# of Floo	rs	Ble	dg. A	ge
City (5)	County (6)				nty Code (7) te use only)	11	Current Use (P	rior if boin	a dom	oliobo	٠۵١	
DUNELLEN	MIDDLE	ESEX		(Old			Current Ose (F	nor ii beiii	y uem	Ullarie	;u)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatem	ent C	ontractor (9)					
					D & S REST	ORA	TION, INC.			.,		
Street Address		-			Street Address			Section 1				
					20 California).		and the state of t			
City, State, Zip Code					City, State, Zip Co							
Desirable of Heist E		Phone Numb			Paterson, N.		03	11:	81 1			
Project Manager for Monitoring Firm		Telephone Numb 973-345-80			License	1169	er					
20 10 110					Name of OSHA		or	<u> </u>	1105	-		
Start Date (10)	Sched. Com	pletion Date (1	1)		D & S Resto	ratio	n, Inc.					
08/15/14	08/31/14				Street Address							
Occupancy Status During Abatemer		•			20 California		nue					
Facility closed/vacated during Abatement performed outside Describe:					City, State, Zip C	ode						
Other-Describe: NORMAL H	OURS			=11	Paterson, N.	J 075	03					
Scope of Work (check all that apply	<i>y</i>)					F	III Containment v	v/negative	press	ure		
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D & S RESTORATION, INC.	13506		2 yds		TULLYTOW		ESOURCE RI	ECOVE	RY			
City, State Disposal Date PATERSON, NJ 07503 08/16/14					City, State							
PATERSON, NJ 07503 Completed by (Print or Type)	Tialo		4 Signature		TULLYTOV	VN, I	'A	Date				
BOGDAN JOLDZIC	Title PRESIDENT		Oignature					07/30	/2014			
ASB-41	Do not use this	orm for asbest	os licensure ex	empted	d activities.			1				

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D&S Proj. #: 2014-309

State of NJ

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Date of Notification (1)	,	Name of I	Building Owr	ner/Operator (2))		LUTT 1.00	, , , , ,						
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☐ EPA ☐ Initial	lineation	Street Add	dress					1						
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DCA Cancel	llation	JON N	ACGUIRE											
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Name of facility where abaten	nent is taking	place (3)					Type of Facility							
JON MCGUIRE							=	ol (K - 12)						
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49 COLIN AVENUE		. /6					Square Feet	# of Floo	rs	В	ldg. A	ge		
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CLIFTON		ASSAIC			(010	ac doc only)	Current Use (F	rior it bein	ig dem	iolish	ed)			
Name of Monitoring Firm Hire	d by Bldg. O	wner (8)		ASCM No.	1	Name of Abatement Co	ontractor (9)							
						D & S RESTORA								
Street Address						Street Address								
City, State, Zip Code					_	20 California Ave								
Oity, State, Zip Code						City, State, Zip Code								
Project Manager for Monitoring	Firm		Ohana Numb		_	Paterson, NJ 0750)3	11:	N1					
Troject Manager for Monitoring	, ruiu	'	Phone Numb	er		Telephone Number 973-345-8020		License	Numb 1169	oer				
Start Data (40)	10.7					Name of OSHA Monito	r	1	1109					
Start Date (10)	Sch	ned. Comple	tion Date (1	1)		D & S Restoration								
08/13/14	THE PERSON NAMED IN COLUMN 1	/28/14				Street Address			100	-				
Occupancy Status During Abate						20 California Aver	nue							
Facility closed/vacated du Abatement performed ou	uring entire p	eriod of aba	tement.			City, State, Zip Code								
Describe:		iai facility no	urs-					32						
Other-Describe: NORM					-	Paterson, NJ 0750)3							
Scope of Work (check all that	ACCES TO SEC.		e-lud-17/30	380 6341 88 ³ 63		The state of the s	II Containment v	v/negative	press	ure				
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asbestos-containing material (acm) to be	staff(1:		Istodiai			sbestos-containing	Amount	·	e m	e	n	n		
abated in facility (13)	Yes	No	N/A	material (ACM)		(Specify S	or or	0 V	a	а	C		
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Registered Waste Hauler	I N.	IDEP Haule	r ID# I C	ubic Yards of V	Vaste	Name of Registered La	andfill		Ш	Ш	Ш			
D & S RESTORATION, IN	NC. 1	3506		YD		TULLYTOWN, RI		COVER	Y		20000000			
City, State Disposal D						City, State								
PATERSON, NJ 07503 08/14/14 Completed by (Print or Type) Title														
Completed by (Print or Type) BOGDAN JOLDZIC	Signature				Date									
ACD 44	PRES	DENT				T 10 100		07/31/	14	-				

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D&S Proj. #: 2014-308

Project Manager for Monitoring Firm Phone Number Start Date (10) 08/11/14 08/29/14 Sched. Completion Date (11) 08/29/14 D& S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Paterson, NJ 07503 Telephone Number 973-345-8.020 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Paterson, NJ 07503 Paterson, NJ 07503 Full Containment w/negative pressure Signature Description of asbestos-containing material (acm) to be abated in facility (13) Amount (Specify SF or o a a o containing material (acm) to be abated in facility (13) Amount (Specify SF or o a o containing material (acm) to be abated in facility (13) Amount (Specify SF or o a o containing material (acm) to be abated in facility (13) Amount (Specify SF or o containing material (acm) to be abated in facility (13) Amount (Specify SF or o containing material (acm) to be abated in facility (13) Amount (Specify SF or o containing material (acm) to be abated in facility (13) Amount (Specify SF or o containing material (acm) to be abated in facility (13) Amount (Specify SF or o containing material (acm) to be abated in facility (13) Amount (Specify SF or o containing material (acm) to be abated in facility (13) Amount (Specify SF or o containing material (acm) to be abated in facility (13) Amount (Specify SF or o containing material (acm) to be abated in facility (13) Amount (Specify SF or o containing material (acm) to be abated in facility (13) Amount (Specify SF or o containing material (acm) to be abated in facility (13) Amount (Specify SF or o containing material (acm) to be abated in facility (13) Amount (Specify SF or o containing material (acm) to be abated in facility (13) Amount (Specify SF or o containing material (acm) to be abated in facility (13) Amount (Specify SF or o containing material (acm) to be abated in facility (13) Amount (Specify SF or o containin				,			nne.						
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DEP Amendment # City, State, Zp Code CHATHAM TWP, NJ 07928 Stand Date (10) Cancellation DEP County (6) County (6) County (7) County (7) County (7) County (7) County (8) County (7) County (8)		Street /	Address				· ·				i Ji.		
CHATHAM TWP., NJ 07928 Cancelation				UB DRIVE				m enalth	100 1	14,3			
Chartham TWP, NJ 07928 Tesignhone Number	IXI DOL I—												
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Name of facility where abatement is taking place (3) Street Address	Cancellation	JER	I AND JOH	N ENNIS									
School (K-12) School (K-12) Subchapter 8 (Other than K-12) Other (Private Commercial Bidgs-Anomercial B			FAC	CILITY INFORM	ATION								
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Street Address I COUNTRY CLUB DRIVE City (S) Chart Ham TWP. Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 01169 Name of OSHA Monitor D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Stephone with the profession of patents of patents of patents of the p	JERI AND JOHN ENNIS							6. 3. 6.	ther t	nan K	-12)		
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Chy (5) CHATHAM TWP. Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Osh A Restoration, Inc. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of Osh A Monitor D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of Osh A Monitor D & S Restoration, Inc. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of Osh A Monitor D & S Restoration, Inc. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of Osh A Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Full Containment winegative pressure Winni-enclosure Glovebag procedure Non-Exempted (1) and Non-friable procedure Non-Exempted (2) and Non-friable procedure Amount ### ### ### ### ### ### ### ### Amount ### ### ### ### ### Amount ### ### ### ### ### ### Amount ### ### ### ### ### ### ### ### ### ### ### ### ### ### Description of asbestos-containing material (ACM) Yes No N/A Paterson, NJ 07503 Description of asbestos-containing material (ACM) ### ### ### ### ### ### ### ### ###	1 COUNTRY CLUB DRIVE									BI	da A	ge	
Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Paterson, NJ 07503 Telephone Number 973-345-8020 01169 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Paterson, NJ 07503 Paterson, NJ 07503 Paterson, NJ 07503 Glovebag procedure Amount Specifyer of asbestos-containing material (acm) to be abated in facility (13) by maintenance/custodial staff[12) Yes No N/A DUCT INSULATION 80 SQ FT Mini-encibsure Glovebag procedure Amount (Specify SF or in p or a completed or asbestos-containing material (ACM) Paterson, NJ 07503 GARAGE DUCT INSULATION 80 SQ FT Disposal Date Oky, State Disposal Date Oky, State Disposal Date Oky, State Disposal Date Oky, State Name of Registered Landfill In DILLYTOWN, RESOURCE RECOVERY City, State PATERSON, NJ 07503 Date O7731/14	City (5)	County (6)			Cou	nty Code (7)	oquaro i oci	# Of 1 1001		-	-g	9-	
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Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 08/11/14 08/29/14 Occupancy Status During Abatement (Check only one) Gality closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: NORMAL HOURS Stope of Work (check all that appty) 2 sf or >2 lf Renovation 1 slocation normally used solely by maintenance/custodial staff(12) Sabestos-containing material (acrin) to be abated in facility (13) GARAGE NORMAL HOURS Description of asbestos-containing material (acrin) to be abated in facility (13) GARAGE NORMAL HOURS Description of asbestos-containing material (acrin) to be abated in facility (13) GARAGE NORMAL HOURS Description of asbestos-containing material (acrin) to be abated in facility (13) GARAGE NORMAL HOURS Description of asbestos-containing material (acrin) to be abated in facility (13) GARAGE NORMAL HOURS Description of asbestos-containing material (acrin) to be abated in facility (13) GARAGE NORMAL HOURS Description of asbestos-containing material (acrin) to be abated in facility (13) GARAGE NORMAL HOURS Description of asbestos-containing material (acrin) to be abated in facility (13) GARAGE NORMAL HOURS Description of asbestos-containing material (acrin) to be abated in facility (13) GARAGE NORMAL HOURS Description of asbestos-containing material (acrin) to be abated in facility (13) GARAGE NORMAL HOURS Description of asbestos-containing material (acrin) to be abated in facility (13) GARAGE NORMAL HOURS Description of asbestos-containing material (acrin) to be abated in facility (13) GARAGE NORMAL HOURS Fill Containment w/negative pressure	person and the first the second state of the second		<u> </u>	LAGGIANI		Nome of Abatamant	Contractor (0)						
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City, State, Zip Code Paterson, NJ 07503 Telephone Number Start Date (10) 08/11/14 08/29/14 Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement.							ve						
Project Manager for Monitoring Firm	City, State, Zip Code				-								
973-345-8020 01169						Paterson, NJ 07	503						
Name of OSHA Monitor D & S Restoration, Inc.	Project Manager for Monitoring Firm		Phone Numi	ber						er			
D&S Restoration, Inc.								0	1169				
OS/11/14 OS/29/14 OS/29/14 OSCUPANCY STATES OSCUPANCY STATE	Start Date (10)	Sched. Com	pletion Date (1	1)									
Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS	08/11/14	08/29/14					on, mc.		_	-		-	
Abatement performed outside of normal facility hours- Describe: ☐ Other-Describe: NORMAL HOURS Scope of Work (check all that apply) ☐ Secope of Work (check all tha	Occupancy Status During Abatemer	nt (Check only on	e)			20 California Av	enue						
Describe: NORMAL HOURS Scope of Work (check all that apply) Sope of Work (check all that apply) Sop of Work (check al						City, State, Zip Code			1,55				
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Sality					- 11								
□ ≥160 sf or ≥260 lf □ Demolition □ Demolition □ Glovebag procedure □ Non-Exempted (*) and Non-friable procedure □ Non-Exempted (*) and Non-Exempted	N 0 1 0 11							v/negative	press	ure			
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GARAGE DUCT INSULATION 80 SQ FT DUCT INSULATION SO SQ SO SQ FT DUCT INSULATION SO SQ SO	abated in facility (13)	Yes N	o N/A	1	•		LF)		v	i	1.000	L	
Registered Waste Hauler D & Cubic Yards of Waste Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY City, State PATERSON, NJ 07503 Completed by (Print or Type) BOGDAN JOLDZIC Disposal Date O8/12/14 Signature Signature Date O7/31/14	GARAGE			DUCT INS	ULAT	TION	80 SQ FT		-	6	П	I	
D & S RESTORATION, INC. 13506 1 YD TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 08/12/14 TULLYTOWN, PA Completed by (Print or Type) Title Signature BOGDAN JOLDZIC PRESIDENT 07/31/14									Ħ	百	Ħ		
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PATERSON, NJ 07503 08/12/14 TULLYTOWN, PA Completed by (Print or Type) BOGDAN JOLDZIC Title PRESIDENT Signature O7/31/14	City, State		-		YN, RESOURCE RECUYER I								
BOGDAN JOLDZIC PRESIDENT 07/31/14					N, PA								
OlioTi	Completed by (Print or Type)	Signature		1.									
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State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

2014-57B B & G proj. #: Check #6656 2814 AUG -5 PM 5: 54 Date of Notification (1) Name of Building Owner/Operator (2) 0 8 / 0 1 1 / 1 4 Estate of Lenore Weinstein Decd Agencies Notified Type Notification Street Address ■ EPA 13 Norfolk Avenue V Initial DEP City, State, Zip Code Amendment DOL Maplewood, NJ 07040 DOH Name of Contact Telephone Number Cancellation Paul Ribardo ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Estate of Lenore Weinstein Decd Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 13 Norfolk Avenue Square Feet Bldg. Age # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Maplewood, NJ 07040 Essex 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 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 08/11/2014 08/12/2014 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: Lincoln Park, NJ 07035 Other-Describe: wrap & cut Scope of Work (check all that apply) Demolition Full Containment w/negative pressure Glovebag procedure Renovation Mini-enclosure Non-friable procedure >3 sf or >3 lf __ ≥160 sf or ≥260 lf Is location normally used solely E Location of e by maintenance/custodial 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) LF) Yes N/A ٧ No pipe insulation 30 lf front porch crawl space pipe insulation 7 If laundry room behind sink,washer & stove Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# B & G Restoration, Inc. 19563 Tullytown Resource & Recovery Center Disposal Date City, State City, State 08/12/2014 Tullytown, PA Lincoln Park, NJ 07035 Signature Date Completed by (Print or Type) Gordana Luna 08/01/2014 Gordana Luna Secretary/Treasurer

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

2014-128

B & G proj. #:

				*** NON	Sub	8 ***		# 6651	- 100			-	
Date of Notification	n (1)	I I Name	of Building Ow	2)		2014	AUG -5	5 P	<u> </u>	. 5	3		
10 18 1/10 11	1/1141		eter's Prep						, ,	II J	• 0.	5	
Agencies Notified	Type Notificati	The second secon					-			11	ni h		
☐ EPA ☐ DEP	▼ Initial		Grand Stre	et				4 i.k.;=	À .	NO	1.01		
X DOL	☐ Amendn		ate, Zip Code sey City, NJ	07302									
▼ DOH		Name o	f Contact				Telepho	ne Number			-0.00		
☐ DCA	Cancella	ition Ke	vin Albers		237000								
			FA	CILITY INFORM	IOITAN	N							
Name of facility w	here abatement is	taking place (3					Type of Facility						
Mulry Hall****	**(NON SUB 8	3)****						ol (K - 12) hapter 8 (O	ther t	han K	-12)		
Street Address					etine Atla			(Private/Co		rcial			
144 Grand S	treet						Square Feet	# of Floor		Bl	dg. A	ge	
City (5)		County (6)	Charles			unty Code (7)					15		
Jersey City,	NJ 07302	Hudson			(36	ate use only)	Current Use (I school non	22	g aen	iolisne	∋a)		
Name of Monitorin	ng Firm Hired by E	3ldg. Owner (8)		ASCM No.		Name of Abatement	Contractor (9)						
	80					B & G Restorat	ion, Inc.						
Street Address				***************************************		Street Address 105 Ryerson R	Road						
City, State, Zip Coo	de					City, State, Zip Code							
						Lincoln Park,	NJ 07035						
Project Manager fo	Phone Num	nber		Telephone Number (973)696-686	9	License 00	Numl 378	ber					
Scheduled Start Da	ata (10)	ISchool Con	pletion Date (111	_	Name of OSHA Moni	itor		-				
08/12/2014	ate (10)	08/16/20		11)		B & G Restorat	ion, Inc.						
						Street Address							
Occupancy Status	During Abatement d/vacated during				105 Ryerson R	oad							
Abatement p	erformed outside	Continue to the state of the st			.	City, State, Zip Code							
Describe: Other-Descri	ibe: work shift	8:00am - 4:3	Opm		_	LincolnPark, N.	J 07035						
Scope of Work (ch	heck all that apply)											
☐ Demolition	X	Renovation				Full Containment w/neg	gative pressure	Gloveb	oag pi	ocedi	ле		
> 3 sf or $> 3 $ lf	X	≥160 sf or ≥260	If			Mini-enclosure		★ Non-fr	iable	proce	dure		
Location of		Is location norr		ely				-	R	R	E	E	
asbestos-com material to b		by maintenano staff(12)	e/custodiai			asbestos-containing	Amount (Specify	SF or	m	р	n	n	
abated in fac	7707 Western	Yes N	lo N/A	material	(ACIVI)		LF)	0. 0.	o v	i	a	L	
D 040 (0-d	fl\		X	T VAT	0 1/10	ati a	400 of		e	<u></u>		\vdash	
Room 312 (3rd Room 212 (2nd			×	VAT O			480 sf 480 sf		X	H	H	쑴	
Main Entrance	1 HOOF)		X	VAT 8		orway caulk	30 lf		X	H	H	H	
Main Entrance		==		- CALCII	or do	orway caum	0011	-	片	H	Ħ	厅	
			==	1				T	盲	i 一			
Registered Waste I		NJDEP Ha		Cubic Yards of	Waste						-		
B & G Restora	tion, Inc.	1956	3 Disposal	10 Date		Tullytown City, State	Resource & R	ecovery	Cen	ter			
City, State. Lincoln Park, I	NJ ·			3/18/2014	· · · · · · · · · · · · · · · · · · ·	Tullytown,	PA				y		
Completed by (Prin		Title Secretary/Tr	easurer	Signature		Gordana Luna	Date 08/01/2014						

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

B & G proj. #: 2014-132

*** NON Sub 8 ***

Check # 6658

Date of Notification (1)	111	Name of Buil	ding Own	er/Operator (2)													
0 18 1/10 11 1/11 14		Township	of Hills	ide			2014 A	UG -5	PH	5: 3	3						
Agencies Notified Type Notifica	tion	Street Addres	ss														
EPA Initial		1409 Lib	erty Ave	enue					UU!	119	UL.						
☐ DEP ☐	110	City, State, Z	ip Code					LIVE			25W 12						
DOL Amend	ment	Hillside,	NJ 0720	05				1									
DOH DO	Contract of the Contract of th	lame of Con	tact				Telepho	ne Numbe									
☐ DCA ☐ Cancell	ation	Anamar	ie Novo	a-Gomez (G	C)												
			FAC	LITY INFORMA	ATION	!				NI CONTRACTOR		243198					
Name of facility where abatement	is taking pl	ace (3)					Type of Facility										
Hillside Public Library ****	(NON S	UB 8)****					=	ol (K - 12) hapter 8 (C		an K	-12)						
Street Address								(Private/C			12)						
1409 Liberty Avenue							Bldgs Square Feet	# of Floor		BI	dg. A	ge					
City (5)	Cou	nty (6)			Cou	nty Code (7)											
Hillside .	Ur	nion			(Sta	(State use only) Current Use (Prior if being demolished) Public library											
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.	\neg	Name of Abatement Contractor (9)											
N/A						B & G Restoration	on, Inc.										
Street Address						Street Address 105 Ryerson Ro	ad				20111						
						City, State, Zip Code	Jau										
City, State, Zip Code						Lincoln Park, N	IJ 07035										
Project Manager for Monitoring Firm	n	Pho	one Numb	er	-	Telephone Number		License	Numb	er							
,						(973)696-6869		00	378								
Scheduled Start Date (10)	Sche	d. Completio	n Date (1	1)	-	Name of OSHA Monito											
08/12/2014	08/	15/2014				B & G Restoration	on, inc.										
Occupancy Status During Abateme					-	105 Ryerson Ro	ad										
Facility closed/vacated during			ment.			City, State, Zip Code											
Abatement performed outside						\$75X 80											
Describe: Work shift	8:00am	- 4:30pm			-	LincolnPark, NJ	07035				-						
Scope of Work (check all that app	у)					TOTAL DE LA LAC					1.0						
☐ Demolition	Renovati	on			∐ F	ull Containment w/nega	ative pressure	Glove									
☐ > <u>3</u> sf or > <u>3</u> If	≥160 sf o	≥260 If				/lini-enclosure		■ Non-fi	riable _l	oroce	dure						
Location of		on normally usenance/cust		/	1000				R	R	E n	E					
asbestos-containing, material to be	staff(12)		oulai	Description material (sbestos-containing	Amount (Specify	SF or	m	р	c	n					
abated in facility (13)	Yes	No	N/A	material (/	ACIVI)		ĹF)		v	i	a p	Ľ					
3 construction offices	-	h	X	VAT & Ma	stic		900 sf		e X								
(southeast corner)																	
												旦					
												ᆜ					
Registered Waste Hauler B & G Restoration, Inc.	NJE	EP Hauler II 19563		ubic Yards of V 12	Vaste		andfill Resource & R	Recovery	Cent	er							
City, State Lincoln Park, NJ			Disposal D 08	ate /18/2014	City, State Tullytown, PA					*							
Completed by (Print or Type) Gordana Luna	Title Secreta	ary/Treasu	rer	Signature		Gordana Luna	Date 08/01/2014										
		,				7.0											

CK 008704

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

Agencies Notified Type Notification Street Address 4.4 City of East Orange PA Alic -5 PM 5:5 Alic -5 PM 5:5 Alic -5	Date of Notification (1)				Building O		perator	(2)									
EPA Initial Amended Amended Amended City, State, Zip Code East Orange, NJ 07019 Name of Facility Where Abstement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) School (K-12) Subchaplare 8 (Other than K-12) Subchaplare 9 (Other than K-12)	August 1, 2014					ange			25	14 A	UG -5	P	1 5	: :			
City, State, Zip Code County Code (7) County Code (7) State Address Telephone No. Name of Monitoring Firm Iried by Building Owner (8) N/A State Date (10) N/		ation	1000			ıza								3' \	,		
DOH	DEP Initial Amend				(30)		10			Ç.		γ.	h.		-		
Same of Facility (Where Abatement is Taking Place (3) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Other (1e. private & commercial buildings, homes, etc.) Other (Emerg	ency (including				3 070		Telephone Number									
Name of Facility Where Abatement is Taking Place (3) Emergency Fire Burn-out house Street Address 311 William St City (6) East Orange, NJ County (6) Essex County (7) Subabapter 8 (Other than K-12) Subchapter 9 (Other Location 6	DCA Gancel		_ 1														
Street Address 311 William St City (5) East Orange, NJ County (6) Essex County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address n/a City, State, Zip Code n/a Project Manager for Monitoring Firm n/a Scheduled Completion Date (11) Street Address Facility Closed/Vacated During Abatement (Check Only One) Scheduled Completion Date (11) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) Scope	Name of Facility Where Abatement is	Taking Place (3)		FACIL	ITY INFO	RMATIC	NC	Ту	pe of Facility (4)							
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Completed by John Mucha Title Project Manager Signature 8/1/14	State of the state	W (1977)					signatur										

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