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

		(Pursu	ant to NJAC					-,				
Date of Notification 8-6-15	on (1)		Name of Bui Luu Ma:		Owner/Ope	erator	(2)	14 .32				
Agencies Notified	Type Notifi	cation	Street Addr	000								
[X]EPA	[]Initial		183 Mui		.ve.			<u> AU</u>			1.7	
[ ]DEP	Notifi	cation	City, State	, Zip	Code							
[X]DOL	[ ]Amended Notifi	l cation	Teanecl	k,NJ	,07666	ii 						
[X] DOH			Name of Con	tact			Telephon	e Number				
[ ]DCA	[X]EMERGE		Luu Ma:	i								
	1 100010022		FACT	T.TTV '	INFORMATI	ON						
Name of Facility W	nere Abatemen	t is Taki			INI OIUMII I		Type of Facil	itv (4)	-			
Same as above			,,				1.75	AT 6-11				
							[ ]School	ter 8 (Other	than	K-12	)	
Street Addres							[X]Other (	i.e., private uildings, hom	e & co	mmer tc.)	_	
G/1- /F		-					Square Feet	# of Floors	Blo	ig. 1	Age	
City (5		County	(6) Essex		nty Code							
							Current Use (	Prior if bein	ng dem	olis	hed)	Ĭ
Name of Monitoring Owner (8)	Firm hired by	y Buildin	g ASCM No.				ment Contractor	N - 12-303				
N/A Street Address					Street A			,				
Street Address							topher St	•				
City, State, Zip Co	ode				Mont		r, NJ 070	42				
Project Manager for	Monitoring 1		lephone Numb	er	Telephon		er -8800		ense		er	
Cabadalad Charl Day	- (10)   0-3			/44\								<u> </u>
Scheduled Start Date 8-5-15	ce (IU) Sci	10 (70)	letion Date	(11)	Name of N/A	OSHA I	Monitor					
	Year 1		Dav Year		IN/A							
Occupancy Status Du [X] Facility Cl	ring Abatemer	nt (Check	only one)		Street A	Address	3					
of Abateme []Abatement P		ide of No	rmal Facili	tv	City, St	oto 5	7im Codo					
	cribe: «OffHou	rs Descri	.pt»	-1	CILY, St	ate, 2	ip code					
Scope of Work (Chec	ck all that ap	oply)			Ш					10		
[X]>3 sf o:		1	X]Renovation ]Demolition		[]	Mini-   Gloveb	Containment w Enclosure ag Procedure riable Procedu	er tertikak i suset tertik <del>- s</del> erekterik ekster 66 e - s	Press	ure		
=			Is		ı.	, 1.OII-F.	w_c_r_ocedu		Abat	ceme	nt T	ype
Locatio			ocation formally			riptio	366a 966a .		R		E N	E
Asbestos-Co Material			Used Solely		Asbesto	s-Cont rial (		Amount (Specify	E	RE	C	C
TO BE A	100		y Main-		(i.e., the		U 10 St	SF or	M	E P	A P	0
In Faci	llity		enance/ ustodial	in	sulation,	surfa	acing, VAT,	LF)	VA	A	S	S
(13	)		aff (12)		or other	miscel	llaneous)		L	R	L	R
Basement		Yes	No N/A	VA:	r			800 SF	x		•	E
							9					
		_							+			_
Name of Registered	Wasta Uanla-	h.T	JDEP Waste	0	hia Varda	00	Name of Port	stared Tandfi	11			
AZTECH MANA		NC H	DEP waste auler ID No. 7040	1	bic Yards -Waste 1		G.R.O.W.	stered Landfi		7	rcn.	i car
City, State		1	70-20	Di	sposal Da	te	City, State	rinen	الذ (	41 4	S P	LX
Montclair, No	07042				B-11-1!		Morrisvi.	1 01	906	108	8	
Completed By (Print	or Type) T	itle			Sicr	nature	Wayne		Date	CO	U	
Constantine \	0.000	reside	ent			CVi	Lian	٥, ١	8-6-1	5		

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973-680-8886

08-05-15; 12:56PM;

_		(8	ursus	nt to NJ	AC 8:60 and 5:	18)	4UG_1	4.0		1	
Date of Notification (1)		_	Nam	e of Buildi	ng Dwner/Operato	1/31	10 10 10 10 10 10 10 10 10 10 10 10 10 1				
_08 / 05 /	15		Pa	rsippan	y Troy Hills Boa	rd of Eduction	1.4				
Apancies Notified Type Notif	iceflon			t Address			/			_	
⊠ EPA ☐ Initial	N. Call		28	2 Parsip	pany Road					1	
☑ DOLWD ☐ Amend ☑ DOH Amend			City.	State, Zip	Code		-1/-		_	ì	
□ DCA ☑ Emerge	ney (includi	ng	Pa	rsippan	V. NJ 07054		-, 0		ink N	1	
(NJAC 5:23-8)   Justifics	tien)			e of Conta			Telephone Nur	n hane			_
☐ Cance/	ation		To	m Gave	glio	18	Zoughtigetie Liet				
		-	FA	CILITY	NFORMATION				_		
Name of Facility Where Abatement Is	Taking Pla	:6 (3)	- 10.5		A CINETALION	Type of Facility					
Brecklawn Middle School											
Street Address						Subchapter	2) 8 (Other than K-1)	2)			
250 Beachwood						Dother (l.s., homes, etc.	private and comme	rcial b	ulidin	g4.	
City (5)						Square Feet	# of Figure	To	1=a 6		
Parsippany							2		10g. A	73 a	
County (5) Morris			Çau	nty Dode (	THE USE ONLY	Current Use (P	rior if being damail	ished)			
					2						
Name of Monitoring Firm Hired by Buil	iding Owne	(8)	ASCM	55	Name of Abatem	nent Contractor (9	)	_		_	_
Street Address			010	0	Pow/R/Save	Inc					
7 Pleasant Hill Road			A		Street Address			-		_	_
City, State, Zip Code					27 West Str						
Cranbury, NJ 08512					City, State, Zip C			_		_	_
Project Manager for Manitoring Firm		1 1			Bloomfield	NJ 07003					
Kayin Lovely		100000000	aphone		Talaphone No.		License No.	_		_	
Start Date (10)	Scheduled			4-5418	1						
08 / 08 / 15	QB	1 0	8 /	44	Name of OSHA	Monitor					
Occupancy Status During Abatement	Check only	one)									
E Facility Closed/Vacated During Ent	ra Parlod o	& Amile	thant		Street Address						
Li Abatement Performed Outside of N	ormal Facili	iv Ha	n - 13-	eribe	City, State, Zip C						
Time of Abstement:AM	PM/	PM		AM	City, State, Zip C	·036					
Scope of Work (Check all that apply)	-60										
□ ≥3 of or ≥3 ff	100 m		d		☐ Full Con	talnment with Ne	gative Pressure				
⊠ ≥160 af or ≥260 ¥		ėnovai ėmoliti	on on		→ Mini-End	closura sg Procedura					
					Non-Ex	empted (*) and No	n-Friable Procedu	re			
'Localian of		S Loca						_	atame	ent T	Voc
Asbestos-Containing Material (ACA	d) Us	ed Sái	ely by	Asha	Description of the Containing Ma	of				9.10	
TO BE ABATED IN Facility	OL:	zinteni Rodini	ance/ Staff?	(i.e	., thormal systems	Insulation.	Amaunt (Spealty	Remova	Repair	2	BC)
(13)		(12)			eurfecing, VAT	, or	SF or LF)	1 5	e.	Encapsulate	Enclosure
	Yes	No	N/A		and madeling					2	
A-1 Room		X		VAT			225 sf	R	5		15
	10						~~~ PI	_	-	<u> </u>	10
			_						Ш		
	0										
								15			F
lame of Registered Waste Hauter		IN	UDEP V	Vaste	Cubic Yards of	Name of Regis	itered Landfill		_		
Pow/R/Save		F	lauler 10 17132		Waste		tral or Tullyton	rit.			
lity, State			11 194		Disposal Date	City, State		-		_	_
Bloomfield, NJ						2.5	PA or Tulytown	. PA			
The state of the s			_	_							
	Tita		1		Signature	111	/ In	ite.			
Completed By (Print or Type) Sharon Handge	Tiua sec/tre	a	-		Signature	-//-	Da	te			

Date of Notification (1)				1		ng Owner/Operator				=		
8/6/	15	_		P	rinceton	University-Office	of Design an	d Construction	0 20	(Š		
Agencies Notified				20	et Address 00 Elm Dr			× 700 - 1 2				
☑ DHSS Amendr	T. 7			City	State, Zip	Code						
☑ DCA ☐ Emerge		cludin	- а	Pr	inceton,	NJ 08544						
(NJAC 5:23-8) justifica	tion)		5	Nam	ne of Conta	ct		Telephone Nu	mber			
☐ Cancella	ation			R	bert Orto	ego						
				F	ACILITY I	NFORMATION						
Name of Facility Where Abatement is	Taking	Place	e (3)				Type of Facility	v (4)				
Princeton University-McCosh	Healt	h Ce	nter				School (K-1					
Street Address							Subchapter     Subchapter	8 (Other than K-1	(2)			
Frist Lane							Other (i.e., homes, etc	private and comm	ercial b	uildin	ıgs,	
City (5)							Square Feet	# of Floors		Ida I		
Princeton							Square reet	# 01 Floors	В	ildg. A	Age	
County (5)				Col	inty Code /	7)(STATE USE ONLY)	Current Hee /F	Delay if halas dans	E-L-D			
MERCER				000	anty Code (	T)(STATE USE ONLT)		Prior if being demo	lished)			
Name of Monitoring Firm Hired by Bui	ilding ()	Wher	(8)	ASCN	/ No	Name of Abote	Library					
Cardo/ATC Associates Inc.	liding O	WITEI	(0)			Name of Abatem						
Street Address				000	190		VIRONMENTA	AL, INC.				
Three Terri Center						Street Address						
City, State, Zip Code						1123 BEAVE						
						City, State, Zip C			7			
Burlington, NJ 08016						BRISTOL, PA	19007					
Project Manager for Monitoring Firm	33			ephone		Telephone No.		License No.				
Michael Keehn					6-8800	215-788-6040	)	00509				
	Schedu				ate (11)	Name of OSHA N	Monitor					
8 / 21 / 15	8			3_/	_14_	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During Abatement (						Street Address				-		
☐ Facility Closed/Vacated During Ent	ire Peri	od of	Abate	ment		1123 BEAVE	R STREET					
Abatement Performed Outside of N						City, State, Zip Co						
Time of Abatement: AM- 22-4/M-12AM; 7/22 Scope of Work (Check all that apply)	PM - 8/23	14:00 15-	PM-1	<u>2:00</u> A 1 M -	M 7 PM	BRISTOL, PA						
≥3 sf or ≥3 if ≥160 sf or ≥260 if	- 2	⊠ Re				Mini-Enc     Glovebag	Procedure	gative Pressure on-Friable Procedu	150			
		Is	Loca	tion	T	LI NOTI-EXE	impled ( ) and No	I I I I I I I I I I I I I I I I I I I		240		
Location of		١	Norma	lly		Description o	f			_	ent T	1
Asbestos-Containing Material (ACN	/l)		d Sol	ely by	Asbe	stos Containing Mai	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED  IN Facility				Staff?	(i.e	e., thermal systems i surfacing, VAT,	insulation,	(Specify	Von	air	aps	losi
(13)			(12)			other miscellane		SF or LF)	<u>m</u>		ulat	лe
		Yes	No	N/A							O	
Throughout Basement	l		$\boxtimes$		Pipe Ins	sulation		30 LF				
	1											
	]											
									+	П	$\overline{\Box}$	П
Name of Registered Waste Hauler			N	JDEP 1	Waste	Cubic Yards of	Name of Regis	stered Landfill		_	_	
BRISTOL ENVIRONMENTAL, IN	VC.			lauler II	D No.	Waste		. NORTH LAND	FILL			
				18706	5	Disposal Data						
ity, State						Disposal Date	City, State					
City, State BRISTOL, PA 19007							MODDICK	IIE DA JOOGS				
BRISTOL, PA 19007 Completed By (Print or Type)	Title					Signature	MORRISVI	LLE, PA 19067				

ASB-41 MAY 11

GI 15075 \* Do not use this form for asbestos licensure exempted activities.

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

Date of Notification	(1)	10.800	ALTONOMICS CONTRACT TO DESCRIPTION OF THE PROPERTY OF THE PROP		Owner/Operator				7	-15	
8-6-15					empsey & S						
Agencies Notified	Type Notifica	ation	Street Addr	ess			4	9 10	-0.00		
[X ]EPA	[X]Initial		299 Moi	rris	Ave			-			
[ ]DEP	Notific	ation	City, State	, Zip	Code			-			_
[X] DOL	[ ]Amended		Summit	,NJ,	07901						
[X] DOH	Notific	ation	Name of Con	tact		Telephor	e Number		100		
1572 74	[ ]EMERGENO	Y	Bart Sh		an .	retephon	ie iviimiii—				
[ ]DCA	[]Cancella	tion									
\$ <del></del>			FACI	LITY I	NFORMATION						
Name of Facility Whe	ere Abatement	is Taki	ng Place (3)			Type of Facil	ity (4)				
Same as above					1	[ ]School	(K-12)				
Street Addres							ter 8 (Other				
							uildings, h				
						Square Feet	# of Floo	ors Bl	dg.	Age	
City (5		County	(6) Essex		nty Code (7)						
				(ST.	ATE USE ONLY)	Current Use (	Prior if be	eing der	nolis	hed)	
Name of Monitoring F Owner (8)	Firm hired by	Building	g ASCM No.			ment Contracto					
N/A					AZTECH M	IANAGEMENT	, inc.				
Street Address					Street Addres						
						topher St	•				
City, State, Zip Cod	ie				City, State,		40				
					Montclai	r, NJ 070	42				
Project Manager for	Monitoring F		lephone Numb	er	Telephone Num			License		er	7.74 Tabl
		N/	A		(973)744	-8800		0037	1		2
Scheduled Start Date	(10) Sche		letion Date	(11)	Name of OSHA	Monitor					
8-15-15		- W. 1551 B	21-15		N/A						
Month Day Y		the state of the s	only one)		Street Addres	s					
[X] Facility Clo	sed/Vacated D										
of Abatemen []Abatement Pe		de of No	rmal Facili	tv	City, State,	Zip Code					
Hours - Desc	ribe: «OffHour	s Descri	pt»	-	oreg, beace,						
[ ]other - Desc			Descript»								
Scope of Work (Check	all that app	oly)			[X lFull	. Containment w	ith Negativ	ve Press	sure		
$[X] \ge 3$ sf or			X]Renovation		[X ]Mini	-Enclosure					
[ ]≥160 sf o	or ≥260 lf	1	]Demolition	n	15 보기되면 1511년 121년 121년 121년 121년 121년 121년 121	bag Procedure Triable Procedu	TO				
			Is	T	i jiion i			Aba	teme		ype
Location			ocation formally		Description Asbestos-Con		Amount	R	R	E	E
Asbestos-Con Material			Used Solely		Material (	9.0	(Specify	E	E	CA	C
TO BE AB			y Main- enance/		(i.e., thermal		SF or	0	P A I	PS	0
In Facil	Lity	C	ustodial	10000000	sulation, surformation surformation surface of the	THE SANGERS OF THE SA	LF)	A	I R	U	U
(13)		Yes	No N/A	,	or other misce	IIaneous)		L		L	R E
Center Room (	Basement)	9 1	X	VAT			260 sf	X			
Throughout ba	sement		X	Pipe	Fittings		40 lf	X			
Furnace Room			x	Tran	site Pipe		35 lf	X			
Name of Registered W	Waste Hauler	- 1990 P	JDEP Waste	Cul	oic Yards	Name of Regi	stered Land	dfill			
-AZTECH MANAG	EMENT, IN		TO 40	of_	Waste 1.5	G.R.O.W.	s. Mina	JC E	nto	, D.	150
City, State		1		Dis	sposal Date	City, State	11114			1,	
Montclair, NJ	07042			8	3-24-15	Morrisvi	Ile, PA	1900	77		
	· · · · · · · · · · · · · · · · · · ·					Wayr	ies burg.	CH,	146	88	
Completed By (Print		tle			Signature		J)	Date	1.5		
Constantine V	IVIAN P	reside	ent		CVi	im		8-6-	13		

### Check#2262

Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2)			_		
	06 /15			Art C		teritoria del cumbionistico de transitico del Partico de Comencia de Comencia de Comencia de Comencia de Comen		45	JG 1	) [		
Agencies Notified	Type Notification			-	t Address							_
□ EPA	Initial			5 T id.	gerwood !	Dlaga			-			
□ DOLWD	Amended				State, Zip (							
□ DHSS	Amendment #											
DCA	Emergency (in	cluding	3		stown, N.							
(NJAC 5:23-8)	justification)				of Contac	t		Telephone N	√umber			
	Cancellation			Art C	ashin							
	-			FA	CILITY IN	FORMATION						
Name of Facility Where A	batement is Takin	Place	(3)				Type of Facility	/ (4)				
Private house							School (K-1	12)				
Street Address							Subchapter	8 (Other than K	-1 2)			
5 Lidgerwood Place							homes, etc	private and com	mercial	build	ings,	
City (5)							Square Feet	# of Floors		Dida	. Age	
Morristown, NJ 07960				18			oquare rect	# 01 1 10013		Diug	Aye	
County (6)				Coun	ity Code (7)	(STATE USE ONLY)	Current Hea (F	Prior if hoins do-	a a li a la a d	,		
Morris				Journ	ity oode (1)	(STATE OSE ONET)	Current Ose (F	rifor it being der	nolished	)		
Name of Monitoring Firm	Hired by Building (	)wner	(8)	ASCM	No	Name of Alexander						
,	mee 2) Danamig .	J 111101	(0)	ASCIVI	NO.	Name of Abateme	ent Contractor (	9)				
Street Address						Gr Tech LLC						
otroct Address						Street Address						
City, State, Zip Code						576 Valley Rd #						
City, State, Zip Code						City, State, Zip Co	ode				2000	
Decision Management						Wayne, NJ 0747	70					
Project Manager for Monit	oring Firm		Tele	phone	No.	Telephone No.		License No				
						973-638-1777	10)	01127				
Start Date (10)					ite (11)	Name of OSHA M	lonitor					
		)8_ /	16	_ / .	15	Envirovision Co	ncultante Inc					
Occupancy Status During	Abatement (Check	c only c	one)			Street Address	iisuitaitts, iiic					
□ Facility Closed/Vacated	During Entire Pe	riod of	Abater	ment			D 1 D11 //	25 D				
Abatement Performed	Outside of Normal	Facilit	v Hour	s - Des	cribe	20-21 Wagaraw City, State, Zip Co		33 E				
Time of Abatement:	AMPI	VI/	_PM_		AM							
Scope of Work (Check all	that apply)					Fair Lawn, NJ 07		nation with nega	ativa man			
M. 2. 4 2.16	ACTIVE STATE OF THE BASE WELL S					Full Cont	ainment with Ne	gative Pressure	ative pre	SSUIT	,	
>3 sf or >3 lf > 160 sf or >260 lf		X Re	novatio molitio	n			osure					
		Пре	HOILIO	11		Glovebag Non-Exer	Procedure L	Tent with Nega on-Friable Proce	itive Pre	SSUT	à	
		İs	Locati	on			pioa ( ) and n	T		l b a f a		
Location of			Vormal			Description of	f				ment T	Type
Asbestos-Containing M TO BE ABAT			d Sole			stos Containing Mat	erial (ACM)	Amount	Kelliova	Repair	E	Enc
IN Facility		7 2 2	todial S		(i.e	., thermal systems in		(Specify	5	pai	. aps	Enclosure
(13)			(12)			surfacing, VAT, other miscellaned	or ous)	SIF or LF)	l a	.   `	Encapsulate	иге
		Yes	No	N/A			,				e	
Basement				X	Duct w	ap & cut		9015		7 -	7	
								80 LF		-	ᆜᆜ	Ш
First floor		Ш	ш	X	Duct-wra	ap&cut		25 LF				
First floor				$\boxtimes$	Duct inst	ılation		10 SF				
				П						1/-	1=	
Name of Registered Waste	Hauler		NJD	EP Waste	Hauler ID No.	Cubic Yards of Waste	Name of Peal	stered Landfill		7   _	4   1	
Gr Tech LLC												
City, State			0	03378	3	TBD	T.R.R.F. Inc		1,3			
**						Disposal Date	City, State					
Wayne, NJ 07470		-				TBD	Tullytown, P	A				
Completed By (Print or Type	e) Title					Signature /	1		Date			
N.Jevtic	Owr	ier				1 //	who wend		08/06/2	015		
ASB-41	ω	5			2 2	- //			30/00/2	.013	-	
MAY 11	*	Do not	use th	is form	for asbest	os licensure exempt	ed activities.					

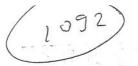


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The state of the s	OR HELITER

Date of Notification (1) 8/5/15				Name Davi	of Buildi	ng Owne	r/Operator	(2)		10 1	0 201	-		
Agencies Notified  X EPA DEP	Type Notification	n		Street	Address Long E				FX	JG !	الراب ال	J		H H
DEP DOL	Amended Amendme	nt #			State, Zip Beach		NJ 08008	B						
DOH DCA	Emergence justification Cancellation	1)	g		of Conta				T	elephon	e Numbe	er		
Name of Facility Where A	Abatement is Tak	ing Place	(3)	FA	CILITY IN	IFORMA	TION							
David Seegers Priva	ate Home		(0)					Type of Fa						
Street Address 6508 Long Beach B	lvd.	•						Subch Other	ol (K-12) napter 8 (Ot (i.e. private	her thar & comr	ı K-12) nercial b	uilding	ıs, hor	nes,
City (5) Long Beach Twp. No	J 08008							Square Fee	et #	of Floors	S		. Age	
County (6) Ocean				County (STATE	Code (7	) -Y)		Current Use		ing den	nolished)	35+		
Name of Monitoring Firm	Hired by Building	Owner (8	)		M No.		Name	Home of Abatemen	t Ct t	(0)				
N/A Street Address			•				Perna	aco Inc.	it Contracto	r (9)				
								Address Ox 329						
City, State, Zip Code							City, St	ate, Zip Cod Berlin NJ	e 08001					
Project Manager for Monit	oring Firm			Teleph	one No.		Teleph	one No.	00031	1 - 2 2 1 1 1 2 1	se No.			
Start Date (10) 8/6/15	<del></del>	Schedul	ed Co	mpletion	Date (11	)		53-9800 of OSHA Moi	nitor	0072	27			
Occupancy Status During	Abatament (Che	8/10/1	_				same							
Facility Closed/Vacat Abatement Performer Other – Describe:	ed During Entire	Period of	Abata	ment 's			Street A	Address ate, Zip Code	е					
Scope of Work (Check All	That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Parties and the same of the sa	Renova Demoli				×	Mini-Enclo	Procedure					
			Locat			25-0 S.E. S.		TTOIT-EXCIT	npted (*) an	u Non-F	Table Pr		re iement	
Location o Asbestos-Containing M	f aterial (ACM)	Use	Norma d Sole	ely by	, Asha	De	scription o	of			_	Т	уре	
TO BE ABAT In Facility (13)	ED		intena todial ( (12)		(i.e	therma: surfa	taining Ma I systems i cing, VAT miscellane	iterial (ACM) insulation, , or ous)	(8	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior Sid	lina	Yes	No	N/A		PT .							ate	Ге
	9			X		Exte	rior Sidi	ng	120	00 SF	x			
											-			
Name of Registered Waste	Hauler		I N	JDEP W	lanta	Out								$\exists$
nited Containers					No.	Cubic of Was		110-00000	of Register	ed Land	dfill			
City, State			120	2459		3 Dispos	sal Date		O.W.S.					
Elm NJ						8/10/		City, S Morr	State isville PA	19067	7			
Completed by Anthony T Perna		Title Presid	dent			S	ignature				Date 8/5/15			



						- 12									_	
Date of Notification (1) 08/05/15				Building C				hool Dis	trict						12	
Agencies Notified	Type Notification			Street A								7.2		-		
	Initial			Evergr	reen & C	edar S	St.									
DEP DEP	Amended		13	T-1-1-1	te, Zip Coo											
× DOL	Amendment Emergency (			Scotch	n Plains,	NJ 07	076					ųs:				
X DOH X DCA	justification)	including			Contact	19				Tel	ephone	Num	ber			
× DCA	Cancellation				ny Miran											
Name of Facility Where	Abatement is Takin	a Place /3	1)	FACI	LITY INFO	RMATI	ON	Type o	f Facility (4	1)						
Terril Middle School		g riace (c	')						12.79(NS	30						
Street Address	,,					-			chool (K-1: ubchapter		er than l	K-12)				
1301 Terrill Rd.								一〇	ther (i.e. p					lings,	home	es,
City (5)								Square	c.) Feet	# 0	Floors	_	В	dg. A	ge	
Scotch Plains								98,00		1			- 1	0+	~	
County (6)	45			County (	Code (7)			Curren	t Use (Pric	or if bei	ng dem	olishe	ed)			
Union				(STATE U	USE ONLY)			Scho	ol .							
Name of Monitoring Firm		Owner (8)		ASCM			- Self-manner		ement Con		(9)					
EnviroVision Consu	ultants, Inc.			0007	79		Chester Centre	0.000	ices Inc	•	=1157/3					
Street Address						-V		Address								
20-10 Maple Ave. E	31dg. 35 E	×6****						Maple								
City, State, Zip Code	0						0.700	tate, Zip		57						
Fair Lawn,NJ 0741	3.20			Talaaba	na Na			one No.	NJ 070	57	Licens	o No				
Project Manager for Mor Guillermo Morales	nitoring Firm			Telephon	ne No. 49-3525			ione No. 406-73			0110					
Start Date (10)		Schedul	ed Con		Date (11)				A Monitor	-	0110			_	_	
08/10/15		08/28/		ipicuoiri	Date (11)		STATE OF THE PARTY OF	aw Nal								
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)				Street	Address								
Facility Closed/Vac				nent			156	Maple	Ave.							
Abatement Perform	ed Outside of Norn	nal Facility	/ Hours				City, S	tate, Zip	Code							
Other – Describe:	occupied						Wall	ington,	NJ 070	57						
Scope of Work (Check A	II That Apply)							_								
≥3 sf or ≥3 lf		**********	Renova				×	d Lan	Containme		Negati	ve Pr	essur	e		
≥160 sf or ≥260 lf			Demolit	ion					Enclosure ebag Proc							
					T			Non-	-Exempted	d (*) an	d Non-F	riable				
70			Locati											Abate Tv	ement pe	t
Location			Normal ed Sole				scription									
Asbestos-Containing TO BE AB		Ma	intena	nce/			taining M systems				mount Specify		R	77	Encapsulate	m m
In Facil		Cus	todial S (12)	Staff?		surfa	cing, VA	T, or		Ŝ	or LF)		Removal	Repair	aps	Enclosure
(13)			· · · - /			otner n	niscellar	leous)					val	Ŧ	ulate	иге
		Yes	No	N/A											LD.	
boiler ro	oom			*	Transaction in	duct	insula	tion		7	65sf.		*			
boiler ro	oom			*		elbow	s insul	ation			60lf.		*			
boiler ro	oom			*		boile	er gask	ets		un	known	1	*			
Name of Registered Was	Name of Registered Waste Hauler					Cubic of Was	Yards		Name of	- 3	ered Lar	ndfill				
Newark Carting Inc.					No.	50	SIC		G.R.O.	W.S						
City, State						Dispos	sal Date		City, State							
Newark, NJ						08/29	9/15		Morrisv	rille, F	Α					
Completed by		Title	e ev ev			S	Signature	)	11.			Dat				
Leslaw Nalodka		Pres	ident				/	11	1-			08	105/	15		



Date of Notification (1) 07/31/15			1777		Building O			(2)						_		
	Type Notification		1 23	Street Add	<sub>dress</sub> fton Ave						AU's	1 2	-	in		
DEP DOL	Initial Amended Amendment #				e, Zip Cod k, NJ 07			91								
X DOH	Emergency (i justification) Cancellation	ncluding		Name of 0 Nassar	Contact Shabo					Tele	phone N	umber				
30.5546.090				FACIL	ITY INFO	RMATI	ON	_	.=							_
Name of Facility Where Ab St. Joseph Catholic F Street Address									School (K-12) Subchapter 8 Other (i.e. pri	) (Othe	r than K-	-12)	iildii	nas I	nome	2
573 Piermont Rd.								×	etc.)	vale o	COMMINE	i Ciai Di				1
City (5) Demarest								10,	are Feet 000	1	Floors		60	ig. Ag yrs		
County (6) Bergen				County C STATE U	ode (7) SE ONLY)				rent Use (Prior rish Building		ig demol	ished)				
Name of Monitoring Firm H	Hired by Building (	Owner (8)		ASCM	No.		500000000000000000000000000000000000000		atement Cont	ractor	(9)					
Omega Environment				0012	0		Lesc	o Se	ervices Inc.							
Street Address 280 Huyler St.			11/15				Street 156		ress ole Ave.							
City, State, Zip Code									Zip Code							
South Hackensac, N	IJ 07606						Wall	ingt	on, NJ 0705	57						
Project Manager for Monit Geiser Fajardo	oring Firm			Telephor 201-48	ne No. 39-8700		Teleph 973-		No. -7341		License 01107					
Start Date (10) 08/03/15		Schedule		npletion [	Date (11)				SHA Monitor Nalodka							
Occupancy Status During	Abatement (Chec						Street	Addı	ress							
➤ Facility Closed/Vacat				nent			156	Мар	ole Ave.							
Abatement Performe	d Outside of Norn	nal Facility	Hours	5					Zip Code on, NJ 070	57						
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demolif					× (	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure	57				9	
									NOTI-EXEMPLES	( ) (1)	4 1401111	I I			ment	
			Locat Vormal			1	* 41-							Ту	ре	
Location Asbestos-Containing I TO BE ABA In Facilii (13)	Material (ACM) TED	Use Ma Cus	Used Solely by Asbestos Containing Material (ACM) Amount							Removal	Repair	Encapsulate	Enclosure			
		Yes	No	N/A							4016	*				
attic				*		pip	e insula	ation	1		140lf.					
Name of Desistered Mas	to Haular		N	NJDEP W	laste.	Cubi	c Yards		Name of	Registe	ered Lan	dfill				
Name of Registered Was Newark Carting Inc.	te i laulei		1	Hauler ID 05409		of W			G.R.O.	W.S						
City, State Newark NJ						100000000000000000000000000000000000000	osal Date	е	City, State Morrisv		PΑ					
Completed by Leslaw Nalodka		Title Pres	ident				Signatur	re	NX			Date 07/3		15		



Date of Notification (1)					Building C			(2)							
07/20/15			4.8	Archdio	ocese of	f Newa	ark				AHC	10	115		
Agencies Notified	Type Notification			Street Ad	ldress ifton Ave	e.									
EPA DEP	Initial Amended			City, Stat	e, Zip Coo	de			17						
X DOL	Amendment 7		_	5.5%	k, NJ 07										
▼ DOH	Emergency (i justification)	ncluding		Name of	Contact					Tele	ephone N	umber			
DCA	Cancellation			Mark V	/alvano					ĺ					
				FACIL	ITY INFO	RMATI	ON								
Name of Facility Where		Place (3)						. <u></u>	f Facility (4)	)					
Notre Dame Interp	arochial School								chool (K-12		ا معطفه	12)			
Street Address									ubchapter 8 ther (i.e. pr	ivate 8	er than K- & commer	cial bu	Idings	, home	es,
312 First St.								트 et	c.)						
City (5)								Square		0.000	Floors		Bldg. 50+	Age	
Palisades Park						(4)		38,38		2			50+		
County (6)				County C	Code (7) ISE ONLY)			Scho	t Use (Prior	if bei	ng aemoli	snea)			
Bergen								30000000		oto-	(0)				
Name of Monitoring Firm	m Hired by Building C	wner (8)		ASCM	No.				ement Cont vices Inc.	racioi	(9)				
							Section 2014	Address							
Street Address								Maple							
City, State, Zip Code								State, Zip			_				
City, State, Zip Code									NJ 0705	57					
Project Manager for Mo	nitorina Firm			Telephor	ne No.			none No			License	No.			
r roject warrager for wo	antoning i iiiii			releption	10 110.			406-73			01107				
Start Date (10)	1	Schedule	d Con	npletion [	Date (11)		Name	of OSH	A Monitor						
07/21/15		07/22/1					Lesla	aw Nal	odka						
Occupancy Status Durin	ng Abatement (Chec	k Only On	e)				Street	Address	3						
	cated During Entire F			nent			156	Maple	Ave.						
Abatement Perform	med Outside of Norm	al Facility	Hours	5			City, S	State, Zip	Code						
Other – Describe:						_	Wall	lington	, NJ 0705	57					
Scope of Work (Check	All That Apply)														
× ≥3 sf or ≥3 lf		X R	enova	ation				Full	Containme	nt with	Negative	Press	ure		
≥160 sf or ≥260 lf		D	emolit	tion			>	MINE STATE OF THE	-Enclosure rebag Proc	oduro					
									-Exempted	(*) an	d Non-Fri	able P	oced	ıre	
		ls	Locat	ion										temen	t
Locatio	on of	N	lormal	lly		De	scription	n of	4				_	уре	ī -
Asbestos-Containin			d Sole ntena			tos Con	taining N	Material	(ACM)	1323	mount	1		四四	m
TO BE A		0.000		Staff?	(i.e.		I system icing, VA		tion,		Specify F or LF)	\en	Repair	ıcap	nclo
(13	23 mm 20		(12)				miscella			Ĭ.	J ,	Kemova	bair	Encapsulate	Enclosure
	27	Yes	No	N/A								-   -		ate	(D)
storage	room			*		pipe	insula	ation			7lf.	*			
Name of Registered Wa	aste Hauler		1000	NJDEP W Hauler ID		- C - C - C - C - C - C - C - C - C - C	Yards		Name of F	Regist	ered Land	Ifill			
Newark Carting Inc	Newark Carting Inc.					of Wa	iste		G.R.O.\	N.S					
City, State				5409			sal Date	9	City, State	;					
Newark, NJ						07/2			Morrisv		PA				
	0	Title		_		1 5	Signatur	e		9		Date			
Leslaw Nalodka	(3)	Presi	dent				- /	,	1			07/20	)/15		

CK 2349

Agencies Notified   Type Notification   Street Address   SE Palaracitif Road   Size Address   SE Palaracitif Road   Size Address   See Palaracitif Road   Size Address   Si	Date of Notification (1)					Building	Owner/C	perator	(2)								
Sz Bristrollif Road   City, State, Zip Code   Mountain Lakes, NJ 07046   Street Address   For Facility (Allers Address   Facili	August 5, 2015											1110	1		7. · ·	5-03555	
DDP							oad								-10		
DOH	DEP	Amended Amendment		_ [	and the same of the	and the control of the control of the control		07046									
Name of Facility Where Abatement is Taking Place (3)    Street Address		justification)									Tele	phone 1	Vumb	er			
Street Address   Stre	□ DCA	Cancellation				and the second	DMATI	ON			1				-		
School (k-12) Subchapter 8 (Other than K-12) Subchapter 9 (Oth	Name of Facility Where	Abatement is Takin	g Place (3)		FACI	LITTINE	JKMAII	ON	Type	of Facility (4)	)	4					
Stochapter 9 (Other Ham K.12)  Subchapter 9 (Other Ham K.12)  Subchapter 9 (Other Ham K.12)  Other (i.e. private commercial buildings, homes, etc.)  Square Feet # of Floors   Bidg. Age    Bidg. Age    Other (i.e. private commercial buildings, homes, etc.)  Square Feet # of Floors   Bidg. Age    Other (i.e. private commercial buildings, homes, etc.)  Square Feet # of Floors   Bidg. Age    Other (i.e. private commercial buildings, homes, etc.)  Square Feet # of Floors   Bidg. Age    Other (i.e. private commercial buildings, homes, etc.)  In Facility (In State, 21) Code    Other In Exercise	•		5						-								
Separate   Facility   County Code (7)   County (6)   Square Feet   # of Floors   Bidg. Age	Street Address			-								er than K	(-12)				
Square Feet   F of Floors   Bidg. Age	52 Briarcliff Road								×	Other (i.e. pri				build	lings,	home	es,
Mountain Lakes, NJ 07046   County (6)   ASCM No.   Same of Abatement Contractor (9)   Be Construction Corporation   Streat Address   235 Watchung Avenue   City, State, Zip Code   West Orange, NJ 07052   City, State, Zip Code   West Orange, NJ 07052   City, State, Zip Code   West Orange, NJ 07052   County Code (7)   Scheduled Completion Date (11)   August 21, 2015   Scheduled Completion Date (11)   August 19, 2015   Scheduled Completion Demolition   Sterent Address   Scheduled Completion Demolition   Scheduled	City (5)										# of	Floors		Тв	lda. A	ae	
Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address 140 Boulevard  City, State, Zip Code Mountain Lakes, NJ 07046  Project Manager for Monitoring Firm Leonid Shereshevsky  Project Manager for Monitoring Firm Leonid Shereshevsky  Start Date (10) August 19, 2015  Start Date (10) August 21, 2015  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abstement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Asbestos-Containing Material (ACM) In Facility (13)  Attic  Attic  Name of Registered Waste Hauler  NJDEP Waste Clubic Yards Orwane of Registered Landfill Tullytown Facility Signature  Disposal Date Tullytown, PA  Date  Completed by Title Signature Signa		J 07046									18.1.2.0				-3-	3	
Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  235 Watchung Avenue  City, State, Zip Code Mountain Lakes, NJ 07046  Project Manager for Monitoring Firm  Leonid Shereshevsky  Telephone No.  973-588-4821  Start Date (10)  August 19, 2015  Cocupancy Status During Abatement (Check Only One)  Start Date (10)  Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code West Orange, NJ 07052  Start Date (10)  August 19, 2015  Cocupancy Status During Abatement (Check Only One)  Street Address  255 Wat Change No.  101231  Start Date (10)  August 19, 2015  Cocupancy Status During Abatement (Check Only One)  Street Address  2512 W Cary Street  City, State, Zip Code West Orange, NJ 07052  Start Date (10)  August 19, 2015  Cocupancy Status During Abatement (Check Only One)  Street Address  2512 W Cary Street  City, State, Zip Code Richmond, VA. 23220  Full Containment with Negative Pressure Mini-Enclosure Glovebap Procedure Non-Exempted (1) and Non-Friable Procedu	County (6)				County (	Code (7)			Curre	ent Use (Prior	if beir	ng demo	olishe	d)			
Sky Environmental Services Inc.  Street Address  Street Address  Street Address  Street Address  City, State, Zip Code Mountain Lakes, NJ 07046  Project Manager for Monitoring Firm  Leonid Shereshevsky  Leonid Shereshevsky  Start Date (10)  August 21, 2015  Scheduled Completion Date (11)  August 19, 2015  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Start Date (10)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Richmond, VA. 23220  Scope of Work (Check All That Apply)  Street Address  2512 W Cary Street  City, State, Zip Code  Richmond, VA. 23220  Scope of Work (Check All That Apply)  Street Address  2512 W Cary Street  City, State, Zip Code  Richmond, VA. 23220  Scope of Work (Check All That Apply)  Asbestos-Containing Material (ACM)  In Back Batto  In Facility  (13)  Asbestos-Containing Material (ACM)  (13)  Actic  X Vermiculite/Cellulous fill  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Asbestos Containing Material (ACM)  (13)  Asbestos-Containing Material (ACM)  (14)  Arount  (15)  Application of Asbestos Containing Material (ACM)  (16)  Asbestos Containing Material (ACM)  (17)  Asbestos Containing Material (ACM)  (18)  Asbestos Containing Material (ACM)  (19)  Asbestos Containing Material (A					(STATE U	JSE ONLY	)										
Street Address 140 Boulevard 235 Watchung Avenue 236 West Orange, NJ 07052 245 Watchung Avenue 2512 W Cary Street 25			Owner (8)		ASCN	No.											
235 Watchung Avenue		Services Inc.									porai	.10П					
Mountain Lakes, NJ 07046  Project Manager for Monitoring Firm Leonid Shereshevsky  Start Date (10) August 19, 2015  Scheduled Completion Date (11) August 19, 2015  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Stope of Work (Check All That Apply)  Start Date (11) Asbestos-Containing Material (ACM) 10 BE ABATED In Facility (13)  Attic  Normally Used Solely by Maintenancy Custodial Staff? (12)  Yes No N/A  Name of Registered Waste Hauler Be Construction Corporation  Title  Telephone No. 12 Felephone No. 12 Fleiphone No. 12 Street Address 2512 W Cary Street 12 City, State, Zip Code Richmond, VA. 23220  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Norm-Exempted (*) and Non-Friable								100000000000000000000000000000000000000		0.070	ue						
Project Manager for Monitoring Firm Leonid Shereshevsky											-					-	
Leonid Shereshevsky  973-588-4821  973-669-2900  01231  Start Date (10) August 19, 2015  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Street Address  2512 W Cary Street  City, State, Zip Code Richmond, VA. 23220  Scope of Work (Check All That Apply)  Soph of Work (Check All That	Charles and the contract of th										052						
Start Date (10) August 19, 2015 August 21, 2015  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  Sas of or ≥260 If  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Attic  Attic  Attic  Attic  Scheduled Completion Date (11) August 21, 2015  Scheduled Completion Date (11) Schedider Laboratories Global Inc.  Schedider Laboratories Global Inc.  Street Address 2512 W Cary Street City, State, Zip Code Richmond, VA. 23220  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  A																	
August 19, 2015  August 21, 2015  Schneider Laboratories Global Inc.  Occupancy Status During Abatement (Check Only One)    Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours   Other - Describe:			Scheduled	Cor								0.120.					-
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)    23 sf or 23 lf   2160 sf or 2260 lf   2160 sf or			August 2	21, 2		(1) (2)					ies G	ilobal I	nc.				
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code Richmond, VA. 23220  Scope of Work (Check All That Apply)  23 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition    X	Occupancy Status Durin	g Abatement (Chec	k Only One	)													
Scope of Work (Check All That Apply)    Scope of Work (Check All That Apply)   Scope of Work (C																	
Scope of Work (Check All That Apply)    Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Sope of Work (Check All That Apply)   Sop of Work (Check All That Apply)			iai Facility F	iours				V			20						
Sas for ≥3 if   ≥160 sf or ≥260 lf   Renovation   Demolition   Registered Under the part of the par	Scope of Work (Check A	II That Apply)						111011		*, */ 1. LOLL							_
≥160 sf or ≥260 lf			X Pa	novs	ation			5	₹ =	II Containmer	at with	Negativ	o Dro	com			
Non-Exempted (*) and Non-Friable Procedure   Location of Asbestos-Containing Material (ACM)   Separation of Separation of Asbestos-Containing Material (ACM)   Separation of Separat			= '						Mir	ni-Enclosure		ivegaliv	e rie	SSUI	С		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Attic  Attic  Nomally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Attic								H				l Non-Er	riahla	Dro	adur		
Location of Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  In Facility (13)  Attic		lal						110	II-Excilipted	) and	11011-11	lable	-	17866 10			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Attic X Vermiculite/Cellulous fill 800SF X  Name of Registered Waste Hauler Be Construction Corporation  Name of Registered Landfill Tullytown Facility  City, State West Orange, NJ 07052  Title  Signature  Date	Location	o of	100000		100001		Do	aariati ar	o of								
Attic X Vermiculite/Cellulous fill 800SF X  Name of Registered Waste Hauler Be Construction Corporation  NJDEP Waste Hauler ID No.  NJDEP Waste Hauler ID No.  Disposal Date  City, State West Orange, NJ 07052  Completed by  Title  Signature Date						Asbes				I (ACM)	Ar	mount				ш	see A
Attic X Vermiculite/Cellulous fill 800SF X  Name of Registered Waste Hauler Be Construction Corporation  NJDEP Waste Hauler ID No.  NJDEP Waste Hauler ID No.  Disposal Date  City, State West Orange, NJ 07052  Completed by  Title  Signature Date						(i.e.				ation,				Rer	Re	nca	Enc
Attic X Vermiculite/Cellulous fill 800SF X  Name of Registered Waste Hauler Be Construction Corporation  NJDEP Waste Hauler ID No.  NJDEP Waste Hauler ID No.  Disposal Date  City, State West Orange, NJ 07052  Completed by  Title  Signature Date				(12)							SF	OI LF)		nova	pair	psul	uso
Name of Registered Waste Hauler Be Construction Corporation  NJDEP Waste Hauler ID No.  Name of Registered Landfill Tullytown Facility  City, State West Orange, NJ 07052  Disposal Date  City, State Tullytown, PA  Completed by  Title  Signature Date			Yes	No	N/A									a a		ate	Гe
Be Construction Corporation  Hauler ID No.  of Waste  Tullytown Facility  City, State West Orange, NJ 07052  Disposal Date  City, State Tullytown, PA  Signature Date	Attic	:		Χ		Ve	rmicul	ite/Cel	lulous	s fill	80	00SF	2	Σ			
Be Construction Corporation  Hauler ID No.  of Waste  Tullytown Facility  City, State West Orange, NJ 07052  Disposal Date  City, State Tullytown, PA  Signature Date		State-															
Be Construction Corporation  Hauler ID No.  of Waste  Tullytown Facility  City, State West Orange, NJ 07052  Disposal Date  City, State Tullytown, PA  Signature Date																	
Be Construction Corporation  Hauler ID No.  of Waste  Tullytown Facility  City, State West Orange, NJ 07052  Disposal Date  City, State Tullytown, PA  Signature Date																	
City, State West Orange, NJ 07052  Completed by  Title  Disposal Date  City, State Tullytown, PA  Disposal Date  City, State Tullytown, PA	Name of Registered Was	TAND (TAND ) TAND   ₹   12   12   12   12   12   12   12								Name of R	egiste	red Land	dfill				
West Orange, NJ 07052  Tullytown, PA  Completed by  Title  Signature  Date	Be Construction Cor	poration		H	iauier ID	NO.	of Wa	ste		Tullytown	n Fac	ility					
		052					Dispos	sal Date	)		n, PA				,		
Barbara Reed President Paulsee Reed 08/5/2015	Completed by Barbara Reed		10000000	ent			S	ignature	2	1	/	7			15		

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

Date of Notification (1)	08/04/15	长生力	444	f()	Name of Building Owner Jersey City BOE	/Operator (2	2)	405	J	15	
Agencies Notified		Notification	Type	<u> </u>	Street Address						
⊠ EPA		☐ Initial No	otification	n	346 Claremont	t Ave,					
□ DCA		☐ Amende			City, State, Zip Code	2000					
⊠ DOL ⊠ DEP				fication (including	Jersey City, NJ 073	05					
⊠DOH		justification  Cancelle			Name of Contact		Tole	enhone N	umber		
EBBOTT		L Cancelle	;u		Grayling Johnson						
Nome of Facility Where A	h - 4 4 ! - !	T-1: DI	(0)	FACILITY IN	FORMATION						
Name of Facility Where A	batement is	Taking Place	(3)		Type of Facility (4)  School (K-12)						
1020					□ Subchapter 8 (other	than K-12\					
Street Address					Other (i.e. private & com		dinas	homes et	c)		
3385 John F Kennedy B	lvd.					Floors:	Bldg. A		0.)		
City (5)	County (6)		Count	ty Code (7)	Current Use (prior if bein	a domoliche	۵۱۰				
Jersey City	ES	SEX		Use Only)	Current use (prior il belli	g demonstre	u).				
Name of Monitoring Firm	Hired by Bld	g. Owner (8)	ASCN	I No.	Name of Contractor (9)						
					Panoramic Window & Do	or Systems	Inc.				
Street Address			-		Street Address				27.913.2		
					712 Sergeantsville Road						
City, State, Zip Code					City State, ZipCode						
					Stockton NJ 08559						
Project Manager for Monit	toring Firm	Telephone	Number		Telephone Number		Lice	nse Numb	per		
					732-926-0900		042	27			
Scheduled Start Date (10)	)	Scheduled	Complet	tion Date (11)	Name of OSHA Monitor		0123	31			
08/05/15	•	08/10/15	Compic	don Bate (11)	IAQGURU LLC						
					The Control of the Co	ECHEST DES TENERS					
Occupancy Status During	Abatement (	Check only o	ne)		Street Address						
□ Facility Closed/Vacated     □ Abatement Performed 0	During Enti Outside of No	re Period of A ormal Facility	ibateme Hours -	nt	87 Main Street						
Describe					City, State, Zip Code						
□Other – Describe:											93
Dottier - Describe.					Lincoln Park, NJ 07035						
Source of Work (Check al	that apply)										
				x Renovation	N. 15 S. 1.	ini-Enclosur					
x ≥ 160 sf or ≥	260 lf			□ Demolition		e bag Proce		d (	J 0	-02	
	1					Non-Friable	Proced	ure (win	dow Cu	alking	)
Location of Asbestos- Containing Material (ACM		cation Norma d Solely by	ally	Description of As	sbestos Containing Material			Abaten	nent Typ	e	
Facility (13)		it./Custodial S	Staff?	surfacing, VAT, of	mal systems insulation,	or LF	cify SF	Domesii	. D		
	(12)	it./Odotodiai C	idii:	Surfacing, VA1,	of other misc.)	OI LF	)	Enclose	e Repa	air End	cap
	YES	S NO	NA						=		
Exterior Window Caulkin	ng		X	Exterior perime	ter window caulking	370 1	f	X			
								L			
										727	
Name of Reg. Waste Haul	er	NJDEP Was	te Haul	er ID #	Cubic Yards of Waste		Ner	o of Davi	40000	- 1511	
Waste Management of PA		0036057	no i iaul	C. 10 #	Cubic Falus of Waste			e of Regis Brothers		anatili	
						Disposal [	Date		City, Stat		
					20				ASTON	, PA	
Completed by (D.)		THE STATE OF THE S			11/1						
Completed by (Print or Type Mark M Jovic	oe)	Title Consultant			Signature ///	/	Date	28			
III OUVIC		Consultant			Illen		08/04	1/15			
					1 1		00/04	7/10		-	

Check # 2851

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

GAC Project # 000-15								
Date of Notification (1)  August	5. 201	5			Name of Building Owner/Op RUTGERS, THE STA		ERSITY.	OF NJ
Agencies Notified	0, 201	Notification	Type		Street Address		AL	5 10 2015
DEPA		Initial I		tion	ENVIRONMENTAL HI	EALTH	CAFET	V DERT
		1						
□DCA		☐ Amende	ed Notif	ication #	27 ROAD 1, BLDG 40	86, LIVII	NGSTON	CAMPUS
⊠ DOL		■ Emerg	ency (i	ncludina	City, State, Zip Code			-
☑ DEP- No Longer REQUIR	ED	justific		g	PISCATAWAY, NJ 08	854		
X DOH					Name of Contact		Telephone	o Number
I DOH		□ Cance	lled				relephone	<u>s Number</u>
					MICHAEL SMITH, EN	<u>v.</u>		
					HEALTH & SAFETY			
				FACILITY INF	ORMATION			
Name of Facility Where Abaten	nent is Tal	king Place (3)			Type of Facility (4)			
LITTLE THEATER, BL					☐ School (K-12)			
	011 00					V 40)		
Street Address					Subchapter 8 (other than		and the second s	
DOUGLASS CAMPUS					Other (i.e. private & comm			
					Sq. Feet: N/A # of	Floors: 1	Bldg. Age	<u>e:</u> 80+ years
City (5)	County (6	)	County	Code (7)				
NEW BRUNSWICK	MIDE	LESEX	(State I	Use Only)	Current Use (prior if being d	emolished)	: ACADE	MIC
Man and Michigan				- Control - Control				
		(0)	10011		N (0)			
Name of Monitoring Firm Hired	by Bldg. (	Owner (8)	ASCM		Name of Contractor (9)			
Cardno ATC			0098	3				
					GREENWOOD ABATE	MENT C	ONSULTA	ANTS, INC.
Street Address					Street Address			
3 TERRI LANE								
					268 MAIN STREET			
City, State, Zip Code					City State, ZipCode			
	4.0							
BURLINGTON, NJ 080					BUTLER, NJ 07405			
Project Manager for Monitoring	Firm	Telephone N			Telephone Number		License No	umber
BRIAN KEARNY		609-386	-8800					
					973-492-0477		00840	
Scheduled Start Date (10)		Scheduled 0	Completio	n Date (11)	Name of OSHA Monitor			
08/15/15		08/17/15			ENVIROVISION, INC.			
Occupancy Status During Ab	atement (	Check only o	ne)		Street Address			
▼Facility Closed/Vacated D				<b>-</b> +	<u> </u>			
				IL	20-21 WARGARAW RO	DAD		
Abatement Performed Out	side of No	ormal Facility	Hours -		City, State, Zip Code			
Describe	_				Oity, State, Zip Gode			
☑Other – Describe: Shift I	lours:	8:00 AM –	5:00 A	M				
	(2	24 hours a	s need	led)	FAIRLAWN, NJ			
	,			,	I AIRLAWN, NO			
Scope of Work (Check all that a	apply)							
					O 6	ull Contain	ment with N	Negative Pressure
≥ 3 sf or ≥ 3	IE			⊠Renovation		fini-Enclos		1094110111000410
≥ 160 sf or ≥	260 IT			Demolition		Glovebag I		
						n-Exempte		on-Friable Procedure
Location of Asbestos-Containing		ocation Norma			pestos Containing Material	Amour	G /	atement Type
Material (ACM) in Facility (13)	10000000000	ly by Maint./Co	ustodial		al systems insulation, surfacing	100000000000000000000000000000000000000	fy SF	Baraia Erasa Eralaa
		f? (12)	10.20	VAT, or other mis	cell.)	or LF)	Ker	move Repair Encap Enclos
	YES	S NO	NA					
Rooms 002,004		X		VAT		240S	F 🗵	
	-					_		
Name of Reg. Waste Hauler		NJDEP Was		r ID #	Cubic Yards of Waste: 20	CY		Registered Landfill
See Hauler Below #1 & 2	2	See Belov	7				G.R.O.W	I.S. North Landfill
Haulan #1) Creeses 3 41		ultante T	D.,41 3	NT 0740E	l .	licposal Da	to	City State
Hauler #1) Greenwood Abater	nent Cons	suitants, Inc	Butter, I	NJ U/405	- I	isposal Da	ile.	City, State 100 New Ford Mill
NJDEP # 28969		7.41. 75. 40=			0	8/17/15		Rd. Morrisville, Pa
Hauler #2) S TG – 58 Pyles La		astie, De 1972	20		70			19067
NJ DEP# 20990								215-736-1700
Completed by (Print or Type)	Т.	Title			Signature		Date	
RAYMOND C. PEDALI		SENIOR P	פח ובר	T				just 5, 2015
KATIVIOND G. PEDALI				<b>,</b> 1	Raymand C. Peda	lino	Aug	ust 5, 2015
		MANAGEF				A 10		



Date of Notification (1) 08/05/15					f Building MO HO		170	(2)			£11.6				
	ype Notification			Street A 40-52	ddress SPRUC	EST					AUG_	1-0		5	
DEP DOL	Amended Amendment				ate, Zip Co WOOD I					- 1	9.7	8	. 200		
× DOH DCA	<ul><li>Emergency (i justification)</li><li>Cancellation</li></ul>	including		Name o	f Contact					Telephon	e Numl	per			
	11 - 1 section, 2000 Show to the confidence of			FACI	LITY INFO	ORMAT	ION								
Name of Facility Where Aba	atement is Taking	Place (3	5)					_	Facility (4)						
Street Address 40-52 SPRUCE ST								Sub	er (i.e. priv	(Other than			dings	home	es,
City (5) LAKEWOOD		•						Square F	eet	# of Floor	S	В	ldg. A	Age	
County (6) OCEAN					Code (7) USE ONLY	)		Current I HOME		if being der	molishe	d)			
Name of Monitoring Firm Hi	ired by Building C	Owner (8)		ASCN	/I No.				nent Contra PROFES	actor (9) SIONALS	S				
Street Address								Address	VE COL	JRT					
City, State, Zip Code		50						state, Zip C	Code , NJ 087	'01					
Project Manager for Monito	ring Firm			Telepho	ne No.		Teleph	none No. 668-907			nse No.				
Start Date (10) 08/07/15		Schedule 08/10/1		pletion	Date (11)		Name	of OSHA I	Monitor	SIONALS					
Occupancy Status During A	batement (Check							Address					-		
Facility Closed/Vacate	d During Entire P	eriod of A	baten	nent					VE COL	JRT					
Abatement Performed Other – Describe:	Outside of Norm	al Facility	Hours				1000000	tate, Zip C EWOOD	ode ), NJ 087	701					
Scope of Work (Check All T	hat Apply)						0.0								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enova emolit					Mini-E Glovet	nclosure pag Proced	t with Nega dure ') and Non-					
		le	Locati	on			Book	2 NOIT-L.	xempted (	) and Non-	THADIC		1200 to 100	ement	
Location of		_ N	lormal	ly		De	scription	of					Ту	ре	
Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)		Mai Cust	d Sole intenar odial S (12)	nce/		tos Con thermal surfa	taining N	faterial (A0 s insulation T, or		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
EXTERIO	EXTERIOR						SIDING	i		2000SF	=	X			
								1							
						9									
Name of Registered Waste	Hauler		N	JDEP W	/aste	Cubic	Yards	N	ame of Re	gistered La	ındfill				
NEWARK CARTING	auler ID 1509		of Wa		1978	ESI	giotorea La	in ann							
City, State NEWARK, NJ				Dispo: 08/10	sal Date 1/15		ity, State ETHLEH	HEM PA							
Completed by JOSEPH PERLSTEIN		Title OWN	ER			S	Signature	E.			Date 9/9/				

### State of New Jersey

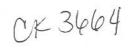
### NOTIFICATION OF ASBESTOS ABATEMENT

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

									132 31.	1.3		=	Les S
Date of Notification (1)				Name of Bu	uilding C	and the state of t					1 71	11	
August 5, 2015	V) 31 					Tracy	Sgro			) _	141	9	
	Notific	ation tification		Street Addr			ce Marie I	Drive	Auß	ı U	.291b		1
[x] DOL Amer	ndment # gency (i			City, State,	Zip Cod		er, NY 14:	580	27			-	
DCA	ication)			Name of Co				Te	elephone Number				
	ellation				Tracy	Sgro							
			FAC	ILITY IN	FORM	ATION							
Name of Facility Where Abatement is Taking Residence Condo	Place (3	)					Type of Fa	cility (4)	School (k-12)				
Street Address		_						įj	Subchapter 8 (oth	ner than	k-12)		
1340 Ocean Avenu	ue, Ap	t. 8						[x]	Other (i.e., privat homes, etc.)	e & con	mmerc	al build	ings,
City	Coun	ty (6)		County Code (STATE US)		2	Square feet		# of Floors	Bldg	, Age	· 0	
Sea Bright	Mon	mouth		(BITTLE OD.	LONE				being demolished)			0	
								Residen	ce				
Name of Monitoring Firm Hired by Building Guardian Contract				ASCM No.		Name of	Abatement C		9) n Contracting,	Inc			
Street Address						Street Ad				1110.			
City, State, Zip Code							e, Zip Code	1009 KC	oute 9, Unit 61				
	Toms River, NJ 08755							Toms R	iver, New Jerse		755-1	271	
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone N 732-349-9					e Number		License N	umber			
Scheduled Start Date (10)	-			on Date (11)		732-349 Name of	OSHA Moni	tor	00624			100 11	
8/6/15		8/10/15							. Analytical				
Occupancy Status During Abatement (Check of Facility Closed/Vacated				Landon St. Do.		Street Ad	dress	1056 04	olton Dood				
[ X ] Facility Closed/Vacated [ ] Abatement Performed 0								1036 80	elton Road				
Other – Describe	Juiside	or ryomani av	onity 110	uis		City, Stat	e, Zip Code	Discatav	vay, New Jerse	v 088	54		
											J4 		
Scope of Work (Check all that apply)						[ x ]	Full Cor Mini-En		with Negative Pres	sure			
[ ] >3 sf or ≥3 lf		[x]	Renova	tion		[ ]		g Procedui	re				
[ x ] ≥160 sf or ≥260 lf		[ ]	Demoli			[ ]			and Non-Friable I	rocedu	re		
				T								г .	
		Is Location	16		т	Descriptio	n of			Abat	ement	ype	
Location of	1	Normally use				estos-Con			Amount	R E	R E	E N	E N
Asbestos-Containing Material (ACM)		Solely by	2200			laterial (A			(Specify SF	M	P	C	C
TO BE ABATED in facility	Mair	ntenance/Cus Staff	stodial			thermal s			or LF)	0	A	A P	L
(13)		(12)			msu	lation, sur VAT, o				V	R	S	S
\$20%		(12)			othe	er miscella				A		U	U
	YES	NO	N/A							L		L E	R E
Interior		Popcorn	ceilin	ø			860 sf	X					
		X		- 0,00111		0				1-			-
Name of Registered Waste Hauler		NJDEP Waste	Hauler	ID No. C	ubic Yar	ds of Wast	e Name o	of Register	ed Landfill				
Guardian Contracting, Inc.		20	223		7		T.R	.R.F.					
City, State Toms River, New Jersey			Dispos 8/11/	al Date 15		City, Sta	te own, Penns	sylvania					
Completed by (Print or Type) Nicholas Fernicola	Title	not Manage	_	Signature		V	1	1		Date			
INICIIOIAS FEITICOIA	Proje	ect Manage	1	I Y	110	M -	1			8/3/	2015		



Date of Notification (1) 08-03-15			- 1		Building Ov Peterson		Operator	(2)								
	T 11 115 11										AUG-	10	- 5	715	-	
Agencies Notified	Type Notification Initial		2.3	treet Add 8 Farle												
DEP DOL	Initial Amended Amendment			•	e, Zip Code		}								(44)	
e Control	Emergency (ii			ame of (		7070	,			Tele	phone N	umber			-	-
DOH DCA	justification) Cancellation		1 100		Peterson	n				100	priorie 14	arribor				
Ц всх					ITY INFOR		ION									
Name of Facility Where	Abatement is Taking	Place (3)						Type of	Facility (4)						-100000	
Private Residence									chool (K-12)		s than V	12)				
Street Address 18 Farley Rd.								F 0	ubchapter 8 ther (i.e. priv	rate &	commer	rcial bu	iildi	ngs, t	omes	5,
City (5)								Square	c.) Feet	# of	Floors	T	Blo	lg. Ag	e	$\neg$
Short Hills															Variable	
County (6)				county C	ode (7) SE ONLY)			Curren	t Use (Prior	if beir	ng demol	ished)				
Essex	5	(0)					Nome	of Abata	ement Contr	actor	(0)					-
Name of Monitoring Firm N/A	n Hirea by Building C	wner (8)		ASCM	NO.				acting LL		(0)					
Street Address							Street	Address	3							
							100000000000000000000000000000000000000	7th St.								
City, State, Zip Code							0.000	itate, Zip n City	Code NJ 07087							
Project Manager for Mor	nitoring Firm		Т	elephon	ne No.		1 1000000000000000000000000000000000000	none No.			License					
							1	216-96	A Monitor		01206					
Start Date (10) 08-14-15		Scheduled 08-15-1		pletion L	Date (11)				racting LL	С				h) ==		
Occupancy Status Durin	ng Abatement (Chec	k Only One	)					Address	S							
Facility Closed/Vac	ated During Entire F	Period of Ab	atem	ent			. I Westernam	7th St.	Cada						-	
	ned Outside of Norm 7;00 Am to 5:00 Pm	al Facility I	lours			_		state, Zip on City	NJ 07087	7						
Scope of Work (Check /	All That Apply)		-											3-4,-3		
≥3 sf or ≥3 lf		☐ Re	novat	ion			F		Containmer	nt with	Negativ	e Pres	sur	е		
≥160 sf or ≥260 lf		☐ De	moliti	on				IVIIIII	-Enclosure vebag Proce	edure						
									-Exempted		d Non-Fr	riable I		100 S-100 S	150 15-16	
		ls L	ocatio	on										Abate Ty	ment pe	
Locatio			ormall Solel				escription		(40.4)	^	mount			Ť		
Asbestos-Containing TO BE AB		Mair	tenar	ice/			ntaining I al system				mount Specify		D D	ZJ	Enca	Enc
In Fac	ility	Custo	dial S (12)	itaff?		suri	facing, VA	AT, or		SI	or LF)		Remova	Repair	Encapsulate	Enclosure
(13	)			Γ		otner	r miscella	neous)					a	=	ilate	are
		Yes	No	N/A		D'.	- 1	-41		- 1	00 LF	X	-			
Basement / C	rawl Space		Х			PIP	e Insula	ation		1	UU LI	- 10				
												-	_			
												-				
	- NI	JDEP W	lasta	Cub	ic Yards		Name of F	Registe	ered Lan	dfill	_					
Name of Registered Wa		Н	auler ID	V. 1944/05/2011	of W	/aste		Tullytow				OVE	ery F	acili	ty	
Delfa Contracting L		35	5240		2 Dier	oosal Date		City, State					•			
City, State Union City NJ 0708	37						17-15	-	Tullytow		A					
Completed by		Title					Signatu	re /	g.			Date				
Jaime Delgado		Proj. I	Vlana	ager.				10	4			08-0	3-	15		



Date of Notification (1) 08/06/15	B		- 1		Building C					l	AUG .	10	201	5		
Agencies Notified	Type Notification	٠		Street Ad 1970 S	ldress WARTH	IMOF	RE AVE									
DEP X DOL	Amended Amendment		100		e, Zip Coo VOOD N		701					- 1				
X DOH DCA	Emergency ( justification) Cancellation	including	1	Name of	Contact					Tele	phone I	Numb	er			
				FACIL	ITY INFO	RMAT	ION			L.						
Name of Facility Where Street Address	Abatement is Takin	g Place (3)						☐ s	f Facility (4) chool (K-12) ubchapter 8	)	er than k	(-12)				
119 E CHURCH S	Г							⊠ o et	ther (i.e. pri	vate 8	comme					s,
City (5) BERGENFIELD								Square 2000		2	Floors			dg. A	ge	
County (6) BERGEN				County C STATE U	code (7) ISE ONLY)			Curren HOM	t Use (Prior E	if bei	ng demo	olished	1)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		03/10/10/10 (07/10/00)		ement Contr		4.04					
Street Address								Address	OVE CO	URT						
City, State, Zip Code								state, Zip	Code D, NJ 08	701						
Project Manager for Mo	nitoring Firm		1	Telephor	ne No.		Teleph	none No 668-90			Licens 1200	e No.				
Start Date (10) 08/16/15		Scheduled 058/16/		pletion [	Date (11)		Name	of OSH	A Monitor PROFES	SSIO	NALS	-				
Occupancy Status Durin	ng Ahatement (Chec	107 128 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18						Address	en succession							
_				ont			10.2		OVE CO	URT						
X Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norn	nal Facility	Hours	en		_		state, Zip	Code	701						
Scope of Work (Check A	All That Apply)							100.23								-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	11		enova emolit				×	Mini Glov	Containmer -Enclosure /ebag Proce -Exempted	edure	-				9	
		Τ		every 1				a NOII	-Exempled	( ) an	u INOIT-I	Habic			ment	
		0.000	ocati ormal			-								Ту	ре	
Locatio Asbestos-Containin TO BE AE In Fac (13)	g Material (ACM) BATED ility	Used Mair Custo	Sole ntenar odial S (12)	ly by nce/ staff?		therma surf	escription ntaining N al system acing, VA miscellar	Material s insulat T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
BASEN	IENT	Yes	No	N/A			TSI				25LF	1	Х			
Name of Registered Wa	ste Hauler		N	JDEP W	aste	100000000000	c Yards		Name of R	Registe	ered Lar	ndfill				
NEWARK CARTING	136.77	auler ID 4509	No.	of W		20	IESI									
City, State NEWARK, NJ							osal Date 6/15		City, State BETHLE		/I PA					
Completed by JOSEPH PERLSTE	EIN	Title OWN	ER				Signature	е				Date 9/9/				

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

MO#22742783188		1001					and 5:16						12
Date of Notification (1)							Operator (2			-	F. (6.3)	790	
08 /	05 / 15					a Owner	operator (2	-)	A.	IIA T	0.0	045	
Agencies Notified	Type Notification				Gaertner				A	UG 1	U Z	JID	
EPA	Initial				t Address								
☑ DOLWD	Amended				Main Stree				F6	- 5 -	3		7
DHSS	Amendment #			City, S	State, Zip (	Code							
□ DCA	☐ Emergency (in	cluding	)		ingdale, N								
(NJAC 5:23-8)	justification)  Cancellation			1500 CO	of Contac	t			Telephone N	umber			
	Cancellation				Gaertner								
A1. (F 10) 140				FA	CILITY IN	FORMA	ATION						
Name of Facility Where A	Abatement is Taking	g Place	(3)					Type of Facility	SOLECT.				
Private house								School (K-1	2) 8 (Other than K-	1 2)			
Street Address									orivate and com		uilding	IS.	
100 Main Street								homes, etc.	)			1.70	
City (5)								Square Feet	# of Floors	В	ildg. A	ge	
Farmingdale, NJ 07727	7												
County (6)				Coun	nty Code (7)	(STATE U	SE ONLY)	Current Use (P	rior if being dem	olished)			
Monmouth Name of Monitoring Firm	Hirod by Duilding	2	(0)										
realite of Monitoring Film	Timed by Building (	JWIIEI	(0)	ASCM	No.			nt Contractor (9	)				
Street Address						Gr Tec							
officer Address						N. S.	Address						
City, State, Zip Code						_	lley Rd #		799-2				
						- Sameous	ate, Zip Co						
Project Manager for Mon	itorina Firm		Tele	ephone	No		, NJ 0747 one No.	0	License No.				
	•		1000	phone		100	8-1777		0.000,000,000				
Start Date (10)	Sched	duled C	omple	tion Da	ate (11)		of OSHA M	onitor	01127				
08/14/	2000 CALLES CO. (1997)			5 /			60						
Occupancy Status During							Vision Coi	nsultants,Inc					
□ Facility Closed/Vacate				ment				D1 DI1- #	26.5				
Abatement Performed	Outside of Normal	Facilit	y Hou	rs - Des	scribe		ate, Zip Co	Road, Bldg .#	33 E				
Time of Abatement: _	P	M/	PM_		_AM	No. of the	wn, NJ 07						
Scope of Work (Check all	that apply)					T L			nation with nega	tive pres	sure		
≥3 sf or >3 If		M pa	enovati	an.			Full Cont	ainment with Ne	gative Pressure	•			
☐ ≥ 160 sf or ≥260 lf		De	emolitic	חכ		Ø	Mini-Encl Glovebao		Tent with Negat	tive Pres	sure		
							Non-Exer	mpted (*) and No	n-Friable Proce	dure	ı		
Location	of		s Locat Norma							At	patem	ent T	уре
Asbestos-Containing I		Use	ed Sole	ely by	Ashe		scription of	f erial (ACM)	Amount	70	R	g	四四
TO BE ABA	TED		intena	ince/ Staff?		., therma	I systems in	nsulation,	(Specify	Remova	Repair	cap	clo
IN Facility (13)	ty	Cus	(12)	olaii?			cing, VAT.		SIF or LF)	oval	=	Encapsulate	Enclosure
		Yes	No	N/A		outer	miscellaneo	ous)				ite	
Basement		П	П	×	Ding ing	Jation			1615				
				Pipe inst				15 LF			Ш	Ш	
Basement	Ш	X	Boiler in	sulation		4	36 SF	$\boxtimes$					
		-		10	-					$-\Box$	П	П	
Name of Registered Was	te Hauler	I	NJ	DEP Waste	e Hauler ID No.	Cubic Ya	irds of Waste	Name of Regi	stered Landfill				
Gr Tech LLC			1	003378	35	TBI		T.R.R.F. Inc					
City. State				. 0001		Disposa	<u> </u>	City, State					
Wayne, NJ 07470						TBI			A				
Completed By (Print or Ty	/pe) Title	3				1	gnature /	Tullytown, P	A	Date			
N.Jevtic	1 4000	20-					//	Ac Wenas	0		01-		
ASB-41	Owi	iei					//eu	re Wenao	r (	08/05/20	J15		

State of New Jersey - Notification of Asbestos Abatement

Date of Notification (1) August 5, 2015					Name of Building Owner/ New Jersey Turnp			y AllG	î A 2015
Agencies Notified		Notification		£:	Street Address				
X EPA			Notifica	fication # 1	Administration Bui	laing	, 501 1	iain Sire	et
DCA		□ Emerge		State Company Company	Woodbridge, NJ 0	7095			1.00
xDOL XDEP		justific			Name of Contact			Telephone	Number
x DOH		□ Cancel	led		c/o- Nelson Stone- CSJ	V			
				FACILITY INF					101
Name of Facility Where Abate NJTPK Alexander Ha			a_Evto	arior	Type of Facility (4)  School (K-12)				
	iiiiiiiiiiiii	DCI VICC AIC	Ja-LAL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Subchapter 8 (other than	n K-12)			
Street Address NJTPK Alexander Ha	milton	Service Are	ea		Other (i.e. private & Sq. Feet: NA # of				
City (5) Secaucus	County (6			Code (7) Jse Only)	Current Use (prior if being	g demo	olished):		
Name of Monitoring Firm Hire	d by Blda	Owner (8)	ASCM	No I	Name of Contractor (9)				
EnviroVision Cons			0007		GREENWOOD ABA	ГЕМЕ	NT CO	NSULTA	NTS, INC.
Street Address	511				Street Address				
20-21 Wagaraw Road	, Bldg 7	# 34A			511 MAIN STREET	4.7			
City, State, Zip Code		City State, ZipCode							
Fairlawn, NJ 07410	- Firm	Telephone N		Butler, NJ 07405 Telephone Number		- 17	License Nu	mhor	
Project Manager for Monitorin Fred Larson	g FIFM		relephone Number			LICENSE INU	IIIDel		
		973-636-			973-492-0477		(	00840	
Scheduled Start Date (10) August 3, 2015		Scheduled C August 3			Name of OSHA Monitor				
August 3, 2015		August	0, 201	3	EMSL inc.				
Occupancy Status During A				0000-046	Street Address				
Facility Closed/Vacate Abatement Performed					1056 Stelton Road				
Describe	Calbiac	or morniar r do	my riour		City, State, Zip Code				
Other - Describe: Da	y Shift-	7am-5pm			Piscataway, NJ 08	854			
					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Source of Work (Check all tha	t apply)					775D 0853	200 200	1.000 MANA 900	
0.12	4			_					legative Pressure
≥ 3 sf or ≥ 3 l				Renovation Demolition			i-Enclosu ebag Pro		
$\square \ge 160 \text{ sf or } \ge 2$	200			Demonition				ted (*) and	Non-Friable Procedure
Location of Asbestos-Contain		ocation Normal			pestos Containing Material al systems insulation, surfac	ina	Amount (Specify S		tement Type
Material (ACM) in Facility (13)		ely by Maint./Cu ff? (12) S NO	NA	VAT, or other mis	경기 가는 사람이 있는 그림 사람들이 많은 사람들이 얼마나 있다면 하나 없다.	ing,	or LF)	Ren	nove Repair Encap Enclose
Exterior	1		X	Transite Con	nduit	_	1,000 L	F 🗵	
			X	Transite Con			1,000 L	_F 🗵	
Name of Reg. Waste Hauler	^	NJDEP Was		ID#	Cubic Yards of Waste:			Registered	<u>l Landfill</u> h Landfill
See Hauler Below # 1 &	2	See Below	/		12	0		wp. Buck	HAR. 1.11111 11 11 11 11 11 11 11 11 11 11
4 W							Morrisv		
×							I		
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ DEP # 12561 NY DEP #					07405		osal Date gust 30,		City, State Falls TWP. Bucks CTY PA
Hauler #2) STG Inc. 58 Pyles Lane, New Castle Delaware-NJDEP #					01 # 20990/SW2117				100
Completed by (Print or Type) Title					Signature		. [	Date Date	1
Marin Graure		SENIOR P		T	Marin Grau	* 0		and the same of th	5, 2015
		MANAGER	3		recuren grave	40			

GAC # 2015-505- Note: Amendment # 1- Additional 1,000 LF asbestos transite conduit

NOCK

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)		* 00 E-04 10 E-			
4-27-19	141	15	Pa	uline	е Но	ward		£ + 1 -				
Agencies Notified	Type Notif	fication	Stre	et Addr	ess			AU!	3-1-	20	IJ	
[ ]EPA	[X]Initi		46	66 Les	slie	Street						
RESOLUTION AND A STATE OF THE S		fication	G	Chaha	Pi-	Codo		1 1				_
[ ]DEP	Amend	ed	The state of the state of	, State		07112						7
[X]DOL	W 400.	fication	) 146	Walk	, NU ,	0/112						
[X]DOH			Name	of Con	tact	61	Telepho	one Number				
[ ]DCA	[ ]EMERG	ENCY	Pa	uline	∋ Но	ward			-			
	[ ]Cance	llation										
						INFORMATION						
Name of Facility Whe	re Abateme	ent is Ta	king P	lace (3)			Type of Faci	lity (4)				
Same as above							[ ]School					
Street Addres							45 A51 A66 A66 A66 A66 A66 A66 A66 A66 A66 A6	pter 8 (Other				
Delice Induce								<pre>(i.e., private buildings, hor</pre>				
							Square Feet	# of Floors		dg.		
City (5		County	7 (6) Es	sex	Cou	nty Code (7)	oquare rece	" 01 11001	, ,	ug.	inge	
					(SI	ATE USE ONLY)	Current Use	(Prior if beir	ng der	olis	shed)	
								*	-			
Name of Monitoring F.	irm hired	by Build	ing A	SCM No.		Name of Abate	ment Contract	or (9)				
Owner (8)		_				AZTECH M	ANAGEMEN'	f, Inc.				
N/A Street Address						Street Addres	•	<u> </u>				
bureer Address							topher St	-				
								· .				
City, State, Zip Code	е					City, State,		140				
9						Monteral	r, NJ 070	142				
Project Manager for 1	Monitoring		_	one Numb	er	Telephone Num			cense		per	
		-	N/A			(973)744	-8800	.   C	037	1		
Scheduled Start Date	(10) S	ched. Cor	mpletio	n Date	(11)	Name of OSHA	Monitor					
8-12-15				> 8/I	P	N/A						
	ar	Month	Day	Year								
Occupancy Status Dur: [X]Facility Clos of Abatement	ed/Vacated					Street Addres	s					
[ ]Abatement Per				Facili	ty	City, State,	Zip Code					
Hours - Descr [ ]other - Descr				orint»								
			cy Des	CITPU		II						
Scope of Work (Check	all that	appiy)				[ ]Full	Containment w	ith Negative E	ressu	ire		
[X]≥3 sf or			[X]Rei	novation	1		-Enclosure					
[ ]≥160 sf o	r >260 lf		[ ]Dei	nolition	1		bag Procedure riable Proced					
			Is			[ ]NOII-F	-rante troced		Aba	teme	nt T	vpe
Location			Locat			Description			3980		E	E
Asbestos-Cont Material (	The County of th		Use	d		Asbestos-Con Material (		Amount	R	R E	C	C
TO BE ABA			By Ma	in-		(i.e., thermal		(Specify SF or	M	P	A P	PO
In Facil:	ity		Custoo		in	sulation, surfa	하는 150 mg 시원하다 보다 100명이	LF)	VA	A	S	S
(13)			Staff		ä	or other misce	llaneous)		L	R	L	R
Basement		Ye	s No		D:-	o Themlat	ion	20 lf	v			E
Dasement.			-	X		e Insulat	1011		X			
		1.5		X	ROI	.ler		18 SF	X			
Name of Registered Wa			NJDEP			oic Yards		istered Landfi	11			
AZTECH MANAGE	MENT,	INC.	1704	O No.	OI	Waste 1.5	G.R.O.W	. S .				
City, State					Di	sposal Date	City, State					
Montclair, NJ	07042				-	3	Morrisvi	ille, PA 1	.906	7		
						3/30/IS					1	1
Completed By (Print o		Title			-	Signature		ļ	ate	8	M	
Constantine Vi	.vian	Presid	dent			(1V)	(ilia-		7 0	7	15	
							V VV		2.5	0020		_

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Date of Notification (1)		Name of Bu	ilding Owner/Operal	tor (2)		TIME	715	
8-4-15		FXVon	mn 1.	1/ 04	d Lubrican	1	U10 •	
Agency Notified Type Notification	l	Street Addre	955,	els an	a Luorican		,	
ZI EPA		1 Alue	nue I					
LO DEP SI Amended	1	City, State,	Marie					
Amendment #	d	BAYOR	) , [	. 0700	52			
☐ Emergency (in justification)	icluding	Name of Co			Telephone Numb	-		
Q DCA Q Cancellation		JAMI	Pa Chille	nl	relepitorie Mullip			
			INFORMATION		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Name of Facility Where Abatement is Taking	g Place (3)		22 7	Type of Fac	Slib. (4)			
Former BALODOR Sul	rvatina	mte	Mant		7.7			
Street Address	1 Oction	11119.1	1777	School (K	(-12)	(9		
1 Avenue J		<i>D</i>		Other (i.e	ter 8 (Other than K-12) private & commercial t	ouilc≇ir	200	
City (5)				nomes, e	etc.)	a outcast.	iya,	
BAHONNE		3		Square Feet	# of Floors	Bldg.	Age	
County (6)	<del></del>	<del>'                                    </del>			NA	NI	7	-
Lbatsan		ONLY)	(7) (STATE USE	Current Use	(Prior if being demolish	ed)		
Name of Monitoring Firm Hired by Building C	human I 1 m =							
(8) Acc + (5)	> .	M.No.	Name of Abater	ment Contracto	r (9)			
(8) ASSet Inspection Fechnor	09105		Perra Ci	nTra di	no Sirvices	.0.	1	
Oli dell'Address /	3015		Street Address	1 /			<u> ^ </u>	
City, State, Zip Code	290		15/8/0	160141	n Deme			
South Hampton, NY	11969		City, State, Zip (		1 110 -20	10		
Project Manager for Monitoring Firm	Telepho		FHUHMA.	Coo M	- / /			
Petu Ellamo		150-9217	Telephone No.	0-05	License No.			
	Completion D	ata (111)	269-375-9 Name of OSHA		01208			
6-8-15	21.1		1	1 1.	· 11.00 11			
Occupancy Status During Abatement Check	only one)	<u></u>	Street Address	N. 4211	29 - CONSACTI	no	201	000
☑ Facility Closed/Vacated During Entire Perio	정 조	2	14625 De	notes 1	1			
U Abatement Performed Outside of Normal E	d of Abatemen acility Hours	t	City, State, Zip C	ode /	Dan			
U Other - Describe:			Plainlow		11915n			
Scope of Work (Check all that apply) .	**************************************			7	77000		-	
□≥3 sfor≥3 lf		☐ Renovation	□ Full C	ontainment wit	th Negative Pressure			
U UI UI S U II								
☐ ≥ 160 sf or ≥ 260 lf		☐ Demolition	☐ Mini-E	bag Procedure				
12 ≥ 3 60 ≥ 3 11 12 ≥ 160 sf or ≥ 260 lf	T :		☐ Glove	bag Procedure	nd Non-Friable Procedu	ге		
	Is Locat	☐ Demolition	☐ Glove	bag Procedure	nd Non-Friable Procedu	-	Abater	
ଯ ≥ 160 sf or ≥ 260 lf ୍ୟ Localion of	Normal	☐ Demolition ion	© Glove Non-E	bag Procedure Exempted (*) ar	nd Non-Friable Procedu	-	Abater Typ	
ঘ ≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing Material (ACM)	Normal Used Sole Maintena	Demolition ion ly ly by nce/ Asbe	Description o	bag Procedure Exempted (*) ar	nd Non-Friable Procedu Amount		Тур	e
Location of Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility	Normal Used Sole Maintena Custodi	ion ly ly by nce/ al (i.e	Description of estos Containing Mai	bag Procedure Exempted (*) ar I derial (ACM) nsulation,	Amount (Specify		Тур	e
☐ ≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED	Normal Used Sole Maintena	ion ly ly by nce/ al (i.e	Description o	bag Procedure Exempted (*) ar I terial (ACM) nsulation, or	nd Non-Friable Procedu		Тур	e
Location of Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility	Normal Used Sole Maintena Custodi Staff? (12)	ion ly ly by nce/ al (i.e	Description of estos Containing Mains, thermal systems in surfacing, VAT,	bag Procedure Exempted (*) ar I terial (ACM) nsulation, or	Amount (Specify	-	Тур	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility	Normal Used Sole Maintena Custodi Staff?	ion ly ly by nce/ al (i.e	Description of estos Containing Mains, thermal systems in surfacing, VAT,	bag Procedure Exempted (*) ar I terial (ACM) nsulation, or	Amount (Specify		Тур	e
Location of Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility	Normal Used Sole Maintena Custodi Staff? (12)	ion ly ly by nce/ al (i.e	Description of estos Containing Mains, thermal systems in surfacing, VAT,	bag Procedure Exempted (*) ar I terial (ACM) nsulation, or	Amount (Specify		Тур	e
Location of Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility	Normal Used Sole Maintena Custodi Staff? (12)	ion ly ly by nce/ al (i.e	Description of estos Containing Mains, thermal systems in surfacing, VAT,	bag Procedure Exempted (*) ar I terial (ACM) nsulation, or	Amount (Specify		Тур	e
Location of Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility	Normal Used Sole Maintena Custodi Staff? (12)	ion ly ly by nce/ al (i.e	Description of estos Containing Mains, thermal systems in surfacing, VAT,	bag Procedure Exempted (*) ar I terial (ACM) nsulation, or	Amount (Specify		Тур	e
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Normal Used Sole Maintena Custodi Staff? (12) Yes No	Demolition  ion ily ily by nce/ Asbe al (i.e.	Description of estos Containing Martic Coa-	than Procedure Exempted (*) are full (ACM) insulation, or pous)	Amount (Specify SF or LF)		Тур	e
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Normal Used Sole Maintena Custodi Staff? (12) Yes No	ion ly ly by nce/ al (i.e	Description of Pestos Containing Marting VAT, other miscellaned AHIC COOT	bag Procedure Exempted (*) ar I terial (ACM) nsulation, or	Amount (Specify SF or LF)		Тур	e
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Normal Used Sole Maintena Custodi Staff? (12) Yes No	Demolition  ion ly ly by nce/ al (i.e.	Description of estos Containing Martic Coa-	than Procedure Exempted (*) are full (ACM) insulation, or pous)	Amount (Specify SF or LF)		Тур	e
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Normal Used Sole Maintena Custodi Staff? (12) Yes No	Demolition  ion ly ly by nce/ al (i.e.	Description of estos Containing Main surfacing, VAT, other miscellaned with the containing Main surfacing, VAT, other miscellaned with the containing Main the contain	Replacement of Registration Angular An	Amount (Specify SF or LF)		Тур	e
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Normal Used Sole Maintena Custodi Staff? (12) Yes No	Demolition  ion ly ly by nce/ al (i.e.	Description of Pestos Containing Marting VAT, other miscellaned AHIC COOT	than Procedure Exempted (*) are full (ACM) insulation, or pous)	Amount (Specify SF or LF)		Тур	e
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Normal Used Sole Maintena Custodi Staff? (12) Yes No	Demolition  ion ly ly by nce/ al (i.e.	Description of estos Containing Mailer, thermal systems is surfacing, VAT, other miscellaned with the miscellaned of the containing Mailer, variety of the miscellaned with the containing mailer of	Replacement of Registration Angular An	Amount (Specify SF or LF)  71, 280  stered Landfill	Removal	Тур	e
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)   Normal Used Sole Maintena Custodi Staff? (12) Yes No	Demolition  ion ly ly by nce/ al (i.e.	Description of estos Containing Main surfacing, VAT, other miscellaned with the containing Main surfacing, VAT, other miscellaned with the containing Main the contain	Replacement of Registration Angular An	Amount (Specify SF or LF)  71, 280  stered Landfill  CNS Landfill  Date	Removal	Repair	Encapsulate	

# CX 2850

# State of New Jersey - Notification of Asbestos Abatement

Date of Notification (1) August 4, 2015				97	Name of Building Owner/ Bloomfield College		į.	AUG :	0 201	5	
Agencies Notified		Notification			Street Address				0 20,	J.	
⊠ EPA		100 market		fication	467 Franklin Street						
⊠ DCA		Amende Emerg			City, State, Zip Code Bloomfield, NJ 0	7003					
x DOL		justific		ricidaling	Name of Contact	7003	Telen	hone N	umher		
X DOH		□ Cance			Jack Mc Grane		TOICE	mone iv	<u>umber</u>		
X DON				FACILITY IN	ORMATION						
Name of Facility Where Abate	ement is Ta	aking Place (3)			Type of Facility (4)						
Bloomfield College					☐ School (K-12)	oneen seeun					
Street Address					Subchapter 8 (other tha	- A 50 A					
198 Liberty Street					Other (i.e. private & con Sq. Feet: 2,000 #					rs	
City (5)	County (6	6)		Code (7)	<u> </u>	<u>01110010.</u> <u>2</u>	Diag.	7190.	oo. yea		
Bloomfield	Essex		(State	Use Only)	Current Use (prior if being	g demolished	: Offic	ces			
Name of Man's 2 - Fig. 15	11. 511	0 (0)	10011	NI							
Name of Monitoring Firm Hire EnviroVision, inc.	ea by Blag.	Owner (8)	ASCM	NO.	Name of Contractor (9)						
					GREENWOOD ABAT	TEMENT C	ONSU	LTAN	TS, INC.		
Street Address		4055			Street Address						
20-21 Wagaraw Road	i, Blag 7	7 35E			268 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
Fairlawn, NJ 07410					Butler, NJ 07405						
Project Manager for Monitorin	ng Firm	Telephone N 973-636-9			Telephone Number		Licens	se Numb	er		
i red Larson		973-030-	9145		973-492-0477		0084	10			
Scheduled Start Date (10)		Scheduled C			Name of OSHA Monitor						
August 17, 2015		August 2	1, 201	5	EMSL Inc.						
Occupancy Status During A	batement	(Check only or	ne)		Street Address						
Facility Closed/Vaca	ated Durin	g Entire Perio	od of Ab	atement	4050 Challes Daniel						
Abatement Performed Describe	d Outside	of Normal Faci	lity Hour	S -	1056 Stelton Road City, State, Zip Code						
Other - Describe: Ex	xterior V	Vork									
and a control of the					Piscataway, NJ 088	54					
Source of Work (Check all that	at apply)							70 VOID 100 VOID			
> 2 of or > 21				D		Full Conta			egative F	ressu	re
≥ 3 sf or ≥ 3 l □≥ 160 sf or ≥ 2				Renovation Demolition		Mini-Er Tent /Glov					
				Demontion		xNon-Exer				e Proce	edure
Location of Asbestos-Contain	ing Let	ocation Normal	ly I lead	Description of Asi	bestos Containing Material	Amour					
Material (ACM) in Facility (13)		ely by Maint./Cu			nal systems insulation, surfaci		S. 0.0000000	000000000000000000000000000000000000000	nent Type		
	Stat YE	ff? (12)	NIA	VAT, or other mis	cell.)	or LF)		Remove	Repair E	ncap E	nclose
Exterior	1 1 1	S NO	NA X	Transite		50 s		X		Т	
EXICIO	ransite					30 \$		Δ.			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2  NJDEP Waste Hauler ID # See Below					Cubic Yards of Waste:			of Regis	stered Lan	dfill	
	Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, N NJ DEP # 12561					Disposal Dat	5		City, State Route 2, E		
Hauler #2) Newark Cart		- Newark, N.I	04509.	NJ DEP # 19551	9	August 2	1, 201	15	Bridgepon		
Completed by (Print or Type)		Title			Signature		Date		007-042-2	7 04	
Marin Graure	18	SENIOR PR		т	Marin Grau	9.0	100 To 10	ust 4,	2015		
		MANAGER			munica young	FE					

GAC # 2015-513

Date of Notification (1) August 6, 2015					f Building C		perator	(2)		Ch	neck #	220	n 0	7.0	1.	
Agencies Notified	Type Notification		+	Street A			VODUO				ICCK H	660	<b>O</b>	20	10	
EPA DEP X DOL	Initial Amended Amendment		_	City, Sta	ite, Zip Coo minson, N	ie							18	1 65		
▼ DOH DCA	Emergency justification) Cancellation	, ,			f Contact ea Cronir	1				Tel	lephone	Num	ber			
Name of Facility Where	Abstament in Table	- Dia (2)		FACI	LITY INFO	RMATI	ON	_				- 00.11				
Residence	Abatement is Takir	ig Place (3)	)					Ту	pe of Facility (							
Street Address 1303 Cinnaminson	Avenue			22				×	School (K-1 Subchapter Other (i.e. p	8 (Oth				dings,	hom	es,
City (5) Cinnaminson								80	etc.) Juare Feet 00	# 0	f Floors			ildg. A	Age	
County (6) Burlington				County (	Code (7) USE ONLY)				irrent Use (Prid esidence	or if be	ing dem	nolishe	ed)			
Name of Monitoring Firm MDG Environment	n Hired by Building al, LLC	Owner (8)		ASCM	No.				Abatement Con Environment							
Street Address 1000 Maplewood D	Orive						Street 623		iress ler Avenue							
City, State, Zip Code Maple Shade, NJ 0	08052								, Zip Code Shade, NJ 0	8052						
Project Manager for Mor Chris Macri	nitoring Firm			Telephor 856-75	ne No. 55-9300		Teleph	none			Licen 0084	se No	•			
Start Date (10) August 22, 2015		Schedule August		npletion [			Name	of C	SHA Monitor analytical, In	C		-				
Occupancy Status Durin	g Abatement (Chec						Street		973 37	<u> </u>						
X Facility Closed/Vac				nent			200	Rou	ute 130 Nort	:h						
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	Hours	· · · · · · · · · · · · · · · · · · ·		_	100		, Zip Code inson, NJ 0	8077						
Scope of Work (Check A	All That Apply)							_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Designation .	enova emolit				×		Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure						
		le	Locati	on					Non-Exempled	() all	u Non-r	Tiable		70.00000000000	emeni	
Location		N	ormal	ly		Des	scription	of						Ту	ре	
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	ATED lity	Mair Custo	Sole ntena odial S (12)	nce/ Staff?	(i.e. t	hermal surfac	aining M systems cing, VA niscellar	s ins		(8	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							AND DESCRIPTIONS				е	532
Basem		-		XXX		•	on Duc	200 000		5	0 SF		Х			
Basem		XXX		Resid	lual De	ebri	S	7	5 SF		X					
Name of Registered Was	I N	JDEP W	noto	Cubic	Varda		Name of F	Dogiata	rad I a	- 4EII						
Freehold Cartage				auler ID I 2265	No.	of Was			Cumber			400000000000000000000000000000000000000	ndfil	I		
City, State Freehold, NJ				Dispos 8/25/2	al Date 2015	i i	City, State									
Completed by Christina Lynch		Title Opera	itions	Mana	ger	S	ignature	J.	al r	_	)	Date 8/6/	201	5		

### ch# 3738

Date of Notification (1) 08/04/2015			Name of Building Owner/Operator (2) Asbury Park Public Schools  AUG 1 0 2015												
Agencies Notified	Type Notification		1	Street Ad 916 Se	ddress econd Av	/e									
EPA  DEP  DOL	Initial Amended Amendment				te, Zip Coo Park, N		12				1				
X DOH X DCA	Emergency ( justification) Cancellation	ncluding		Name of Lew G	Contact riffin					Tel	ephone No	umber			
				FACI	LITY INFO	RMATI	ON				-				
Name of Facility Where								Туре	of Facility (	4)					
Computer Annex s	ub-8 unoccupie	d						×	School (K-1	2)					
Street Address 300 Prospect Aven	ue							Ħ	Subchapter Other (i.e. p etc.)				dings,	home	es,
City (5) Asbury Park									are Feet	# 0	Floors	В	ldg. A	ge	
County (6) Monmouth					Code (7) USE ONLY)				ent Use (Prio		ng demoli	shed)	- 020		
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCN	1 No.		Name		atement Cor		(9)				
Ahera Consultants,				0057			Lilich	Cor	poration						
Street Address POB 385							Street 606 I		ess ride Ave						
City, State, Zip Code Oceanville, NJ 0823	31								Zip Code d Park, NJ	0742	:4				
Project Manager for Mor John Smoyer							Teleph 973-	none N 225-8			License 01104	No.			
Start Date (10) 09/01/2015									HA Monitor ronmental	Llaho	ratories	Inc			
Occupancy Status Durin	g Abatement (Chec							Addre				,			
				200			100000000		ite 22 We	st					
X Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norm														
Scope of Work (Check A	III That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	novat moliti					Mi GI	ull Containmonini-Enclosure ovebag Procon-Exempted	e cedure				e	
		le l	ocatio							- 17			A STATE OF THE PARTY OF THE PAR	ement	
Location	a of		rmall			Do	aarintian						T)	ре	
Asbestos-Containing	Material (ACM)	Used	Solel			os Con		<b>Materia</b>	al (ACM)		mount			ш	m
TO BE AB. In Facil		Custo	dial S		(i.e.		system cing, VA		lation,		Specify F or LF)	Ren	Re	ıcap	nch
(13)			(12)				niscellar		)		o /	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-		te	Ф
1st and 2n		Х		floor	tiles/m	astic		2,	200 sf	х					
Name of Registered Was	ste-Hauler		20000	JDEP-W			Cubic Yards Name of Registered Landfill								
Lilich Corporation	1000000000	auler ID 3724	No.	of Wa			GROW	S, La	ndfill						
City, State Woodland Park, NJ						Dispo	sal Date		City, Stat Morrisv		A				
Completed by Momo Glavatovic	esid	ent			Signature	6	DA			Date 08/04/2	2015	97			
							~								

CK 2312

Date of Notification (1) 8-06-2015			ner / Operator		HO TO SE	JE.			
Agencies Notified Type Notification EPA	Street Addre	ess		1-	<del>V</del> O - V		1		
☐ DEP ☐ Initial	City, State 8							_	
□ Amended	Deptford, N		5		41.00		*		
☑ DOH   ☐ Emergency     ☐ DCA   ☐ Cancellation	Name of Co	ntact	*			Telephon	e Numb	er	
- Garicellation		D/ INIE05							
Name of Facility Where Abatement is Taking P		Y INFOR	RMATION Type of Facilit	b. (4)					
Lake Tract School	1800 (3)		School (K						
Street Address			☐ Subchapt	ter 8 (Other than					
690 Iszard Road				. private & comm					
City (5) County (6)	County Code (	77)	Square Feet 45,000	# of Floors	2	Bldg. Age	50		
Deptford, NJ Gloucester	County Code (	(1)		Prior if being dem			50	-	
			School						
Name of Monitoring Firm Hired by Building Own Epic Environmental, LLC	ner (8) ASC	CM No.		ement Contractor nagement Group,					
Street Address			Street Addres		LLC				
930 Brown Road				Ave, Suite 202					
City, State & Zip Code Newfield, NJ 08344			City, State & Z Trenton, NJ 0						
Project Manager for Monitoring Firm	Telephone Numb	per	Telephone Nu		License N	lumber			
	856-205-1077	X-1048	609-977-6159	)	1-11-22-11-11-11-11-11-11-11-11-11-11-11	01185	5		
Scheduled Start Date (10) Scheduled Cor 8/19/2015	mpletion Date (11) 9/2/2015	)	Name of OSH J&S Environm	IA Monitor nental Laboratorie	es, Inc.				
Occupancy Status During Abatement (Check o			Street Addres		4				
<ul> <li>☐ Facility Closed/Vacated During Entire F</li> <li>☐ Abatement Performed During 1st Shift</li> </ul>	renod of Abateme	iod of Abatement 2333 Route 22 West City, State & Zip Code							
Describe: 8:00 am to 5:00 pm			Union, NJ 070						
Facility Occupied During Abatement		Onion, No or ood							
Scope of Work (Check all that apply)				⊠ Full Contai	nment with N	legative l	Draceura	_	
≥3 sf or ≥3 lf	□ Renovation	on		Mini-Enclosure					
≥160 sf ≥260 If	☐ Demolition	n			Procedures				
				pted and Nor					
Location of Asbestos-Containing	Is Location Normally Used		Description Asbestos-Cont	10t	Amount (Specify	Abat	tement 7	ype	
Material (ACM)	Solely by		Material (AC		SF or LF)		- <u>m</u>	m	
TO BE ABATED	Maintenance or		i.e., thermal sy		.5.	Rem	Re	Encl	
in Facility . (13)	Custodial Staff? (12)		sulation, surfact r other miscella			Remova	Encapsulat Repair	Isoure	
(13)	Yes No N/A	- 0.	Other miscelle	aricods)		8	<u>a</u>	Ге	
Boiler Room			Boiler Pack	ing	20 SF				
Boiler Room		Non	-Friable Boiler	Fire Brick	200 SF				
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						᠆┼┼	뉘뷰	ዙ	
3						ᅥᆸ	ᆸᆸ	H	
Name of Registered Waste Hauler	NJDEP \		ubic Yards Waste	Name of Registe	ered Landfill				
Resource Management Group, LLC	0035218		BD	Grows Landfill					
City, State			isposal Date	City, State					
Trenton, NJ	I		BD	Morrisville, PA					
Completed By (Print or Type) Mr. Brian J. Haney	Title Presiden		ignature	Date 08/06/2015					
			1 9	1 1 7 10	-				

CK 3768

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

3			St.			1110 6 4		_
Date of Notification H)	15	. Name o	Bullding	Owner Oberstor	(2)	AUU II	J ZUID	1
8-1	0-1)	1	YAN.	BAUGH	DEVELUP	FR3		-
Agencies Notified T	ype Notification -	Street A	ddress	^ '	7	1 1 40		
1 1	3 Unitial .		318	6- LASSA	sucoRas	0		
	Amended	Ciry Sta	le, Zip C	∞de .	<del></del>			7
100 M	Amendment #	1	0000	BURY 1	FIGHTS,	N, J, U8097		_
/	Emergency (including					Telephone Number		7
Ø 00H	justification)	Name o	Contact	ME	1			1
	Cancellation		>"	ou e				-1
		*FACU	TY INF	DRUATIO'H				38
			-		Type of Facility (	4)		
Name of Facility Where Aba	rement is Taking Place	(3)			□ School (K-12)	*		
P.E.S 17	5,00°	<u> </u>			Subchapter 8	(Other than K-12)		
Street Address	<u> </u>				□ One (i.e., pn	d replaying \$ elev	wiangs.	1
774 10	474 .ST.				homes, etc.)	# of Floors	Bido Ace	-
					A CONTRACTOR OF THE PROPERTY O	2-	40+	
CIT (5) STALL-	HARBOR				1000			=-!
STONE	111112012	Count	Code (7	) (STATE		or I being demolished	۵)	
County 16h = A O	41.41/	USEC	WLY		VAC	ONT		
( APE	MAY			Name of Abater	neni Convactor (9)			# (Q)
Name of Maritoring Firm His	red by Building Owner	ASCHIN	0.	KLER	100 IN	CI		_ 1
181	3							10
			324 = 54	SVeel Address	S. SPRU	E AVE.		
Street Address								_
	<b>\</b>			Cry. State, Zip	Code	= NTN	3:5	
City State Zip Code		•		MA	PLO SHA	E, NJO		
7 - F		Telephone h	h	Telephone No.		License No	U	1
Project Manager for Monito	xing-Firm	. 18102 212	500 T.	856-7	79-0472	0044		
	•		- /111	Name of OSHA	Monroy .			
Stan Date (10)	Scheduled C	ompletion Dal	e (11)	TOSE	PKALEM	M		
. 4/178/17	- 8/2	8/15			9-10			
Occupanty Status During	A balament (Check only	one) .		Sueel Address		ニオ レミ・		
Occupanty Status During	a Faire Period of	Abatement		3695				
S Facility Closed Vacaled	During Entire 7 chos si	N Hours		City, State, Tip	Code .	- 11 5 0	£ > < 7	
Abatement Performed C	outside of Notifia 7	.,		MAR	ILE SHAD	E, N, J, O	10072	
Other - Describe:								
Scope of Work (Check all	that apply)			FUN C	Containment with N	egative Pressure		
Scope of from Contra		enovation .			Enclosure			
23 51 01 23 11		remation		. C 10V	Exembled (,) sug y	Ion-Friable Procedur	e	
2160 51 01 2260 11	-			1 1			100.000	
	ls.	Location					-	
		Normally by Solely by		Descriptor	n of	Amount		
Location of		sintenance/	Asbe	sios Containing	Material (ACM)	(Specify	Removal	F (D va d. da
a snessos . Containing M	alenal (ACM)	Cusiodial	(i.	singang. A	AT. Of	SF & LF1	Rapaw	:
TO BE ADAIL	D	Staff?		other myscella	aneous)	2	1 1	-
11 F 30/17		(12)	4					•
(1.27	Yes	NO HIA						
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SIDIM	7	-					1 1 1	
			+==					
	-		1				1	
			1		T Name of B	epistered Landfill	,	1
		NOE	Mage	Cubic Yards	Name of N	n C. M.U	1, 8,	
Name of Registered Was	ste Hauler	Hauter	D No.	01 Waste	<u>C,/</u>	1,0,		
KiEmco	INC,	175	04	Disposal Da	ele Ciry, State		1) T.	
		1. /-		05,000	Woo	DBINE,		
City State	ODE, N.J.	08052		_1		Dais	, , ,	-
	Tire			Signali	41	em 1	5-6-1	_)
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CV 3768

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

				-	
Date of Notification H) - (9-15	. Name of Bulldi	ng Owner/Operato	DEVELUP	ERS	
			780000		
Agencies Notified Type Notification	3/8	FLASS	suco Ras	D :	
☐ Amended Amendment #_	City, State, Zip				-
Ø ∞ Amendment #_	1,100	DRUNY 1	JEIGHTS,	N. JI 08097	, ,
Emergency (inc	Name of Conta			Telephone Humber	
Cancellation	5	DOME	1		
		15001147011			
		LE ORMATION	1 Yunn of Engility /	71	<del></del>
Name of Facility Where Abatement is Taking	Place (3)		Type of Facility		
PESIDENCE	<del></del>		School (K-12	(Other than K-12)	
Street Address	- ' ' '		Doner (I.e., pr	ivale & commercial b	wiangs
734 1047 ST	<u></u>		Square Feet	# of Floors	BIDO YOU ,
Ciry (5)	21/2		1000	. 2	40+
STONE HARB	County Code	17) ISTATE		or H being demousne	d)
County (6) A C	USE ONLY	(1) (517.12	VAC	CONT	
CAPE MAT		Name of Abate	ment Convector (9)		₹ (10
Name of Maritoring Firm Hired by Building O	wher	KLER	100 IN	CI	
(8)					
Sireet Address		369	S. SPRU	CE AVE.	
		Ci Ciala Sin	Code		9 - < 1
City, State, Zip Code		MA	PLO SHP	DE, NJO	363
1.	, Telephone No.	Telephone No.		License No	4
Project Manager for Monitoring-Firm	V		79-0472	0044	
	uled Completion Date (11)	Name of OSH	A Montay	44	
Sian gate 101 / _ C	123/15	JOSE	PKALEM	7-1	
		Sueet Addres		EA UE.	
Occupanty Status During Abatement (Che	and of Abalement	3699	>1>PILUC	<i>E</i> / 1 0 C ·	
Facility Closed Vacaled During Entire Pe	Facility Hours	City, State, To	Code .	- 11 -	£ 5.6 7
Abatement Performed Quiside of Normal	7 600117 1.12	MAI	OLE SHAD	E, N, J, O	0000
Other - Describe:			Containment with N	enative Pressure	
Scope of Work (Check all that apply)		Muri.	Enclosure	oge (10 more)	6
☐ >3 s1 or ≥3 II	Renovation .		0 4	ton-Friable Procedur	e
\$2160 st or 2260 H	(X) OUT AT	☐ HOU	Exempled ( ) s. c.		A08.800
	Is Location				12
	Normally Used Solely by	Description Descri	in of	Amount	7.
Aspesios Containing Material (ACM)		i a inamai syste	ms insulation.	(Specify	Encapsidate Removal
TO BE ABATED	Custodial (	sudadng. Y	A1. 01	37 0 0.7	Ood Sales
IN Facility (13)	(12)	other was con	a le com /		1
1137	YES NO NIA	3.5			+12
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SIDING		TICHIE			
3101100	·				
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			10	edistered ranguil	
	NOEP Waste	. Cubic Yards	Nameoik	1, C, M, U	, A,
Name of Registered Waste Hauter	1790 Y	01 Maste			
KiEmco INC.		0,202310	ale City, State	· /	U.J.
Ciry State	5,08052	_	woo	DBINE,	
I TOTALLE STATES	be .	Signal		Oale Oale	5-6-15
Competed By	OWNER		rosin 3		
JOSEPH CLEMM -			5		
A58+1	Do not use this form for a	spezios liceusure	exempled activities	, ,	

CX 3768

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

							AHC 1 A	no.	Ε		
Date of Notification (1	6/15				ding Owner/Operato		4.00				
Agencies Notified					n WELSH	- 15 UIL DE	R.				
Ø ₽A	Type Notificat	on ·		Street Addre	/)	1 1 ·					_
X DEP	☐ Amended		L	_ 66		4/1021					
⊠ por	Amendmer			City, State, Zi	p Code	- 11:T	00077				
Ø DOH	☐ Emergency		9		APPONFIE	- D, N, S	, 08055				
I DOA	justification Cancellation			Name of Con	tact -		Telephone Numb	er			
			-		SAME		1 -				
Fig. 1	7			FACILITY	NFORMATION		1.0				
Name of Facility Where	Abatement is Tal	king Place	2 (3)			Type of Facility	· (4)				
1 RESIZ	DENCE					School (K-1	N 74 T- 1385				
Street Address				e e		Subchapter	8 (Other than K-12	)			
122	73°0 ST					homes, etc	private & commercia	al buil	dings		50
City (5)						Square Feet	# of Floors	TR	dg, A	ne ne	_
SEA	ISLE (	CITY	ī			1000	/		10		
County (6) CAPE			T	County Code	(7) (STATE		nor If being demolis				=
CAPE	Mar			USE ONLY)	. , ,		ANT	1160)			
Name of Monitoring Firm	n Hired by Building	Owner		SCM No.	Name of Ahalen	nent Contractor (9				-	=
(8)	A	,	1			new Inc					
Street Address	7-1				Street Address	100 3100					_
Street Address						5, 5 PAU	a = A = 1				
Ca. Ciaia 7:- C-d-					Ciry, State, Zip C		4 1400				_
City, State, Zip Code					City, State, Zip C	= SUAD	E, N.J. 0	80	77		
December 1			Yalaak	N-				00		_	_
Project Manager for Moi	ntonng Firm		i elepr	none No.	Telephone No.	74-0477	License No.	u			
							_ 0099	7			_
Start-Date (10)	Sch			Name of OSHA Monitor  Jo; EPH KLEMM							
7/7/1	)			2 .		H M CEN	111				
Occupancy Status Durin					Sueel Address	< 00.	- 1 -				
Facility Closed/Vacat				ent		, SPRUC	EAVE				
Abatement Performer	d Outside of Norm	al Facility	Hours		City, State, Zip C	:∞de_	( -				
Other - Describe:					MAPLE	= DHADE	= , N,J, o	803	52		
Scope of Work (Check a	all that apply)				Π			-			
>3 s1 or >3 II		Ren	novation		☐ Full Cor	ntainment with Ne	gative Pressure				
2160 sf or ≥260 ff		-	nalition		Gloveba	ag Procedure					
					Non-Exe	empted (*) and No	on-Friable Procedur				
7.0	ų.	35000	ocation mally		*			1 6	bale Typ		
Location of	01		Solely b	у	Description of			_	.,,,		
Asbestos-Containing N	() (11일) 11일 - 11일		enance. stodial		stos Containing Mat		Amount			5	Е
TO BE ABAT IN Facility		1000000	taff?	(i.e	., thermal systems in surfacing, VAT,		(Specify SF or LF)	Ren	Repair	Jesi	RCI
(13)		(	12)		other miscellaned			Remova	pair	Encapsulate	Enclosure
		Van	No I	N/A		1		2		ale	0
		Yes	110	20							_
51711	G			X	RANSITE		100055	X	Ç		
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			-					-			
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					T C LT U	- I	1 11 120				
Name of Registered Was		14	10000000	EP Waste ler ID No.	Oubic Yards of Waste	Name of Regi					
KLEMCO	LNC,			904	5	CM	.C, M, U		'		_
City, State		1	_		Disposal Date	City, State	63				
MAPLE	SHADE,	N. 3	, د			_woo	D BINE IT	٠. ر	J,		
Completed By	Tide				Signature	. 1/		. T	1.5		
	EMM	aw r	JER	2_	Loup	h Dlan	Dale	0	1)	7.7.	
14.83					7						

CK 3766

### State of Hew Jersey HOTIFICATION OF ASBESTOS ABATEMENT (PURPORTED NIAC \$:60 and 12:121)

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	1	157	277		-1			
		100		1	-		10	

	(Pursuant to KIYC	\$:60 and 11:1111	)		7
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Agencies Nouhed Type Noimcason	Sueel Address			0	· - 0
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Z >=	City. State. Zip (	<b>%</b> ;	V 2000		
BOC. Americani 1	OCEA	NVIEW,	N,J,08	230	
Z con justification)	Hame of Contac		- 1	Telephone Humbe	
☐ Carcerpoor ☐ Ca		ICH			
	FACIUTY IN	CORMATION			
name of racing Where Abarement is Taking	Place (1)		Type of Facility (	()	
RESIDONCE			Sch∞1 (K-17)	٠, ١	
S at Appless			SUDCARPIEL 8	(Oinei Inan X 17.	10.0001
7613 PLEASURE	AUE		homes, ess)	iver & with arce	
1013 TECHSORE			Squill HI	Tol Floors	8100 A OF
SEA ISCE CIT	٠,		7000		1-40-
SCA TICE CIT	County Code 1	TITSTATE	Cuneni Use (Pro	or if being a emois	nec;
1:-78 161 - 10 42	USE OHLY	, ,	VD C	ふいて	
CAPÉ MIMI		T Name of Abaim	reni Conviscioi (9)		
Wire of Monitoring Firm Hired by Brilding Or	whoi ASCH Ho	KLEC			
i N/A		SHILLY		/	
S et Acoress		369	5. SMAU	1. E A J K	
		Chy. State. 20			
Cir. Siate 2.0 Cook	(100)	MARC		= NJ.	)
(1), 5.6% ED COC			6 211-1	License NO	
P.S.K. Manager la Honiony Firm	I Mediaux No	The prone No	79-0426	001	i
		0 3 6 1	110000		
SUNK	(11) sis O nais ano Davi	Hame DLOSH		8 9	
San Chicago / 15	3/23/15	20%€			
Occupancy Status During Abasement (Cho	ck only one)	Sucer Addres	's SPRV	, = A J E	
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AUG 1 0 2015

TRANSITE TOOSE X  STOLAGE  NOTE  NOT		χ			2 10-1101	(2)			
Apendes Nouther    Type Notification   Street Address   PACIFIC AUE	ate of Notification (1)				C-LASS	HOMES			
B BA	D 113			<u></u>					
Amended   Amen	gendernord			211	W. PAC	11-1C. AU	E		
SOCH CAPPENDEND INCIDENT NAME OF SCHOOLS OF	DEP. Amended	٠	City.	State. Zip C	ode T	2.17		•	
Size   Address   Size	Amendment #	gnibul			DCC	OP-	Talanhone Numbi	e/	
FACILITY INFORMATION    Type of Facility (4)   School (K-12)		2	Name	of Contac	DET		1902 2001212		
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ame of Monitoring Firm Hired by Building Owner  ASCM No.    ASCM No.	OUNTY IS IM IAY	<u> </u>	USE	E ONLY)					
Suest Address  369 S. SPRUCE AVE.  Chy, State, Zip Code  Chy, Stat	at Marianing Firm Hired by Building O	>wner	ASCH	l No	Name of Abates	100 ZN	ici		
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Scheduled Completion Date (11)   Name of OSHA Moning   Name of O	· · · · · · · · · · · · · · · · · · ·	1.1	relephon	e No.	Telephone No.	70 047	2	4.4	
Scheduled Competition Status (10)  Scheduled Competition Status (10)  Sureal Address  Sureal Address  Sureal Address  3 6 9 5 7 7 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1		· · · · -							
Street Address Decupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:    City, State, Sip Code	Schec	Juled Com	naistar C	)ale (11)	Name of OSP	PILALEN	9 M		
Decupancy Status During Abatement (Check only onle)  Report Performed Outside of Normal Facility Hours  Other - Describe:  Scope of Work (Check all that apply)  Put Containment with Negative Pressure  Win-Enclosure  Glovebag Procedure  Whon-Exempted (') and Non-Friable Procedure  Whon-Exempted (') and Non-Friable Procedure  Custodial  Is Location of  Asbestos-Containing Material (ACM)  IO BE AFATED  IN Facility  (12)  Yes No N/A   NOES Waste Havilet  NIDES Waste  Cubic Yards  Name of Registered Landfill  Of Waste,  Of Wast	0/15/15	112	1	)					
Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Scope of Work (Check all that apply)  23 st or 23 if	Designator Status During Abatement (Che	ck only on	ne)		769	5, SPILUC	E/1001	-5:	
Abatement Performed Outside of North Check all that apply)    Cope of Work (Check all that apply)	- AVERDING PURPLE PE	sum or w	20,0					2626	-
Scope of Work (Check all that apply)    Stope of Work (Check all that apply)	Abatement Performed Outside of Norma	I Facility i	10013		MAR	OLE SHAD	E, N.J.	, 00 07	
Renovation  23 st or 23 tt  2160 st or 2260 tt  - Location of Asbestos-Containing-Material (ACM)  TO BE AFATED  IN Faciny  (13)  Yes No N/A  NOEP waste Cubic Yards Name of Registered Landfill						Containment with N	legative Pressure		
Demotion    Stocation of   Stocation   Sto	Scope of Work (Check all that apply)		al'an		Min-	Enciosure			
Is Location of Normally Used Solety by Maintenance/ Custodial Staft?  (12)  Yes No N/A  STOLNG  Is Location of Normally Used Solety by Maintenance/ Custodial Staft? (12)  Yes No N/A  TRANS! TE TOOSE  Normally Description of Asbesios Containing Material (ACM) (Specify SF or LF)  TRANS! TE TOOSE  Normally Description of Asbesios Containing Material (ACM) (Specify SF or LF)  TRANS! TE TOOSE  Normally Description of Asbesios Containing Material (ACM) (Specify SF or LF)  TRANS! TE TOOSE	23 51 07 23 11	M Deut	sociation		Glov	Exembled (,) and	Non-Friable Proce	oure .	atemer.
- Location of Asbestos Containing Material (ACM)  Asbestos Containing Material (ACM)  TO BE AFATED IN Facility (13)  Yes No N/A  STOLING  Nomally Used Solely by Maintenance/ Custodial Stat? (12)  Yes No N/A  TRANSITE  TRANSITE  Registered Landfill NDEP Waste - Cubic Yards Name of Registered Landfill Of Waste - Cubic Yards Name of Registered Landfill Of Waste - Cubic Yards Name of Registered Landfill Of Waste - Cubic Yards Name of Registered Landfill Of Waste - Cubic Yards Name of Registered Landfill Of Waste - Cubic Yards Name of Registered Landfill Of Master - Cubic Yards Name of Registered Landfill Of Master - Cubic Yards Name of Registered Landfill Of Master - Cubic Yards Name of Registered Landfill Of Master - Cubic Yards Name of Registered Landfill Of Master - Cubic Yards Name of Registered Landfill	≥160 st or ≥260 ft			$\neg$					
- Location of Asbesios-Containing Material (ACM)  TO BE AFATED IN Facility (13)  Yes No N/A  SIDE NO N/A  SIDE NO N/A  Asbesios Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other myscellaneous)  TO INC  SIDE NO N/A  TRANSITE  TRANSITE  TRANSITE  TO SE  Name of Registered Landfill  NUCEP Waste Cubic Yards Name of Registered Landfill		Nor	maly		Descriptio	n of	A m 2 101		
(12)  YES NO N/A  TRANSITE TROOSE X  STOLAGE  NOTE Waste Hauler  NOTE Waste Cubic Yards Name of Registered Landfill  Of Waste County And Office County And	- Location of	Maint	enance/	Ast	Containing	Material (ACM)	(Specity	Re	Encapsulate Repair
(12)  YES NO N/A  TRANSITE TOOSE X  STOLAGE  NOTE Waste Hauler  NOTE Waste Cubic Yards Name of Registered Landfill  Of Waste Company C	Aspasins Containing Material (ACM)	Cu	slodial	(i	Y condagno Y	A1. 01	SF & LF)	JON	Rapau
SIDING  X TRANSITE TOOSE X  NOTE TO SE X  NO	IN FROMY	100			other myscella	aneous)	1	8	Ē
SIDING  X TRANSITE (200 SE X)  NOEP Waste Cubic Yards Name of Registered Landfill  Of Waste Cubic Yards Name of Registered Landfill  Of Waste Cubic Yards Name of Registered Landfill	(13)	Yes	NO N	A/A	120		1500		11
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Name of Registered Waste Hauler Hauler DNo. of Waste		_	TAILE	ED Wade		Name of F	Registered Landfill	U 1	
Name of the second	Name of Registered Waste Hauler	4	Hau	ster ID No.					
Visiones INC'	KLEMO INC.		- 1	7904		ale City, State	e	NJ.J	,
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	MAPLE SHADE, NI	<u> </u>					em !	815	5/15
Completed By Completed By Completed By	Completed By	.10e	NNE	R		asynia			

## Ch# 373

Date of Notification (1) 08/04/2015				Name of Pilar H	Building ( lyman	Owner/	Operator	(2)			Lon						
Agencies Notified	Type Notification			Street A	<u> </u>	nue					////2				3,500		
× EPA × DEP × DOL	Initial Amended Amendment	#		City, Sta	te, Zip Co Orange,	de	7079										
X DOH	Emergency justification)	(including		Name of	Contact					Tel	ephone N	lumber					
DCA	Cancellation			Pilar H						_							
Name of Facility Where A	hatement is Takin	n Place (3)		FACI	LITY INFO	RMAT	TION	Tyne	of Facility (4	4)							
Residence	Datement is Takir	ig riace (5)							School (K-1	10.50							
Street Address 242 Turell Ave								×	Subchapter Other (i.e. p etc.)	8 (Oth			iildir	ngs,	home	S,	
City (5) South Orange, NJ 0	7079		.54.56					Squa	re Feet		f Floors		Bld	g. A	ge		
County (6) Essex					Code (7) USE ONLY)				ent Use (Prid dence	or if be	ing demo	lished)					
Name of Monitoring Firm		Owner (8)		ASCN	No.				tement Con	tractor	(9)						
J&S Environmental Street Address	Laboratories								poration								
2333 Route 22 Wes	t							Addre McBr	ide Ave								
City, State, Zip Code Union, NJ 07083									ip Code I Park, ŅJ	0742	24						
Project Manager for Moni Sherill Gelsomino	itoring Firm			2000000 0000	06-0073			none N 225-8			License 01104	7003070707					
Start Date (10) 08/19/15						4,0	100000000000000000000000000000000000000		HA Monitor onmental	Labo	ratories	S					
Occupancy Status During	Abatement (Che	ck Only One	)	Street Address 2333 Route 22 West													
X Facility Closed/Vaca Abatement Performed Other – Describe:	ed Outside of Norr					_	City, S	State, Z	ip Code	st							
Scope of Work (Check Al	Il That Apply)							Union, NJ 07083									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		CONTRACTOR OF THE PARTY OF THE		ovation polition			>	Mi	II Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					2		
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Location		No	ormal	!y		D	escription	n of				-		Ту	pe		
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baseme	ent			X	the	rmals	system	insula	ation	4	50 LF	X	+				
	- A																
Name of Registered Was	te Hauler		IN	NJDEP Waste Cubic Yards Name of Registered Lan					ered-Lan	dfill							
Lilich Corporation							Cubic Yards Name of Registered Landfill  OF Waste  OF Waste  OF Registered Landfill										
City, State Woodland Park, NJ							osal Date	!	City, State Morrisv		PA						
Completed by		Title	0.004	1/		-	Signature	e /2	AA		T	Date		_			
Momo Glavatovic		vice pr	esic	ent				0	NX			08/04	/15	)			

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

Initial Notification Check #: 6385

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Date of Notificatio			Name	e of B	uild	ling	Owner/Operato	or (2						-	
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(×1 DOH	Notifica			e of (					Tel	ephone N	umber	<b>1</b> 88			
DCA	[ ]Cancella	ation	Do	ualas	Blan	d . B	us. Admin.		3						
			1100				FORMATION								
Name of Facility W	nere Abatemen	t is Ta	king					Type	of Facil	ity (4)					
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Lafayette Street Eler	nentary School	1							I 10ther	11 0	DETVE	ate &	COM	mer-	
3tleet Mudiess								Squ	cial are Feet	# of F	COCES	Bld	ig. A	ge	
205 Lafayette St.		County	(6)			Coun	ty Code (7)	550	000	4		80	1.7	-5	31
City (5)		ood	, ,			(STA	TÊ USE ONLY)	Cur	rent Use (	Prior 1	beli	ng ae	MOTI	SHE	1)
Newark, NJ 07105		Essex	100	TACCM	No		Name of Abate	Sch	Contracto	or (9)	_				
Name of Monitoring Owner (8)	Firm Hired D	y Bullo	iriig	ASCIT	,,o.										
Whitman Companies	s, Inc.			00110	0	_	Four Strong B	Builde	rs, Inc.						_
Street Address															
116 Tices Lane, Uni							180 Sargeant	Aver	Code						
City. State. Zip C	ode														
East Brunswick, NJ Project Manager Fo	08816	Firm T	Telep	hone h	Mumb	er	Clifton, NJ 07	mber	1900	1	Licen	se N	umbe		
	. ,,,,,,,			90-58			973-614-0377	7			00807	7			
Kevin Lovely Scheduled Start Da	te (10)  Sch	ned.Com	pleti	on Dat	te (	III	Name of OSHA	Moni	tor						
							Four Strong E	Builde	rs. Inc.						
0   8   /   1   4   /   Month / Day / Occupancy Status D	Year Mo	ent (Ch	Day eck o	nly or	ne)		Street Addre							1111	
[X] Facility Clos	ed/Vacated D	uring E	ntire	Peri	od	1	180 Sargeant	t Avei	nue						
of Abatement []Abatement Per	formed Outsi	de of N	ormal	. Faci	lity	-	City. State.	Zip	Code						
Hours - Desci [ ]Other - Desci	ibe:					:	Clifton, NJ 07	7013							
Scope of Work (Che		apply)			•				ntainment	with New	ant i V	p Pre	SSUI	e	370
[ ]Demolit	ion			Renov	atio	n	[ ]Min	ni-En	closure		jeczy			-	
(X)>3 sf (	or >3 lf f or >260 lf						[ ]Non	n-Fri	g Procedur able Proce	dure					
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TO BE	ABATED Cility			Main- nance/			i.e., thermal	rfaci	ng. VAT.		or F)	0	A	S	S
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Boiler Room	•		X				Insulation				_		-	-	+
Boiler Room			X			Smal	Breech Insula	ation		70 SF		1	-	-	+
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Name of Registere	d Waste Haule	r		JDEP V			Cubic Yards of Waste				221,41				
Four Strong Builde	rs, Inc.		1	2609				G	R.O.W.S.,	Inc.					
City. State							Disposal Dat	e Ci	ty. State						
Clifton, NJ									ullytown, P	Α					
Completed By (Pri	nt or Type)	Title					Signatu	re				D	ate		
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JUN 95														G4	667

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

**Initial Notification** Check #: 6385

National Property Control	- (1)		INam	a of	Rui	Idina	Owner/Or	erator	(2)					-
Date of Notification		5 1						,01401		1	850			
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₩]DOL	[ ]Amended Notific		Ne	wark	, NJ	0710	2							
(X) DOH			Nar	ne of	Con	tact			Telep	hone Numbe	er			
X 1 DCA	[ ]Cancell	ation	II Do	uala	s Bla	nd F	Bus. Admi	in.	3					
			1100				NFORMATIO							
Name of Facility Wh	ere Ahatemer	t is Ta	king	100000			WEOWNETTO		Type of Facili	ty (4)				_
Name of racifity wit	TELE ADDICEMEN	15 14	9		,,,				Mischani	(K-12)				
Lafayette Street Elem	nentary School	ol							[ ]Subchar	pter 8 (Ot) (i.e., pri	her th	an F	(-12)	
Street Address								11	cial b	mildings.	nomes.	. etc	=.)	_
205 Lafayette St.								1	Square Feet		80	1g. r	nge	
CITY (5)		County	(6)				nty Code ATE USE C		55000 Current Use (P	4 rior if be		emol:	shed	1)
Nowark NI 07105		Essex				1,32		11	School					
Newark, NJ 07105	Firm Hired	by Build	ling	ASC	M No	-	Name of	Abatem	ent Contractor	(9)				
Owner (8)						-	F Ct-	D	ildore Inc.					
Whitman Companies	, Inc			001	10		Street A	ddress	ilders, Inc.		-			
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116 Tices Lane, Unit							180 Sar		ip Code					_
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East Brunswick, NJ C	08816	Firm [7	relec	hone	Num	ber	Clifton, I	ae Numb	13-1935 er	Lice	nse N	umbe	r	
	. Wollicoling					7.7.	-			0080	17			
Kevin Lovely Scheduled Start Dat	e (10) ISC			90-5		(11)	973-614 Name of		Monitor	10000				
		1 8 1 / 1						_	Market Programmer					
0   8   /   1   4   /   Day /	Year M	onth /	Day	1	Year	1	Four Str		ilders, Inc.					
Occupancy Status Dr	uring Abatem	ent (Che	eck c	buty	one)									
of Abatement						. 1	180 Sar		Avenue Zip Code				-	
[ ]Abatement Per: Hours - Descr:	formed Outsi ibe:	de of No	ormal	. Fac	1111	Y	City. S	tate	Cip Lode					
[ ]Other - Descr.						-	Clifton,	NJ 070	13					
Scope of Work (Che	ck all that	apply)					r	YIFull	Containment w	th Negativ	ze Pre	ssui	e	
[ ]Demolit	ion		IX.	Reno	vati	.on		]Mini	-Enclosure					
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T*	ion of			catio			Desc	riptio	n of		R		E	E
Asbestos-	Containing		I	Jsed	- C		Asbesto		aining	Amount (Specify	E	RE	CA	C T.
Materia TO BE	ABATED			olel; Mair			(i.e., th	ermal	systems	SF or	0	PA	P	0
in Fac	ility			nance		iı			acing, VAT, ellaneous)	LF)	V A	I	S	S
- \\^			St	aff()	12)					87 77	L	R	L	R
Boiler Room			Yes	NO	N/A	Pipe I	Insulation i	ncluding	g elbows & joints	25 LF	X			
	<del></del>		$\Diamond$				Insulation			50 SF	X,			
Boiler Room						San San San	I Breech		00	70 SF	X	-		_
Boiler Room			X	-		omai	ii Dieecii i	isulati		1001	//	-	-	
			1	-	17		Cubic Ya	rde	Name of Regis	tered Land	Fill		_	
Name of Registered	Waste Haule	- C		JDEP aule:			of Waste		Hame or Kediz	ferra pana				
Four Strong Builder	s. Inc.		1	2609					G.R.O.W.S., Ir	IC.				
City. State	-1						Disposal	Date	City. State					
Clifton N.I.	2						1		Tullytown, PA					
Clifton, NJ Completed By (Prin	t or Type)	Title					Sig	nature			d	ate	_	
Section and the section of the secti					wood		1	2	H			10.14	-	
Bilyana Kulakovska		Office A	Admir	nistra	tor		1	1/1	gun,		18	/3/1	כ	
ASB-41 JUN 95													G46	567
POSISSING SAND.													12.46	141

CKDUBDD

Date of Notification (1)				Name o	of Building	Owner/Operator (2	2)			10		
08/06/	15	_		BRG	Harriso	n Lofts Urban R	enewal, LLC	(Page 1 of 3)		n.c.r.		
Agencies Notified Type Notifie	ation			Street A	Address			Aug.	V			
⊠ EPA ⊠ Initial	92			307	Frank E.	Rogers Blvd Sc	outh					
□ DOLWD □ Amende	70			City, St	ate, Zip Co	ode						
□ DHSS   Amendr     □ DCA   □ Emerge	_	luding		Harr	ison, NJ	07029						
DCA Emerge (NJAC 5:23-8) Legislatifica		luuling	Ī	Name o	of Contact			Telephone Number	r			
☐ Cancell				Matt	Franken	berry			_			
				FAC	ILITY IN	FORMATION						
Name of Facility Where Abatement is	Taking	Place	(3)				Type of Facility (	39.A				
Warehouse A, B, C (Block 15	6 Lot 1	)					School (K-12)					
Street Address								(Other than K-12) ivate and commercial	al bui	dings	5,	
400 South 5 <sup>th</sup> Street							homes, etc.)				1	
City (5)							Square Feet	# of Floors	Bld	g. Ag	е	
Harrison							69500	3	1	33 y	rs	
County (6)				Count	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolishe	ed)			
Hudson							Warehouse					
Name of Monitoring Firm Hired by Bu	Iding O	wner (	8)	ASCM N	No.	Name of Abateme	ent Contractor (9)					
Langan				0009	9	Superior Aba	atement Inc					
Street Address						Street Address						
River Drive Center 1 / 619 Riv	er Driv	re				2 Henderson	Drive					
City, State, Zip Code						City, State, Zip Co	ode					
Elmwood Park, NJ 07407						West Caldwe	ell, NJ 07006					
Project Manager for Monitoring Firm			Tele	phone l	No.	Telephone No. License No.						
Vijay Patel			(2	01) 79	4-6900	(973) 808-161	16	00411				
Start Date (10)	Sched	uled C	omple	tion Dat	te (11)	Name of OSHA N	Monitor					
08 / 18 / 15	_0	9_ /	15	15 / 15 Superior Abatement Inc								
Occupancy Status During Abatement	(Check	only o	ne)	Street Address								
☐ Facility Closed/Vacated During En				ment		2 Henderson	Drive					
☐ Abatement Performed Outside of					cribe	City, State, Zip C	ode					
Time of Abatement: _AM	PM/	PM		_AM		West Caldwe	ell, NJ 07006					
Scope of Work (Check all that apply)												
D >2 -f >2  f		⊠ Re	novat	on			itainment with Neg	gative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		De					g Procedure					
						☑ Non-Exe	empted (*) and No	n-Friable Procedure				
		1.00	Loca			5	. *		Aba		ent Ty	уре
Location of Asbestos-Containing Material (A)	17.7			ely by	Ashe	Description of stos Containing Ma		Amount	Rei	Repair	Enc	Enc
TO BE ABATED	,,,,,	0.000000	intena			., thermal systems	insulation,	(Specify	Removal	pair	ap	Enclosure
IN Facility		Cus	todial (12)	Staff?	9.5	surfacing, VAT other miscellane		SF or LF)	'al	200	Encapsulate	ure
(13)		Yes	No	N/A	1	other miscellane	eous)	-			te	
Building A					Tank In	sulation	1	900 SF				
Building A and B					ipe Joint Insula	tion	3,395 SF		П			
		_				e Ceiling/Wall P		6,240 SF			П	
Buildings A,B and C				-			alicis		-	H		
Buildings A,B and C		Ш	-	11050		ile/Mastic						
Name of Registered Waste Hauler				NJDEP I Hauler II		Cubic Yards of Waste	Minerva L					
Service Transport Group, Inc				SW21		300		anam				
City, State  New Castle, DE				Disposal Date 9/15/15	City, State  Waynesbu	ırgh, OH						
				SCHIRCHOLDHINANON		TO THE STREET OF THE STREET	0					
Completed By (Print or Type)	) 	dent Signature Date 8-6-15						_				
Nick Petrovski	P	resid	ent			+//	Wild M	heurth 0	1	5-	10	>_

CK 24522

Date of Notification (1)  08 /	06 /	15			Name o	of Building	Owne	er/Operator (2	(Page 2 of	3) AUG			1.5		
Agencies Notified	Type Notification			-	Street A	Address									-
⊠ EPA	☐ Initial														
☑ DOLWD	☐ Amended				City, St	ate, Zip Co	de								
☑ DHSS	Amendmen					VI (5									
DCA (NJAC 5:23-8)	☐ Emergency justification		uding	-	Name	of Contact				Telephone Nu	mber				
(NJAC 5.23-6)	☐ Cancellatio								4						
					FAC	ILITY INF	ORN	MATION							
Name of Facility Where A	Abatement is Ta	king P	Place (	3)	1.0.00				Type of Facility (	4)	7 7				
Warehouse A, B, C		_							School (K-12						
Street Address	,	-				The second			☐ Subchapter 8 ☐ Other (i.e., pr			l buil	dinas		
400 South 5 <sup>th</sup> Stree	t								homes, etc.)		1010.0		ug.	1	
City (5)									Square Feet	# of Floors		Bld	g. Ag	е	
Harrison									V-40						
County (6)					Coun	ty Code (7)	STAT	E USE ONLY)	Current Use (Pri	or if being demo	olishe	d)			
	5		(0	× 1	10014		Nam	a of Abotom	ent Contractor (9)						_
Name of Monitoring Firm	Hired by Buildin	ng Ow	vner (8	5) /	ASCM I	NO.	Nam	e or Abateme	ent Contractor (9)						
Street Address				_			Stree	et Address							
City, State, Zip Code							City,	State, Zip Co	ode						
							- 1	L NI-		License No.					
Project Manager for Mor	nitoring Firm			Tele	phone l	No.	Tele	phone No.		License No.					
Start Date (10)	So	chedu	led Co	mple	tion Da	te (11)	Nam	e of OSHA N	Monitor						
1 1					/ _	000000000000000000000000000000000000000									
Occupancy Status Durin	g Abatement (C	heck	only o	ne)			Stre	et Address							
☐ Facility Closed/Vacat	200				ment										
Abatement Performe	d Outside of No	rmal F	acility PM-	Hour	s - Des _AM	cribe	City,	State, Zip C	ode						
Scope of Work (Check a	2-22-2-2														
		,	□ Rer					☐ Full Con	tainment with Neg	gative Pressure					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			☐ Rer					☐ Gloveba	g Procedure						
								☐ Non-Exe	empted (*) and No	n-Friable Proce	edure				
				Locat lorma				Danadation	- 5			Aba	-	ent T	уре
Location Asbestos-Containing					ely by	Asbe	stos (	Description ( Containing Ma	aterial (ACM)	Amount		Removal	Repair	Enc	Enclosure
TO BE AB	ATED	'		ntena	nce/ Staff?		., the	mal systems	insulation,	(Specify		von	air	aps	dos
IN Faci (13)			Cusi	(12)				urfacing, VAT ner miscelland		SF or LF)		<u>a</u>		Encapsulate	лге
(13)			Yes	No	N/A									œ	
Building A				$\boxtimes$		Duct In	sulat	tion Mastic		900 SF					
Building A and B				$\boxtimes$		Windov	v/Wa	il Column	Caulking	6,600 LF					
Building A and C									witch Board	81 SF					
Building A, B, and C	;					Transit	e on	Electric Pa	nel/Switches	300 SF				Ш	
Name of Registered Wa	ste Hauler			1.65	JDEP tauler l		Cub	oic Yards of ste	Name of Regi	stered Landfill					
City, State							Die	posal Date	City, State						
Oity, State							Dia	Dodai Date	Sity, Otato						
Completed By (Print or	Type)	Title						Signature			Date	9			
	2000 - 200 														

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Date of Notification (1)				1	Name o	of Building	Owne	er/Operator (2	2)						
08/06	/1	15							(Page 3 of 3)	A 0.0			T.E.		
Agencies Notified Type	Notification	n		1	Street A	Address									
⊠ EPA ⊠ Ini	tial														
	nended			1	City, St	ate, Zip Co	ode								$\neg$
	nendment				3 355 50										1
	nergency (		ing	h	Vame (	of Contact				Telephone Nu	ımber				-
Assistant and the second secon	stification) incellation			Ι.	vanie	o o naoc				, оторито и т					
	iricenation														-
					FAC	ILITY INF	ORI	MATION	- (= :::: /	4					
Name of Facility Where Abatem			ace (3)						Type of Facility (						
Warehouse A, B, C (Block	k 156 L	ot 1)							☐ School (K-12 ☐ Subchapter 8		12)				
Street Address									Other (i.e., pr			buil	dings	5,	
400 South 5 <sup>th</sup> St									homes, etc.)				5757-2250		
City (5)									Square Feet	# of Floors		Bld	g. Ag	е	
Harrison															
County (6)					Count	y Code (7)	STAT	E USE ONLY)	Current Use (Pri	or if being demo	olished	1)			
0															
Name of Monitoring Firm Hired	by Building	g Own	er (8)	T A	SCM N	No.	Nam	e of Abateme	ent Contractor (9)						
3	•	J							• •						
Street Address				_			Stree	et Address							
Officer Address							00	3171441300							
City State 7in Code							City	State, Zip Co	nde						
City, State, Zip Code							City,	State, Zip Ot	ode						
										11: NI-		_			
Project Manager for Monitoring	Firm		11	elep	hone I	No.	l ele	phone No.		License No.					
Start Date (10)	- CT DC DC DC DC				ion Dat	000000000000000000000000000000000000000	Nam	e of OSHA N	lonitor						
/	-   -		_ / _	_	_ / _										
Occupancy Status During Abate	ement (Ch	eck on	ly one	)			Stre	et Address							
☐ Facility Closed/Vacated Duri	ng Entire	Period	of Aba	aten	nent										
☐ Abatement Performed Outsi						cribe	City,	State, Zip Co	ode	7,50					
Time of Abatement: _AM	PM/_		PM		_AM										
Scope of Work (Check all that a	(vlag														
	FF 37	-							tainment with Neg	gative Pressure					
☐ ≥3 sf or ≥3 lf ☐ >160 sf or >260 lf		_	Renov					☐ Mini-End	dosure g Procedure						
☐ ≥100 SI OI ≥200 II		ш	Demo	niuo	11			☐ Non-Exe	mpted (*) and No	n-Friable Proce	edure				
			Is Lo	cati	on			S11 = 31900 F100 P100 P100 P100 P100 P100 P100 P1				Aba	teme	ent Ty	/ре
Location of			Nor		-			Description of			-	70	Z	ш	m
Asbestos-Containing Materi	al (ACM)		Used S Mainte					Containing Ma		Amount		Removal	Repair	nca	Enclosure
TO BE ABATED IN Facility			Custod			(I.e.		mal systems urfacing, VAT		(Specify SF or LF)		ova	=	psu	unsc
(13)			(	12)				er miscellane				-		Encapsulate	o
		Y	es 1	No	N/A	73			V3					(U	
Buildings A, B and C			] [2	<u>a</u>		Metal Fi	re D	oors		1,980 SF	.	$\boxtimes$			
		_	-	_		Well De		Caramia Ma	III Tile Mastic	600 SF	-			П	
Building A and B						vvali Pa	nei/c	Seramic vva	III THE MASIIC	000 SF	_	_			닠
Building B				₫		Linoleu	m			900 SF		$\boxtimes$			
			1	1	П		9								
Name of Registered Waste Har	ıler			N	JDEP \	Vaste	Cuh	ic Yards of	Name of Regis	stered Landfill					
S togistored Tracto Hal				100	auler II	40.0000	Was								
07. 01.1							F:		Oit Ot 1						
City, State							Disp	osal Date	City, State						
										7					
Completed By (Print or Type)		Title						Signature			Date			-7.0	- 1
				_							1				

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

**Initial Notification** Check #: 6387

6484-NJ

Date of Notificatio	n (1)	— П	Name	of	Buil	ding (	wner/	Operator	(2)			11				
0   8   / 0		1 11	Now	ork [	Duhli	c Sch	ools						1 0			_
Agencies Notified			Stre				0013	_				7110 NUU	1 4	421		
	7350		200		Ctro	o+								•		
(X)EPA	[X] [nitial Notifica	tion			Stree	Zip	Code									_
(X) DEP		1														
⊠1por	( )Amended Notifica	tion	Name			7102				Tele	phor	ne Number				
(×) DOH	[ ]Cancella	tion								1						
DCA			Dou	_			us. Ad						-			_
							FORMAT	ION	Tune	of Facil	ity	(4)				_
Name of Facility W	here Abatement	is Tak	ing l	Place	e (3	)		11	1100	2/10 1	1 (8	_121			- 20	
East Side High Scho	ool									[ ]Subch	apte	r 8 (Oth	are &	COIGH	III C. T.	
Street Address										cial	mari 7	dings, h	omes.	ett		_
238 Van Buren Stree	et			-88				11		re Feet	4	I FIOOLS	80	9		
City (5)		County	(6)			Coun	ty Coo	e (7) E ONLY)	5500	ent Use (	Pric	r if bei		moli	shed	.)
**************************************		F				1			Sch	ool						
Newark, NJ 07105	Firm Hired b	Essex y Build:	ing	ASCM	No.	1	Name o	of Abater	ment	Contracto	or (5	7)				
Owner (8)	, ,=,=,=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					11	Equr 9	Strong Bu	ilder	s Inc.						
Whitman Companie	s, Inc.		1	0011	10	11	Stree	t Address	s	5, 1110.						
Street Address	ACCIONANCE SAR					11	180 9	argeant A	Aveni	ıe						_
116 Tices Lane, Un	it B-1			_			City.	State,	Zip C	ode						
17.0						- 1	Clifto	n, NJ 070	13-1	935						
East Brunswick, NJ	08816	Firm T	eleph	none	Num	per	Telep	hone Num	ber			Lice	nse N	umbet	2	
			32-39					14-0377				0080	7			
Kevin Lovely	ate (10)   Sch	red.Comp	letic	on Da	ate	(11)	Name	of OSHA	Moni	cor						
.0.9.11.71	11.51 10	18//12	11	1/11	15	1	Four	Strong B	uilder	s, Inc.		_				
Month / Day /	Year Mo	ent (Che	ck o	nly	one)		Stree	t Addres	SS							
[ ]Facility Clo	sed/Vacated D	uring En	tire	Per	iod	1	180 \$	Sargeant	Aven	ue						
of Abatement	rformed Outsi					y	City.	. State.	Zip	Code						
Hours - Desc Clother - Desc	ribe:					= 1	Clifto	n, NJ 070	013							
Scope of Work (Ch		apply)			•		Tomico			tainment	with	Negativ	/e Pre	essur	e	
[ ]Demoli			<b>X</b> ]	Reno	vati	.on		f 1Mini	i-Enc	losure						
f 1>3 sf	or >3 lf f or >260 lf							[ ]Non-	-Fria	Procedur	edur	е				
X15180 8	1 01 7200 11			Is					-,		T		Aba	temer	E	ype E
				mali			р	escription	on of				R	- n	NC	N
Asbestos	ation of s-Containing		U	Ised	170		Ma	stos-Con terial (	ACM)		1	Amount (Specify		R	A	1
	ial (ACM) E ABATED		by	Mair	1-	. (		thermal	svst	ems		SF or LF)	V	P	P	5
	cility		Cus	tod	lal	1,	or	ther mis	cella	aneous)			A L	R	U	F
54			Yes	No	N/A						1	500 OF	-	-	-	E
Former Woodshop	0			X		Ceilin	g Plas	ster				,500 SF		-	-	-
Former Woodshop				X		All the state of the state of	Plaste					,000 SF	$\downarrow \wedge$	-	_	+
Former Woodshop				X		Pipe I	nsulati	on includir	ng elb	ows & joint	ts 1	00 LF	X	-		+
TOTTIEL VVOOGSTO			1	-												
Name of Register	ed Waste Haul	er	N	JDEP	Was r ID	te	Cubic	Yards	Na	me of Reg	iste	red Land	ITILI			
						NO.	T #4		G	R.O.W.S.	Inc.					
Four Strong Build	ers, Inc.		11	2609			Disp	osal Date		ty. State						
City. State	*								J	ıllytown, F	Α					
Clifton, NJ		18721					1	Signatu		Any to wit, I				Date		
Completed By (Pr	int or Type)	Title						D	1		_	_		1214	5	
Bilyana Kulakovs	ka	Office A	Admir	nistra	ator			DY	E C	in	_		18	3/3/1	J	
ASB-41																667

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

Initial Notification Check #: 6387

Name of Building Owner/Operator (2) Date of Notification (1) 0 | 8 | / | 0 | 3 | / | 1 | 5 | Newark Public Schools Street Address Agencies Notified Type Notification [X] EPA 2 Cedar Street [X]Initial City, State, Zip Code Notification [X] DEP [ ]Amended Newark, NJ 07102 [X] DOL Notification Telephone Number Name of Contact [X] DOH [ ]Cancellation Douglas Bland, Bus. Admin. [X]DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) X]School (K-12) |Subchapter 8 (Other than K-12) |Other (i.e., private & commer-East Side High School Street Address cial buildings, homes, etc.) Bldg. Age # of Floors Square Feet 238 Van Buren Street 80 55000 County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) City (5) School Newark, NJ 07105 Essex Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Four Strong Builders, Inc. 00110 Whitman Companies, Inc. Street Address Street Address 180 Sargeant Avenue 116 Tices Lane, Unit B-1 City, State, Zip Code City. State. Zip Code Clifton, NJ 07013-1935 East Brunswick, NJ 08816
Project Manager for Monitoring Firm Telephone Number License Number Telephone Number 00807 973-614-0377 732-390-5858 Kevin Lovely Sched.Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 0 | 8 | / | 2 | 1 | / | 1 | 5 | Month / Day / Year 0 | 8 | / | 1 | 7 | / | 1 | 5 | Month / Day / Year Four Strong Builders, Inc. Month Month / Day / Year | Month / Day / Year Occupancy Status During Abatement (Check only one) Street Address [ ]Facility Closed/Vacated During Entire Period 180 Sargeant Avenue of Abatement City, State, Zip Code [ ]Abatement Performed Outside of Normal Facility Hours - Describe: Occupied Clifton, NJ 07013 Scope of Work (Check all that apply) [X]Full Containment with Negative Pressure |Mini-Enclosure X]Renovation [ ]Demolition |Glovebag Procedure [ ]>3 sf or >3 lf [X]>160 sf or >260 lf |Non-Friable Procedure Abatement ype Location N N Description of Asbestos-Containing Normally CAP Location of RE C T. Amount Used Asbestos-Containing (Specify M Material (ACM) Solely by Main-Material (ACM) 0 SF or OV (i.e., thermal systems TO BE ABATED in Facility ร insulation. surfacing. VAT. or other miscellaneous) LF) A tenance/ AL Custodial (13)Staff(12) Yes No N/A 1,500 SF Ceiling Plaster Former Woodshop 1.000 SF Wall Plaster Former Woodshop Pipe Insulation including elbows & joints 100 LF Former Woodshop Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. G.R.O.W.S., Inc. 12609 Four Strong Builders, Inc. City. State Disposal Date City. State Tullytown, PA Clifton, NJ Date Signature Title Completed By (Print or Type) 8/3/15 Office Administrator Bilyana Kulakovska

6484-NJ

CK 1238

	1		CATION	N OF ASE to NJAC	BESTOS	ABATE		j = ' ;	£	ic 1 n	2014			
Date of Notification (1) 08/05/2015				f Building		STATE OF THE STATE	r (2)		Pa.,		1 1445			
	otification		Street A	Address forest A	ve			16	20					
DEP A	itial nended nendment #			ate, Zip C Hanover										
DOH ju	mergency (including stification) ancellation			f Contact Palmer					Tele	ephone Nu	mber			
			C-1011111111111111111111111111111111111	ILITY INF	ORMAT	ION			1					
Name of Facility Where Abateme Private Residence	nt is Taking Place (3	3)						of Facility ( School (K-1	2)		-			
Street Address 17 Main Street							×	Subchapter Other (i.e. p etc.)	rivate 8	commerc	ial bui	5)		es,
City (5) Englishtown NJ							Squar 1,900	e Feet ) +	# of	Floors	1000	3ldg. A 50+	Age	
County (6) Monmouth				Code (7) USE ONLY	1		Curre	nt Use (Prio	or if bein	ng demolis	hed)			
Name of Monitoring Firm Hired by	Building Owner (8)		ASCN	/I No.		1 1000		ement Con ontracting						
Street Address							Addres Route							
City, State, Zip Code							State, Zij wa NJ	Code 07512						
Project Manager for Monitoring Fi	rm		Telepho	ne No.			none No 333-91			License N 01232	lo.			
Start Date (10) 08/15/2015	Schedule 08/17/2		pletion l	Date (11)				A Monitor n Consul	tants	Inc.		=		
Occupancy Status During Abatem	ent (Check Only On	e)					Addres		חק	~ 255				
Facility Closed/Vacated Duri Abatement Performed Outsic Other – Describe: Normal W	le of Normal Facility					City, S	tate, Zip			y.35E				_
					_	Fair	Lawn,	NJ 0741	10					
Scope of Work (Check All That Ap ≥3 sf or ≥3 If ≥160 sf or ≥260 If	□ R	enova emoliti				×	Mini	Containme -Enclosure rebag Proce -Exempted	edure				9	
	le	Locati	nn.				11011	- LXCIIIPIOG	1 / 4110	1101111100	1	Abate		
Location of	N	lormall	у		Des	scription	of				_	Ту	pe	
Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM) Mai Cust	d Solel ntenar odial S (12)	taff?				s insulat T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
4.5	Yes	No	N/A			or Tile			22	FOF	175			
1st Floor - Barber Sh			Х			2716-01 1601000	0000			5 SF	X			
Roof Above Side Por	ch		Х			ng Mat				5 SF	x			
Exterior of House			Х		Vin	yl Sidir	ng		1,20	00 SF	х			
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic	Yards		Name of R	egister	ed Landfill				
Unicorn Contracting Corp.		Ha	auler ID 35844	No.	of Was			G.R.O.W						
City, State Totowa NJ 07512					Dispos TBD	al Date	7	City, State Morrisvil	le, Pe	nnsylvar	nia			

Date

08/05/2015

Signature

Title

Project Manager

Completed by

Dimo Golcev

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

Check & 2484

Date of Notification	on (1) 				Building Ov N LAROCHE dress		ator (2)				
Agencies Notified  EPA  DEP  DOH		otification Initial Amended Amendment #						Telephor	AMA		
☑ DOL		Emergency w Cancellation	/ justification	TOM AIEL	LLO			l releption	ie Numb	er .	
			F	ACILITY IN	IFORMATIO	N					
Name of Facility W HOFFMAN LAROO Street Address		nent is Taking I	Place (3)		Type of Fa	School (K	-12) er 8 (Other	than K-12	2)		
340 KINGSLAND A						Other (l.e., bldgs., ho	private & mes, etc.)	cmmercia			
City (5) CLIFTON	County (6 PASSAIC	)	County Code (	(7)	Square Fe		# Of Floor being dem		Buildin	g Age	
Sa .			L		1	New W	21.0				
Name of Monitori	ng Firm Hired	by Bldg. Own	er (8)	ASCM NO	Name of A	batement (	Contractor	(9)			
EMILCOTT ASSO	CIATES, INC.	/ EHI		N/A	NORTHST		ACTING G	ROUP, IN	C.		
Street Address 190 PARK AVE / 6	S55 WEST SH	ORE TRAIL			Street Add	ress					
City, State, Zip Co		ONE HAIL			32 WILLIA	MS PARKV	VAY				
MORRISTOWN, N	J 07960 / SPA				City, State	, Zip Code					
Project Mngr. For DAVID TOMSEY /		irm	Telephone Nu 973-538-1110/7		EAST HAN	OVER NI	07036				
DAVID TOMOLTA	DIEE KIIKDIE	Sched. Comp	letetion Date (1		Telephone		07930	License I	Number		
08/ 17	/15		31 /	15_	070 77	0.0000					
Occupancy Status	During Abat	ement (Check	Only 1)		973-77	2-3660 SHA Monit	or			00860	
		ted During Ent			NORTHST			ROUP, IN	C.		
		d Outside of N	ormal Facility		Street Add	ress VIS PARKW	/AY				
	Describe:				City, State	Zip Code					
Scope of Work (C	heck All That	7:00AM-5:00P Apply)	M		EAST HAN	OVER, NJ	07936		-		
☐ Demoli ☐ ≥3sf or ≥160 sf		7	Renovation		Full Conta Mini - Enc Glovebag	osure	h Negative	Pressure	•		
					Non-Exem		d Non-Fria	ble Proce	dure		
Location Asbestos Co		ls Location		Descript				Abateme	nt Type	le.	le.
Material (	_	Normally	AS	bestos - C Material	-		Amount	R E	R	E N	E N
TO BE AB		Used		e., thermal	systems		(Specify	M	E	С	C
in Facil (13)	ity	Solely by Main-			facing, VAT ellaneous)		SF or LF)	0 V	P	A P	L
, ,		tenance/ Custodial				D		A L	I R	s U	S U
		Staff (12) YES NO N/A								L	R
		TEG NG N/A						П		+	
IA10 EXTERIOR S	OIL		NON FRIABLE	SOIL			10,000C.Y.	7			
					0						
Name of Registere			NJDEP Waste Hauler ID No. NJ-750	Cubic Yards of Waste	Name of R WASTE MA			-		<u> </u>	
City, State EAST HANOVER,	NJ	12		Disposal Date	City. State TULLYTOV	VN, PA	- 112 11 11 11 11 11	=			
Completed by (Pri STEVEN STILES	nt or Type)	ar a	Title PROJECT MAN	NAGER		Signature		5		Date	08/07/15

Date of Notification (1)	04 / 15						wner/Operator (2)		1 1	-			
	04 / 15  Type Notification  ☐ Initial			Str	eet Ad				403 10 °				
☐ EPA	Amended Amendment #			Cit	y, Stat	e, Zip Cod		02					
DON  DCA (NJAC 5:23-8)	⊠ Emergency (ir justification)             □ Cancellation	ncluding		Na	ame of	Contact	AGADEYO		Telephone Number				
	☐ Cancellation			1			ORMATION						
	At atament in Tokin	a Diace	(3)		FACIL	-III IIVI V	J. C.	Type of Facility (4	)				
Name of Facility Where SUSSEX AVENUE		ig i lacc	(0)					☐ School (K-12) ☐ Subchapter 8	(Other than K-12)	al build	inas		
Street Address 307 SUSSEX AVE	NUE							homes, etc.)	# of Floors		. Age		
City (5)								Square Feet 2176	1				
County (6)				(	County	Code (7)(9	STATE USE ONLY)	Current Use (Price	or if being demolishe	ea)			
ESSEX								(0)					-
Name of Monitoring Fir	m Hired by Building	Owner	(8)	AS	SCM No	0.	Name of Abateme OPTIMUM EN	ent Contractor (9)  VIRONMENTA	L SOLUTIONS				
Street Address							Street Address						
7 PLEASANT HIL	L ROAD						2717 LINWO						_
City, State, Zip Code							City, State, Zip C						
CRANBURY, NEV	V JERSEY 08512	2						JERSEY 07083					_
Project Manager for M					none N	22.00	Telephone No.	_	License No. 01227				
KEVIN LOVELY					-390-		908-418-273		01227				-
Start Date (10)		eduled					Name of OSHA	vionitor					
08 /07	/ _15	80	/ _	11	- ' -								
Occupancy Status Dur	ring Abatement (Che	eck only	one)		2000000		Street Address						
<ul> <li>☐ Facility Closed/Vac</li> <li>☐ Abatement Perform</li> <li>Time of Abatement</li> </ul>	cated During Entire Interest of Outside of NormaticAM	nal Faci	ity Ho	ours	- Desc	cribe AM	City, State, Zip C	Code					
Scope of Work (Check									5				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Renov	ratio litior	n 1		☐ Mini-En	an Procedure	pative Pressure on-Friable Procedur	e			
			Is Lo	catio	on.					Aba	ateme	ent T	ype
Asbestos-Contain TO BE	tion of ing Material (ACM) ABATED acility 3)	C	Non sed S Mainte ustod	mall Solel enar ial S	y ly by nce/ Staff?	Asbe: (i.e	Description stos Containing N , thermal system surfacing, VA other miscellar	Naterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Ye		No	N/A				2176		П	П	П
RM UN 7			D			VAT	TE DOADD		460				
RM 143			D	-		TRANS	ITE BOARD		700				Ī
RM 143A			_							H	H		F
RMS 144, 184 & 3				₫			Cubic Yards of	Name of Rea	istered Landfill				
Name of Registered 'TRISTATE	Waste Hauler			1.15	JDEP lauler II	D No.	Waste 20	MINERVA		-			
City, State	AVENUE, BRON	IX, NE	W YC	DRK			Disposal Date	City, State WAYNES	BURG, OHIO				
Completed By (Print EMMANUEL CH	or Type)	Title				NAGER	Signature	ame C	holi	ate S/ 4	113		

F	r	int	Fo	om

Agencies Notified  Agencies Notified  EPA DEP DOL Amend Amend Emerge justifica Cancell  Name of Facility Where Abatement is T AMC Lowes Newport Center M Street Address 30 - 300 Mall Drive West  City (5) Jersey City  County (6) Hudson  Name of Monitoring Firm Hired by Buildi Accredited Environmental Techr  Street Address 220 Church Road  City, State, Zip Code Bridgewater, NJ 08807  Project Manager for Monitoring Firm ENIC House Kwech Start Date (10) PHASE I - 10/15/IS  Occupancy Status During Abatement (Ch Abatement Performed Outside of No Other - Describe: Individual Auditoriu  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ing Owner nologies  Sched	r (8) S, Inc.  duled Co	Coun (STA)  AS 00:  Teleph 908- completion	The state of the s	POS	Name ecose Street A 407 V City, St Exton Telepho 484-8 Name o EMSL Street A	Square Feet 55,000  Current Use (Movie Theodores, LLC) Address V. Lincoln Hate, Zip Code, PA 19341  The No. T2-8884  FOSHA Monitoret.	Ity (4) (K-12) pter 8 (Otte e private  # c 2  Prior if be atre Contractor  wy	310 elephone mer than K & comme	ished)	uilding Bldg 40 +	Age
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City, State, Zip Code Bridgewater, NJ 08807  Project Manager for Monitoring Firm  ERIC House knech    Start Date (10) PHA36 I - 8/17/15 Occupancy Status During Abatement (Ch  Facility Closed/Vacated During Entire Abatement Performed Outside of No Other - Describe: Individual Auditoriu  Cope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	neck Only	One) of Abate	908- ompletion - 1e)	218-1, n Date (11 1/25 ) is	108	407 V City, St Exton Telepho 484-8 Name o EMSL	V. Lincoln H ate, Zip Code , PA 19341 ane No. 72-8884 f OSHA Monito	or				
Bridgewater, NJ 08807  Project Manager for Monitoring Firm  EPIC House knecht  Start Date (10)  PHA36 I - 8/17/15  Occupancy Status During Abatement (Ch  Facility Closed/Vacated During Entire Abatement Performed Outside of No Other - Describe: Individual Auditoria  icope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	neck Only	One) of Abate	908- ompletion - 1e)	218-1, n Date (11 1/25 ) is	108	Telepho 484-8 Name o EMSL	PA 19341 ne No. 72-8884 f OSHA Monito					
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Cope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	CITIS WIII DE	e vacant	t during v	work		City Sta	te, Zip Code					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	তি						minson, NJ	08077				
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	ä	Renovi Demoli					Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				
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r, State nton, NJ					Disposal	I Date	City, State			· · · · · ·		
npleted by White	Title	ot Ma-			TBD Sign	natirm	Morrisvi	lle, PA	Dat	e		
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