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

	(Pursuant to NJAC 8:60 and 12:120)																	
Date of Notification (1) 7/23/14	Name of Building Owner/Operator (2) Angie Kosior																	
Agencies Notified	Type Notification		Street Address 143 Rutherford Boulevard									1.7	-14					
DEP DOL	Initial Amended Amendment						*****											
DOH DCA	Emergency (justification) Cancellation		1	Clifton NJ 07014 Name of Contact Angle Kosior Telephone								Number						
	E Galicellation						ON											
Name of Facility Where house	Abatement is Taking	g Place (3)	FACILITY INFORMATION Type of Facility (4) School (K-12)								1						
Street Address 143 Rutherford Bo		Subchapter 8 (Other than K-12) Other (i.e. private & commercial building									ings,	homo	ıs,					
City (5) Clifton						Squa 210	etc.) are Feet 0	# of Floors	Floors Bldg. Age									
County (6) Passaic	(County C	Code (7) ISE ONLY)			Curr	ent Use (Prior	if being demo	molished)									
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, L								23			Catallian (1)			
Street Address	1171	D		Street Address 4 E Gate Drive, PO Box 483														
City, State, Zip Code	KO			City, State, Zip Code Glenwood, NJ 07418														
Project Manager for Mo		Telephor	ne No.		Telephone No. Licens 973-583-8500 703													
Start Date (10) 8/1/14		Schedule 8/22/14		ompletion Date (11) Name of OSHA Monitor														
Occupancy Status Durin	ng Abatement (Chec	k Only Or	ne)	Street Address							-							
· Facility Closed/Vac Abatement Perform Other - Describe:	cated During Entire f med Outside of Norm	Period of Anal Facility	Abatem Hours	tement urs City, State, Zip Code											(98.886			
Scope of Work (Check	All That Apply)			77							-							
23'sf or ≥3 If ≥160 sf or ≥260 If		-	Renova Demoliti								Lå A							
		le	Locati								Abatement							
Locatio Asbestos-Containin		Use	Normall d Sole	mally Description of								Type						
TO BE AF In Fac (13	BATED cility			enance/ ial Staff? Assests Containing Material (ACM) (i.e. thermal systems insulation,								Removal	Repair	Encapsulate	Endosure			
****		Yes	No	N/A										æ				
basen		X		pipe	e insulation 30 SF					x								
											1							
							Wale Care											
Name of Registered Wa Freehold Cartage	Н	JDEP W lauler ID 5959		Cubic of Wa 10	Yards ste		Name of F	Registered Lan	dfill				l-su :					
City, State Freehold, NJ						Dispo TBD	sal Date	9	City, State									
Completed by Title A. Scott Higgins Preside							Signatur	e D		_	Date 7/23			-				

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

SBESTOS ABATEMENT AC 8:60 and 12:120)	Chook	13087
	Chulch	1000/

Date of Notification (1) 8/4/14				wner/Ope c Schoo		(2)											
Agencies Notified Type Notification	Street Address 22 Valley Road																
X EPA DEP Amended X DOL				e, Zip Cod iir NJ 0									T.				
X Emergency (including	1	Name of Contact Telephone Leonard Saponara									e Number					
			FACILITY INFORMATION														
Name of Facility Where Abatement is Taking Montclair High School		Type of Facility (4) School (K-12)															
Street Address 100 Chestnut Street			Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes etc.)										nes,				
City (5) Montclair							Square 2500	e Feet	# of Floors 2	10.0	Bldg. BO	Age					
County (6) Montclair			ounty Co	ode (7) SE ONLY)		_	Currer	nt Use (Prior	if being demo	demolished)							
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	Name of Abatement Contractor (9) ABS Environmental Services, LLC													
Street Address			Street Address PO Box 483, 4 E Gate Drive														
City, State, Zip Code							y, State, Zip Code enwood NJ 07418										
Project Manager for Monitoring Firm	Те						elephone No. License No. 73-583-8500 703										
Start Date (10) 8/8/14	Compl	Completion Date (11) Name of OSHA Monitor															
Occupancy Status During Abatement (Chec					Street	Addres	s										
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	atemer ours	nt			City, State, Zip Code												
Scope of Work (Check All That Apply)						-							4114				
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	-	novatio					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		10-100-10 101					1 1401	I-Excilipted	() and ivoir i	Abatement							
, government		cation mally			6	Description of											
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used S Mainte Custodi					olely by nance/ al Staff? 2) Description of Asbestos Containing Material (i.e. thermal systems insula surfacing, VAT, or other miscellaneous)						Elicapsulate	Enclosure				
	Yes	No	N/A	-		- Anti-	/	2			-	- T	4-				
see attached											-	-	+-				
4 1 2 4												+	+				
							******					3	1				
Name of Registered Waste Hauler	5000000	DEP W		Cubic Y			Name of Registered Landfill										
Freehold Cartage			uler ID I 959	No.	of Wast	е		TBD				20					
City, State Freehold NJ					Disposa TBD	l Date)	City, State									
Completed by A. Scott Higgins	ent			Sig	natur	e A		_	Date 8/4/14								

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

			(P	ursuant t	to NJAC	8:60 and 1	12:120)	Cla	N	1	3	0	8	7				
Date of Notification (1) 8/5/14		Name of Building Owner/Operator (2) Edna Stewart									li lini								
Agencies Notified	Type Notification		Street Address 2148 Morrison Avenue																
EPA DEP DOL	Initial Amended Amendment		_	City, State, Zip Code Union, NJ 07083															
× DOH DCA	Emergency (justification) Cancellation	including										ne Number							
Ц	1—			FACIL	LITY INFO	ORMATIO	N			1			97						
Name of Facility Where house	e Abatement is Takin	g Place (3)		***************************************			_	of Facility (4) School (K-12										
Street Address 2148 Morrison Av	enue							×	Subchapter 8 Other (i.e. pri etc.)				uild	ings,	home	es,			
City (5) Union		Square Feet # of Floors 2000 2									Bidg. Age 60								
County (6) Union				County C	Code (7) ISE ONLY)	_	Curre	ent Use (Prior	if beir	ng demo	demolished)							
Name of Monitoring Fi	rm Hired by Building (Owner (8)		ASCM No. Name of Abatement Contractor (9) ABS Environmental Services,								, LLC							
Street Address				Street Address PO Box 483, 4 E Gate Drive											حاف بيا الحضاف				
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418																	
Project Manager for M		Telephone No. 973-583-8500							License 703	e No.									
Start Date (10) 8/15/14	ed Cor	Completion Date (11) Name of OSHA Monitor																	
Occupancy Status Dur	ing Abatement (Chec	k Only Or	ne)				Street	Addre	ess					-	-11				
Facility Closed/Va																			
Scope of Work (Check	: All That Apply)				,						-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Providence .	Renova Demoli					Mi	ull Containment ini-Enclosure lovebag Proce on-Exempted	dure					е				
				occation							Abate	batement Type							
Locati Asbestos-Containii TO BE A In Fa (1:	d Sole intena todial (12)	ely by ince/ Staff?	Descriptio Asbestos Containing (i.e. thermal systen surfacing, V. other miscella			Material (ACM) Amou ms insulation, (Spec 'AT, or SF or			mount specify or LF)	5	Removal	Repair	Encapsulate	Enclosure					
		Yes	No	-				4!			0 LF								
base	ment			X	pipe insula			uon	-	4	U LF	×							
		1	-																
		-																	
Name of Registered W	1	NJDEP W Hauler ID		Cubic Y of Wast			Name of R	Registered Landfill											
City, State			1	5959		TBD Dispose TBD	al Date		City, State										
Freehold NJ Completed by A. Scott Higgins Title Preside							gnature	n				Date 8/5/	14						

A. Scott Higgins

CK 1305

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20)

Date of No 8/6/14	otification (1):		Name of Building Owner/Operator (2): NEW BRUNSWICK BOARD OF EDUCATION												
Agencies Notified	Type Notification	Stre	et Addı			CONT	1011								
() EPA	(X) Initial Notification	City	, State,	Zip Code	:							-	- 1		
(X) DEP (X) DOL	() Amendment Notification		W BRU		C, NJ 08901			Telephone	e Number:		200				
	(X) Emergency () Cancellation	1120000000		GOODLO)W										
(X) DOH (X) DCA	() Cancenation														
					FACILITY IN										
Name of F ST. PETEI	acility Where Aba R HIGH SCHOOL	tement i	s Takir	ng Place (3): RESIDENTAL	()	pe of Facility School (K-12 Subchapter 8)	K-12)						
	ress: 165 SOMER					(X) Subchapter 8 (Other than K-12) () Other (i.e., private & commercial buildings homes, etc.)									
City & Sta	te (5): NEW BRUN	ISWICE	C, NJ			Sq	uare Feet: N	A	# of Floors: 3		Bldg	Age:	NA		
County (6) MIDDLES		ounty Coo STATE U	de (7) SE ONLY)		irrent Use (P ACANT	rior if being	demolished):		6						
	Monitoring Firm	n Hired	l by	Building	ASCM No.:	Na	me of Abate	ment Contr	actor (9):			-	<i>7027</i> 133		
Owner:(8) AHERA (CONSULTANTS	INC.			057	S/M Enterprise of NJ, Inc.									
Street Add	ress:		211-22-23			Str	eet Address:								
PO BOX							9 North 6 th ty, State, Zip								
City, State,															
	ILLE, NJ 08231- nager for Monitoria				Telephone No.:		Prospect Park, NJ 07508 Telephone No.: License No.:								
ERIC CL	ARKSON	ıgı'nın.			609-652-1833		73) 595-6955								
Start Date (npletion]	Date (11):	Na	Name of OSHA Monitor:								
8/15/14		8/18/14		~~~			M Enterpris	e of New J	lersey, Inc.						
	Status During Abatem Closed/vacated Durin				nt		eet Address: 9 N. 6 ^{7H} . Stre	eef							
() Abateme () Other –]	ent Performed Outside	of Norm	nal Facil	lity Hours	City, State, Zip Code: Prospect Park, NJ 07508										
Scope of Wo	rk (Check all that app	oly):							1						
$(X) \ge 3 \text{ sf } 0$ $(X) \ge 160 \text{ s}$				(X) R () D	enovation emolition	3. 10		(X) Glove	ontainment with & Cut bag Procedure riable Procedure	Nega	ative F	ressur	e		
7.0		1000000	Locat		D	ocorin	tion of	() 1011-1	Table 110ccdure			emen	t		
	ocation of ontaining Material	Use	Norma d Sole	ly by	Asbestos Con	taining	tion of g Material (ACM)			Туре				
	(ACM) E ABATED		intena ustodi		(i.e., therm surfa	al syst acing,	ems insulat VAT, or	ion,	Amount	Re	×	Enc	En		
	Facility		Staff				llaneous)		(Specify	Removal	Repair	Encapsulat	Enclosure		
	(13)	Yes	(12) No	N/A					SF or LF)	/al	F.	ulat	ure		
1 st ,2 nd ,&3 rd	. Fl. Bathrooms		X		FITTINGS				66	X					
							07								
	**														
Name of Re	gistered Waste Hau	,low			NJDEP Wast	i	10111								
	CARTING, INC	ner.			Hauler ID No		Cubic Yar of Waste:	ras	Name of Regis IESI	tered	landfi	ll:			
City, State:				sal Date:	18693		L City, State:			-					
NEWARK,			8/22/	14	(6)		IMPERIAL,	PA 15126							
Completed I MIKE ALT.		88.0		Title: PRESII	DENT	Signa	ature:	7_	Date:		-				
	DOURA			FRESI	JEN I	1	1/20	7	8/6/14						