NO CK

Date of Notification (Building O		170				******			25	
08/05/2015						ear	USA, I	nc 8	Stevin Zor						
Agencies Notified	Type Notification			Street Ac		J				2	€15 AUG	1 1	1111	~ ·	
EPA DEP	✓ Initial				ollege Ro							1.1	cii i i	J: 12	2
DEP DOL	Amended Amendment	#	1000		te, Zip Cod ius, NJ 0						33'.			1.	
	Emergency			Vame of		7032				Tol	ephone Nu	imbor	17	Rel	
DOH DCA	justification) Cancellation		1970		ry Ciesla	- Or	eration	s Mar	nager	· rest	spilone ivi	ilinei			
П всх	Caricellation			-	ITY INFO			3 IVIAI	lager						
Name of Facility Where	Abatement is Takin	g Place (3)		1 AOIL	-111 1141 0	· CINICA I	TOIL	Туре	of Facility (4))					
Lundbeck Researd	ch USA, Inc							Пя	School (K-12)					
Street Address									Subchapter 8	(Oth	er than K-	12)			
215 College Road									Other (i.e. pri	vate a	s commer	ciai buli	aings,	nome	s,
City (5)								A CONTRACTOR OF THE PARTY OF TH	e Feet	1000	Floors		Bldg. A	ge	
Paramus									399 SF	2			17		
County (6)				County C	code (7) ISE ONLY)			Curre	nt Use (Prior	if bei	ng demoli	shed)			
Bergen			,		#4*45.8030.00m.tc.#4						(0)				
Name of Monitoring Firm	1150	Owner (8)		ASCM	No.				ement Cont	ractor	(9)				
S&S Environmenta	al Sciences Inc.							er LLC							
Street Address 98 Sand Park Roa	۵						1,000,000,000,000	Addres	s 17 N						
									p Code						
	State, Zip Code dar Cove, NJ 07009								NJ 07652						
	edar Cove, NJ 07009 ect Manager for Monitoring Firm							none No			License	No			
Mr. Prakash Khaita				Telephor 973-85	57-7188)336-			01195				
Start Date (10)		Scheduled			ment of transfer		2000000000		A Monitor						
08/21/2015		09/04/2			, ,			or Te							
Occupancy Status Durir	ng Abatement (Che	ck Only One)				Street	Addres	ss						
▼ Facility Closed/Vac	cated During Entire	Period of Al	atem	ent			10-5	9 Jac	kson Aver	nue					
Abatement Perform	ned Outside of Norr	nal Facility I	Hours				City, S	tate, Zi	p Code						
Other – Describe:						_	LIC,	NY 1	1101						
Scope of Work (Check	All That Apply)	1000000						_							
≥3 sf or ≥3 lf			nova				-		Containme	nt with	n Negative	Pressu	ıre		
≥160 sf or ≥260 If		L De	emoliti	ion			×	el	i-Enclosure vebag Proce	edure					
					-			Nor	n-Exempted	(*) an	d Non-Fri	able Pro	cedu	re	
		Is L	ocati	on										ement ype	
Locatio	AND CONTRACTOR AND ADDRESS OF THE PARTY OF T	No Used	ormal		90 00 000		escription						T	T	
Asbestos-Containing TO BE AB	g Material (ACM)	Mair	tenar	nce/	Asbest	os Cor	ntaining N al systems	/laterial	(ACM)		mount Specify	D D		Enc	Щ
In Fac		Custo	dial S (12)	Staff?	(1.0.	surf	acing, VA	T, or	ation,		F or LF)	Remova	Repair	caps	Enclosure
(13))		(12)			other	miscellar	neous)				oval	air.	Encapsulate	sure
		Yes	No	N/A										0	850
Main F	loor			X		Pip	e Insula	ation		1	40LF	X			
		+ +				2.00									
													-	1	
		-		-									-	-	
	. 11 .		1 .	 			- 1/ :		NI- C-			CII .			
Name of Registered Wa	aste Hauler		10000	JDEP Wallauler ID		of W	c Yards aste		Name of F			1111			
SUPER, LLC			100	34893					GROW	S La	ndfill				
City, State						1170	osal Date		City, State						
Paramus, NJ						TBE)		Morrisv	ille, F	PA				
Completed by		Title					Signature	1	7///			Date	10.0		
Tailor Dominguez		Presid	dent					La	1/18			08/05	/201	5	



NOCK

Date of Notification (1) 08/06/2015					Building Owr nip of Lum		(2)		2015 AUG 1	1 6.				
Agencies Notified T	ype Notification			Street Ad 35 Mur	idress nicipal Driv	re				1	-9:	43		
DEP X DOL	Amended Amendment		_ [e, Zip Code rton, NJ				6 Ligi	1. mg	ζħ,	ŝĹ.		
DOH DCA	Emergency justification) Cancellation			Name of Tom S					Telephone N	lumber				
				FACIL	ITY INFORM	MATION								1
Name of Facility Where Ab		g Place (3))				Туре	of Facility (4	1)					
Former Municipal Bui	liaing							School (K-12						
Street Address 34 Municipal Drive									8 (Other than K rivate & comme		dinas.	home	es.	
City (5)								etc.)						
Lumberton							Squar	re Feet	# of Floors	1	Bldg. A	Age		
County (6)			Т	County C	ode (7)		Curre	nt Use (Prio	r if being demo	lished)				
Burlington					ISE ONLY) _				pal building					
Name of Monitoring Firm H		Owner (8)		ASCM	No.			tement Con	tractor (9)					
Pennoni Associates,I	nc							oration						
Street Address 515 Grove Street suit	te 1 B					100000000000000000000000000000000000000	Addres McBri	ss de Ave						
City, State, Zip Code Haddon Heights, NJ (08035	<u>,</u> 8						ip Code Park, NJ	07424					
Project Manager for Monito Thomas Adams	oring Firm			Telephor 856-54	ne No. 7-0505		none No 225-8		License 01104					
Start Date (10)		Schedule			Date (11)			HA Monitor						
07/15/2015		. 09/04		5		J&S	Envir	onmental	Laboratories	3				
Occupancy Status During /		termen contration the contration					Addres	3 ⁻¹						
Facility Closed/Vacate Abatement Performed	ed During Entire	Period of A	bater	ment				te 22 Wee	ST					
Other - Describe:		mai r acinty	rioui					ip Code 07083						
Scope of Work (Check All	That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enova emoli				Mir	ni-Enclosure ovebag Proc	edure					
						E_	J No	n-Exempted	(*) and Non-Fr	iable Pro		ement		-
Location o			Locat Iorma			D1.//						/ре		
Asbestos-Containing M	laterial (ACM)	Use		ely by	Asbestos	Description Containing N	/laterial	(ACM)	Amount			m		
TO BE ABAT In Facility			odial	Staff?	(i.e. the	ermal system surfacing, VA	s insula	ation,	(Specify SF or LF)	Rer	Re	nca	End	
(13)			(12)		ot	her miscellar	neous)		SF OF LF)	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A						=		ate	Ġ.	
ground floor thro	oughout			×	t	ransite pa	nels		4,106 sf	x		-		
ground floor thro	oughout			X	jo	oint compo	ound		16,400 sf	x				
ground floor thro	oughout			X	f	loor tile/ma	astic		6,285 sf	x				
ground flo				X	F	oipe insula	tion		750 lf	x				
Name of Registered Waste			17.77	NJDEP W	200	ubic Yards	-	Name of F	Registered Land	fill	1			Ove
Asbestos Transportati	on Company	ñ		Hauler-ID- 3-24310	No. 01	f Waste /a		Minerva	Enterprises		q			
City, State Shirley,NY					D n/	isposal Date /a		City, State Waynes	burg, OH					
Completed by Momo Glavatovic		Title vice p	presi	dent		Signature	6	611	<u> </u>	Date 08/06/	/2015	5		
			201-20-500				6	N.				7.		

Location of Asbestos-Containing Material (ACM)		Locati Normali ed Sole	ly	Description of			Abate	emen /pe	t
TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/	Asbestos Containing Material (ACM) (i.e. thermal systems Insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	2"		/al	=	late	ure
ground floor			X	tank insulation	300 sf	×			177
ground floor interior			X	window inter.glazing	3,340 If				-
ground floor throughout			X	window inter/exter.caulk	5,670 sf	×			-
ground floor			X	boiler breeching		х			_
ground floor					30 sf	X			
			·X	boiler interior insulation	300 sf	x			
ground floor throughout			×	boiler tank insulation	130 sf	x			-
ground floor throughout			х	mastic with grey/black tiles			-		
ground floor			X		5,310 sf	X			
	1		^	roofing field flashing	9,700 sf	x			

2015 AUG 11 AM 9: 43

" NO CK

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

Γ	Date of Notification (1)					Name	of Building	Owner	r/Operator (2	2)	fi fine -				
	6 /	26 /	15			Prir	ceton U	nivers	ity-Office	of Design and C	Construction	46 11	1	< 10.	1.5
t	Agencies Notified	Type Notification	ion			Street	Address				1331				- 🗸
	☐ EPA					200	Elm Dr.					-			
- 1	□ DOLWD		47	01014		City, S	state, Zip C	Code			2.5				11.50
	□ DHSS	Amendmen Emergency			2	Pri	nceton, N	IJ 0854	44					16	
	☐ DCA (NJAC 5:23-8)	justification		Juling		Name	of Contact	t			Telephone Nu	mber			
	(☐ Cancellatio	n			Rol	ert Orte	go							
						FA	CILITY IN	IFORN	IATION						
	Name of Facility Where	Abatement is Ta	king F	Place	(3)					Type of Facility (
	Princeton Universi	ity-Firestone L	Libra	ry						☐ School (K-12) ☐ Subchapter 8		12)			
	Street Address Washington Rd									Other (i.e., pr homes, etc.)	ivate and comm	nercial bu	ilding	js,	
ŀ	City (5)		-							Square Feet	# of Floors	BI	dg. A	ge	
-	Princeton					e v 2 .				**					
ŀ	County (6)					Cou	nty Code (7	7)(STATE	USE ONLY)	Current Use (Pri	or if being demo	olished)			
	MERCER									Library					
-	Name of Monitoring Firm	n Hired by Buildin	ing Ow	ner (8	3)	ASCM	No.	Name	e of Abateme	ent Contractor (9)					
	ATC Associates In							BR	RISTOL EN	VIRONMENTAL	_, INC.				
-	Street Address							Stree	t Address						
	Three Terri Center	r						113	23 BEAVE	R STREET					
1	City, State, Zip Code	State, Zip Code						City,	State, Zip C	ode					
	Burlington, NJ 080	016						BR	RISTOL, PA	19007					
1	Project Manager for Mo				Tele	ephone	No.	Telep	phone No.		License No.				
	Michael Keehn				6	09-386	6-8800	21	5-788-6040)	00509				
-	Start Date (10)	Sc	chedu	led Co	omple	etion Da	ate (11)	Name	e of OSHA N	Monitor					
	7/10	/15	10	_ /	_1	9_/	15_	BR	RISTOL EN	VIRONMENTAL	_, INC.				
	Occupancy Status Durin	ng Abatement (C	heck	only o	ne)			Stree	et Address				1.00		
	☐ Facility Closed/Vaca	ited During Entire	e Perio	od of A	Abate			11	23 BEAVE	R STREET					
	☐ Abatement Performe	ed Outside of No	rmal F	acility	Hou	rs - De	scribe	City,	State, Zip C	ode					
¥	Time of Abatement: 5PM — [:30 AN	7:00AM-3:30PI	M/ <u>5:0</u>	OPM-	1:30 TEN	AM	0 8/11/6	BF	RISTOL, PA	19007					
,	Scope of Work (Check	all that apply)	1				11				-ti Deceases				
	≥3 sf or ≥3 lf		1	⊠ Re	nova	tion			☐ Full Con	tainment with Neg closure	jative Pressure				
	≥3 \$1 \$61 ≥ 3 \$11 ≥160 \$f or ≥260 \$15			De					Gloveba	g Procedure	Eighte Decem				
									⊠ Non-Exe	empted (*) and No	n-Friable Proce			ant T	
					Loca				Description	of		-		nent T	1
	Locatio Asbestos-Containing		,	Use	d So	lely by	Asb			aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
	TO BE A	BATED				ance/ Staff?	(i.		mal systems		(Specify SF or LF)	3001	air	sde	uso
	IN Fac			Ous	(12				irfacing, VAT er miscellan		31 01 Li)	=		ılate	0
	(13,	,		Yes	No	N/A									
	Throughout Levels	C, B and A		\boxtimes			Floor	tile and	d mastic		2,035 SF				
	Level C North Atriu	m		\boxtimes			Windo	ws			14 ea		-		
	Level A offices	vel A offices						ws			20 ea				
													HE		
		aste Hauler			- 1		Waste ID No.	Cubi	ic Yards of te	Name of Regis	stered Landfill LANDFILL				
	Name of Registered Warner SERVICE TRANSI		INC			2000	0.0								
	SERVICE TRANSI City, State	PORT GROUP	INC			2099	90	Disp	osal Date	City, State MORRISV	ILLE, PA 190	67			
	SERVICE TRANSI	PORT GROUP	Title			2099	90	Disp	Signature		ILLE, PA 190	67 Date	, ,		

ASB-41 MAY 11 B S 15068 - A

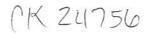
^{*} Do not use this form for asbestos licensure exempted activities.



Date of Notification (1)					Building O				V3						
08/05/2015					Holdings	Mana	agment	Copo	oration	41-	1 :				_
Agencies Notified	Type Notification		1 2	Street Ad		المسما				(6)	d FIUC	11 7		J- 31	-
X EPA	☐ Initial				Beverly F	STANCE CONTROL					-				
× EPA × DEP × DOL	Amended Amendment	# 1			e, Zip Cod an Estate		3017g								.
	Emergency (4	2500000	Contact	55, IL C	30173			Tale	nhone N	umher		1	
DOH DCA DCA DOH DCA DOH	justification) Cancellation				Jacobs										
П рск	Cancellation			A SOLUTION OF THE PARTY OF THE	ITY INFO	RMATIC	ON								
Name of Facility Where	Abatement is Taking	Place (3)	171011				Туре о	f Facility (4)						
Former Sears Bran	nd Central						[chool (K-12						Į.
Street Address									ubchapter 8 ther (i.e. pri	(Othe	er than K-	·12) ·cial buil	dinas	homi	20
436 Main Street							1		ic.)						,
City (5)							1	Square			Floors		ldg.	Age	
Hackensack					40 000			18,00		10			50		
County (6)				County C	Code (7) ISE ONLY)				t Use (Prior						
Bergen								VG TILL TO SEE	nt - Prior			ing			
Name of Monitoring Firm				ASCM	No.				ement Contr		(9)				
The state of the s	ive Environment Solutions (CES) ddress est 37th Street						Street A		ntracting,	IIIC.					
Street Address	est 37th Street								n Avenue	lln	it 365				
	st 37th Street						City, Sta	2 19 02 11 2 12 12 12		, 011	11 000		-		
New York, NY 100	State, Zip Code w York, NY 10018						100000		07012						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Telepho	ne No			License				
Charles Cortalano				212-29	90-6323		(973)	450-	9500		01036) 			
Start Date (10)				pletion [Date (11)				A Monitor	•					
08/03/2015		08/17/	Bridge Boxe						ntracting,	inc.					
Occupancy Status Durin	ng Abatement (Chec	k Only On	ie)				Street A			. 11	÷ 00F				
	cated During Entire I								n Avenue	e, Un	11 365				
Abatement Perform X Other – Describe:	ned Outside of Norn Saturday: 7AM-4PM.	nal Facility	Hours				City, Sta								
							Clitto	n, NJ	07012						
Scope of Work (Check /	All That Apply)	- I					×	- "	o	4 . 141	Nonethi	- D			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				Ê		Containmer i-Enclosure	nt with	Negative	e Pressi	ire		
			, , , , , , , , , , , , , , , , , , , ,				×		vebag Proce			:-LI- D-			
								Non	-Exempted	(*) an	d Non-Fr	lable Pro	16/8 W	ire temer	t
			Locati											ype	
Locatio		300,000	Normal ed Sole		Ashast		scription aining Ma		(ACM)	Δ	mount			T.,	
Asbestos-Containing TO BE AB		1.0	intena				systems			(5	Specify	Re	7	Encapsulate	Enc
In Fac		Cus	todial 9 (12)	otan r			cing, VAT			SF	or LF)	Removal	Repair	psu	Enclosure
(13))	-		T		outer it	niscenari	eousj				/al	=	late	ıre
		Yes	No	N/A									-		
1st			X	X	-		r Tiles				800 SF		-		
1st	t		X	X		Associ	iated C	arpet			770 SF	X	-		-
Roof Bul	Roof Bulkhead					ransit \	Wall Pa	nelin	g	81	00 SF	X	-	-	
			JDEP W		0.1.	V-c		No	Doct-1	I how	4611				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name of Registered Waste Hauler					of Was	Yards ste		Name of F			11111			
Weigle Trucking Co	Veigle Trucking Company					100			Minerva		erprise				
City, State							sal Date		City, State		011				
Linden, PA						TBD		1	Waynes	sburg	, OH				
Completed by		Title		<u> </u>		S	Signature	1 5	//			Date 00/05	/00-	_	
Milena Zoric		Exe	cutive	Direct	or		11	(K	01		/	08/05	/20	5	

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

Date of Notification (1) 08/07/2015					of Building rella Con		r/Operator ors Inc.	(2)		fis AUG					
Agencies Notified	Type Notification			Street A	Address forest A	ve			42	3.03	rð.	- 1	. IN	JL	
EPA DEP DOL	X Initial Amended Amendment #		_	(C) (C) (C)	ate, Zip Co Hanover	de						- 1	-	T-15-12-12-12-12-12-12-12-12-12-12-12-12-12-	
DOH DCA	Emergency (i justification) Cancellation	ncluding			f Contact Palmer					Telephor		mber			
				FAC	ILITY INFO	ORMA	TION						_		
Name of Facility Where Private Residence Street Address	Abatement is Taking	Place (3)						Туре	of Facility (4 School (K-12 Subchapter	2)	n K-1	2)			
68 Main Street									Other (i.e. pretc.)	ivate & com	merci	al buil			es,
City (5) Englishtown NJ								1,90		# of Floo 2		5	3ldg. <i>F</i> 50+	Age	
County (6) Monmouth					Code (7) USE ONLY)	_		Curre	ent Use (Prio	r if being de	molisi	ned)			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCN	/ No.		100000000000000000000000000000000000000		atement Cont Contracting						
Street Address							Street / 205 F		7.70						
City, State, Zip Code									Zip Code J 07512						
Project Manager for Mon		Telepho	ne No.		Telepho 973-3			Lice 012	nse N 32	0.					
Start Date (10) 08/16/2015		Scheduled 08/17/20		npletion	Date (11)				HA Monitor on Consult	ants Inc.					
Occupancy Status During	g Abatement (Check	Only One)			+	Street A	Addre	SS						
Abatement Perform	ated During Entire Pe ed Outside of Norma	al Facility I					City, St	ate, Z	garaw Rd. ip Code		E	1			
	Normal Working Hour	5				_	Fair L	awn	, NJ 0741	0				0	57 - 2
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ll That Apply)		nova moliti	F1771754			×	Mir	Il Containmer ni-Enclosure ovebag Proce n-Exempted	dure				۵	
			8.					INU	II-Exempled	() and Non	-FIIAU	1		ement	_
 moto-red → call call 		230000	ocati ormall						-					ре	
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Used Main Custo	Solei tenar dial S (12)	ly by nce/ staff?		os Co therm: surf	escription on ntaining Ma al systems facing, VAT miscellane	aterial insula , or		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
Roof Above Rear E	ast Side Porch	Yes	No	N/A x		Roo	fing Mate	erial		160 SF	:	X		10-202	
(1															
Name of Registered Was	te Hauler		IN	JDEP-W	aste	-Cubi	c Yards		Name of R	egistered La	andfill-				=
Unicorn Contracting			Н	auler ID 035844	No.	of W			G.R.O.W	ecolor as					
City, State Totowa NJ 07512					,	Disp	osal Date	1	City, State Morrisvill	e, Penns	ylvan	iia			
Completed by Dimo Golcev		Title Projec	t Ma	nager			Signature	// 	1/1		Dat 08	te /07/2	015		



Date of Notification (1) 08 /	10 /	15				1.5		er/Operator (2 unth Utility		thority	reis flic	t i	ESI	٥.	E C	
								until Othlity	Aut	anonty	** (B < 10.5)	1.1	HI	5.	्रे	
Agencies Notified EPA	Type Notificati	ion				Address										
☑ DOLWD	☐ Amended					Greenw		Avenue								
☑ DHSS	Amendmen	nt #				ate, Zip C	ode									
☐ DCA	☐ Emergency		ding	-	0774					1-						
(NJAC 5:23-8)	justification					of Contact					Telephone Nu					
	☐ Cancellatio	on			Davi	d Beesle	Эy				,	450				
					FAC	ILITY IN	FOR	MATION								
Name of Facility Where	Abatement is Ta	king Pla	ace (3)				-	55534	oe of Facility (4))					
Pump Station										School (K-12)	Other then I/	12)				
Street Address										Subchapter 8 (Other (i.e., priv			buil	dinas	i.	
50 Greenwood Ave	enue									homes, etc.)				3		
City (5)									Squ	uare Feet	# of Floors		Bld	g. Ag	е	
Morlboro									4	00	1		4	5		
County (6)					Coun	ty Code (7)	(STAT	E USE ONLY)	Cur	rrent Use (Prior	if being demo	olished	1)			
Monmouth																
Name of Monitoring Fire	m Hired by Buildi	ing Own	er (8	3) /	ASCM I	No.	Nam	ne of Abatem	ent C	Contractor (9)						
TTI Environmenta							J٧	/N Restora	tion	Inc						
Street Address						Stree	et Address									
50 Greenwood Ro	ad					47	Foster Ro	ad								
City, State, Zip Code		-				City.	State, Zip C	ode								
Marlboro, NJ 0774	16						aten Island		10309							
Project Manager for Mo				Tele	phone I	Vo.	Tele	phone No.			License No.					
David Beesley						5-4520	100000000000000000000000000000000000000	18-605-6256	6		00774					
Start Date (10)	S	chedule	d Co				1	ne of OSHA N		tor						
08 / 20	60 CONTROL 100				/			estor Tech								
							35.00	et Address								077775
Occupancy Status Durin					mant			o 59 Jackso	on A	Vanua						
□ Facility Closed/Vaca □ Abatement Performent						cribe			T.0.71.5.5	venue						
Time of Abatement:					0 000	CHEC	1 5	, State, Zip C								
							LI	CNTTIIU	1					-		
Scope of Work (Check	all that apply)							☐ Full Cor	ntainr	ment with Nega	tive Pressure					
≥3 sf or ≥3 lf				novati				☐ Mini-En	closu	ıre						
≥160 sf or ≥260 lf			Der	nolitic	n			☐ Gloveba	ag Pr	ocedure ted (*) and Non-	-Friable Proce	edure				
			Is	Locat	ion	T		□ I¥0II-LX	Citipt	lou () una rion	7 110010 7 1000		Δhs	oteme	ent T	vne
Locatio	on of		N	lorma	lly			Description	of			-			45.50	
Asbestos-Containin	g Material (ACM))		d Sole ntena	ely by			Containing M			Amount		Remova	Repair	nca	Enclosure
TO BE A					Staff?	(i.e		rmal systems urfacing, VAT		ılation,	(Specify SF or LF)		SVOI	air	sde	nso
IN Fac			200	(12)				ner miscellan)	01 01 21 /		-		Encapsulate	e
	•	Y	es/	No	N/A		2000	*							(D	
Ground Floor				\boxtimes		Floor T	ile				300SF		\boxtimes			
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		L											П	Ш	Ш	Ш
	10.4															
Name of Registered Wa	aste Hauler			353	JDEP			oic Yards of	N	Name of Regist	ered Landfill					
Newark Carting				F	lauler I NJ-56		Was			IESI						
City, State			1 (242)		147-2¢	00		posal Date	0	City, State				- 34		
Newark, NJ								7/31/2015		Bethlehem,	PA					
Completed By (Print or	Type	Title			- 2007			Signature				Date				
	100-100-000	10000000	ioot	Man	2005			Signature		-51		7		10	-1	(
Ignatius Marracci	110	Pro	ject	ividn	ager			Vinne	Fin	vu		1 8		10	1	_

ASB-41 MAY 11

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

Print Form

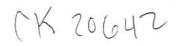
Ch#3742

Date of Notification (1) 08/07/2015				Name of Saint (Building Cobain/ B)wner/0 Bouma	perator in Con	(2) struc	tioagas AU	C 11 -1				X	
Agencies Notified	Type Notification			Street A	ddress ey Road				C 6 18 7 (J	<u> </u>		- 3			
× EPA × DEP × DOL	Initial Amended Amendment			City, Sta	ite, Zip Coo				te l	.ICEKT	ii.	o L			
⊠ DOH □ DCA	Emergency justification) Cancellation				Contact Souman					Telephone	Numb	oer			
				FACI	LITY INFO	RMATI	ON								
Name of Facility Where Saint Gobain	Abatement is Takin	g Place (3)			***************************************				of Facility (4) School (K-12						
Street Address 150 Dey Road			- 45					×	Subchapter 8 Other (i.e. pri	(Other than			dings,	homo	os,
City (5) Wayne									etc.) re Feet	# of Floors	;	В	ldg. A	ge	mor erala i
County (6) Passaic				County (Code (7) USE ONLY)				ent Use (Prior nufacturing			d)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	1 No.			of Aba	atement Contro						
Street Address							Street 606 I		ss ide Avenue)					
City, State, Zip Code									ip Code Park, NJ (07424					
Project Manager for Mo	nitoring Firm	T	Telepho	ne No.		Teleph 973-2	one N	0.		se No.	9				
Start Date (10) 08/20/2015		Schedule 08/24/2		npletion l	Date (11)		Name	of OSI	HA Monitor onmental L						
Occupancy Status Durin	ng Abatement (Ched						Street				00,1110				
Abatement Perform	cated During Entire ned Outside of Norm	Period of A nal Facility	baten Hours	nent					te 22 West						
Other – Describe:						_			07083						
Scope of Work (Check A	All That Apply)	-				•	X	IWR	AP						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enova					Mir	Il Containmer ni-Enclosure ovebag Proce	dure					
		ls	ocat	ion				1 100	n-Exempted) and Non-	rnable	PIO	Abate	ement	
Locatio		N	ormal	ly		Des	scription	of					Ту	ре	
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	ATED lity	Maii Custo	(12)	nce/ Staff?	(i.e.	thermal surfac	aining M systems cing, VA niscellan	s insula T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
1st flo	oor	Yes	No	N/A X	asb	estos	oven(v	vrapp	ing)	200SF		th.	×	to .	
<u> </u>								1.10		•		†/	-		na Tie Sandana
Name of Registered Wa	ste Hauler		IN	IJDEP W	/aste	Cubic	Yards		Name of R	egistered La	ndfill				
Lilich Corporation				lauler ID 8724		of Was			GROWS		, rectiff				
City, State Woodland Park, NJ						Dispos	al Date		City, State Morrisvill	e, PA					
Completed by Momo Glavatovic`		Title vice p	resid	dent		S	ignature	6	DR	٧	Date		2015		

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

Initial Notification Check #: 6386

With the Walter and t	- (1)		INST	a of	Rui	10500	Owner	/Operato	or (2)						_
Date of Notification		5 1						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		2815 AUG	5 1 1	F.	410		2
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[X] DEP	Notific	ation	Cit	ty, S	tate	, Zig	Code							9.54		
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(⋉] DOH	[]Cancell		Nar	me of	Con	tact		19	5740	ITOIA	3177	mber				
□ DCA	[]Cancers		Do	ougla	s Bla	ind , l	Bus. A	dmin.			-·- no					
			-	FP	CILI	TY I	NFORMA	TION								
Name of Facility W	here Abatemer	t is Ta	king	Plac	e (3	3)			Ty	pe of Facili	ty (4)					
Chancellar Avanua	Elementany Sa	haal						-		X]School []Subcha	(K-12)	Other	th	an K	-12	i
Chancellor Avenue	Elementary Sc	11001								[lOther	(i.e. p	rivat	e &	COM	mer-	
]	Sq	cial b	uildings # of Flo	OIS	Bld	g. A	ge	
321 Chancellor Ave	nue	County	, (6)			Cou	ntv Co	de (7)	55	5000	2		80			
City (5)		Country	,					E ONLY)	Cu	rrent Use (P	rior if	being	I de	moli	she	1)
Newark, NJ 07112	_	Essex				1_	737		S	chool	791					_
Name of Monitoring Owner (8)	Firm Hired	oy Build	ding	ASCI	M No		Name	or Abate	emen	t Contractor	(3)					
TTI Environmental I	nc			000	03	1	Four	Strong B	uild	ers, Inc.						_
Street Address				1000			Stree	t Addres	SS		8					
1253 North Church	53 North Church Street						180 8	Sargeant	Ave	enue						
	y. State. Zip Code						City	. State.	Zir	Code						
Moorestown	ty. State. Zip Code						Clifto	n, NJ 070	013	-1935		cens	h.		_	
Project Manager fo	or Monitoring	Firm	Telep	thone	Num	ber	Tele	phone Num	mber	•	1	-0.020.04010.07	= 140	Tunne		
Jim Guilardi		hed.Com		340-8			1	614-0377			100	0807			- 2/2	
0 8 / 1 0 / Day / Occupancy Status (X) Facility Close of Abatement [] Abatement Fe	Year M Year M Ouring Abatem sed/Vacated D rformed Outsi	onth / ent (Ch uring E	1 7 Day eck c	only Per	Year one)	1	Stre 180	Strong B et Addres Sargeant , State,	ss :Ave	enue						
[]Other - Desc	ribe:					-	Clifto	on, NJ 07	013	3						
Scope of Work (Ch []Demoli []>3 sf [X]\(\sum_1 \)160 s			×] Reno	vati	.on		[]Min: []Glo	i-E	ontainment w nclosure ag Procedure iable Proced		tive	Pre	ssui	e	•
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Asbestos Materi TO BE In Fa	tion of -Containing al (ACM) ABATED Cility 13)		No.	rmall Used olely Mair nance stodi aff(1	Y 1- 2/ 12) N/A	i	Asbe Ma (i.e., nsulat or o	ther mis	ACM Sy fac	ning) stems ing. VAT. laneous)	Amoun (Speci SF o LF)	fy	REMOVAL	REPAIR	NCAPSUL .	N C I O S U R E
Basement Meter R	oom		X			Pipe	and P	ipe Joint I	Inst	ulation	400 LF		X			
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3			1													
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Name of Registere	d Waste Haule	r	N	JDEP auler	Was ID	ie No.	Cubic of Wa	Yards	N	lame of Regis	stered La	indfi.	п			
Four Strong Builde	ers, Inc.		1	2609					_	3.R.O.W.S., Ir	nc				_	
City. State	50						Dispo	sal Date	e C	ity. State						
Clifton, NJ	150								1	Γullytown, PA						
Completed By (Pri	nt or Type)	Title						Signatur	re	1			Da	ite		
Bilyana Kulakovsk	a	Office A	Admir	nistra	tor			#5	}_	1 -	`	7	18/	6/1	5	
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JUN 95															G46	667



Date of Notification (1) 8/6/2015			5.4		Building O				6616	iAU	GII AF	(10:	31		
Agencies Notified	Type Notification		7		IFTON A		JE		Â.,	i,	JOSK J	2, 1	٦JL		
EPA DEP DOL	Amended Amendment		1 1 1 1 1 1 1		e, Zip Cod N, NJ 0					ž. i	JUCK I	h iz		(a) (j)	
X DOH X DCA	Emergency (justification) Cancellation	including	1	ame of 0	Contact L. PER	KINS				T ==1	· Numl	oer -			
				FACIL	ITY INFO	RMATIC	ON	_	CE 30 (4)						
Name of Facility Where SCHOOL #2	Abatement is Takin	g Place (3)						× s	of Facility (4) School (K-12)	er than K-12)				
Street Address 1270 VAN HOUTE	N AVENUE								other (i.e. pri	vate &	k commercial	build			S,
City (5) CLIFTON								2020	e Feet	1000000	Floors		dg. A	ge	
County (6) PASSAIC				ounty Co	ode (7) SE ONLY)		_		nt Use (Prior MENTAR)		ng demolishe HOOL	ed)			
Name of Monitoring Firm		Owner (8)		ASCM	No.				ement Cont THERS C		(9) TRACTING	s, IN	C.		
Street Address PO BOX 385			-					Addres	s AND AVE	NUE					
City, State, Zip Code OCEANVILLE, NJ	08231								p Code NJ 07512	2					
Project Manager for Mo	nitoring Firm		10 63	elephon	e No. 2-1833	83	Teleph 973-	one No 956-8			License No				
Start Date (10) 8/17/2015		Scheduled 8/21/201	Comp				Name	of OSH	A Monitor (9) ABO\	/F					
Occupancy Status Durin	ng Ahatement (Chec	200000000000000000000000000000000000000	1800			-	0.5500,0000	Addres	* *			-			\neg
Facility Closed/Vac	cated During Entire ned Outside of Norm UNOCCUPIED; MO	Period of Ab	ateme		М	_	City, S	tate, Zi	p Code						
Scope of Work (Check /	All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	novati				×	Mir Glo	ni-Enclosure ovebag Proc	edure	n Negative Pi			٥	
								_ INOI	II-Exempled	() aii	u Non-i nabi	T	Abate		
		100	ocatic rmally			Des	a a via ti a v	of					Ту	ре	
Locatio Asbestos-Containin TO BE AF In Fac (13	g Material (ACM) BATED illity	Used Main Custo	Solely tenan	y by ce/		os Cont thermal surfa	scription taining N system cing, VA niscellar	Material s insula T, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
OFF ATT	ACHED	Yes	No	N/A			New elle							О	
SEE ATT	ACHED		-												
Name of Registered Wa	aste Hauler		3100	JDEP W			Yards			50070	ered Landfill				
TWO BROTHERS	CONTRACTING	3	1000	auler-ID- 3743	110	of Wa			ROMANIE SEE		NAGEME	NT G	R.C).W.	3.
City, State TOTOWA, NJ							sal Date 2015/		City, State		LE, PA				
Completed by VIVECA RAMOS		Title PROJ	ECT	COOF	RDINAT		Signatur	e VL	auk	an	Da 8/1	te 6/20	15		

2616 AUG 11 AM 10: 31

& LILLE SING

Abatement Type	Glove Bag	Glove Bag	Glove Bag	Glove Bag	Full Containment	Full Containment	
Quantity	10 LF	4	10 LF	4	171 SF	$3 LF \times 8 locations = 24 LF$	
Material	Pipe Insulation	Fittings	Pipe Insulation	Fittings	Ceiling Plaster	Pipe Insulation & Fittings	
Location	Grade One Classroom 1	Grade One Classroom 1	Grade One Classroom 2	Grade One Classroom 2	Hallway	Hallway	

1270 Van Houten Avenue, Clifton, NJ 07013

Clifton Public Schools

School #2

MO 69504577978

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

Date of Notification (1)					Building C			(2)								
08/07/15					Werne	r Decon:	struction	on			921	Film					
Agencies Notified EPA		otification tial			Street Ad 135 Ma	ddress ain Stree	et					9/11/9	1 1	117	9:	4	
× EPA × DEP × DOL	× Ar	nended nendment #		11.5		te, Zip Coo Amboy ,		879				1.10	1	Ly.	14	- 1	
× DOH × DCA	jus	nergency (i stification) ancellation	ncluding		Name of	Contact					Tele	ephone N	lumb	er			
_					FACII	LITY INFO	RMATI	ON									
Name of Facility Whe Werner Deconstr		nt is Taking	Place (3)					_	of Facility (4) School (K-12							
Street Address 135 Main Street									X C	Subchapter 8 Other (i.e. pri etc.)				build	ings,	home	es,
City (5) South Amboy										e Feet	# of	Floors		BI	dg. A	ge	
County (6) Middlesex county	/				County (Code (7) JSE ONLY)	_		Curre	nt Use (Prior	if bei	ng demol	lished	1)			
Name of Monitoring F Thomas P. Geige		y Building C	Owner (8)		ASCN 0045			and the second	of Abate	tement Cont ment	ractor	(9)					
Street Address 64 Broad Street									Addres	s Street Su	ite A	4					
City, State, Zip Code Matawan, NJ, 07	747-2534		11						p Code gen, NJ 07	047							
CONTRACTOR CONTRACTOR AND A STREET OF THE STREET	atawan, NJ, 07747-2534 oject Manager for Monitoring Firm							Teleph	one No 293-6	D.		License 01223					
Start Date (10) 08/07/15			Schedule		npletion l	Date (11)		Name	of OSH	A Monitor	TIN						
Occupancy Status Du	ring Ahaten	nent (Check		19,760					Addres			0 220	- 4-				
										ITE EAST	SUI	TE 107					
X Facility Closed/V Abatement Perfo	rmed Outsi						_	City, S	tate, Zi	p Code J 07083							
Scope of Work (Chec	k All That A	pply)			7												
≥3 sf or ≥3 lf ≥160 sf or ≥260	f			Renova Remolit				×	Min	Containmenti-Enclosure vebag Procest-Exempted	dure						
			Τ .	10 0000	mace:				1 1401	PEXCHIPIEG	() air	u INOII-I II	labic		and the same	ement	
				Locati Iormal											Ту		
Asbestos-Contain TO BE	tion of ing Material <u>ABATED</u> acility (3)	(ACM)	Use Ma	d Sole intenar todial S (12)	ly by nce/		tos Cont thermal surfa	scription aining M systems cing, VA niscellar	Material s insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
F. 4			Yes	No	N/A		N 4:				60	000 05				te	
EXT	erior						IVIISC	ellane	ous		60,	000 SF	- 12	2			
													_				
													_				
Name of Date of the Control of the C	ame of Registered Waste Hauler						0.17	Vall		Dia 75			JE!!				
SAN TON SERVI		er		Н	JDEP W lauler ID 2430	1000	Cubic of Wa			Name of R	10.00			MM	ISIO	N	
City, State KENILWORTH, N	IJ						Dispos	sal Date	1	City, State KEARN		J					
Completed by Bryan Parra			Title Proje	ect Ma	anager		1	ignature	_	5	>	100	Date		5		
			1 ,		9		1	1								-	

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

CK0060860

D&S Proj. #: 2015-275

ASR-41

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

125 20								1						
Date of Notification (1)	.5 1	IIN	ame of B	uilding Own	er/Operator (2)			15-15-11	h (2)	(, c			
0 8 / 0 3 / 1	The second secon	_ _	CHAPI	N CLARK				21						
Agencies Notified Type EPA Ini	e Notification tial	St	reet Addi	ress			W		1.10	4 10	1/4,	. 1112 (240)		
DEP An	nended				NTAIN AV	ENUE								
M DOI I—	ndment #:	- c	12500	Zip Code										
L Er	nergency scluding	I N	The second second	CLAIR, N	J 07042				Tolophon	a Ni mala a				
jus	stification)	I IN	ame of Co	ontact					Telephon	e Numbe				
DCA C	ancellation		CHAPI	N CLAR	ζ									
				FAC	ILITY INFORM	AOITAN	į							
Name of facility where at	patement is ta	king pla	ce (3)						ype of Facility (4) I (K - 12)				
CHAPIN CLARK									=	apter 8 (C	ther th	nan K	-12)	
Street Address								7	Other (Private/C	omme			
544 UPPER MOUN	TAIN AVE	NUE								Homes, e		Ble	dg. A	ae
City (5)			ty (6)			Cou	nty Code (7)	-					9	J
		***************************************				1	te use only)	-	Current Use (P	rior if bein	g dem	olishe	ed)	
MONTCLAIR Name of Monitoring Firm	I lise of her Diele	ESS				Ц,	I Niama of Abatam	<u> </u>	atro ato a (O)		- 1			
Name of Monitoring Firm	Hirea by Biag	g. Owne	r (8)		ASCM No.		Name of Abatem							
Street Address) <u> </u>	_	D & S REST(Street Address	OKAI	ION, INC.					
Olicot Address							20 California	a Ave.						
City, State, Zip Code						_	City, State, Zip Co							
							Paterson, NJ		3					
Project Manager for Monit	toring Firm		P	hone Numb	per		Telephone Numb			License		er		
							973-345-80 Name of OSHA				1169			
Start Date (10)		Sched	. Complet	ion Date (1	1)		D & S Resto	ACDOCKODO	Inc.					
08/13/15		08/28					Street Address							
Occupancy Status During			SOURCE STREET				20 California		ue					
Facility closed/vacat	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						City, State, Zip Co	ode						
Describe: N			•	*****			Paterson, NJ	r 0750	3					
Scope of Work (check all							1 40010011, 110		Containment w	/negative	press	ure		
>3 sf or >3 lf		novatio	n					Min	i-enclosure	-	p.000			
≥160 sf or ≥260 lf	_	molition							vebag procedu n-Exempted (*)		friable	proce	dura	į.
Location of				used solely	у				II-Exempled ()	and Non-	R	R	E	
asbestos-containing	نبدا ك	mainte aff(12)	nance/cu	stodial			sbestos-containin	g	Amount	·	e m	e p	n	E n
material (acm) to be abated in facility (13	-	Yes	No	N/A	material	(ACM)			(Specify S LF)	or or	0	a	а	C L
		100	140	IVA	I noon need						е	r	р	-
BASEMENT			X		PIPE INSU				4 L FT			片	片	뷰
BASEMENT			_X_	-	BARE HE	ATIN	JPIPES		90 L FT			片	븜	H
		==			1			-			片	片	片	H
			- K		1	-4-					計	H	片	H
Registered Waste Hauler			P Hauler	ID# C	Cubic Yards of	Waste	Name of Registe						_	
D & S RESTORATIO	N, INC.	135	06		l yd.		TULLYTOW	/N, RE	SOURCE RE	COVER	RY			
City, State PATERSON, NJ 07:	503			Disposal D 08/14/1			City, State TULLYTOV	VN D	4					
Completed by (Print or Ty		tle		.1	Signature		1 10001101	, /		Date				
BOGDAN JOLDZIC	PI	RESID							1(7)	08/03	/15			
ASR-41	* Do	not use	this forn	for asbest	os licensure ex	kempte	d activities.							

("hervi# 2723

		I Nan		Ilding Owner/Op	erator (2)			100	E1		-
rate of Notification (1)		(of Addre	MYCK	off T	<u>(C. 8</u>	TE AUG TT	111 9	: ų	?	
gences Notification			116	Broad	92+10	et 5	J. tc 318				
L EPA Milital Amended		City	State,	Zip Code Lias Buru	. Neu	o)erse	107703	7 1 10	115		_
Emergency (in	cluding	Ma	me of C	ontact	5		Telephone Numb	er)			
DOH Cancellation		1_	FACILI	C TY INFORMATION	JN						
igme of Facility Where Abatement is Taking	Place (3)		171071		Тур	e of Facility (4)					
C.F. WYCKOFF Propilition Address	at-j					Other (i.e. pri	l (Other than K-12) vate & commercial	buildin	gs. to	mics,	
505 R+18					Squ	etc.) rare Fest	# of Figors		Ags	-	
Ex Bruswich						700	If being demolishe	55)†		
County (6)		Co	TATE US	ide (7) SEONLY)	1120	Cito I	30:10:09				
Middle Sex. Name of Monitoring Firm Hired by Building C	#ner (8)	-47	ASCM	No.		batement Contuition Co.,)			
					Street Add	ireas	1110-				-
Street Address						trose Road , Zip Code					
City, State, Zip Code					Colts No	eck, N.J. 071					
Project Manager for Monitoring Firm		170	elephon	e No.	Telephone 732-294	1-1757	License ide 00029).			
Start, Date (10)	Schedula:	d Comp	lation D	ate (11)	1 1	SHA Monitor					
Occupancy Status During Abatement (Chec	S A	() 1 J)		Street Ad	dress	0 1 1				
less and American Services Indicated During Services	Period of A	bateme	ent			Main St e, Zip Corie	SutiA				
Abatement Performed Cutside of Norm Other - Describe: +AM-	TPM	LIOLIN			1 /	oin Pa	K, N.JO	773	5		
Scope of Work (Check All That Apply)	kd o		00			Full Containing	ent with Negativo F	ossuii	;		
23 sf or ≥3 if ≥160 sf or ≥260 if		enovati emolific			1	Mini-Enclosure	edure				
L-:			i		<u> </u>	Non Exempted	(°) and Non-Friet	Pioc	Abale	ment	
	;	Locatio	y	D	ascription of				Ty		
Location of Asbestos-Containing Meterial (ACM) TO BE ABATED	1 1.19	d Solel	103/		al systems li	nsulation,	Amount (Specify SF or LF)	Rog	8	išaopaulaio	Enca
In Facility (13)	Cus	todial S (12)	erent i		facing, VAT, miscellaned		OF GLES	Romoval	Kopair	eulai	10,000,0
1,/	Yes	No	NIA					1.7		0	-
basemn+	-		X	Pipe	05016	1:00		1X			
1		1 50	JDEP V	daste Cub	le Yards	Nante of	Registered Landfi	1			-
Name of Registered Waste Hauter Ade Insulation Co., Inc.		1 1	lauler ID 2086		Jaste	G.R.O					
City. State				Dis	ousal Date	Cily, Sta	ite own, PA				1000
Colls Neck, Nevi Jersey Completed by	Title	entari.	Trans	urer I	Signature	1		ate /	15	-	
Bree McGuire	Seci	eraly	Treas	F4.61		ent	10	101	L-J-		

EDS15-257

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

check # 1572 Page 1 of 1

Date of Notification (1) 8-4-2015				Building C eth Board				8815 I I II	211	t s z		4.0			
Agencies Notified Type Notification		11.3	Street Ad 500 No	idress orth Broa	ad Stre	eet				1-1 T	J- (33			
EPA X Initial Amended Amendment :	#			te, Zip Coo eth, NJ 0							N.	1.			
Emergency (i justification) DCA Emergency (i justification) Cancellation	ncluding			Contact					Tel	ephone N	lumb	per			
<u> </u>			FACIL	ITY INFO	RMATI	ON			1						
Name of Facility Where Abatement is Taking Mabel Holmes School #5 Street Address	Place (3)					×	of Facility (4) School (K-12 Subchapter 8	!)	er than K	-12)				
650 Bayway Avenue								Other (i.e. pr etc.)	ivate 8	& comme		build	9570 70		s,
City (5) Elizabeth							Squa 30,0	re Feet 00+	3	f Floors		1000	dg. A)+	ge	
County (6) Union			County C	Code (7) JSE ONLY)	2		Curre	ent Use (Prio OOI	r if bei	ng demo	lishe	ed)			
Name of Monitoring Firm Hired by Building C Detail Associates	Owner (8)		ASCM 0001				of Aba Group	tement Cont , Inc	ractor	(9)					
Street Address 300 Grand Avenue							Addres	ss ourg Turnp	ike						
City, State, Zip Code Englewood, NJ 07631								ip Code dale, NJ 0	7403						
Project Manager for Monitoring Firm Anthony Valentine	lanager for Monitoring Firm y Valentine						hone N 710-9	0.		License 01084					
Start Date (10) 8-17-2015	Schedule 8-24-2	ed Con		9.6708 Date (11)			of OSI Group	HA Monitor					32		
Occupancy Status During Abatement (Chec							Addre			-			-		-
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A	Abaten	nent			City, S	State, Z	ourg Turnp							
1 1					_	Bloc	ming	dale, NJ 0	7403						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Br-transport.	Renova Demolit					Min Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure	_				е	
	le	Locati	ion										Abate	ement	
Location of	1	Normal	lly		De	escription	n of					_	l y	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole hintena todial (12)	nce/		tos Cor therma surfa	ntaining I Il system acing, VA miscella	Materia ns insul AT, or	ation,	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Floor Trench	168	X	INA		Dina	e Insula	ation		1	80 LF		X			
FIOOI TIETICIT	-	^		-	ТЪ	Tiour	ation								
4. *	-														
9									-						
Name of Degistered Wests Haviler			JDEP W	/acte	Cuki	Yards		Name of F	Reniet	ered I an	dfill				
Name of Registered Waste Hauler GL Group, Inc		H	lauler ID 033034	No.	of Wa	aste		Grows		orea Earr	· · · · · · · · · · · · · · · · · · ·				
City, State Bloomingdale, NJ					Dispo	osal Date	9	City, State Morrisvi		PA .					
Completed by Elena Solakov	Title Pres	ident				Signatur	re E	leru Sto	lla	,	Dat 8-4	e 1-20	15		

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check # 1563 Page 1 of 1

Date of Notification (1) 7-31-2015					Building Co				dison	2815	AUG I	i Li			
	e Notification		1 -	Street Ad 312 Pie	idress erson Av	renue						· N	٠	33	
EPA DEP DOL	Initial Amended Amendment #_				te, Zip Coo , NJ 088				***************************************	2	Tig	1	N	-14	
X DOH X DCA	Emergency (inc justification) Cancellation	cluding	1 .		Contact romslan	d				Tele	phone Nu	ımber			
				FACIL	ITY INFO	RMATIC	ON								
Name of Facility Where Abate John P. Stevens High S Street Address		Place (3)						× Scl	Facility (4) hool (K-12 bchapter 8)	r than K-1	(2)			
855 Grove Avenue			10					Oth etc	ner (i.e. pri)	vate &	commerc	cial build			s,
City (5) Edison								Square 50,000		# of 2	Floors		ldg. A 0+	ge	
County (6) Middlesex					ode (7) ISE ONLY)			Current Schoo	Use (Prior	if bein	g demolis	shed)			
Name of Monitoring Firm Hire Detail Associates	ed by Building Ov	ner (8)		ASCM 0001				of Abater Group, I	ment Cont nc	ractor	(9)				
Street Address 300 Grand Avenue		141	- Haifs		G - 6 (; E);			Address Hambur	rg Turnp	ike					
City, State, Zip Code Englewood, NJ 07631			18.		7. 11. 7. 3 11		City, St	tate, Zip							
Project Manager for Monitorin Anthony Valentine	ng Firm			Telephor			Teleph	one No. 710-972	11		License 01084	No.			
Start Date (10) 8-5-2015	1 70	cheduled	d Com		Date (11)	- 1	Name	of OSHA Froup, I	Monitor			200			
Occupancy Status During Ab	and the state of the			, ida i	7 M			Address	110	-					
AND THE RESERVE TO A PARTY OF THE PARTY OF T	1 The Paris		2.0		1 1				rg Turnp	ike					
Facility Closed/Vacated Abatement Performed C Other – Describe: Close	Jutside of Normal	Facility I	Hours	15 29" 42 5	::1: 	_		tate, Zip mingda	Code le, NJ 0	7403					
Scope of Work (Check All Th	at Apply)	a el		0.0.2	1 4 4 4 4	-)			and the fi						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	-	enovat emoliti	ion on			×	Mini-l Glove	Containme Enclosure ebag Proce Exempted	edure				9	
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L anation of	N I		_ocatio ormali			Dos	scription	of	1				Ту	ре	
Location of Asbestos-Containing Mat TO BE ABATE In Facility (13)		Mair	Solel ntenar odial S (12)	ice/ staff?	Asbest (i.e.	tos Conta thermal surfac	aining M systems cing, VA	Material (A s insulation		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Cum tuo atanya	locat	Yes	No	N/A		Dina	Insula	tion		2	7 LF	X	-		
Gym two-story o	ioset	^				ripe	Ilisula	iliOii			/ LI				
					y de			7							
				ä		(4.	5	p to Hands					
Name of Registered Waste H		1		JDEP W		Cubic			Name of F	Registe	red Landf	fill			
GL Group, Inc	<u> </u>	1 1 1		auler ID 033034		of Was	(1.0	Grows						
City, State Bloomingdale, NJ	11-7-	1	T.,			Dispos TBD	sal Date		City, State Morrisvi		4				
Completed by Elena Solakov		Title Presid	dent	+ 2	10	S	ignature	Ele	erm Sto	lla	v 2	Date 7-31-2	015		

EDS15-256

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

Page 1 of 1

Check #1562

Date of Notification (1) 7-30-15			N	ame of I	Building O Fange B	wner/O	perator (2 of Educa) ation		120 120010	1255 AV 501 A				
Agencies Notified	Type Notification		S	treet Ad	dress				261	5/10	C I I I	11 5	: 52		
EPA DEP	× Initial				gle Rock		nue		3.7				1.4		_
DEP × DOL	Amended Amendment #_				e, Zip Cod Fange, N)52			Ē,	The st		13.4		
	Emergency (including justification)	cluding	1 000		Contact					Tele	phone Nur			2	
× DOH × DCA	Cancellation		1	Robert	USIGI ITY INFO	RMATIC	ON			l				-	
Name of Facility Where		Place (3)		1 AOIL	ITT INTO	IMIATI		Type of	Facility (4))					
West Orange High	School		10-2-10						chool (K-12 ubchapter 8		r than K-1	2)			
Street Address 51 Conforti Avenue	Э								ther (i.e. pr				dings,	home	s,
City (5)								Square	Feet	11211112011	Floors	13.33	ldg. A 0+	ge	
West Orange			To	County C	`odo /7\			30,00	U + t Use (Prior	2 r if beir	na demolis	7.55	UŦ		-
County (6) Essex					ISE ONLY)		1000	Schoo		II DOII	ig demone				
Name of Monitoring Firm		vner (8)		ASCM			Name of		ment Cont	ractor	(9)				
Ahera Consultants Street Address	Inc			0057	,		Street A								
PO Box 385		63	9	- 1	1.2				rg Tpke						
City, State, Zip Code Oceanville, NJ 082	231-0385				ř i		City, Sta Bloom		Code ale, NJ 0	7403					
Project Manager for Mo John Smoyer	nitoring Firm		1 2	elephor (609) 6	ne No. 352-1833	3	Telepho (201)7	710-9	725		License N 01084	No.			
Start Date (10) 8-10-2015	1 8	Scheduled 3-14-201		pletion [Name of		A Monitor Inc						
Occupancy Status Duri	ng Abatement (Check	Only One)		1	F		Street A								
Facility Closed/Va	cated During Entire Pe med Outside of Norma	eriod of Aba	atem	ent			City, Sta		rg Tpke						
Other – Describe:		- Comey 11		- : !-		-	8.50		ale, NJ 0	7403					
Scope of Work (Check	All That Apply)	1 1 10					IVI	624550							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novat noliti	ion on			×	Mini	Containme -Enclosure rebag Proc	edure					
	10 10 10 10 10 10 10 10 10 10 10 10 10 1			11				Non	-Exempted	(*) an	d Non-⊦ria	ble Pro		e ement	
Location	on of		mall	у .		De	scription (of		0 EV			Ty	rpe	
Asbestos-Containin TO BE Al	g Material (ACM)	Used S Maint	enan	ice/	Asbest	os Con	itaining Ma I systems	aterial ((ACM)		mount Specify	R	77	Enc	En
In Fac	cility	Custod (lial S 12)	staff?		surfa	cing, VAT	, or		SF	or LF)	Remova	Repair	Encapsulate	Enclosure
(13	7 14	Yes	No	N/A	2828							<u>a</u>	~	ate	ге
Main Offi	ce Area		X			Ceil	ing Plas	ter	7 - 1	70	00 SF	X			
	J.														
										5 1 - 4					
Name of Registered W	aste Hauler		Н	JDEP W auler ID 033034	No.	of Wa			GROW:	200	ered Landfi				
City, State Bloomingdale, NJ		Ti F	1	1000000			sal Date		City, State Morrisv		A				
Completed by	1 1	Title	(920				Signature			<i>,</i> ,		ate	015		
Elena Solakov	y 11 100	Preside	ent					_El	Erm So	who		7-30-2	015		

EDS15-101

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

check # 1573

Page 1 of 1

Date of Notification (1) 8-6-2015					Building Co				Edison	28	15 AUG	11	£	14 0		
Agencies Notified	Type Notification		11 15	Street Ad	ldress erson Av	enue/				<u>ſ</u> ;	202		n	11 5	. 51	
EPA DEP DOL	Initial Amended Amendment				e, Zip Coo , NJ 088						& l.j.	ŌĒ1	1 1	0.0	1000	
X DOH X DCA	justification) Cancellation				Contact romslan	d				Tel	ephone N	lumb	er			
AL CE 22 144	AL (III TILL	- DI (2)		FACIL	ITY INFO	RMATI	ON	Tuno	of Facility (4	4)						
Name of Facility Where John P. Stevens Hi		g Place (3)					× s	School (K-1: Subchapter	2)	er than K	-12\				
Street Address 855 Grove Avenue									other (i.e. p	rivate 8	& comme	rcial		30000000		s,
City (5) Edison								50,00		2	f Floors		40	dg. A)+	је	
County (6) Middlesex		8		County C STATE U	ode (7) ISE ONLY)		_	Scho	nt Use (Prid ool	or if bei	ng demo	lishe	d)			
Name of Monitoring Firm Detail Associates	n Hired by Building	Owner (8)		ASCM 0001			500000	of Abat Froup,	ement Con Inc	tractor	(9)					
Street Address 300 Grand Avenue								Addres Hamb	s urg Turni	oike						
City, State, Zip Code Englewood, NJ 076	331								p Code ale, NJ 0	7403	U					
Project Manager for Mor Anthony Valentine				Telephor	ne No. 9.6708		0.81600 Co.00 (*100)	none No 710-9			License 01084					
Start Date (10) 8-7-2015 at 6 am	[Schedule 8-10-2		pletion [Date (11)			of OSF Froup,	IA Monitor							
Occupancy Status Durin	ng Abatement (Che	k Only Or	ne)					Addres								
Facility Closed/Vac				ent					urg Turn	pike						
Abatement Perform Other – Describe:				ed		_			p Code lale, NJ (7403						
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		Renova Demoliti				×	Mir Glo	Containme i-Enclosure vebag Prod n-Exempted	e cedure	_				e	
,			Locati											and the same	ement	
Locatio	The Contract of the Contract o	The second second	Normall d Solel		Ashasi		scription taining N		(ACM)		Amount	ŀ		.,		
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Cus	intenar todial S (12)	taff?		thermal surfa	system: cing, VA niscellar	s insula T, or		(Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Gym two-sto	ony closet	Yes	No	N/A		Pine	Insula	ation			27 LF	-	X			
Gyili two-sit	ny Gloset					, ibe	insuic			-		\dashv				
1/1												+				
13																
Name of Registered Wa	ste Hauler		55.00	JDEP W			Yards		Name of	Regist	ered Lan	dfill				
GL Group, Inc	7 N N			auler ID 033034		of Wa TBD			Grows							
City, State Bloomingdale, NJ	- 1					Dispo TBD	sal Date	!	City, Stat Morrisv		PΑ					
Completed by Elena Solakov		Title Pres	ident			5	Signature	e E	lerm Soli	Ma	,	Date	-201	15		

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Date of Notification (1) 8/5/15					Building Owner ninic Acader		(2)	2015 /11	JG f			7	
	pe Notification		1	Street Ad 2572 Jo	dress ohn F Kenne	edy		4	11 12	n lg:	11		
X EPA X DEP X DOL	Amended Amendment #				e, Zip Code City, NJ 07	304		å l	.ICENTI	nif NG	(OL		
Ď DOH ☐ DCA ☐	Emergency (in justification) Cancellation	ncluding	1000	Name of Sharon					ephone Nun	nber			
				FACIL	ITY INFORMA	TION							
Name of Facility Where Aba St Dominic Academy Street Address	tement is Taking	Place (3)						K-12) oter 8 (Oth	er than K-12				
2572 John F Kennedy							Other (i. etc.)	e. private	& commercia	al build	lings,	nome	s,
City (5) Jersey City							Square Feet 2500	# o 2	f Floors	7 B	ldg. A 5	ge	
County (6) Hudson				County C	Code (7) ISE ONLY)		Current Use (Prior if be	ing demolish	ned)			
Name of Monitoring Firm His Detail Associates	red by Building C	wner (8)		ASCM 0001			of Abatement Environmen						
Street Address 300 Grand Avenue						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address Box 483, 4 E	Gate D	rive				
City, State, Zip Code Englewood, NJ 07631	glewood, NJ 07631						State, Zip Code						
Project Manager for Monitor Stephen			- 1	Telephor	ne No. 9-6708	Telep	hone No. 764-2276		License N	0.			
Start Date (10) 8/17/15	+	Scheduled	d Com	pletion [Date (11)	Name	of OSHA Mon	itor					
Occupancy Status During A	hatement (Check		2)			Street	Address						
Facility Closed/Vacater Abatement Performed Other – Describe:	d During Entire P Outside of Norm	eriod of A	batem				State, Zip Code)2)				
Scope of Work (Check All T ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	пас Арріу)	-	enova emoliti				Mini-Enclo	sure Procedure	h Negative F			e	
		la l	o noti					1			Abate	ement	
Location of			Locati ormall			Description	n of				Ту	ре	
Asbestos-Containing Ma TO BE ABATI In Facility (13)	aterial (ACM)	Mair	d Sole ntenar odial S (12)	nce/	Asbestos C (i.e. therr su	ontaining I	Material (ACM) as insulation, AT, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
kitchen		1		X	ni	pe insula	ation	1	60 LF	+-	X		
various other	areas			X	3.00	pe insula	Canada and		50 LF		X		
Name of Registered Waste	Hauler		I NI	JDEP W	laste Cui	bic Yards	Name	of Region	tered Landfil	1			
Ivalle of Registered Waste	i idulo!			auler ID		Waste	Ivaille	o or regis	Cioa Edilalli				
City, State					Dis	posal Date	e City,	State					
Completed by A. Scott Higgins		Title Presid	dent/	Owner		Signatur	e an	_		ate /5/15			

Project #					State of	New Jer	sey							
Project #			NO.	(Pursu	ION OF A	SBESTO	S ABAT	EMENT		Check	# 301	4		
Date of Notification (1)								5		-				
07/21/2015					ne of Build				2615	AUG II	£14 10	: 10	4	
Agencies Notified	Type Nistignation			Sou	th Plain	field S	chool D	istrict					8	
Agencies Notified	Type Notification	rı		100000000000000000000000000000000000000	et Address				1	77 1 10		1.76.4		
EPA BEB	Initial			_	Jackso					2 13 -	- 1	rie [-	
DEP	Amended Amendme	nt#			State, Zip					* ****	1			
	Emergeno	y (includi	ng	Sou	th Plain	field, N	J 0708	0					2	
DOH DCA	justification	n)	Ĭ	1000000	e of Conta	ict				Telephoi	ne Numb	er		
E BOX	Cancellation	on ————	-	-	Tirone					1.				
Name of Facility Where	Abatement is Tak	ing Flace	(3)	F	ACILITY II	NFORMA	TION							
John F Kennedy So	chool	ing i labe	. (0)					Туре	of Facility	(4)				
Street Address	311001								School (K-	12)				
2900 Norwood Par	k								Subchapte Other (i.e.	r 8 (Other tha	in K-12)			
City (5)									etc.)	private & com	mercial	buildin	gs, ho	mes,
South Plainfi	eld .NJ							Squa	re Feet	# of Floo	rs	Bldg	. Age	
County (6)														
Middleesex				Coun	ty Code (7	()		Curre	ent Use (Pr	or if being de	molished	1)		
Name of Monitoring Firm	Hirad by Building		0)			-'/ —								
AHERA	i med by building	Owner (8)	AS	CM No.					ntractor (9)				
Street Address									ration L	LC				
P.O BOX 385							1	Addres						
City, State, Zip Code									de Rd					
Oceanville, NJ 0823	0.4	127					City, S	tate, Zi	p Code				A.	
Project Manager for Moni					-		Rand	olph	NJ 078	69				
John Smoyer	toring Firm			3.00	none No.		Teleph	none No	o		nse No.			
Start Date (10)				(609)	652-183	33	973-9			0113	33			
08/17/2015		Schedi	illed Co	mpletio	n Date (11)			A Monitor					
Occupancy Status During	Abstament (Ch.	08/21/	2015						nmental					
process.			9.5					Address					-	
Facility Closed/Vacat	ed During Entire	Period of	Abate	ment			2333							
Abatement Performe Other – Describe: U	n-occupied	nai racili	ty Hou	S			City, S							
Scope of Work (Check All						_	Union	, NJ 0	7083					
≥3 sf or ≥3 lf	ттат Арріу)	para.												
≥160 sf or ≥260 lf			Renov				n	Full	Containme	nt with Negat	ive Press	cura		
		E.J	Dernoli	tion				Mini-	-Enclosure			Julio		
								Non-	ebag Proc Exempted	edure (*) and Non-F	Friable D	rocod		
		15	s Locat	ion						() and Hone	TIADIE FI		emen	4
Location o	f		Norma			De	scription of	of.					уре	L.
Asbestos-Containing M TO BE ABAT	aterial (ACM)		ed Sole aintena		Asbe	stos Cont	taining Ma	aterial (ACM)	Amount		T	T	
In Facility		Cus	todial 8	Staff?	(i.e	. thermal	systems cing, VAT	insulati	on,	(Specify	20	21	Enc	四
(13)			(12)			other n	niscellane	, or.	1	SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A	1			3.7			Val	=	ulat	sure
Kitchen / Office		_		-	-								е	
		-): 	-	Floor t	iles & r	nastic		9	00 SF	×			
											-	+		
Name of Registered Waste	Hauler	1	N	JDEP W	loote	10								
Nick Restorati				auler ID		Cubic \ of Was		1	Name of Re	gistered Land	dfill			
City, State	JII LLU			872		TBD		G	.R.O.W	S				
Randolph, N.	İ					Disposa	al Date		City, State					
Completed by						TBD		1	ullytøwn	ΡΔ				
	323	Title	#			Sig	gnature /		///		Date			
lvira Mrda		Presid	lent				61/1	Ma	luca	7 (1)		04-		
		W						IL	1000	0,	7/21/2	U15		

Date of Notification (1) 8-03-2015					Building C				7815	AUG		110:	69		
Agencies Notified	Type Notification	-		Street Ad		1 601	ii iicai o	1001		-			Ti i		-
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× EPA × DEP × DOL	Initial Amended Amendment				e, Zip Cod us NJ 07										
DOH DCA	Emergency (justification) Cancellation	including		Name of Thoma	Contact is Jodice	9				Tole	enhone Nu	nber			
	_			FACIL	ITY INFO	RMAT	ION							Carper.	
Name of Facility Where A Bergen County Tec									of Facility (4 School (K-12	2)					
Street Address 275/285 Pascack F	Road							X	Subchapter 8 Other (i.e. pr etc.)	3 (Othe ivate 8	er than K-1 commerc	2) al build	dings,	home	s,
City (5) Paramus, nj 07652								Squar	e Feet	# of	Floors	В	ldg. A	ge	
County (6) Bergen				County C	ode (7) ISE ONLY)			100	nt Use (Prior		ng demolis	hed)			
Name of Monitoring Firm		Owner (8)		ASCM	No.				ement Cont prises LL		(9)				
Street Address 1253 N Church ST								Addres	s erland Av	e					
City, State, Zip Code Moorestown, NJ 0	8057						-050		p Code NJ 07502						
Project Manager for Mor Michael R Stocku	orestown , NJ 08057 ct Manager for Monitoring Firm hael R Stocku							none No 94269			License N 01129	10.			
Start Date (10) 8-17-15		Scheduled 8-21-15		pletion [Date (11)		Name	of OSF	A Monitor						
Occupancy Status Durin	g Abatement (Chec					1000	Street	Addres	SS						
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norn						City, S	state, Zi	p Code						
Scope of Work (Check A			21-54												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ш таструу		nova moliti					Min Glo	I Containme ni-Enclosure ovebag Proce	edure					
			20.00				Ľ	NOI	n-Exempted	(*) an	non-Fria	DIE Pro	(0.0m) (8%)	e ement	
			ocati ormal	337 H										ре	
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED lity	Used Mair Custo	Sole tenar dial S (12)	ly by nce/ staff?		os Cor therma surfa	escription ntaining N Il system acing, VA miscellar	Material s insula T, or		(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
	004	Yes	No	N/A			\/A.T				۵ - ۲		-		
Room	304			Х			VAT			4	2 sF	X			_
												-			
Name of Registered Wa	ste Hauler			JDEP W		Cubic of Wa	yards			100 m	ered Landfi	1			
DYV Enterprises LL	C		(3)	034140		5 yd			Waste N		gement			-,	
City, State Paterson NJ						Dispo 8-24	osal Date -15		City, State Tullitow						
Completed by		Title					Signatur	e /	50	1	10	ate	-		
Dorian Carpio		Mana	ger					()	Her	_ ز	8	-03-1	5		

State of New Jersey APPROVED: NJPOH NOTIFICATION OF ASBESTOS ABATEMENT

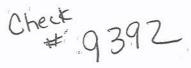
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					1				CRT 6	~ 0	-		
	6 /	15					ng Owner/Operator artners, LP - Nor		Carr				
Agencies Notified EPA	Type Notific	cation			100	t Address	pad		PETS THE	1 1	1.1		£ 120
□ DOLWD	☐ Amende					State, Zip			· ·				
☑ DHSS	Amendr				22.0		ng, NJ 07064		41.10		1 :-	, 22.572	-
DCA (NJAC 5:23-8)			iding			e of Contac							
(16070 5.25-6)	☐ Cancella				L CONCUMBERO	hn Philbi	T-T-:		Telephone Num	nber			
		411011							1	9			
Name of Early 188					FA	CILITY	NFORMATION						
Name of Facility Where		Taking P	lace ((3)				Type of Facility	(4)				
Buckeye Partners,	LP							School (K-12		207			
Street Address								Subchapter	8 (Other than K-12 rivate and comme	2) vroial h	uildie		
123 Derousse Ave.								homes, etc.)		i Ciai L	ulluli	ıgs,	
City (5)								Square Feet	# of Floors	TE	ldg. /	Age	
Pennsauken									_		-	3-	
County (6)	7-200-10-				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			
Camden						-		Exterior					
Name of Monitoring Firm	Hired by Bui	Iding Own	ner (8)	ASCM	No.	Name of Ahatem	ent Contractor (9)					
Vertex Engineering				1	E 50.3	3.550		IVIRONMENTA					
Street Address							Street Address	TVIICONINENTA	L, INC.				
700 Turner Way								D CTDEET					
City, State, Zip Code			-				1123 BEAVE						
Aston, PA 19014							City, State, Zip C						
	Assiss Firm			- .			BRISTOL, PA	A 19007					
Project Manager for Moni	itoring Firm				phone		Telephone No.		License No.				
Dave Turotsy						3-8902	215-788-6040		00509				
Start Date (10)		Schedule					Name of OSHA N						
8/_7_/					_ /	15	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate							1123 BEAVE	R STREET					
Abatement Performed	Outside of N	lormal Fa	cility I	Hour	s - Des	scribe	City, State, Zip C	ode					
Time of Abatement: 7	:00AM- <u>3:30</u>	PM/	_PM	_	AM		BRISTOL, PA	19007					
Scope of Work (Check all	that apply)									- 00100			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Rend				Mini-Enc Gloveba	g Procedure					
			lo I	oooti	0.0	1	□ Non-Exe	mpted (*) and Nor	n-Friable Procedu	1 200			
Location	of			ocati			Donnistics			At		ent T	ype
Asbestos-Containing N	7.0	/I) I	Used	Sole	ly by	Asbe	Description o stos Containing Ma		Amount	Rei	Repair	En	En
TO BE ABA			Main! Custor				., thermal systems	insulation,	(Specify	Removal	pair	Encapsulate	Enclosure
IN Facilit (13)	У			(12)	nan:		surfacing, VAT other miscellane	, or	SF or LF)	<u>a</u>		sule	ure
(.0)		Y	es	No	N/A		other miscellane	ous)				ite	
Condensate tank line	S					Pipe Ins	sulation		25 LF		П	П	П
			1 [10			
											ш		Ш
] [
											П	П	П
Name of Registered Wast	e Hauler			N.	JDEP \	Vaste	Cubic Yards of	Name of Regist	ered Landfill				ш
BRISTOL ENVIRONI		NC		Ha	auler II 18706	No.	Waste 2	GROWS La					
City, State							Disposal Date	City, State		12.7			
BRISTOL, PA 19007							8/7/2015	Morrisville,	PA 19067				
Completed By (Print or Ty	pe)	Title					Signature	1	, Da	te /	1		
Gino Pizzigoni		Estir	nato	r			H.	Vince	12	8/6	, /1	5	

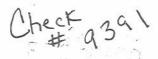
ASB-41

MAY 11 GI 15209

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



Date of Notification (1)	_ Na	me of Bu	uilding Owner/	Operator (2)	. /	~ .				
8-7-15		P	red Bar	ok Recu	1cling	Demoli	tio	2	In	C
Agencies Notified Type Notification	Str	reet Addr	ess	30x 21	')				
☐ EPA Initial ☐ Amended Amendment #	Cit	ty, State,	Zip Code	200K	12.	07	70) [
DOH Emergency (in justification)	cluding	me of Co		Cai IN,	100	Telephone Num	_	-	-	
□ DCA □ Cancellation		nat-		Ker				_		
Name of Facility Where Abatement is Taking I	Place (3)	FACILIT	YINFORMAT		of Facility	(4)	2	•	= 17	
Old Vacant Single		Dw	lling	2007/20	School (K-		Ub	5	17	
Street Address	~	1			Subchapte	r 8 (Other than K-12		- 3:		20
158 Hamilt	ion 'Ko	ad	3	, ,	etc.)	private & commercia	-			28,
City (5) Tinton Falls	NJ ~	07	72 Ý	Squa	ire Feet	# of Floors		ldg. A	•	-
County (6) Monmouth		ounty Coo				nrly Dwell				
Name of Monitoring Firm Hired by Building Ov	vner (8)	ASCM N	0.	Name of Aba		ntractor (9)				
Street Address	sies	^	//A	Street Addre	- 16	ehnolog	ie:	5 ,	In	16
P.O. Box 33	57			P.O.	Box	337				
City, State, Zip Code	NJ C	185	133	City, State, 2	Zip Code	TUN to	0	85	53	3
Project Manager for Monif ri lg Firm		lephone	No. 58- 3365	Telephone N		License No	2. 5	19	U	
Start Date (10)	Scheduled Compl			Name of OS				_	-	
8-18-15		2-13	5			hnologies	I	nc		
Occupancy Status During Abatement (Check				Street Addre	ss Bor	337				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal				City, State, Z		301				
☐ Other – Describe:				New	Egypt	NJ C	185	53	3	
Scope of Work (Check All That Apply)					- (1					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition			☐ Mi	ni-Enclosur		ressu	re		
					ovebag Pro on-Exempte	d (*) and Non-Friabl	e Pro	cedur	e	
	Is Location							Abate Ty	ement pe	t
Location of Asbestos-Containing Material (ACM)	Normally Used Solely I	by		escription of staining Materia	I (ACM)	Amount		Π		
TO BE ABATED	Maintenance Custodial Sta		(i.e. therma	I systems insulacing, VAT, or		(Specify SF or LF)	Ren	Re	nca	Enc
In Facility (13)	(12)			miscellaneous)		SF OF LF)	Removal	Repair	Encapsulate	Enclosure
-	Yes No	N/A					-		ate	0
exterior Walls		X C	siding S	hingles		1000 SF	X			
CATCION GOSTIS			7	J			-			
		•				0.5				
Name of Registered Waste Hauler		EP Wast		Yards aste .		Registered Landfill				- A
EPC Technologies		700	0	6	Was	teManagen	nen	f 0	e t	A
City State	15		1	Sal Date	City, Sta	re visuille P	A	1		
Completed by	Title	4		Signature	SI	A Da	te 2 -	7-	15	-
Steve Schenker	Preside	1		Deepe	DOCK	oh ?	2	1	1)	



					- F	4			0.003					
Date of Notification (1)	3-7-15		1	Name of	Building Ov	wner/C	Operator (2)	Parv	ELECK	In.	HI	():	8	
Agencies Notified Ty	pe Notification		5	Street A	ddress	4	70 W			6 p	21	1111		
DEP 0	Initial Amended			City, Sta	te, Zip Code	-	2 -		11- 11-	170	7-	7	11	
DOL DOL	Amendment # Emergency (in justification)		-	Name of	Contact /		ewar	len	Telephone N	lumbe	-	1, 13,		. ,
D DCA				(Y)a	RY L		RKin			-	-			6
Name of Facility Where Aba							the same of the sa	of Facility	(4)	Ť.	H	-		4:
Singk f Street Address J 470		DW AU E	e//1	35	8				12) r 8 (Other than K private & comme		ildir	5 - ags, h	nome	s,
City (5)	(14537 1	40 C				(4.4)		etc.) re Feet	# of Floors	10 70	Bla	g: Ag	je	-
Sew an	ien	No			077				2		-	70)+	-
County (6) Middle	Sex				Code (7) USE ONLY)		Curre	ent Use (Pr	ior if being demo	lished)		:		week C
Name of Monitoring Firm Hi	red by Building O	wner (8)		ASCM	No.	5	Name of Aba	-	ntractor (9)	oid	25	9	[n	· R
Street Address	ox 33	7	at.	1			Street Addre	Box	337	J		v		
City, State, Zip Code	and a	N ₂	- (08	533	3	City, State, Z	Zip Code	A AL	71) 5	15	3	3
Project Manager for Monitor	i gvFirm	/10	100	Telepho		21 5	Telephone N		License	No.	2	9	Y	
Start Date (10)		Schedule	d Com	pletion	758-3. Date (11)	حمر	Name of OS	HA Monitor			Y		+	-
8-17-1		8		7-1	5		Street Addre		hnologie	<u>s</u> :	En	<u></u>		
Occupancy Status During A Facility Closed/Vacate				ent					337					
Abatement Performed Other – Describe:						_	City, State, 2			00	1 <	3	2	
Scope of Work (Check All T	hat Apply)						1000	TAYET	700	00				
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	,		enova emoliti		9).		□ Mi ⊠ GI	ni-Enclosur ovebag Pro	cedure					
		la	Locati	00			LI NO	on-Exempte	ed (*) and Non-Fr	lable P		bate	ment	
Location of		N	lormall d Solel	ly			escription of				Т	Тур	oe	
Asbestos-Containing Ma TO BE ABATI		Mai	ntenar	nce/		herma	itaining Materia Il systems insul		Amount (Specify	1	0	R	Ence	Enc
In Facility (13)		Cust	odial S (12)	oldii?			acing, VAT, or miscellaneous))	SF or LF)	Yourowa	1	Repair	Encapsulate	Enclosure
(/		Yes	No	N/A			AT .		86	-			ate	Θ,
Basement		X			Pipe	I	nsulation	מכ	100 L	F)	(
				ļ						+	+	-	-	
			-	-							-	-		
Name of Registered Waste	Hauler			JDEP W			Yards	Name of	Registered Lan	dfill				
FPC. Tech	nologies		Н	auler ID		of Wa	aste Z	Was	teManag	ene	nt	٥ (9	A
City State		NJ	``	.,0			osal Date -18-15	City, Sta	risville	PF				
New Egy Completed by Steve Schen	Kan	Title	ار ن	ent			Signature	2500	1	Date	_,	7-	15	
DRUE JOHEN	I YEAR	rke	Sid	nI			MELLE		or a	U	2000			





Date of Notification (1) 8/7/15					Building Ov Kavanag				2615	£!:	P 1 1		,			
Agencies Notified	Type Notification			treet Ad 228 R	_{dress} iviera Pa	ırkwa	У		6	ritt	911	AT IL	:	17		
EPA DEP DOL	Initial Amended Amendment				e, Zip Code leasent l		NJ 087	42		ž Į,	ICENT	THE	Re	IL		
DOH DCA	Emergency (justification) Cancellation	including	1000	lame of O				10		Tele	ephone N	umber				
			_	FACIL	ITY INFOR	RMATI	ON									
Name of Facility Where A James Kavanagh P		g Place (3)			0	8		-	f Facility (4) chool (K-12)							
Street Address 2228 Riviera Parkw	ay	•						× O	ubchapter 8 ther (i.e. priv c.)				ildir	igs, h	nomes	s,
City (5) Point Pleasent Bord	NJ 08742							Square 1000-	Feet	# of	Floors		Bld 35-	g. Ag	e	
County (6) ocean				County C	ode (7) SE ONLY)			Curren	t Use (Prior	if bei	ng demol	ished)				
Name of Monitoring Firm	Hired by Building	Owner (8)	1	ASCM	No.			of Abate	ement Contr	actor	(9)					
Street Address							Street	Address Box 329	3					-		
City, State, Zip Code							City, S	state, Zip		-	*					
Project Manager for Mor	nitoring Firm		1	Telephor	ne No.		Teleph	one No	•	1	License					
Start Date (10)		Scheduled	Com	pletion [Date (11)			753-98 of OSH	A Monitor		00727	7. 	June 13.			_
8/10/15		8/11/15			37 3097		Sam									
Occupancy Status Durin	g Abatement (Ched	k Only One))				Street	Address	S							
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr						City, S	State, Zip	Code							
Scope of Work (Check A	All That Apply)							_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti	3037000				Mini Glov	Containmer i-Enclosure vebag Proce i-Exempted	edure	-					
	1		198				L	INOI	I-Exempled	() ai	id NOTI-T	Table I		Contraction	ment	
Locatio	6		ocation ocatio			Ρ.	escription	n of						Ту		
Asbestos-Containing TO BE AB In Fac (13)	Material (ACM) MATED ility	Custo	tenar	nce/	Asbest (i.e.	os Cor therma surf	escription ntaining l al system acing, V miscella	Material ns insula AT, or	(ACM) tion,	(Amount Specify F or LF)	Nellioval	Damoual	Repair	Encapsulate	Enclosure
Laundry	Room		9676	х		Join	t Comp	ound			30 SF	x	1			
14																
Name of Registered Wa	iste Hauler			JDEP W		Cubi of W	c Yards aste	7	Name of F		ered Lan	dfill				
United Roll Off				2459	.10.	2			G.R.O.V							
City, State Elm NJ						8/11	osal Date /15	е	City, State Morrisvi		A 1906	7				
Completed by Anthony T Perna		Title Presid	lent				Signatu	I .				Date 8/7/1	5			

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Date of Notification (1) 8/05/15					f Building O				GP1c						
Agencies Notified	Type Notification		+	Street A	ddress	atomic exotons			2015 . [1). !	1 /	10. 8	l	-	
EPA DED	≥ Initial		-		road Stre	0.00			4.5						
× EPA × DEP × DOL	Amended Amendment				ite, Zip Cod ifield, NJ		3								
☑ DOH □ DCA	Emergency (justification) Cancellation	including		Name of Bert P	f Contact etrik	5				Tele	ephone N	lumber			
Name of English Whore	Abstoment is Takin	- Di (2)		FACI	LITY INFO	RMATI	ON	_		-					
Name of Facility Where a Demarest School	Abatement is Takin	g Place (3)							f Facility (4)	300					
Street Address								. St	chool (K-12)	(Othe				T.	
465 Broughton Ave								et	ther (i.e. pri			rciai bu		(0)	es,
Bloomfield								Square N/A	Feet	# of	Floors		Bldg. N/A	Age	
County (6) Essex					Code (7) USE ONLY)				t Use (Prior arest Scho		ng demol	ished)			
Name of Monitoring Firm Briggs Associates	Hired by Building (Owner (8)		ASCN 0004					ment Contr		(9)				
Street Address				0004	• (*			Address	recognition and are	•					
3 Crosswicks Stree	t								en Avenu	е					0
City, State, Zip Code Bordentown, NJ 08								tate, Zip wa, NJ	Code 07512						
Project Manager for Mon Michael Hoodak	nitoring Firm		- 1:	Telepho 609-29	ne No. 98-0886		AS:	one No. 345-86			License #0067				
Start Date (10) 8/19/15		Scheduled 8/20/15	Con	npletion	Date (11)				Monitor ment, Inc.);				
Occupancy Status During	g Abatement (Chec	k Only One)					Address							
Facility Closed/Vaci	ated During Entire F led Outside of Norm	eriod of Ab	atem	ent				osengr tate, Zip	en Avenu	1e					
Other – Describe:									07512						
Scope of Work (Check A ≥3 sf or ≥3 lf	II That Apply)	П. г.						1	175		,		V. V. V. V.		
≥160 sf or ≥260 lf		1000	nova molit	70070410			X	Mini- Glov	Containmen Enclosure ebag Proce	dure	5.0				
		ls L	ocati	on				I NOTI-	Exempted () and	I NON-FII	able Pi	Aba	temen	t -
Location			rmall	y			scription			100		-	T	уре	Н
Asbestos-Containing TO BE ABA	ATED	Main Custo	tenar	nce/		nermal	aining M systems	insulati		(S	mount pecify	Re	R	Enca	En
In Facil (13)	ity	V0000000000000000000000000000000000000	(12)			surfa other n	cing, VA niscellan	T, or leous)		SF	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ate	9
Old Girls I	Room		Χ			pipe	insula	tion		6	3 LF	X			
												-	+	-	
Name of Registered Was	te Hauler		9660	JDEP W		Cubic			Name of Re	egiste	red Land	fill			
D&S Abatement, Inc			301.00	auler ID 20996		of Was TBD	ste		Waste M	anag	gement	of PA			
City, State Totowa, NJ	=					Dispos TBD	sal Date		City, State Tullytown	ı, Pa	3				
Completed by		Title				S	ignature		7)//			Date			
Deanna Brkusanin		Projec	i Ma	nager			1/186	MULA	RHU	Me	1	8/05/1	5		

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Date of Notification (1) 8/05/15			1 55	lame of Pat Spa	Building O aitio	wner/O	perator	(2)	75.5	Air.	11 5	ļ/			
Agencies Notified	Type Notification			Street Ad	dress le Stree	t			Äe			19 16 3			
× EPA × DEP × DOL	Initial Amended Amendment	#	92		e, Zip Cod range, N		052					1	* 1,		
□ DOH DCA	Emergency (justification) Cancellation	including	N	lame of	Contact					Tele	phone Num	nber 3			
	- Odricenation				ITY INFO	RMATI	ON					-			
Name of Facility Where House	Abatement is Takin	g Place (3)						_	f Facility (4 chool (K-12						
Street Address 81 maple Street								対。			er than K-12 k commercia		ings,	home	s,
City (5) West Orange								Square N/A		# of N/A	Floors		dg. A	ge	
County (6) Essex				County C	ode (7) SE ONLY)			Curren		r if bei	ng demolish	ed)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCM	No.				ment Cont		(9)				
Street Address		112					Street	Address			-				
City, State, Zip Code							City, S	tate, Zip	Code						
Project Manager for Mo	nitoring Firm		T	Геlephor	ie No.		Teleph	none No			License N	0.			_
Start Date (10)	200	Scheduled	Com	nletion [)ate (11)		WAS CONTRACTOR	345-86	A Monitor		#00675				
8/20/15		8/21/15		piction	oate (11)		D&S	Abate	ment, Inc	C					
Occupancy Status Durin	-5						- TOTAL TOTAL	Address	s ren Aven	ue					
Abatement Perform Other – Describe:	cated During Entire med Outside of Norr Occupied	nal Facility I	Hours	ent		_	C 25/20	state, Zip	Code J 07512						
Scope of Work (Check	All That Apply)							7	06 0 00	7					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti				2	Mini Glov	-Enclosure vebag Prod	edure	Negative F			۵	
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Asbestos-Containin TO BE Af In Fac (13	g Material (ACM) BATED cility	Used Mair Custo	tenar	nce/		os Con therma surfa	escription taining M I system acing, VA miscella	Material s insula AT, or		(mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										(D	
basen	nent		X			pipe	insula	ation		7	78 LF	X			
									1						
Name of Registered W	aste Hauler		N	JDEP-W	/aste	Cubic	-Yards		Name of	Regist	ered-Landfil	<u> </u>			
D&S Abatement, In			Н	lauler ID 20996		of Wa	aste		Waste I	Mana	gement c				
City, State Totowa, NJ	3					Dispo	sal Date	9	City, Stat Tullytoy		a				
Completed by Deanna Brkusanin		Title Projec	ct Ma	anager			Signatur	e Ulli9	& Mu	al	. 333 1 3732	ate /05/1	5		

CK 095,500,550

Print Form

	e of Notification (1) 29/15			100	Name of Kurt Ru	Building O Imph	wner/C	perator	(2)	991c	(:10					
5/82/50	encies Notified	Type Notification			Street Ad	(3259 5) 46				4810	ial lia	11 6:1	0.2	1		
	EPA	× Initial			71 Roll	inson St	SHEARAN			,d			a salan			
×	DEP DOL	Amended Amendment	#			e, Zip Cod Orange, N		052		ŗ.	1.1		1			
	DOH	Emergency (justification)	including	1	Name of	Contact					Tele	ephone Num	ber		1 505	
×	DCA	Cancellation			Kurtis F	Rumph							,			
_					FACIL	ITY INFO	RMATI	ON								
120000	ne of Facility Where a	Abatement is Taking	g Place (3)						Ту	pe of Facility (4 School (K-12						
Stre	eet Address									Subchapter	8 (Othe					
71	Rollinson Street								×	Other (i.e. pr etc.)	rivate 8	k commercia	I build	ings,	home	S,
City	['] (5)									quare Feet		Floors	1,955,033	dg. A	ge	
	est Orange									/A	N/A		N/	Ά		
20.89	unty (6) sex				County C STATE U	code (7) ISE ONLY)			10000	urrent Use (Pric ouse	r if bei	ng demolish	ed)			
Nar	me of Monitoring Firm	n Hired by Building	Owner (8)	_	ASCM	No.		Name	of A	Abatement Con	tractor	(9)				
N/			28/ 2/							patement, In	c.				-	
Stre	eet Address	*						Street 11 R		_{dress} engren Aver	nue					
City	, State, Zip Code									e, Zip Code , NJ 07512						
Pro	ject Manager for Mor	nitoring Firm		1	Telephor	ne No.		Telepi	hone	e No.		License No).		<u> </u>	
-	15 40		0 - 1 -	10	-1-41 F	D-t- (44)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5-8685 OSHA Monitor		#00675				
- 20.00	rt Date (10) 21/15		Scheduled 8/22/15	Con	ipietion L	Jale (11)				patement, In	C.	- All tell transmitted				
Occ	cupancy Status Durin	ng Abatement (Chec	k Only One)				Street								
		cated During Entire								engren Aver	nue					
×	Abatement Perforn Other – Describe:	ned Outside of Norn Occupied	nal Facility	Hours				1000 March 2000		e, Zip Code a, NJ 07512						
Sco	ope of Work (Check A	All That Apply)						1010		.,						
×	≥3 sf or ≥3 lf		Пр	enova	tion					Full Containme	ent with	Negative P	ressur	e		
	≥160 sf or ≥260 lf			emolit	30.00			2	×	Mini-Enclosure	9	i i i ogusi i o	, 0000.			
										Glovebag Prod Non-Exempted		d Non-Friab	le Pro	cedur	е	
			le l										T	Abate	ement	
	Locatio	n of		_ocati ormal			De	escription	n of					Ту	ре	
	Asbestos-Containing			Sole			os Con	taining I	Mate	erial (ACM)		mount			血	
	TO BE AE				Staff?	(i.e.		I system		nsulation,		Specify F or LF)	Ren	Re	ncap	ncl
	(13)			(12)				miscella			0	01 21)	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A								=		ate	e.
	basen	nent		Х			pipe	e insula	atio	n		50 LF	Х			
							-051)									
Na	me of Registered Wa	aste Hauler			JDEP W			c Yards		Name of	Regist	ered Landfil			À	
D8	S Abatement, In	C.		155	lauler ID 20996	NO.	of Wa					gement o	f PA			
	y, State towa, NJ						Dispo	osal Dat	te	City, Stat		A				
	mpleted by		Title					Signatu	re	mann L	1/1.		ate	=		
De	anna Brkusanin		Proje	ct Ma	anager			<i>Y</i> //	UL	allel /	Alle	all 7	29/1	ט		

(K1508

Date of Notification (1) 08/07/2015			Name o	of Building Jersey T	Owne	/Operator	(2)	2815	AUG ;	1 11	(LN			-
Agencies Notified Type Notification	1		Street A	48			Jilly							
DEP Amended Amendmer			City, Sta	ate, Zip Co bridge N	ode			r.	/ · - 1. / / ·	- 1 - 1 - 1 - 1	110	31		
□ DOH □ DCA □ Emergency justification □ Cancellatio)		Name o	f Contact Vomelsd				Vi.	Teleph	none N	umber	÷	4	
Name of Facility Whore Abeter 11 T. I.			FACI	ILITY INFO	ORMA	TION								
Name of Facility Where Abatement is Taki NJ Turnpike interchange 8A	ng Place (3)						Туре	of Facility (4)					
Street Address Mile Post 73.7							×	School (K-12 Subchapter of Other (i.e. pr	8 (Other t	han K-	12) cial buil	dings	, hom	ies,
City (5) Jamesburg							Squa	etc.) are Feet	# of Fl			Bldg. /		
County (6)			County (Code (7) USE ONLY,			Curr	ent Use (Prio	r if being	demolis	shed)			
Name of Monitoring Firm Hired by Building AHERA Consultants Inc	Owner (8)		ASCN 0005			Name Acad	of Ab	atement Cont Constructi	ractor (9)					
Street Address P O Box 385						Street	Addre							
City, State, Zip Code Oceanville NJ 08231								Zip Code J 07512						
Project Manager for Monitoring Firm John Smoyer			Telephoi	ne No.		Teleph 973 8	one N	lo.		cense I	No.			
Start Date (10) 08/24/15	Schedule 09/24/1				<u> </u>	Name	of OS	HA Monitor		1155				
Occupancy Status During Abatement (Che								above						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 7am 330pm Occupi	Period of A	haten	nent			City, St		ip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		enova				×	Mi Gl	II Containmer ni-Enclosure ovebag Proce on-Exempted	edure				e	
Location of	N	ocati ormal	ly		D	escription						Abate	ement rpe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	itenar	nce/		os Cor therma surfa	ntaining M al systems acing, VA miscellan	ateria insul T, or	ation,	Amor (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
Boiler Room	Yes	No	N/A										te	, i
Boiler Room	X			Boi		pe/ doo		sket	240		X		X	
Boiler Room	X					n Packir			120 \$		X		X	
Boiler Room	X					oor Linin			20 S		X		X	
Name of Registered Waste Hauler		N	JDEP W	acto		g Insula	ition	LN	160 1		X		Χ	
Academy Construction Inc		Н	auler ID I	No.	of Wa	: Yards aste	3)	Name of Ri GROWS	100 100000					
City, State Totowa NJ					Dispo	sal Date		City, State Tullytowr	n PA					
Completed by Zlate Geleski	Title VP					Signaturé	do	9500	Da.		ate 8/07/1	5		

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CK 1508

Date of Notification (1) 08/07/2015					Building (ersey Tu				W	281	Flin i	, ,			
Agencies Notified	Type Notification			Street A	ddress			,			FAUG 1		10	23	
EPA DEP	Initial Amended				ain St Po		5042			fi _{ne}				7. 4	
X DOL	Amended Amendment				oridge N		95				≈ 1.10.E	h. T	40	· - L	
X DOH X DCA	Emergency justification) Cancellation		- 4	35053	Contact omelsdo	orf.				Tel	ephone Nu	mber			
					LITY INFO		ION								
Name of Facility Where NJ Turnpike interc	Abatement is Takin	g Place (3)						Туре	of Facility (4)					
Street Address	nange /A								School (K-12 Subchapter 8		er than K-1	2)			
Mile Post 60.5								Ī	Other (i.e. preetc.)				dings,	home	es,
City (5) Allentown									re Feet	# 0	f Floors	В	ldg. A	ge	
County (6)				County (Code (7)			Curre	ent Use (Prior	r if bei	na demolis	hed)			
N		_		19	JSE ONLY)	-									
Name of Monitoring Firm AHERA Consultant		Owner (8)		ASCN 0005					tement Cont Constructi						
Street Address	-						Street	Addre	SS						
P O Box 385 City, State, Zip Code									46 Suite	14					
Oceanville NJ 0823	31								ip Code J 07512						
Project Manager for Mor John Smoyer	nitoring Firm		- 1	Telephor	ne No. 2 1833		Teleph	one N			License N	lo.	22.000		
Start Date (10)		Scheduled		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					HA Monitor		01155				
09/01/15		10/01/15					Sam	e as a	above						
Occupancy Status Durin				No. of the last of			Street	Addres	SS						
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility H	lours	ient			City, S	tate, Z	ip Code						
Scope of Work (Check A	II That Apply)														_
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Property laws and the laws are a second	novai				×	Mir Glo	I Containmer ni-Enclosure ovebag Proce	edure				23	
	1	ls Li	ocati	on				1 140	n-Exempted	() an	u Non-Friat	T Pro		e ement	
Location		No Used	rmall Solel		104107421000003		scription					-	Ту	pe	
Asbestos-Containing TO BE AB	ATED	Maint	enar	nce/	Asbest (i.e.	therma	taining M I systems	insula	(ACM) ation,	(5	mount Specify	Re	70	Enc	Ē
In Facil (13)		L HOSTON RESIDEN	12)				icing, VA miscellar			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					-			<u> </u>		ate	re
Boiler R	oom	X				Во	iler Ro	ре		1	10 LF	Х		Х	
												-			_
Name of Registered Was	ste_Hauler		10000	JDEP W			Yards		Name of R	egiste	ered Landfil				
Academy Constructi	on Inc		0.500	auler ID)34422		of Wa	ste		GROWS	Lan	dfill				
City, State Totowa NJ						Dispo	sal Date		City, State Tullytow		0				
Completed by	P.	Title					Signature) /	O. O			ate			-
Zlate Geleski		VP					13/	110	Lib	De	_ 0	3/07/	15		

CK 1508

Date of Notification (1)					Building (
08/07/2015	+				ersey Tu	ırnpike	Autho	rity		2815	I/I	F.1	115	-	
Agencies Notified EPA	Type Notification Initial		11.7	Street Ac 581 Ma	idress ain St Po	O Box 5	5042			6		*	110.	C 3	
DEP × DOL	Amended Amendment				te, Zip Coo oridge N		5				E LIGE	V 7/1	() i	ĕĹ.	
X DOH	Emergency justification) Cancellation		100		Contact omelsdo	orf				Tale	anhana Num	her			
	_			FACIL	ITY INFO	RMATIC	N			1					
Name of Facility Where A NJ Turnpike interch		g Place (3)						Тур	of Facility (4) School (K-12						
Street Address Mile Post 91.3								×	Subchapter 8 Other (i.e. pri	(Oth			dings,	home	es,
City (5) Elizabeth					-			Squ	etc.) are Feet	# 01	f Floors	В	ldg. A	ge	
County (6) Union				County C	Code (7) ISE ONLY)			Curr	ent Use (Prior	if bei	ng demolish	ed)			
Name of Monitoring Firm AHERA Consultants	Hired by Building	Owner (8)		ASCM 0005					atement Control						
Street Address P O Box 385							Street	Addr							
City, State, Zip Code Oceanville NJ 0823	1						City, S	tate,	Zip Code						
Project Manager for Mon John Smoyer				elephor	ne No.		Teleph 973 8	one I	No.		License No	0.			
Start Date (10) 09/08/15		Scheduled	Com				Name	of OS	SHA Monitor		01133			8	
	Abatamant (Oba						0.835383107	18671-1	above						
Occupancy Status During							Street	Addr	ess						
Facility Closed/Vaca Abatement Perform Other – Describe: 7	ed Outside of Norr	nal Facility H	ours	ent			City, S	tate,	Zip Code						
Scope of Work (Check A	Il That Apply)													-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati nolitio	17000			×	M G	ull Containmer	edure					
		Τ				-		1 14	on-Exempted	() an	u Non-Friad	PIO		e ement	
Looption	of.	1111	ocatio rmally	9000										/ре	18 07========
Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM) ATED ity	Used Maint Custoo	enan	ce/		tos Conta thermal s	systems ing, VA	lateri s insu T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
1			No	N/A										-	
Boiler Ro	oom	X			G	Grey He	ader F	ittir	igs	- 1	2LF	X		Χ	
Boiler Ro	oom	X			Е	Breechi	ng Ins	ulati	on	6	4 SF	X		X	
Name of Registered Was	ste Hauler		I N.	JDEP W	/aste	Cubic	Yards		Name of R	egiste	ered Landfill				
Academy Construction			Ha	auler ID 34422	No.	of Was			GROWS						
City, State Totowa NJ			ــــــــــــــــــــــــــــــــــــــ				al Date		City, State Tullytow						
Completed by Zlate Geleski		Title VP					ignature	7	L Q	1)	Da	te 3/07/	15		
Liate Geleski		VP					141	117	1) 120	05	1/20	1011	10		

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

Date of Notification (1)			Name	of Building	Owner/Operator (2	2)					
8 /7 /1	5		Stat	e of NJ		/ Job #1507-19	998 Chk. #4	1042			
Agencies Notified Type Notification	n		Street	Address			2818 AUG	- 1	- I	12	4
☐ EPA ☐ Initial			1 St	ate Hom	e Rd./P.O. Box 5	500	2				
☑ DOLWD ☐ Amended	ш		City, S	tate, Zip C	ode		1	1.	27		9 [
☑ DHSS Amendment ☐ DCA ☐ Emergency (Mor	roe, NJ			\$ 1.10	d K	11.		2.500
(NJAC 5:23-8) justification)	including		Name	of Contact	l .		Telephone Numb	per			
☐ Cancellation			Mr.	Anthony	Mazzella						
			FAC	CILITY IN	FORMATION						
Name of Facility Where Abatement is Tak	ng Place	(3)				Type of Facility (4	1)				
NJ Training School				38		☐ School (K-12)					
Street Address						Subchapter 8			المالم المال	_	
1 State Home Rd., P.O. Box 500						Other (i.e., privalent homes, etc.)	vate and commer	ciai bui	liaing:	5,	
City (5)						Square Feet	# of Floors	Bld	lg. Ag	ie	
Monroe, NJ						2000	2		80 Yr		
County (6)			Coun	ty Code (7)(STATE USE ONLY)	Current Use (Prio	or if being demolis	hed)		3.00	
Middlesex				,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Vacant					
Name of Monitoring Firm Hired by Building	Owner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)					_
Brinkerhoff Environmental					and the first of the second second second	d Mold Services	s. Corp.				
Street Address					Street Address						
1805 Atlantic Ave.					3859 Sylon B	oulevard					
City, State, Zip Code					City, State, Zip Co	w one company of we					
Manasquan, NJ 08736					Hainesport, N						
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.				
Jason Hooper			32)223		609-702-0400)	00862				
	eduled C		3.5		Name of OSHA M						
The state of the s	8 /				EMSL Analyt	97.007.70					
Occupancy Status During Abatement (Chr					Street Address						
☐ Facility Closed/Vacated During Entire			ment		200 U.S. Rou	te 130 North					
☐ Abatement Performed Outside of Norm				cribe	City, State, Zip Co						
Time of Abatement:AM	PM/	_PM-		AM	Cinnaminsor						
Scope of Work (Check all that apply)					- Citation Co.	.,					
						tainment with Nega	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		novat molitic			☐ Mini-End	closure a Procedure					
		inonti	Oli			empted (*) and Nor	-Friable Procedu	re			
	Is	Loca	tion					Ab	atem	ent T	уре
Location of		Norma	ally ely by		Description of			R	R	ш	Ш
Asbestos-Containing Material (ACM) TO BE ABATED		intena			estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	nca	nclo
IN Facility	Cus		Staff?	(1.6	surfacing, VAT		SF or LF)	oval	=	Encapsulate	Enclosure
(13)		(12)	Teorison (-	other miscellane	eous)				ate	CD
	Yes	No	N/A	1-2			S SVA				_
Throughout			\boxtimes	0 & M	Drilling Holes in	ACM Plaster	<3 SF	\boxtimes			
	П									П	
1	-15-	1=	_								
Name of Registered Waste Hauler			NJDEP 1	Macta	Cubic Yards of	Name of Regist	torod Landfill				
Freehold Cartage, Inc.		1.50	Hauler II		Waste	GROWS La					
1 De la 1942 (1945			02265	5	5						
City, State					Disposal Date	City, State	DA 40007				
Freehold, NJ					8/24/15	Morrisville,					
Completed By (Print or Type)	itle				Signature	Ma 1	1 1- , D	ate		_	
The second secon		-	Water Street, Square and Section 19		1 6	11/1	Acres 14 6 64		- 1		
Joann Mullarkey	Office	Coor	dinato	r	Aban	r Muy	arkly	8-	7-	15	

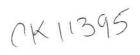
CK 11793

MAY 11

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

Date of Notification (1)			Name	of Building	Owner/Operator (2)					
08/06/	15		St. I	_uke's H	ospital		2011		- F- y		
Agencies Notified Type Notifica	ation		Street	Address					E+ 1 E	1.5	.3
			185	Rosebe	rry St.						
☑ DOLWD ☐ Amended		ł		tate, Zip C	, 5.						-
☐ DHSS Amendme	-				, NJ 08865		4 1 1	-	1		
DCA Emergen		- 1		of Contac			Telephone Numb	201			
(NJAC 5:23-8) justification Cancellat				Ruhf	L		Leiebuone Mann	Jei			
L Caricellat	1011		2000		I COMATION						
Name of Facility Where Abatement is T	aking Place	/3)	FAC	JILII Y IN	IFORMATION	Type of Equility /	4\				
St. Luke's Hospital	aking Flace	(3)				Type of Facility (
						School (K-12) (Other than K-12))			
Street Address							ivate and commer		ilding	S,	
185 Roseberry St.						homes, etc.)					
City (5)						Square Feet	# of Floors	Blo	dg. Ag	ge	
Phillipsburg, NJ 08865						100,000+	2		41+		
County (6)			Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Warren						Hospital					
Name of Monitoring Firm Hired by Build	ding Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Criterion Laboratories			NA		Alliance Envi	ironmental Sys	tems				
Street Address					Street Address					-	
3370 Progress Dr., Ste. J					550 East Uni	on St.					
City, State, Zip Code					City, State, Zip Co						
Bensalem, PA 19020					West Cheste						
Project Manager for Monitoring Firm		Tele	phone I	No	Telephone No.	1,1 A 10002	License No.		10-0-7-		
Mike Panepresso			5-244		610-701-9000	(30)	00508				
7.	Scheduled C	100			Name of OSHA M		00506				
08 / _20 / _15	08 /				AET	ionitor					
Occupancy Status During Abatement (Street Address						
☐ Facility Closed/Vacated During Enti		(7)	mont		000000000000000000000000000000000000000	Deed					
☐ Abatement Performed Outside of N				crihe	28 N. Pennel						
Time of Abatement:AM					City, State, Zip Co Media, PA 19						
Scope of Work (Check all that apply)					1						-
☐ ≥3 sf or ≥3 lf	⊠ Re	novati	on		☐ Full Con	tainment with Neg	ative Pressure				
⊠ ≥160 sf or ≥260 lf	□ De					g Procedure					
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			225	00mm	☐ Non-Exe	mpted (*) and No	n-Friable Procedu	re			
		Locat						Ab	atem	ent T	уре
Location of		lorma d Sole			Description of			D	R	т	Ш
Asbestos-Containing Material (ACN TO BE ABATED		intena			estos Containing Ma e., thermal systems		Amount (Specify	em	Repair	nca	nclo
IN Facility	Cust		Staff?	(1.0	surfacing, VAT	or .	SF or LF)	Removal	=	psu	Enclosure
(13)	Yes	(12) No	N/A	-	other miscellane		,	_		Encapsulate	, G
1 st Floor	l es		The second	VAT &	Maatia		000.05				
1 11001				VAI &	IVIASTIC		200 SF		Ш	Ц	Ш
			\boxtimes								
		П						П	П	П	
Name of Registered Waste Hauler		IN	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				Щ
David Geppert Recycling		1000	lauler II		Waste		erks Communi	ty Lar	dfill		
City, State			-		40 Disposal Date	City, State					
Hatfield, PA					TBD	Birdsboro,	PA				
Completed By (Print or Type)	Title				Signaţúre) /	n nn		ate /			
Senya D. Isayeff	Estima	tor				144		8/6	15		
ACD 44					(74)	THE		Olo	13		

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



		(Pur	suant to	NJAC 8:60 ar	nd 12:120))				(
Date of Notification (1) 8/7/15				uilding Owner/ NEU Realty			nt	2015	£110 ++	5 t.4	'n. '		
Agencies Notified Type N	otification	01 (22)	treet Add					(Lie	AUC !!	Cit	1000	. 6	
DEP Ar	tial nended nendment #	C	ity, State	, Zip Code NJ 07032					8.1.		ii G		
DOH jus	nergency (including stification) ancellation		lame of C					l Tele	ohone Num	ber			
			FACILI	TY INFORMA	TION						-		\exists
Name of Facility Where Abateme 78 John Miller Way	nt is Taking Place (3)					Тур	e of Facility (4) School (K-12)						
Street Address 78 John Miller Way				12		×	Subchapter 8 Other (i.e. pri etc.)	(Othe	er than K-12 k commercia) Il buildi	ngs, l	nomes	i,
City (5) Kearny						2000	otory uare Feet 000	# of 5	Floors	50 50	dg. Ag	je	
County (6) Hudson			County Co	ode (7) SE ONLY)		Va	rent Use (Prior cant			ed)			
Name of Monitoring Firm Hired b	y Building Owner (8)		ASCM	No.	Pow	rRSa	1780-281	ractor	(9)				
Street Address						Vest	Street						
City, State, Zip Code							Zip Code eld, NJ 0700	03					
Project Manager for Monitoring F	īm		Telephon	e No.	Telep 973-		No. -0088		License N 357	0.			
Start Date (10) 8/24/15	Scheduk 10/30/		pletion D	ate (11)	Name		SHA Monitor						
Occupancy Status During Abate	ment (Check Only Or	ne)			Stree	t Add	ress						
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	side of Normal Facility	Abatem Hours	ent		City,	State	, Zip Code						
Scope of Work (Check All That A	Apply)					_							
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Renova Demolit					Full Containme Mini-Enclosure Glovebag Proc	edure	1.50			0	
		Locati Normal				95	Non-Exempted	i (") ar	id Non-Friat	ne Pro	Abate	ement pe	
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	al (ACM) Usi	ed Sole aintena stodial (12)	ly by nce/	Asbestos C (i.e. them	Description ontaining mal system of the control of	Mate ms ins /AT, c	sulation, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			D: 1:-			2000 of	V			
Siding	X			Ir	ansite S	Sidin	9	9	9600 sf	X			
						G							
Name of Registered Waste Hau ProGreen MGMT	ller	1.000	J JDEP W Hauler ID		bic Yards Waste	3	Name of	Regis	tered Landfi	11			
City, State East Brunswick, NJ				Dis	sposal Da	ate	City, Stat	te					
Completed by Kevin Stack	Title VP				Signatu		P		5.0	ate 3/7/15			

(K11393

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

RECEIVED

Date of Notification (1) 8/7/15					Building Ov Developr		erator	(2)		045					
Agencies Notified	Type Notification			Street Add	((*))	HOHE			2	ila A	LIC !!	5 ld	0: 3	6	_
T EPA	Initial		3	350 W.	Hubbard	d Stree	et		.1	: = :					
DEP DOL	Amended Amendment				e, Zip Code o, Illinois		54		2	O.	i Fi	1. IR	IK:	THE I	
DOH DCA	Emergency (injustification) Cancellation	ncluding	1000	Name of C	Contact stanzaro	v 8				Tele	phone Nu	mber			
				FACIL	ITY INFOR	RMATIC	ON								
Name of Facility Where Former Tuscan Da		Place (3)						☐ So	f Facility (4) chool (K-12))					
Street Address 750 Union Ave.				- 100 - 10 0 -				X O	ubchapter 8 ther (i.e. pri c.)				dings	, hom	ies,
City (5) Union								Square	Feet olished	# of	Floors	E	ldg. /	\ge	
County (6) Union				County C	ode (7) SE ONLY)			Curren	t Use (Prior nt	if bei	ng demolis	shed)			
Name of Monitoring Firm	m Hired by Building (Owner (8)		ASCM	No.			of Abate RSave	ement Contr	actor	(9)				
Street Address								Address /est St							
City, State, Zip Code								State, Zip mfield.	Code NJ 0700)3					
Project Manager for Mo	nitoring Firm		1	Telephon	e No.		Teleph	none No 680-00			License 357	No.			
Start Date (10) 8/11/15		Scheduled 8/11/15	Com	npletion D	Date (11)			of OSH	A Monitor					+	
Occupancy Status Durin	ng Abatement (Chec	State of the contract of the c)					Address	S						
Facility Closed/Va	cated During Entire med Outside of Norr	Period of Ab	atem				City, S	State, Zip	o Code						
Scope of Work (Check	All That Apply)											-			
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		_	nova molit					Min Glo	Containme i-Enclosure vebag Proce i-Exempted	edure				ıre	
		Isl	ocati	ion									Aba	teme	nt
Locatic Asbestos-Containin <u>TO BE Al</u> In Fac (13	ig Material (ACM) BATED cility	Used Mair Custo	ormal Sole itena	lly ely by nce/ Staff?		os Cont thermal surfa		Material ns insula AT, or		(Amount Specify F or LF)	Removal	Repair	ype Encapsulate	Enclosure
		Yes	No	N/A											
Grou	und	X				Tran	site P	iping			20 If	X	-	-	
				-						-		+	+	+	
		1		1									+	+	
Name of Registered W	aste Hauler			NJDEP W			Yards		Name of	Regis	tered Land	fill	_		
ProGreen MGMT			ŀ	Hauler ID	No.	of Wa	este).
City, State East Brunswick, N	J					Dispo	sal Dat	е	City, State	е					
Completed by Kevin Stack		Title VP					Signatu	RA	2			Date 8/7/1	5		

Oil	70	1-7
(,K	10	1/1
	~	1

Date of Notification (1)								wner/Operator (2				F= 1
8 / 7 /15					Stree	et Ado	irace					
Agencies Notified Type Not					111 3	SUMN	IIT STREE	T/FACULTY MEN	ORIAL HALE	1110 1	į	file in.
EPA X Init	tial Notifi nended No				City,	State	, Zip Code		2.4	neo .	i	
X DOL Car	ncellation	Ē			1000						1 2	2
X DOH On	Hold				Nam	e of C	Contact		Telephone No	umber		17.02
DCA EM	IERGENO	CY N			ALEX	KAND	ER CARRE	ERAS				
25					CILITY INFO	RMA	TION					
Name of Facility Where Abatement	is Taking	Pla	ce (3)				Type of Facility				
								School (K-				
NEW JERSEY INSTITUTE OF TECH	INOLOGY	1							er 8 (Other than			1
2									orivate & comn			
Street Address 111 SUMMIT STREET								Square Feet	# of Floors		Bldg.	
	(6)						1 (=)	200,000	4	_,,	5	3
	unty (6) SEX				100000000000000000000000000000000000000	-0.0	de (7) E ONLY)	Current Use (Pri		olished)	- 1
Name of Monitoring Firm Hired by E		Own	or /9	`	(STATE	-	SCM No.	Name of Abater		or (0)	_	
CTSI	bulluling	OWII	0) 19)		A	17	PAR ENVIRON			ION	
Street Address								Street Address				
237 WEST 35TH STREET						-		313 SPOOK RO				
City, State, Zip Code	ODIC NEV							City, State, Zip (
	ORK, NEV				N. I.			SUFFERN, NEV				
Project Manager for Monitoring Firm					Number			Telephone Num	I Son	cense N	lumb	ər
KYLE KRUG	16			971-7				845-369-7500	46	50		
Expected : Start Date (10) 8 / 24 / /15		scne		omple ! /	tion Date (1	1000	15	Name of OSHA				
Month Day Year		Мо		. /	30 Day		15 Year	QUALITY ENVIR	RONWENTAL			- 1
Occupancy Status During Abatement	(Check o				Duy		1001	Street Address	-			
Facility Closed/Vacated Do				of Aba	atement			1376 ROUTE 9	W			
Abatement Performed Out	tside of N	orma	al Fac	cility H	ours - Desc	ribe:						
X Other - Describe: MC	NDAY - F	FRID	AY 7	AM-3:	30 PM			City, State, Zip C		8 00000		
2		200					12 22		NGERS FALLS		2590	
Scope of Work (Check all that apply) Demolition	V I			_		_		ainment with Nec	jative Pressur	e		1
>3SF OR LF	X F	reno	vatio	n		-	Mini-Enclo	Procedure				
X >160 SF OR						X		le Procedure				
Location of	1	ls l	Loca	tion		/ (iption of As			Δha	teme	nt Type
Asbestos-containing				used	100		ning Materi		Amount	B	D	Im 1
Material (ACM)		S	olely	by			Thermal sy		(Specify	EMOVAL	REPAIR	NO I
TO BE ABATED	1			todial			ion, surfaci		SF or LF)	18	Ħ	00
in Facility (13)			aff (1			or oth	er miscella	ineous)				NCLOSURE
	Y	'es	INO	N/A						_	-	m
ROOM 401A				X	VAT & MA	STIC			810 SF	X	_	
- W												
					7/						1	
										_		
		\dashv	-	-			-			+	+	-
2				-						-	-	
		-		-		-				-	-	
***											_	
								EII			-	
Name of Registered Waste Hauler			PW		Cubic Yard	ls of V	Vaste	Name of Registe	red Landfill			
DJM TRANSPORT	H		r ID I			15		110 SAND 20	7			
0, 0,		2	2698	1				// ///				
City, State					Disposal D		_ /	City, State				
Completed by (Print or Type)	Tial -	<i>N</i>			08/24.15-1			MELVILLE, NY		0	1	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title	TOP	OF	OPED	ATIONS	Signa	ature //	////	Da	ite /	//	151
DELIGRATION CANONICE	DITTEO	TON	OF	OI EN	ATIONS		/	//(2)		01	//	

CK 28168

	(Pursuarii	Name	of Building Ov	wner/Op	perator (2)				
Date of Notification (1)		MERC	K SHARP & DO	OHME C	CORP.					
		Street	Address							
8 / 7 /15 Agencies Notified Type Notification	n	126 E.	LINCOLN AVE	ENUE, F	P.O. BOX	2000, RY28-414				
		City S	State, Zip Code				- ,			
	Notification		VAY, NEW JER		7065		- 11		C.T	
X DOL Cancellat							175	•	7-	
X DOH On Hold			of Contact			Telephone Number	er	-		
DCA EMERGE	NCY NOTIFICATI						_	15		_
		ACILITY IN	FORMATION					-		-
Name of Facility Where Abatement is Ta	king Place (3)				of Facility				-	5.
					School (K-	r 8 (Other than K-	12)			
MERCK SHARP & DOHME CORPORATION	NC			X C	Other (ie. r	private & commol.	bldas.	, hom	es, et	25.00
					are Feet	# of Floors		Bldg.		
Street Address	21				1,285	2		6	8	
126 EAST LINCOLN AVENUE -Building 1		Count	ty Code (7)	Currer	nt Use (Pri	or if being demoli:	shed)			
City (5) County (.0)		USE ONLY)	VACA						
Name of Monitoring Firm Hired by Build	ding Owner (8)		ASCM No.	Name	of Abate	ment Contractor	(9)			. 1
ENVIRONMETAL HEALTH INVESTIGAT	ONS, INC.		17			MENTAL CORPO	RATIC	NIC		\dashv
Street Address	*				Address	OCK ROAD				
655 WEST SHORE TRAIL				1000	State, Zip					\neg
City, State, Zip Code	W IEDOEV 07071					W YORK 10901				
	W JERSEY 07871 Telephone			100000000000000000000000000000000000000	hone Num	To a second	nse N	umbei		
Project Manager for Monitoring Firm	973-729-5				869-7500	110				
WILLIAM S. KERBEL, CIH Expected State Date (10)	Sched. Comple		(11)		e of OSHA					
8 / 24 /15	8 /	28	/15	AME	RISCI LAE	ORATORIES INC	;	#1	1480	
Month Day Year	Month	Day	Year	01	+ A ddrsoo				-	
Occupancy Status During Abatement (Ch	eck only one)				t Address	H STREET				
X Facility Closed/Vacated During	g Entire Period of A	Abatement	scribe.	1117	_A01 0011	, orrice,				
Abatement Performed Outside X Other - Describe: Monday	-Friday 7am -3:30	nm	Scribe.	City,	State, Zip	Code				
X Other - Describe: Monday	-1 may rain olo	P			NE	W YORK, NEW Y	ORK 1	10016		
Scope of Work (Check all that apply)					nt with Neg	gative Pressure				
Demolition	Renovation		Mini-End		odura					
X >3SF OR LF			X Gloveba							
>160 SF OR 260 LF	Is Location	T	Description of A				A	batem	ent T	уре
Location of Asbestos-containing	normally used	6	Containing Mate			Amount	RE	RE	EZ	EZ
Material (ACM)	solely by		(ie. Thermal s			(Specify	NO	PA	SA	CLC
TO BE ABATED	Maint/Custodia	al ir	nsulation, surfac			SF or LF)	\$	D	Sc	NCLOSURE
in Facility (13)	Staff (12)	-	or other miscel	lianeous	>)			REPAIR	E	Æ
	Yes No N/A		V 30			20 Lp Et	Х			T
Building 121	X	Pipe Insu	lation			30 Ln Ft	1^	+	+	\vdash
			# Part 1997				-	+-	-	-
	- - - - - - - - - - 									
		+								
		-						1		
3							+	+	+	
				1		-tored I codfill				+
Name of Registered Waste Hauler	NJDEP Waste		ards of Waste	Nan	ne of Regi	stered Landfill OUNTY RESOUF	RCE M	IANA	SEME	NT SI
FREEHOLD CARTAGE, INC.	Hauler ID No.		320	447	AI FXANI	DER DRIVE/ROU	TE 15		47.77	
825 HIGHWAY 33	15939	Disposal	Date		, State					
City, State FREEHOLD, NEW JERSEY		3/9 -03/3				RY , PA 17752				,
Completed by (Print or Type)	itle		Signature	//		Da	ite	9/	21	15
BENJAMIN SANCHEZ	DIRECTOR OF OF	PERATIONS		41	2			10	4	1)

CK 1120

			(ru	i Suaiit t	O NOAC 6.	ov and 12.12	٥)	53 () () () ()		10		
Date of Notification (1)	8/5/15		1	Name of ROA	Building O	wner/Operator FALL	(2) SN		5.50	a di		
Agencies Notified	Type Notification			-	3 D	OCK S	1.	2015 AUG 1				
DEP DOL	Amended Amendment		- 1	Nic		e EACH, M	vo , o	1735CEN	HIG	ReL		
DOH DCA	justification) Cancellation	ricidaling			IALD	FALL	010	Telephone Nur	nber	- / 1 /	``	_
Name of Facility Where	Abatement is Taking	Place (3))	FACIL	LITYINFO	RMATION	Type of Facility	(4)				
Street Address							Other (i.e.	12) r 8 (Other than K-12 private & commerci		lings,	home	es,
303 DOCK City (5)	21.						etc.) Square Feet	# of Floors	В	ldg. A	ge	
UNION BE	ACH			County C	Codo (7)			ior if being demolish				
MONMOUTH				(STATE L	JSE ONLY)							
Name of Monitoring Fir	m Hired by Building (Owner (8)		ASCN	l No.		of Abatement Co					
Street Address						Stree	NATECH t Address D. BOX &					
City, State, Zip Code						City,	State, Zip Code		0 6	<u> </u>	7	
						OL	DBKIDE	License N	20	5 1		
Project Manager for Mo	onitoring Firm			Telephor		737	2)238-750	00 008	06			
Start Date (10)		Schedule	3	npletion I	Date (11)	100000000000000000000000000000000000000	OF OSHA Monitor					
Occupancy Status Dur	ing Abatement (Chec	k Only Or	ne)				t Address					
	cated During Entire F med Outside of Norm					City,	State, Zip Code		8-			
Scope of Work (Check	All That Apply)					ULL	DRIVE	, NJ, 08	00	_		
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	5.5 5.51		Renova Demolit				☐ Mini-Enclosu ☐ Glovebag Pro				re	
		lo	Locati	ion				T		Abate	ement	t
Locati	on of	1	Vormal	ly		Description	n of			Ty	ре	
Asbestos-Containin TO BE A In Fa (13	ng Material (ACM) BATED cility	Ma Cus	d Sole intena todial S (12)	nce/ Staff?			Material (ACM) ns insulation, 'AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
/		Yes	No	N/A		4.74		1	. ,	-		-
REAR FRONT	SIDES			×	EXT	. 51DI	V G	100 SF	×			
Name of Registered W	aste Hauler		l N	JDEP W	Vaste	Cubic Yards	Name o	f Registered Landfi	1	_		-
NOVATECH				lauler ID	No.	of Waste		R.O. W.				
City, State OLD, BRID	100				•	Disposal Dat	te City, Sta			PA)	
Completed by	, ,	Title	Orc	IDEN	,	Signatu			ate /5	-1,	_	
CARLOS AL	112/114	VA	(4)	11100	1	> a	115		6/2	10	,	

Check # 10018

Date of Notification (1) August 7, 2015				Building America	Owner / Oper	rator (2)		15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Agencies Notified	Type Notification	n		Street A				2815 AUG	11 AM 10: 30				
□EPA □DEP				370 E. N	lassau S	treet							
⊠DOL	Initial			City, Sta	te & Zip (Code		à L	locksing				
	Amende	ed		Princet	on, NJ 0	8540			-				- 1
⊠рон		ment #_							Tele	phone	Num	ber	\dashv
DCA	Cancell	ation		Jim Kal	f Contact afsky				1,0,0	,,,,,,,,		10000	
				FAC	ILITY II	NFORMAT	ION						
Name of Facility Wh	ere Abatement is	Taking Pla	ace (3)	7.72			of Facility (4 school (K-1)						
Bank of America								8 (Other than I	K-12)				1
Street Address 370 E. Nassau Stre	of								mmercial buildings	, hom	e, et	c.)	
370 E. Nassau Stre	et					Square		# of Floo		. Age			
City (5)							6,500		1		60		_
Princeton						Curren Bank	nt Use (Prid	or if being dem	olished)		6		
County (6) Mercer			unty Code E ONLY	(7)									
Name of Monitoring	Firm Hired by Buil				ASCM N	No. Name	of Abatem	ent Contractor	(9)				
Environmental Tes							ech, Inc.					-	
Street Address	ana Dika					7,330,333	Address adio Road						
413 North Black Ho City, State & Zip Co						City, S	State & Zip	Code					
Runnemede, NJ 08	8078							or, NJ 08087	License Numb	oor			
Project Manager for	Monitoring Firm		100000	ephone N -482-131			hone Numb 96-6916	per	License Numi	00817	7		
Howard Zenobi Scheduled Start Date	te (10)	cheduled	Completio			The late of the control of	of OSHA	Monitor					
August 17	, 2015		Septem	ber 21, 20			ech, Inc.						
Occupancy Status I	During Abatement sed/Vacated Durir	(Check or ng Entire F	nly one) Period of A	Abatemen	ıt		Address adio Road	í					
	Performed Outsic						State & Zip						
Other - De		tomont				Little	Egg Harbo	or, NJ 08087					
Scope of Work (Che	cupied During Aba	dement											
Scope of Work (Cire	eck all triat apply)						☐ Fi	ull Containmen	t with Negative Press	ure			
≥3 sf or ≥ 50	If			Renovation	on		⊠ M	ini-Enclosure					
≥160 sf or ≥2				Demolitio	n			lovebag Proced					
							□ N	on-Exempted(*) and Non-Friable Pr				
	ocation of	20 ENGWEN	Is Locati	on Norma	Illy Used		Description		Amount (Specify	Ab	atem	ent I	ype
	taining Material (A	(CM)		y Mainten dial Staff			estos-Cont //aterial (AC		SF or LF)				
	BE ABATED N Facility		Cusio		(12)	(i.e.,	thermal sy	ystems	COM SOCIAL SE			ш	
	(13)						tion, surfaction, miscella			Re	R	nca	Enc
						Of Oth	iei iiiisceiia	arieous)		Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A					/al	-	late	лге
Air Handler Room					Х	F	Pipe Insulat	tion	25 LF	X			
Air Handler Room				,	X	Pipe	-Fitting-Ins	sulation	22 LF	X			-
Name of Registere			NJDEP !		Cubic `	Yards of Wast	te I	Name of Regis	tered Landfill				
Synatech, Inc.				J No. 7429	1			Grows Landfil	I				
City, State			1		Dispos	al Date	(City, State					
AND THE RESERVE OF THE PARTY OF						ptember 22, 2015 Morrisville, PA							
Little Egg Harbor, Completed By		Signat		Morrisville, PA Date									
Completed by		Title				10.0 //	1/12-	. 1	August 7 2045				
Diane Aloia		Executiv	ve Admin	istrator	1.00	une al	NU		August 7, 2015				

(K24434

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

Date of Notification (1)				Na	me (of Building	Owr	ner/Operator (2	2)	granden minder							
8/	06 / _	15		,	lohi	nson & .	lohn	son	6111								
Agencies Notified	Type Notifica	tion		Str	eet /	Address			CRIS POR	TI KANG:	32						
⊠ EPA					501	George	Stre	et									
□ DOLWD	☐ Amended			Cit	y, Si	tate, Zip C	ode	14	The second	P4. :	171						
□ DHSS	Amendme		et access	1	Vew	Brunsw	rick,	NJ 08901	£ 1.	Mark Bridge							
☐ DCA (NJAC 5:23-8)	☐ Emergeno justificatio		ing	Na	me	of Contact				Telephone Nun	nber						
(140/10/0.20/0)	☐ Cancellati			1	Van	dita Kan	ndar		9								
				1	AC	ILITY IN	FOR	MATION									
Name of Facility Where A	batement is T	aking Pl	ace (3)						Type of Facility (4)							
Kilmer Museum									School (K-12)								
Street Address							27.27		☐ Subchapter 8 ☐ Other (i.e., pr	(Other than K-1	2) ercial hi	ilding	c				
501 George Street								× =	homes, etc.)	ivate and commit	ordiar be	manig	3,				
City (5)									Square Feet	# of Floors	В	dg. A	ge				
New Brunswick									9500	2		÷/- 7()				
County (6)				С	oun	ty Code (7)(STA	TE USE ONLY)	Current Use (Price	or if being demol	ished)						
Middlesex									Vacant								
Name of Monitoring Firm	Hired by Build	ing Owr	er (8)	AS	1 MC	No.	Nar	ne of Abateme	ent Contractor (9)								
EHI, Inc.							U	SA Environ	mental Manage	ement, Inc.							
Street Address								Street Address									
655 West Shore Tra	655 West Shore Trail							8436 Enterprise Avenue									
City, State, Zip Code									tate, Zip Code								
Sparta, NJ 07871							P	hiladelphia,	hia, PA 19153								
Project Manager for Moni	itoring Firm		T	elepho	ne l	No.	Tele	ephone No.		License No.							
William Kerbel				973-	729-	-5649	2	15-365-5810									
Start Date (10)	S	chedule	d Com	oletion	Dat	te (11)	Nar	ne of OSHA M	HA Monitor								
8 / 20 /	15	09	_ / _	09_	/_	15_	U	SA Environ	onmental Management, Inc								
Occupancy Status During	Abatement (0	Check or	nly one))			Stre	eet Address									
☐ Facility Closed/Vacate	ed During Entir	e Period	of Aba	temer	nt		8	436 Enterpr	ise Avenue								
Abatement Performed						cribe	City	, State, Zip Co	ode								
Time of Abatement: 7	:00AM-3:30P	M/	_PM		AM		Р	hiladelphia,	PA 19153								
Scope of Work (Check al	I that apply)							□ Eull Con	tainment with Neg	rativa Draesura							
≥3 sf or ≥3 lf		\boxtimes	Renov	ation				☑ Mini-End		alive Flessure							
☐ ≥160 sf or ≥260 lf			Demo	lition					g Procedure	F 6	R GOLLA						
		-				1		☐ Non-Exe	mpted (*) and Nor	n-Friable Proced							
Location				cation mally				Description of	, f			atem					
Asbestos-Containing)	Used S	olely l		Asbe	stos	Containing Ma		Amount	Removal	Repair	Enc	Enclosure			
TO BE ABA	TED	1	Mainte Custodi			(i.e		rmal systems		(Specify	VOU	air	aps	losi			
IN Facili (13)	ty			2)	1.5			urfacing, VAT ner miscellane		SF or LF)	<u>a</u>		Encapsulate	ıre			
(13)		Y	es N	10 01	1/A		0.1	ici miscellario	043)				e				
8] [] [
Exterior Trench		3	Pipe In	sula	tion		25 LF										
100000000000000000000000000000000000000																	
		F		1 [7						$\exists \neg$		П-	П			
Name of Registered Was	te Hauler		- _		500	Vaste Vaste	Cuk	oic Yards of	Name of Regis	tered Landfill		1	J	_			
USA Environmenta				Haul	er ID	No.	Wa	ste		JLLYTOWN L	andfill						
City, State				32	610)	Dist	posal Date	City, State								
Philadelphia, PA								/09/2015	Morrisville	, PA							
Completed By (Print or T	une)	Title				-		7	7 11 0		Date						
Dilip Kumar	ype)	1000	aram I	am Manager Signature					10	Date St. 111							
Dilip Kullial		F10	graiii l	vidi id	ac.			Re	MILLER	0	0/6	10	1				

ASB-41 MAY 11

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

CVH 297

Date of Notification (1)				Name of	f Building	Owner/C	perato	r (2)								
8/5/2015				Private	e Proper	ty										
Agencies Notified	Type Notification		13	Street A					2615 1	JG 1	1 45	15	32			
□ EPA	Initial		1		671-563		treet		304 3310 1150							
DEP	Amended				ate, Zip Co								± \$5			
DOL	Amendment Emergency			and ordered the	New Yor	k NJ (07093		7		4.14					
☐ DOH	justification)				f Contact					Tel	ephone l	Numb	er			
☐ DCA	Cancellation			Rene									_			
Name of Facility Where	Ahatement is Takin	n Place (3	3)	FACI	LITY INFO	DRMATI	ON	Type	e of Facility (4							
Private Property	Abatement is Takin	g i iacc (c	·)					Lype	400,000 for \$0.000 for \$1.000 for \$1.							
Street Address				-				H	School (K-12 Subchapter 8		er than k	(-12)				
567-5671-563 56th	street							N	Other (i.e. pr				build	lings,	home	es,
City (5)									etc.) are Feet	1#0	f Floors		TB	ldg. A	ne	_
West New York NJ	07093							550		1	1110013			50	igo	
County (6)				County	Code (7)	-		1	ent Use (Prio	r if bei	na demo	olishe				
Hudson County					USE ONLY							11	-,			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/ No.		Name	of Ab	atement Cont	ractor	(9)					-
N/A				N/A			Dina	ago E	nvironmen	t LLC	;					120
Street Address							Street	et Address								
N/A							339	B Lafayette St								
City, State, Zip Code				************	1/		City, S	State, 2	Zip Code							
N/A							New	ark N	J 07015							
Project Manager for Mor	nitoring Firm		- 3	Telepho	ne No.			hone N			Licens					
N/A			-	N/A	A.		10000000000	491-			01240)				
Start Date (10)				npletion	Date (11)				SHA Monitor	_						
8/14/2015		8/17/20							ronmental	Corp						
Occupancy Status Durin						7500	100000000000000000000000000000000000000	t Addre				87				
Facility Closed/Vac Abatement Perform	ated During Entire I	Period of	Abatem	ent					ite 22 Wes							
Other - Describe:			riours						Zip Code 07083							
Scope of Work (Check A	II That Apply)						Offic	JI INJ	07003							
☐ ≥3 sf or ≥3 lf		П		tion			Г	٦ -	.II Cantain	4	N145	_				
≥3 \$1 61 ≥3 11 ≥160 sf or ≥260 lf		ACCRECATION .	Renova Demolit					Z M	III Containme	nt with	Negativ	e Pre	SSUI	е		
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Location Asbestos-Containing		Use	d Sole	ly by	Ashes		scription		al (ACM)	Δ	mount					
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In Facil			(12)	· com ·			cing, VA		,	SF	or LF)		Remova	Repair	squ	Enclosure
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first flo		х		Bathro	om ha	hallway 1200SF x										
Name of Registered Was	ste Hauler		IN	JDEP W	aste	Cubic	Yards		Name of R	egiste	red Land	dfill				
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City, State					04509		-10 :				aiii ial					
Po Box 5670 Newark NJ 07105						Dispos	sal Date	:	City/ State 2335 Ap		140= =4	Dati	مامام	000	DΛ	
Completed by			ignatur		ZSSS AP	piebl	7 ra			em	ra —					
Carlos Gomes		Title Presi	dent			3	ignatur	ر شکسرین	w	1		Date 8/5/		5		
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State of New Jersey

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

Check # 7908 Name of Building Owner/Operator (2) Date of Notification (1) Montclair State University 8/7/15 Type of Notification Street Address Agencies Notified One Normal Avenue [] EPA [x] Initial DEP Notification [] City, State, Zip Code Emergency DOL Upper Montclair, NJ 07043 Amended Notification DOH Telephone Number Name of Contact [] DCA [] Cancellation Amy Ferdinand FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Partridge Hall, Montclair State University Other (i.e. private and commercial buildings, homes, etc.) Street Address 1 Normal Avenue Bldg. Age Square Feet # of Floors 16000 ~ 50 County (6) County Code (7) City (5) Current Use (Prior if being demolished) (STATE USE ONLY) Essex Upper Montclair educational Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner Jupiter Environmental Services, Inc. 00110 Whitman Companies, Inc. Street Address Street Address 323 Changebridge Road, Suite 100 7 Pleasant Hill Road City, State, Zip Code City, State, Zip Code Pine Brook, NJ 07058 Cranford, NJ 08512 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 00852 973-575-8700 732-390-5858 Kevin Lovely Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) J & S Environmental Laboratories, LLC 12/31/15 8/17/15 Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 W [] Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: Union, NJ 07083 Other - Describe: partially vacant Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini - Enclosure Renovation [X] Demolition Glovebag Procedure [X] ≥3 sf or ≥3 lf Non - Friable Procedure ≥160 sf or ≥260 lf [x] Abatement Is Location Type Normally Used Description of Asbestos - Containing Amount R R E Solely by Location of E (Specify N E N Maintenance/Cus Material (ACM) Asbestos - Containing C (i.e., thermal systems SF or LF) M C todial Staff (12) Material (ACM) 0 Α insulation, surfacing, VAT, TO BE ABATED or other miscellaneous) V 0 In Facility A R S S N/A Yes No (13)U U 21000 SF X X VAT, fire doors Various areas - in phases 2000 LF X Χ Various Areas - in phases 400 SF X Window and expansion joint caulk Exterior X Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Minerva Landfill Hauler ID No. Of Waste Jupiter Environmental Services Disposal Date City, State City, State 9/30/15 + Waynesburg, OH Pine Brook, NJ Date Signature Completed By (Print or Type) Title 8/7/15 Pane Repic General Manager

ASB-41 Note: Work to be done in phases. First phase is to start on 8/17/15 with expected completion on/about 9/30/15. VAT, fire doors, and caulk is to be removed in this phase. Amendments will be sent for other phases.

State of New Jersey

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

Chack # 7907

Date of Notification (1)	3/7/15					Operator (2) g Authority	6 i	Ni AU	011 27		ieck #	,	10	<u>-</u>
Agencies Notified [] EPA [] DEP	Type of Notificat	on Stre 40	eet Ad	ddress S Hwy	1, Bld									
[X] DOL	[] Amended			te, Zip Co / City, N		306								
[X] DOH	Notification [x] emergency			Contact	2.000	1000		Tele	phone Num	ber				27.18%
[] DCA	[] Cancellation	Sa	ndr	a Santo	s-Ga	rcia		1						
	[] Cancellation			FA	CILITY	INFORMATION								
Name of Facility Where			(3)				Type of Fac	hool (K.	-12)					
Booker T. Wash	ington Apartn	nents					Su	bchapte	er 8 (Other the private and	nan K-12) commercial	buildi	nas.		
Street Address 56-62-80 Fremo	nt Street						ho	mes, et	tc.)			3-1		
30-02-00 FIEIIIO	III Street						Square Fee	t	# of Floors		dg. Ag	e		
City (5)		County (6				nty Code (7) ATE USE ONLY)	12000	/Drior	3 if being dem	nlished)	5			
Jersey City, NJ		Hudso	า		(517		apartments		ii being dem					
Name of Monitoring Fin		ng Owner		SCM No.		Name of Abatem				-dese lu				
PT Consultant	s, Inc.		0	00		Street Address	upiter Env	/Ironn	nental Se	rvices, ir	1C.	-		_
Street Address 629 Creek Road	ı						323 Chang	ebrid	ge Road.	Suite 10	00			
City, State, Zip Code						City, State, Zip C	ode	n 2007 100						
Bellmawr, NJ 08							Pine Brool	k, NJ	07058	T				
Project Manager for M	onitoring Firm			Number		Telephone Numb	oer 973-575-8	700		License N		r 085	52	
Thomas Brady Scheduled Start Date ((10) Sche	d. Comple		-9980 Date (11)		Name of OSHA		700		1		00.)	_
8/11/15	25. (2)	8/31		Jato (1.1)			J & S Envi	ironm	ental Lab	oratories	s, LL	С	į.	
Occupancy Status Dur	ing Abatement (C d/Vacated During rformed Outside o	Entire Per	iod of	f Abateme	nt		2333 Route	e 22V	V			74		
Desc			Come	y modro		City, State, Zip C	ode Union, NJ	0708	3					
Scope of Work (Check	all that apply)						f.1	Eull Co	ontainment w	ith Negative	Drace	LIFA		
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥2	60 If			[]	Renova	tion	[] [] [x]	Mini – Gloveb	Enclosure bag Procedu Friable Proc	re	ries:	sure		
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Asbestos – C		Mainte		2533665557766			ial (ACM) mal systems			(Specify SF or LF)	E	E	N	N C
Material (/ TO BE AB		todial	Stall	(12)		insulation, s	surfacing, VAT	,		01 01 217	0	A	Α	L
In Faci (13)		Yes	No	N/A		or other m	iscellaneous)				A L	R	P S U	O S U
Units 201, 304, 613			Х		VAT					3000 SF	X			
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Name of Registered W Jupiter Environn		es Hau	ler ID	Vaste No.	1000000	bic Yards Waste 8	Name of F	-	red Landfill dfill					
City, State			782		Dis	sposal Date	City, State	9						
Pine Brook, NJ						29/15	Wayne		ı, OH					
Completed By (Print or Pane Repic	r Type)	Signature	a	R	,	Date 8/7/1	5							
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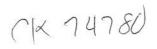
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State of New Jersey

Date of Notification (1			Name	of Bulk	ling O	wner/Operator (2)		1000		Oheck	#	14	_
	8/7/15		Jers	ey Cit	y Ho	pusing Authority	ļ	ì		/			
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[] DEP	Notificat	lon	201.	State, Zij					10		, . .	1	
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Booker T. Wash	ington Apa	rtments	\$				School (K-12)			1	2	
Street Address				7,000			Other (I.e	K-12) bler & (Other t a. private and etc.)	nen K-12) Lammerci:	al build	inos.	ii e	
56-62-80 Fremo	int Street						nomes,	etc.)			Ų	100	
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Name of Monitoring Fi	em Min d L. P. C					320	apartments	i ii naluğ del u	iniiaued)				
PT Consultant	rm Hired by Bul	iding Ow	ner	ASCM	No.		nent Contractor (8)				- 7		-
Street Address	o, IIIC,			000			Jupiter Environ	mental Se	arvices,	Inc.			
329 Creek Road						Street Address	200 01						-
City, State, Zip Code	*					City State To	323 Changebrio	age Road	Suite 1	00			
Bellmawr, NJ 08	031					City, State, Zip (Pine Brook, NJ	107050					
roject Manager for Me	onlloring Firm	Tel	ephon	e Numbe	er	Telephone Num		07058	License	Miranh			_
Thomas Brady	-	85	6-25	1-9980	D		973-575-8700		ricause		er 108!	50	
icheduled Start Date (8/11/15	10) 80	ned. Com			1)	Name of OSHA	Monitor		1			UL	8
Occupancy Status Duri			31/1				J&S Environm	nental Lab	oratorie	s, LL	C		
[] Facility Closed	Membrade (Oneck of	ILY OUR)		1 Clause Address				_			-
	TARCAGE DRIV	g Entire i	arion	of Abada	ment	Street Address	מחמת m						
I Apatement Par	formed Outside	g Entire i of Norm	arion	of Abada	meni s -		2333 Route 22V	₩					
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Abstement Par Description Demolition 23 s f or 23 2160 s f or 226 Lecation Asbestor - Co Material (A Lo BE ABA In Facility (13) Mils 201, 304, 613 Assertion Common	of Italiana CM) of Italiana CM) TED y	of Norm Ren No Mair Lod Yes	s Local Facility Solely No. X	of Abate ity Houn [] tion Used by Cus If (12) N/A	Rej	City, State, Zip Convertion Description Description Asbestos Materi (i.e., therr insulation, so or other mi	Union, NJ 0708 Full Containing of (ACM) mal systems urfscing, VAT, scells neous)	ontainment with Enclosure procedure Friable Friable Procedure Friable Fr	Amount (Specify SF or LF)	R E M O V A L	REPA-	EZCAPO	
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Name of Building Owner/Operator (2) Date of Notification (1) SUSKEWICZ Type Notification Street Address Agency Notified 1409 m Initial D EPA City, State, Zip Code D DEP ☐ Amended Amendment # - DOL EANECK Emergency (including Telephone Number Name of Contact iustification) B DOH ☐ Cancellation SUSKEWICZ D DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) B. SUSKEWICZ ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address The Other (i.e. private & commercial buildings, 1409 homes, etc.) Bidg. Age Square Feet # of Floors City (5) 2100 --TEAUECK Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) ONLY) RESIDENCE BERGEN Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 201-329-7444 00388 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 8-19-2015 Omega Environmental 8-18-2015 Street Address Occupancy Status During Abatement (Check only one) 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours Other - Describe: 8 AM S. Hackensack , N.J. 07606 50M Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Renovation Mini-Enclosure 23 sf or ≥3 lf □ Demolition D ≥ 160 sf or ≥ 260 lf Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Amount Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Encapsulate Maintenance/ Enclosure Removal TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial (N. Fac計ty surfacing, VAT, or SF or LF) Shaff? (13) other miscellaneous) (12)Yes No NIA BASEMENT IF THERMAL INSULATION Name of Registered Waste Hauler Name of Registered Landfill NJDEP Waste Hauler Cubic Yards of ID No. Waste Best Removal Inc Minerva Enterprises ,LLC 17109 City, State City, State Disposal Date 8-19-15 Hackensack , N.J. 07601 Waynesburg. Oh, 44688 Completed by Title Signature R. VELDRAN Estimator

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



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-	Hill	-			

Date of Notification (1) 08/05/2015					Building Ov AN CHAS			2)	2815	AUG 11	5M	(n.)	-	
Agencies Notified	Type Notification			treet Add	dress ARCUS A	VENUE						10°.	3 3	
EFA DEP DOL	Initial ☐ Amended Amendment # ☐ Emergency (i		C N	ity, State EW HY	e, Zip Code DE PARK	€ , NY	11042			& LICE	- 1	TR	31.	
☑ DOH ☐ DCA	justification) □ Cancellation	nordanig			GUTHKE				l Tele	enhone Num	ber			-
				FACIL	ITY INFOR	NATIO	ON		41					
Name of Facility Where Street Address	27	Place (3)			N.			Type of Facility ☐ School (K-☐ Subchapte ☐ Other (i.e.	12) - 8 (Oth	er than K-12 & commercia) I buildi	nas. I	nomes	s.
80 DOVER CHESTE City (5) RANDOLPH	R ROAD							etc.) Square Feet 5,000		f Floors		dg. Ag		
County (6) MORRIS				County C	ode (7) SE ONLY)			Current Use (Pr BANK	or if bei	ing demolish	ed)			
Name of Monitoring Fire AMBIENT GROUP, 1	m Hired by Building C	Owner (8)		ASCM	No.			of Abatement Co						
Street Address 470 7TH AVENUE	2.							Address 2 QUEENS PL	AZA S	OUTH				
City, State, Zip Code NEW YORK, NY 10	018		<u> </u>				City, S LONG	tate, Zip Code ISLAND CIT	Y, NY	11101				
Project Manager for Mo	onitoring Firm			elephor 212-94	ne No. 44-4615			one No. 349-0900		License No 00853).			
Start Date (10) 08/26/2015		Scheduled			Date (11)			of OSHA Monito IN MCREA	-50					
Occupancy Status Duri								Address KENNEDY BLV	D					
☐ Facility Closed/Va☐ Abatement Perfor☐ Other – Describe:	neated During Entire F med Outside of Norm	Period of Abnal Facility F	atem Hours	ent		_		tate, Zip Code NNE, NJ 070	02		-			
Scope of Work (Check	All That Apply)													
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		10000	novat moliti	3377023				Mini-Enclosu	re ocedure				9	
			50					Non-Exempt	1	14 1101111142			ment	
			ocation or mall	1000		Do	scription	of.				Ту	ре	
Locati Asbestos-Containin TO BE A In Fa (1:	ng Material (ACM) BATED cility	Mair Custo	Sole ntenar odial S (12)	nce/		os Con thermal surfa	taining N	Material (ACM) s insulation, AT, or	(Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
ROOF			X		BLACK	SEAL	ANT		110	SF	X			
ROOF		+++	X			A.1.54 4 4 5								
			1 -					k1	f Dani-	torod Leader				
Name of Registered W	/aste-Hauler		H	IJDEP W lauler ID 4310/	No.	of Wa	Yards aste		-	tered Landfil NTERPRISI				
City, State SHIRLEY, NY 11	967/BRONX, NY	10464	Disposal Date City, State					Carl Standard						
Completed by ANN ALI	Title ADMIN	ISTF	\ATIVE		,	Signatur	e	1		ate /05/	2015			