State of NJ

B & G proj. #:

2014-130

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

P P 10 100 1	
KECH	WED
Check # 6683	a property

Date of Notification		N		_	er/Operator (2)			2014 AU	G 15	AM II): <i>i</i>	7	
0 18 1/11 12			Jenny Lu	l .									
Agencies Notified EPA	Type Notificat	ion S	treet Addres					AUU	TUSC	Ü;	TKC.	L.	
☐ DEP	Initial		57 Lane					د ز	. IUEN		<u>:</u>		
₩ DOL	Amend		ity, State, Z West Ca		NJ 07006							13	
X DOH			ame of Con	tact				Telephor	ne Numbe	٢			
☐ DCA	☐ Cancell	ation	Jenny L	u							2000		
				FAC	ILITY INFORM	ATION	7/						
Name of facility wi	nere abatement	is taking pla	ace (3)					Type of Facility	(4) ol (K - 12)				
Jenny Lu									napter 8 (C		han K	-12)	
Street Address							•		(Private/C			12)	
57 Lane Ave	nue								/Homes, e		DI	dg. A	20
City (5)		Cour	nty (6)			County	Code (7)	Square Feet	# of Floo	rs	ы	ug. A	ge
							use only)	Current Use (F	rior if bein	g de r	nolish	ed)	
West Caldwe			sex					residential				- 8	
Name of Monitorin	g Firm Hired by	Bldg. Owne	er (8)		ASCM No.	- I Na	ame of Abatement (Contractor (9)					
	2 6						B & G Restoration	on, Inc.					
Street Address						St	reet Address 105 Ryerson R	nad					
City, State, Zip Coo	le					Cit	y, State, Zip Code		-	—	-		
Oity, Glate, Zip Ood							Lincoln Park, N	NJ 07035					
Project Manager fo	r Monitoring Firm	n	Pho	one Numb	er	Te	elephone Number		License	Nun	per		
							(973)696-6869		00	378			
Scheduled Start Da	ite (10)	Sched	. Completio	n Date (1	()	1.1	ame of OSHA Monit B & G Restorati						
08/22/2014		08/2	22/2014			11.	reet Address	on, mo.				_	
Occupancy Status	During Abateme	nt (Check o	nly one)				105 Ryerson Ro	pad					
Facility closes						Cit	ty, State, Zip Code			_			
Describe:	erformed outside	of normal	racility hours	S-		_	Linnala Davis N.I.	07005					
Other-Descri						<u>- .</u>	LincolnPark, NJ	07035					
Scope of Work (ch		To 5 11 11											
☐ Demolition	X	Renovatio				1222	Containment w/neg	ative pressure		-			
		≥160 sf or				X Mini	-enclosure		Non-fr				
Location of asbestos-cor	taining		n normally u nance/custo					Amount	23	e R	R	E n	E
material to be	9	staff(12)			material (A		estos-containing	(Specify S	SF or	m	p a	c a	C
abated in fac	ility (13)	Yes	No	N/A	100000000000000000000000000000000000000			LF)		v e	i	p	L
boiler room				X	pipe in	sulation	1	6 If		X			
boiler room				X	pipe			7 lf				X.	
													10
					- V- 1	874- Thi		100					
Registered Waste F B & G Restorat			P Hauler II 9563		ubic Yards of V		THE RESERVE OF THE PARTY OF THE	Resource & Re	ecovery	Cent	er		
City, State Lincoln Park, N	NJ			Disposal D 08/2	25/2014		City, State Tullytown, F	PA				v.	
Completed by (Prin Gordana Luna		Title Secretar	y/Treasu	rer	Signature	G	ordana Luna		Date 08/12	2/201	4		

Page 1 of 2

MAY 11

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

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)	— ITEL	TORK I	To the	. !)	
	12 /1	4			R-BRO L		/ Job #	1408-1903 Chi 2014 AUG	c. #36	73	^ •	
	Type Notificatio	n		Street	Address			COLS HOR	13	H	U: (6
				310	3 Spring	downs Place		6				
	☐ Amended				State, Zip			A	- S- C	0.	Tix	ì
☑ DHSS	Amendment	100000000000000000000000000000000000000				prings, CO 80906	:	& LIC	EN	CINI	G	70 5 .10
	☐ Emergency	including	g		of Contac		<u> </u>	T-lb N				
(NJAC 5:23-8)	justification) Cancellation					1 10		Telephone Num	her			
	Cancellation			IVIT.	Dick He	CK			-			
				FA	CILITY I	NFORMATION						
Name of Facility Where Ab	atement is Taki	ng Place	(3)				Type of Facility	(4)				
Former Valley Ford							School (K-12)				
Street Address			1000					Other than K-12				
11 Madison Avenue								rivate and comme	rcial bu	uilcing	gs,	
City (5)				OLE DEMONSTRA	A15-24-1-1-2		homes, etc.)		15			
Westwood							Square Feet	# of Floors	- 1	dg. A	3	
						T	13,900	2		1950)	
County (6)				Cour	ity Code (7)(STATE USE ONLY)	68		10000			
Bergen							Vacant - For	mer Automobi	le Sto	er		
Name of Monitoring Firm H	lired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Horizon Environmen	tal					Asbestos and	d Mold Service	s, Corp.				
Street Address				977		Street Address						
PO Box 336						3859 Sylon B	oulevard					
City, State, Zip Code			_			City, State, Zip Co						
Thorofare, NJ 08086						#						
			T = 1			Hainesport, N	13 08036					
Project Manager for Monito	oring Firm		1	ephone		Telephone No.		License No.				
Steve Flanigan				56-848		609-702-0400		00862				
Start Date (10)				etion Da		Name of OSHA M	lonitor					
_ 8_ / _25_ / _	14	9_ /	_2	<u>5</u> / _	14_	EMSL Analyt	ical, Inc.					
Occupancy Status During A	Abatement (Che	ck only	one)		-	Street Address	· · · · · · · · · · · · · · · · · · ·			_		
☐ Facility Closed/Vacated				ement		200 U.S. Rou	te 130 North					
☐ Abatement Performed C					cribe	City, State, Zip Co				-		
Time of Abatement:	AM	PM/	PM	l	AM							
Scope of Work (Check all t	hat apply)					Cinnaminson	, NJ 08077					
Scope of Work (Check all t	nat apply)					M	ı Nor	ative Pressure E		~	od.	
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		□ Re ⊠ De	enova emoliti			☑ Mini-Enc ☑ Glovebag ☑ Non-Exe	losure g Procedure	n-Friable Procedu		21TL	Е	
		Is	Loca	ition						atom	ent T	vne
Location of			Norma			Description o	f		_		1	T
Asbestos-Containing M				ely by ance/		estos Containing Ma		Amount	en	Depair	inc	l inc
TO BE ABAT IN Facility		1,033310		Staff?	(i.e	e., thermal systems i		(Specify	Remova	13.	aps	Enclosure
(13)			(12))		surfacing, VAT, other miscellane		SF or LF)	<u> =</u>		Encapsulate	Te .
		Yes	No	N/A		outer integration					ਰਿ	
PLEASE SEE ATTACH	ED			\boxtimes	Please	see attached						
LIST OF LOCATIONS A	AND				Please	see attached			\boxtimes			
QUANTITIES FOR ASB	ESTOS				Please	see attached			\boxtimes			
REMOVAL					Please	see attached			\boxtimes			
Name of Registered Waste	Hauler		1	NJDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill				
Freehold Cartage, Inc	s.		H	Hauler II		Waste	GROWS La					
City, State				02265		30 Disposal Data						
Freehold, NJ						Disposal Date	City, State					
			24 5000 00			9/25/14	Morrisville,	PA 19067				
Completed By (Print or Typ		le			***	Signature		Da	te			
Kimberly A. Trumbet	ti	Office (Coor	dinator		· YX	1		31	131	14	
ASB-41						1/4/	1		01	. , 1	'	3.500

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

Asbestos and Mold Services, Corp. License # 00862 JOB NUMBER: 1408-1903 – CHECK NUMBER 3673

Date of Initial Notif. 8/12/14 PAGE 2 of 2 – SCOPE OF WORK

Location of	ls Location	Description of	Amount	Aba	Abatement Type	nt T	ype
Asbestos-Containing	Normally Used	Asbestos-Containing	(Specify				I
Material (ACM)	Solely by	Material (ACM)	SF or LF)			E	E
TO BE ABATED	Maintenance or	(i.e., thermal systems		Re	R	nca	Enc
in Facility	Custodial Staff?	insulation, surfacing, VAT		mo	ера	ps	lso
(13)	(12)	or other miscellaneous)		val	ir	ulat	ure
	Yes No N/A					е	
ite Ro		Floor Tile & Mastic	1,870 SF	\boxtimes			
		Ceiling Board	1,870 SF	M			
2 2		Fire Door	1 Each	Ø			
Wooden Room		Floor Tile & Mastic	414 SF	\boxtimes			
Upper Office #1		Floor Tile & Mastic	162 SF	\boxtimes			
Upper Office #2		Pipe Insulation	15 LF	\boxtimes			
Upper Hallway Bathroom		Floor Tile & Mastic	27 SF	Ø			
Upper Hallway #2		Floor Tile & Mastic	48 SF	\boxtimes			
Red Carpet Room		Floor Tile & Mastic	110 SF	\boxtimes			
Upper Bathroom #2		Floor Tile & Mastic	99 SF	\boxtimes			
Upper Office #4		Floor Tile & Mastic	240 SF	\boxtimes			
Upper Bathroom #3		Floor Tile & Mastic	20 SF	\boxtimes			
Upper Hallway #3		Floor Tile & Mastic	68 SF	\boxtimes			
Upper Office #5		Floor Tile & Mastic	616 SF	\boxtimes			
Upper Office #5		Chalkboard	6 SF	\boxtimes			
Stairway		Floor Tile & Mastic	60 SF	\boxtimes			
Stairway		Floor Tile	100 SF	\boxtimes			
Upper Closet #1		Floor Tile & Mastic	115 SF	\boxtimes			
South Auto Shop		Ceiling Board	2200 SF	\boxtimes			
North Auto Shop		Ceiling Board	4750 SF	\boxtimes			
Entire 1st Floor		Ceiling Board	6450 SF	\boxtimes			
Parts Department		Pipe Insulation	4 LF	\boxtimes			
Parts Department		Fire Door	1 Each	\boxtimes			
Roof #1		Roofing and Sealant	2475 SF	\boxtimes			
Roof #2		Roofing and Sealant	3000 SF	\boxtimes			
Roof #5		Roofing and Sealant	750 SF				
Basement		Wall and Ceiling Board	400SF	\boxtimes			
Basement		Pipe Insulation	4 LF	\boxtimes			
Basement		Fire Door	1 Each	\boxtimes			
			-				

EDS14-236

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

Page 1 of 1

check # 1334

RECEIVED

Date of Notification (1) 8-11-2014	101				of Building Owner/Operator (2) Ille Board of Education Address Locust Street tate, Zip Code Ille, NJ 07203							-				
Agencies Notified	Type Notification		+	Street Ad							A	nub	15	- f	H 10	: [
EPA DEP DOL	Initial Amended Amendment	#	-	City, Sta	te, Zip Code e, NJ 072	e					- <u>ن.</u> ع	LI(SEI	€51	Ti	COL
DOH DCA	Emergency justification) Cancellation	(including	_ -		Contact					Telep	hone N	Jumbo	-		u	
IA BOA				FACII	LITY INFOR	RMATI	ON			-				720		
Name of Facility Where Dr. Charles C. Polk)					T)		2)						
Street Address 1100 Warren Stree	t							E	Subchapter 8 Other (i.e. pr etc.)				uildi	ngs,	home	s,
City (5) Roselle									quare Feet 5,640	# of F	Floors		81d	dg. A)+	ge	
County (6) Union				County (Code (7) USE ONLY)				urrent Use (Prio lementary Sc		g demo	lished)			
Name of Monitoring Firm		Owner (8)		ASCM 0000		9	0.000		Abatement Cont up, Inc	tractor (9)	200000				
Street Address 1253 N. Church St	reet			1			Street 140		^{dress} mburg Turnp	ike						
City, State, Zip Code Moorestown, New	Jersey 08057								e, Zip Code ngdale, NJ 0	7403						
Project Manager for Mo Michael R. Stocku	nitoring Firm			Telepho	ne No. 40-8800 x	(23	Teleph 201-		e No. 0-9725	- 1	e No. 1					
Start Date (10) 8/18/2014		Schedule 8/27/20		npletion	Date (11)				OSHA Monitor						35233	
Occupancy Status Durir	ng Abatement (Che	ck Only Or	ne)			10/10/2	Street									
Facility Closed/Vac Abatement Perform									mburg Turnp e, Zip Code	ike						
Other – Describe:						_	100000000000000000000000000000000000000		ngdale, NJ 0	7403						
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoli					×	Mini-Enclosure Glovebag Proc	edure	with Negative Pressure are and Non-Friable Procedure			e		
		ls	Locat	ion				_						Abat	ement	
Locatio	n of	1	Norma	lly		De	scription	n of				-		1)	/pe	
Asbestos-Containing TO BE AB In Fac (13)	BATED ility	Ma Cus	ed Sole intena todial (12)	ince/ Staff?		herma surfa		ns ir AT,		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	Bailer D	ana l	naulati	ion	(Boiler #2)	"O) OOOLE V						-
Boiler F		X			Variable and the second					200 SE V						
Boiler F		X		_	Exterior E				Boiler #1)	65 LF X					-	-
Boiler F	Room	X		-		Pipe	Insula	atic	on		LF	12				
New 270	eta Uardan		L	NJDEP W	Vasto	Cubic	Yards		Name of F	Renister	ed Lan	dfill				
Name of Registered War GL Group, Inc	iste Hauler		1	Hauler ID 033034	No.	of Wa			GROW	S	ou Luii					
City, State Bloomingdale, NJ						Disposal Date City, State TBD Morrisville, PA										
Completed by Elena Solakov		Title Pres	ident	31,332		Signature Date 8-11-2014)14					

To: NJDOL Asbestos Page 2 of 4

2014-08-11 15:13:54 (GMT)

From: E ena Solakov

F.D\$14-236		NO	TIFICATIO	State of Ne IN OF ASE It to NJAC	SESTO8	ABATE	MENT O)		: 1 of 1 : # 1334	0.01					
Date of Notification (1) 8-11-2014				of Building					-	DOF	_	10	DA	<u>Y</u>	J
	otification			lle Board	3 OL E G	ucation	\			1000	_		A]
				Adgress JOCUST S1	traet					A- :	:	1	1		
DEP A	itial nended			tate. Zip C								120	_		H
	nendment#_ nergency (Inclu	diag		lle, NJ 0					L ,	LE	11/2	144	1	-	+
DOH iui	stification)	ung	7 55 33 95 55 55	of Contact	1				Tellaher		per.	T/P	KI	7	4
D DCA	ancellation			n White										7 L. E.	1
Name of Facility Where Abateme Dr. Charles C. Polk Eleme	nt is Taking Pla ntary Schoo	Ca (3)	PAS	LITY INF	ORMAT	ON		of Factity (9.9						7
Street Address 1100 Warren Street								Subchapter	5 (Other that rivate & com	n K-12) mercia) I bul	Idings	, hom	0 5,	
City (5) Roselle					1 3		Squa 86,6	re Feet	# of Floor	9		Bidg. A	Age 2		
County (6) Union			County	Code (7) USE ONLY	0	_	Curn	nt Use (Price)	or if being der chool				200		
Name of Monitoring Firm Hirted by	Bullding Owner	(8)	- VIII (17)	M No.		Name	of Aba	itement Con	tractor (9)				AUG		T
TTI Environmental, Inc.			000	03		GLO		<u> </u>		2	5	7	<u>-</u>		-
1253 N. Church Street					A15-17 to the OSSERVAL	Street		ss outg Turns	allen		という	77		i i	
City, State, Zip Cods Moorestown, New Jersey (8057					City, S	tate, Z	ip Code		- 2) 		AN 10:		1
Project Manager for Monitoring Fil Michael R. Stocku	m			one No. 40-8800	x23	Teleph 201-	one N	α,		158 No	_ :	<u> </u>		_	
Start Date (10) 8/18/2014	Sche 8/2	rduled (Completion			Name GL G	or OS	-IA Monitor		-		7			
Occupancy Status During Abatem	ent (Check Onl:	(one)				Street									
Facility Closed/Vacated Durin Abatement Performed Outsig Other – Describe:	ng Entire Perod le of Normal Fa	of Aba clify Ho	tement ours					urg Turns	ike				_		
						Bloom	ming	dale, NJ 0	7403						
Scope of Work (Check All That Ap	ply)	9945045	(C-2, 22-2)												
23 sf or ≥3 if ≥160 sf or ≥260 if			ovetlon adition				Mir Glo	ni-Enclosure evebeg Proc	nt with Negai adure (°) and Non-						
		ls Lac	cation						1011		1 10	Abate	ment		
Location of Asbestos-Containing Meterial ((4.004)		mally clely by			oription				1		Ту	p 0	_	
TO BE ABATED In Facility (13)			nance/ al Staff? 2)				insula T, or		(Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure	
	Y	B N	lo N/A				,	1			2	₹	ılale	une	
Boller Room	X			Boiler F	Rope In	sulatio	n (Bo	iler#2)	300 LF		X		_		
Boller Room	×			Exterior (Aniler In	uula tion	/Roil	er#1)	300 SF		X		_		
Boller Room	X					Insulat		I HILLITZ)	65 LF		×				
								T-IMPAGE			_				
Name of Registered Waste Hauler 3L Group, Inc			NUDER W Hauler ID 0033034	No.	Cubit \			Name of R	egistered La	ndfill		I	1		
City, State Bloomingdale, NJ			000000		TBD	ni Date	-	City, State			-			_	
Completed by Elena Solakov	Titl Pri	e eşider				phature	- L	Morrisvil		Date 8-11)14		_	

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

RECEIVE H 1060

Date of Notification (1) 8/12/2014						Building C D. Griffi		perator	(2)	2014 AU	C I	5 A4	1 7.	~			
Agencies Notified	Type No	otification		11.0	Street A												
X EPA	× Init	ial			898 Al	pine Dr.				A:	7: 0	3 (3/0	5	٠.			
EPA DEP DOL	Am Am	nended nendment #				te, Zip Coo ck, NJ C		7	105	13	.IČĒ	NSI	NG	UL			
DOH DCA	jus	nergency (ir tification) ncellation	nciuaing	19 2		Contact D. Griffi	n				Tele	phone	Numb	or			
					FACII	LITY INFO	RMATI	ON									0
Name of Facility Where A Residential Propert		nt is Taking	Place (3)							of Facility (4) school (K-12)							
Street Address 898 Alpine Dr.					•	3 211			×	ubchapter 8 other (i.e. priv tc.)				build	ings,	home	es,
City (5) Teaneck									Square 1,900	e Feet	# of 2	Floors		BI 50	dg. A	ge	
County (6) Bergen					County C	Code (7) ISE ONLY)			Currer	nt Use (Prior	if beir	ng dem	olishe	d)			
Name of Monitoring Firm	Hired by	Building O	wner (8)		ASCN	No.	112 - 113 - N	Name	of Abat	ement Contr	actor	(9)			- 1		
		3.	100					Unic	orn Co	ontracting	Corp						
Street Address									Addres Pleas	s ant Valley	/ Wa	у					
City, State, Zip Code									tate, Zip	code ge, NJ 07	052						
Project Manager for Mor	nitoring Fi	rm	2 - 2111		Telephor	ne No.			none No			Licens 0123		7			
Start Date (10) 8/23/2014			Schedule 8/24/20		pletion (Date (11)				A Monitor n Consulta	ants	Inc.			-		
Occupancy Status Durin	g Abatem	ent (Check	Only On	e)					Addres		79,44				-		
Facility Closed/Vac Abatement Perform	ated Durii	ng Entire Pe	eriod of A	batem					1 Wag	araw Rd.	- Bld	g.35E			_		
Other – Describe:							_			NJ 07410)						
Scope of Work (Check A	II That Ap	ply)						e e e e e e e e e e e e e e e e e e e	-07								
≥3 sf or ≥3 if ≥160 sf or ≥260 if			12 Table	enova emoliti				×	Min Glo	Containment i-Enclosure vebag Proce i-Exempted (dure					2	
			Γ.		3				1 1401	-Lxempled () and	11011-1	Habic			ement	
Lanation			10200	Locati			Do	scription	of						Ту	ре	
Location Asbestos-Containing		(ACM)		Sole		Asbest			nateriai	(ACIvi)	A	mount	ł			ш	_
TO BE AB			20000000	ntenar odial S		(i.e.			s insula	tion,		pecify		Rer	20	nca	Enc
In Facil (13)	-		3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(12)	2 No. 10 10 10 10			cing, VA niscellar			SF	or LF)	- 1	Remova	Ropair	Encapsulate	Enclosure
			Yes	No	N/A									<u>m</u>		ate	Гe
Basem	ent				х		Pipe	Insula	ition		12	0 LF		х			
					-												
												1					
							1										
Name of Registered Was	ste Haule	7		0.55	JDEP W	STATE OF THE PARTY	Cubic		14	Name of Re	egiste	red Lar	ndfill				
Freehold Cartage					auler ID 5939	NO.	of Wa			G.R.O.W	'.S.,	Inc.					
City, State Freehold, New Jerse	э у						Dispos TBD	sal Date		City, State Morrisvill	e, Pe	ennsy	Ivani	а			
Completed by Blagica Nikolova			Title Presi	dent			S	ignature	7 x 1	kold		Ť	Date		0 4		
Diagica Nikolova			1 1631	GOTTE				12	210	RUJa	19		00/	/ _	J -		

经供品的S

Date of Notification(1) 8/12/14	Name of Buildin	g Owner/Operator	(2)	MARICIE CO	4 7 5	
	Street Address	VI CUAM	TAMNE	114 AUG 15 AP	1 /: 34	
Agency Notified Type Notification	Street Address	Bucho	N AUE	11777000	(17:5:0)	
© EPA © Initial	City, State, Zip	Code .		ELICENSI 27201	TICKUL	
2-DÖL Amendment #	EU.	ABETH	1. 45. 6	27201	\$4 C	
© Emergency (including justification)	Name of Contac	₫ .		Telephone Numbe	at	-
DCA Cancellation	MR.	MACONE	5			-~
	FACILITY INF	ORMATION				
Name of Facility Where Abatement is Taking Place (3)			Type of Facility	(4)		
MR. MALONE			School (K-12)		
Street Address			☐ Subchapter 8	(Other than K-12) wate & commercial b	wild noe	
976 By RON AU	ē		homes, etc.)			
			Square Feet		Bld. Age	
EUZABETH	4 4		.2000	2	1.9 3	50
County (6)	County Code (7	(STATE USE		for if being demolish		
UNION		1 37 - 27	1	SESI DENC		
Name of Monitoring Firm Hired by Building Owner ASC (8)	M No.		nent Contractor (9	20		
		Best R	emoval I	nc		
Street Address	2		River St		2	
City, State, Zip Code		City, State, Zip (
		Hacken	sack, N.	J. 07601		
Project Manager for Monitoring Firm Teleph	none No.	Telephone No.		License No.		
		201-329-		00388	-	Si.
Start Date (10) Scheduled Completion I		Name of OSHA	Monitor vironmen	tol Inc		
8 27 14 8 28 12	-	Street Address	Alloumen	tal Inc		
Occupancy Status During Abatement (Check only one)		280 Huy	ler St			
☐ Facility Closed/Vacated During Entire Period of Abateme ☐ Abatement Performed Outside of Normal Facility Hours	nt	City, State, Zip C				
ZOther - Describe: 744 TO SPM				k, N.J. 07	7606	
Scope of Work (Check all that apply)						
B23dor23f	Renovation		Conclosure -Enclosure	Negative Pressure		
□ ≥ 160 sf or ≥ 260 lf	□ Demotition		rebag Procedure	Non-Friable Proced	ime	
		G 14017	Exemples () dis	1001-112201100-	Abati	ement
Is Loc Norm	CONTRACTOR OF THE PARTY OF THE				1	/pe
Location of Used Sc Asbestos-Containing Material (ACM) Maintel		Description stos Containing M		Amount		B m
TO BE ABATED Custo	odial (f.e	., thermal systems surfacing, VA		(Specify SF or LF)	Reg	8 8
	2)	other miscellan		G, G. L.)	Repair	Encapsulate
· 						8
Yes N			- 212	110 LF	= x	+
BASEMENT		MACINSULATI		40 SF		++
BASEHENT	11 4012	mac surta	206	40 31	- 11	\vdash
	+				-++	+
Name of Registered Waste Hauter NJDE	P Waste Hauter	Cubic Yards of	Name of Regis	thered Landfill		
ID No.		Waste /	The state of the s		a o . 7	
Best Removal Inc 171	.09	2/20	A	Enterpri	563	
City, State		Disposal Date 8 28 14	Waynesh	ourg , Oh		
Hackensack, N.J. 07601			1 10 110 11		ate 1	1
Completed by J. Maiorano Estimator		Signature	Poisson	a	S 2	14
10. 24222	orm for asbestos l	inanciare exemples				

CK 000 259

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

				(Pu	ırsuant t	NJAC 8	3:60 and	12:120)			RE	ECF	11	E ;	Common and
Date of Notification (1) 08-11-14						Building (Henders		perator	(2)		9	RE On au	IO	9 7	icas in	
Agencies Notified EPA	Type Not				Street Ad 159 De	dress Voe Av	e.					er au	6 15	AH	7:	92
EPA DEP DOL	Ame Ame	ended endment # ergency (i				te, Zip Co vood NJ		,				د کی ۱ گ	TUS ICEA	CU.	Ticl	JL.
DOH DCA	justi	fication) cellation	nodung	- 1	Judit H	Contact lenderso	-,-,-				Tele	phone N	lumber			
Name of Facility Where	Ahatamant	is Taking	Place (3	N .	FACIL	LITY INFO	RMATIO	ON	Twr	oe of Facility ((A)					
Private Residence		is raking	7 1800 (0	, 						School (K-1	(2)		POLICE S			
Street Address 159 DeVoe Ave.										Subchapter Other (i.e., p etc.)	r 8 (Othe orivate &	r than K comme	-12) rcial buil	din js	, home	2S,
City (5) Spotswood	=								Sqi	uare Feet	# of	Floors	E	Bidg. /	\ge	
County (6) Middlesex	8				County C	ode (7) ISE ONLY)		_	Cui	rrent Use (Pri	or if beir	g demol	ished)			
Name of Monitoring Fin N/A	m Hired by I	Building C	wner (8)		ASCM	No.				batement Con ontracting L		(9)				
Street Address					I			Street 522								
City, State, Zip Code										, Zip Code ity NJ 0787	7					
Project Manager for Mo	ject Manager for Monitoring Firm					ne No.		Teleph 201		No. -9603		License 01206				
Start Date (10) 08 - 21 - 14						Date (11)				SHA Monitor ontracting L					0.200	
Occupancy Status Duri	ng Abateme				. ,			Street 522	Add	ress						
Facility Closed/Va Abatement Perfon Other – Describe:	med Outside	e of Norm						City, S	tate,	, Zip Code ity NJ 0808	87				3	
Scope of Work (Check	All That App	oly)	DEREN-04.		П											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renova Demoliti						Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				re	
-			ls	Locati	on		Vicinia de la compo				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Ala	emen ype	t
Location Asbestos-Containin TO BE Al In Fac (13	g Material (BATED cility	ACM)	Use : Ma	Normali ed Sole iintenar todial S (12)	ly by nce/		tos Cont thermal surfa		Mater s ins NT, o	r	(S	nount pecify or LF)	Removal	Bonair	Encapsulate	Enclosure
			Yes	No	N/A			in a vila	Ai		40	0 LF	X	+-	 	-
Baser	nent			X			pipe	insula	ition	1	12	O LF	1			
													+	-	-	
Name of Registered Wa	aste Hauler				JDEP W			Yards		Name of	Registe	red Land	ifill			
Delfa Contracting L	Lc				auler ID 5240	No.	of Was			Tullyto		source	Recov	ery	Facili	ty
City, State Union City NJ							Dispos 08-25	sal Date 5-14	1	City, Sta Tullyto						
Completed by Jaime Delgado			Title Proj.	Mana	ager.	2.316	S	Signature	e /	43			Date 08-11-	14		

Aug 11 2014 07:44am P001/001

RECHECK#58326

APPROVED NA Dept. of Health & Senior Servicos

State of New Jersey
NOTIFICATION OF ASSESTOS ABATEMENT

2 11/4 7:43A	V 2	(Pur	suant to	NJAC 8:60 a	nd 12:120)}		CUIT RUG I	O F	H	1: 9	2
Date of Notification 11.	X. V		G U	Suliding Owner リム みむ	Operator EAS7	(2) THA	WEY	&LCSTO	SC	Ů:!]	ik C	L
Agencies Notified Type Notification		S	treet Add	HEMPS	TEAR	AU	F	C LIL	に代こ	itel	2	
EPA Initial Amended Amendment #		C		Zip Code T HEMP								
Emergency (In justification) DCA Emergency (In justification) Cencellation	cluding	N	ame of C	iontact E kurs-o.ass.	1			Telephone Num	per			
Name of Facility Where Ahalement is Taking	Place (3)			TY INFORMA	TION	Type of	Facility (4)					
Name of Facility Witere Abatement is Taking WAREHOLSE / OFFICE / Street Address		distri				T Su		(Other than K-12				
20 EAST HALSEY A	COAN		30			ek	5.)	vate & commercia			4	5,
Street Address 2-0 EAST HALSEY A City S PARSIPPANY NOT		TWO.					000	# of Floors		dg. A]] }	
MORRIS			County C	ode (7) SEONLY)		Current	Use (Prior Archite	if being demolish	ed)	D.	EN	O
Name of Monitoring Firm Hired by Suilding Ov	wher (8)		ASCM	No.			ment Contr stracting					
Street Address	10			7,8,110		Lowell						
City, State, Zip Code		7				State, Zip n Rock,	Code N.J. 074	52				
Project Manager for Monitoring Firm		7	elephon	e No.		hone No. -262-58		License N 00156	0.		- V)	
Start Date (10) 8 1 1 1 1 7	Schedule/	Com		Date (11)		of OSHA		tal Services I	10.			
Occupancy Status During Abatement (Check		- 0.00 ·				t Address Huyler						
Fecility Closed/Vacated During Entire Pa Abatement Performed Outside of Norma Other - Describe:	eriod of Al al Facility I	etem Hours	ent	*	City.	State, Zip		606			-,	! ;
Scope of Work (Check All That Apply)					1100	JKCI I3GC	, 140 O				. —	
☐, ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 ff		enovai emoliti		9 8		Mini- Glov	-Enclosure rebag Proce	nt with Negative F edure (*) and Non-Friat				
	le l	Location	20	1		- Nuir	-EXCITIDISO	() and thorn had	1	Abate	nent	
Location of	N	omali Solel	y		Descriptio					1 ly	i e	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Custo	ntenar odjal S (12)	ice/ staff?	SL	entaining nel syster irfacing, V er miscell:	ns inaulat To ,TA		Amount (Specify SF or LF)	Remeval	Repair	Encapsulate	Endosure
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THROUGHOUT			1 70	F	18 14			1000 24	- 12			
									-	-		
Name of Registered Waste Hauler	اللل		JOEP W	aste Cu	bie Yards		Name of F	Registered Lands	1			
Rovic Transport	- 100 to		auler ID 0785		Waste 6			Bethlehem L	andfi	l Co	lλ	
City, State Riverdale, New Jersey 07457					spesal Da	te, 4 o=	City, State Bethleh	em, PA 1801		-1-	ı	
Completed by R. McDonald	Title Pres	ident			Signatu	2/1	Yul		ale	111	14	٤.

CK 23275

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

Date of Notification (1)				Name o	of Building (Owner/Operator (2	2)	RECEI	WED			
08 /	07 /	14		Merc	k Sharp	and Dohme Co	rporation	The state of the state of	الله محالة			
Agencies Notified	Type Notification	on		Street A	Address		201	A ALIC 15	PM 7			
⊠ EPA	Initial			2000	Gallopin	ng Hill Road	261	4 AUG 15	An /:	3!		
☑ DOLWD	☐ Amended		9	City, St	ate, Zip Co	ode	A :			- 100		
☑ DHSS	Amendmen		. 1		ilworth, N		\$45 i	EUTUS (CULITA	CL.		
DCA	☐ Emergency		g	2011/01/201	of Contact			Telephone N	umber		-	\neg
(NJAC 5:23-8)	justification Cancellation				Latronic	a						
			1	FAC	ILITY INF	ORMATION	***					
Name of Facility Where A	batement is Tal	king Plac	e (3)				Type of Facility ((4)				
Building 5							School (K-12					
Street Address							Subchapter 8 Other (i.e., pr			ildina		
2000 Galloping Hill	Road						homes, etc.)					
City (5)							Square Feet	# of Floors	BI	dg. Ag	e	
Kenilworth							115000	4		16		
County (6)				Count	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being den	nolished)			
Union							Vacant					
Name of Monitoring Firm	Hired by Buildir	ng Owner	(8)	ASCM N	No.	Name of Abatem	ent Contractor (9)					
Atlantic Environme		3					mental Manag					
Street Address		-		- 500		Street Address						
2 E. Blackwell Stree	ot .					8436 Enterpr	ise Avenue					
City, State, Zip Code						City, State, Zip C			-			\neg
Dover, NJ 07801						Philadelphia						
Project Manager for Mon	itorina Firm		Tele	phone I	No.	Telephone No.		License No	D.			
Ray Pirnat			9	73-366-	4660	215-365-5810)	1156				
Start Date (10)	Sc	heduled	Comple	tion Dat	te (11)	Name of OSHA N	Monitor	1 1				Į.
8 / 21 /	2010			<u> </u>		USA Environ	mental Manag	ement, Inc				
Occupancy Status During	Abatement (C	heck only	one)			Street Address	***************************************					
☑ Facility Closed/Vacate	7) [전			ment		8436 Enterpr	rise Avenue					
☐ Abatement Performed					cribe	City, State, Zip C	ode					
Time of Abatement: 7						Philadelphia						
Scope of Work (Check a	Il that apply)					-				-		
	,			words			tainment with Ne	gative Pressur	e			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		-	Renovat Demoliti			☐ Mini-End	ag Procedure					
≥ 100 31 01 ≥200 II			, O			⊠ Non-Exe	empted (*) and No	on-Friable Proc	cedure			
			is Loca						Al	alem	ent T	ype
Location		u	Norma sed Sol		Ashar	Description stos Containing M		Amount	. Re	Repair	Ē	Ē
Asbestos-Containing TO BE ABA			/lainten			, thermal systems		(Specify		pair	cap	Enclosure
IN Facil		Cı	ustodial			surfacing, VA		SF or LF) <u>a</u>		Encapsulate	ure
(13)		Va	(12) s No		-	other miscellan	eous)				fe	-
		Ye			D			330 SF	: 🛛			
Roof			$\perp \square$		Roof Fla	asning		330 31	8810	-		-
				\boxtimes							Ш	
1.76												
Name of Registered Wa				NJDEP Hauler I		Cubic Yards of Waste		istered Landfill				
Freehold Cartage	Inc.			1593		40		County RM	13			
City, State		-				Disposal Date	City, State	54				
Freehold, NJ						9/21/2014	Montgom	ery, PA				
Completed By (Print or	Type)	Title				Signature	1,100		Date		727	
Dilip Kumar		Prog	ram M	anagei	r	Har	Makina		8	⁻ 7 –	14	1

ASB-41 MAY 11

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

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2014 AUG 15 AM 7: 5	il) hi	(Pu	inliant t	s Diac 8	STOS ABA	120)			المسال	DA	Y	-		
eta of Modification (1) SCONTA	ĈĹ	100			wner/Opera	stor (2)				,,			
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encies Notified Type Notification				ifton Ave					Tank		*	1		
DEP Amended				e, Zip Coo k, NJ 07				WA	VFR API	SR0	V		لــــا	
			Name of						Telephone 5	Hoppin				
DOM [usification]			Joe 19.		RMATION							_		
ame of Facility Where Abstement is Tekin	p Place (3)	1	FAGIL	II Y IMIT	PERM (IVA		Тура	of Facility (4	1)		_			
Our Lady Queen of Peace Church							m	School (K-1 Subchapter	R (Other than K	(-12)				
00 Maywood Ave.								Other (i.e. p	rivete & comme	rda b	uildi	ngs, i	nome	5,
2N (5)		-				1	Squa	e Feet	# of Floors			ig. A	ge	
visywood							400		3	liak a e)+		-
Journy (6) Bargen				lode (7) ISE ONLY)			Rec	tory	or if being demo	lisineo,				
lame of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.				rement Con ryices Inc						
ireet Address					1		Addre	e Ave.						
City, State, Zip Code		-						n,NJ 0705	7					
Project Manager for Monitoring Firm		T	Telepho?	he Na.	1		one N	1	Licenso 01107					
Slart Dats (10) 08/09/14	Schedule 08/11/		pletion (Date (11)				HA Monitor alodka						
Occupancy Status During Absternant (Cha					W. San Jan San San San San San San San San San S		Addra						- 100	
Facility Closed/Vacated During Entire Abstament Performed Outside of Non	Period of A	Abster	ent i		Ci	ty, 81	ate, 2	e Ave			-			
					-	Valli	_	n. NJ 070						
2009 of Work (Check All That Apply) 23 af or 23 if 2160 af or 2380 if		lenova lemolit					F	ni-Enclosure	ent with Negativ	o Pres	wur	e		
_ = 100 0.01 =====	tues.					X		ovebag Proc	redure (*) and Non-Fi	nisble f	>100	odur		
		Local			Descrip	- 41 - 1-						Abste	ment	
Location of Asbastos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intena todiai 1 (12)	nce/ Staff?		tos Conteini (nermal sys surfacing other miso	ng M tems VA	lateria Insul T, or	ation,	Amount (8 ped/y SF or LF)		Removel	Repair	Encapsulate	CHECKING
	Yes	No	N/A										8	
boller room		à			pipe ins	sula	tion		15lf.	-	_			~ -
laundry room	77				pipe ins	a u lar	tion	1	16lf.	9				
	-		+-					+		\perp				
Name of Registered Waste Hauler			JDEP W		Cubic Yar	ds			Registered Lan	dfill			or an Palace	
Newark Carting Inc.			5409	1400	1			G.R.O.						
City, State Newark, NJ			X HOUSE		Disposal (08/12/14			City, State	e /ille, PA					
Completed by	Title				Sign		A	11	, 1	Date 08/0		14		
Lesiaw Nalodka	Pres	ldent					66	MA		VOIL	U	7		

ABB-41 (R-05-08)

			(Pur	Suant to		0 and 12:120	"	i.		FOR	111/		ì	
Date of Notification (1) 08-05-2014					uilding Ow en Easte	ner/Operator rn Co.	(2)	17		ECE				
Agencies Notified	Type Notification		S	treet Add	ress				2014	AUG 15	AH	7:	30	
	Initial		1.	160 Wil	mot Roa	d		a de la companya del companya de la companya del companya de la co						
EPA DEP DOL	Amended		- 122		, Zip Code				ALL	EUTUS LIGE	CO.	Ti	Ci	
DOL	Amendment Emergency				d, IL 600)15				LICE	MEIL	iG.		
₹ DOH	justification)	including		lame of C					Tele	phone Nun	nber			
DOH DCA	Cancellation			Jeff Gro										
		- Disea (2)		FACILI	TY INFOR	MATION	Type	f Facility (4	1)					-
Name of Facility Where	Abatement is Takin	g Place (3)					-	1903						
Walgreens								chool (K-1) ubchapter		r than K-12	2)			
Street Address								ther (i.e. p		commercia		ngs,	nome	s,
383 Washington A	ve.						Square	c.)	# of	Floors	Blo	dg. A	16	_
City (5)							Oquan		1 " "	. 10010			,-	
Hillside			1.0	Savabi Co	ndo (7)		Currer	t I Ise (Pric	or if heir	g demolish	ned)			
County (6)				County Co STATE US	SE ONLY)		Ourier	11 030 (1 110) II 50II	ig domonor	.447			
Union	- I line of the Decilation	Oumar (9)		ASCM	No	Name	of Abate	ement Con	tractor	(9)				
Name of Monitoring Fire	n Hirea by Building	Owner (6)		ASCIVI	NO.			racting L		(-)				
N/A							t Addres					_		
Street Address						1000000	7th St							
6"							State, Zi						-	
City, State, Zip Code °								NJ 0708	37					
Desired Manager for Ma	nitaring Firm		-13	Telephon	e No		hone No			License N	lo.			
Project Manager for Mo	moning riim		- 1	Ciopilon	5 140.	1 23 3 3 3 3 3	216-9			01206				
Start Date (10)		Scheduled	Com	pletion D	ate (11)	Name	of OSH	A Monitor				77		
08-23-14		08-26-1			,	Del	fa Con	tracting l	LC					
Occupancy Status Duri	no Abatement (Che	ck Only One)			Stree	t Addres	S						
				ont		522	7th St	reet						
Facility Closed/Va Abatement Perfort Other – Describe:	cated During Entire ned Outside of Nor	mal Facility I	-lours	en		City,	State, Zi	p Code						
Other - Describe:						– Uni	ion City	NJ 070	87					
Scope of Work (Check	All That Apply)		-				35%			(+)				
23 sf or ≥3 lf		□ Re	enovat	tion			Ful	Containm	ent with	Negative I	Pressui	re		
≥160 sf or ≥260 lf		☐ De	emoliti	ion		1		i-Enclosur						
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100	120		ocati	7.00		Description			u () all	d Non-Frial		Abat	pe	_
Location Ashestos-Containing		Used	ormali I Sole	ly ly by	Asbesto	Descriptions Containing	on of Material	(ACM)	A	mount	-	Abat	ре	T
Asbestos-Containin TO BE A	g Material (ACM) BATED	Used Mair	ormali I Sole ntenar	ly ly by nce/	Asbesto (i.e. t	os Containing hermal syster	on of Material ns insula	(ACM)	A (\$	mount Specify	-	Abat T)	ре	Encio
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Amendment # Description Amendment # Description Name of Contact Description D		1			•						: 1	the U	S. Coom	11		_
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September Comparison Comp	Agency		50. 57	discation		s	treet A	ddress	200.	Di Colo	2017 1	US 15 1	47	/: ¿	3	
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Country (6) Country (6) Country (7) Country (8) Country (8) Country (9) Country (9) Rearra of Monitoring Firm Hired by Building Owner Marms of Monitoring Firm Hired by Building Owner ASCAI No. Name of Abatement Contractors (9) Best Removal Inc Street Address 450 S. River St City, State, Zp Code Hackensack, N.J. 07601 Tolephone No. 201-329-7444 Onega Environmental Inc Cocupancy Status During Abutement (Check only one) City Status During Abutement (Check only one) City Status During Abutement (Check only one) City State (Check all that apply) City S	Cay (5)	AL ST	E S	,	Ø		75							O	•	
Render of Manifering Firm Hired by Building Owner ASCAI No. Name of Absternant Contractor (6)				L		-16	· Andrews	Carla (7)	CETATE LISE		The second second	to the second of the second of the				-
Name of Absternet Contractor (9) Best Removal Inc Street Address 450 S.River St City, State, Zip Code Hackensack, N.J. 07601 Telephone No. 201-329-744 Coccupancy Status During Absternent (Check only one) Start Date (10) Start Date (10)	County	B=06	=nl	*	3.*			(1)					100			1000
Best Removal Inc	Marme o			Building Owne	r As	SCM I	io.		Name of Abatem				-			
Street Address 450 S.River St City, State, Zip Code City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 Telephone No. 201-329-7444 Usense No. 201-329-7444 Usense No. 201-329-7444 O0388 Start Date (10) Street Address License No. 201-329-7444 O0388 Name of OSHA Monitor Omega Environmental Inc Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606 South Hackensack, N.J. 07606 Demolition Abbetterment with Negative Pressure Displacement with Negative Pressu	(8)								Best R	emoval I	nc					j
City, State, Zip Code Hackensack, N.J. 07601 Telephone No. 201-329-7444 00388 Start Date (10)	Street A	Address														
Hackensack, N.J. 07601							*	4								
Telephone No. Telephone No. 201-329-7444 Cuberse No. 00388	City, St	ate, Zip Code						1.	City, State, Zip C	Code	T 076	01				
Start Date (10) Schooluled Completion Date (11) Name of CSNA Monibor Omega Environmental Inc										sack, N.						
Start Date (10) Start Address 2 86 Huyler St City, State, Zip Code South Hackensack, N.J. 07600 Start Hackensack, N.J. 07600 Start Date (10) Start Address Start Date (10) Start Address Start Address Start Address Start Date (10) Start Address Start Addres	Project	Manager for Mon	atoring Fi	m	Tele	phone	e No.			7/1/1						
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□ Absterment Performed Outside of Normal Facility Hours STOTher - Describe: 74 \(\tau \) \(\tau		U		. •		mont			1.							2011
Scope of Work (Check all that apply)	T Abat	ement Performed	Outside	of Normal Faci	By Hou	\$. 07(1				
Asbestos Containing Material (ACM) Location of Loca							•		South H	lackensac	K, N.J	. 0760	70		_	_
Demolition	Scope o	of Work (Check a	8 that app	ily)			_		. O Full	Containment with	Negative Pro	essure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Name of Registered Waste Hauter Best Removal Inc Number Waste Hauter To No. 17109 Name of Registered Waste Hauter To No. 17109 Name of Registered Waste Hauter To No. 17109 Name of Registered Landfill Waste Hauter To No. 17109 Description of Asbestos Containing Material (ACM) (Specify SF or LF) The Miner of Registered Landfill Waste Hauter To No. 17109 Disposal Date Name of Registered Landfill Waynesburg , Oh Completed by Tate Date Q 12 1 A			X:									7/				
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Location of Asbestos-Containing Material (ACM) Listed Solety by Maintenance/ Custodial Systems insulation, surfacing, VAT, or other miscellaneous) Specify SF or LF SP o					ls L	ocatio	D	E V	**				Ab			
Asbestos Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Name of Registered Waste Hauter Best Removal Inc NJDEP Waste Hauter Best Removal Inc 17109 The Maintenance/ Custodial Surfacing, VAT, or officer miscellaneous) Asbestos Containing Material (ACM) (Specify Sportly Sportly Officer miscellaneous) Asbestos Containing Material (ACM) (Specify Sportly Officer miscellaneous) NAMEL MAL SYSTEM INSULATION 1205 Name of Registered Landfill Waste 17109 Tille City, State Hackensack, N.J. 07601 Completed by Title Signature Date Q 12 1 A Date Completed by Title Date Completed by Title Title Title Title Asbestos Containing Material Material (ACM) (Le. thermal systems insulation, (Specify Sportly (Sportly (Specify Sportly (Sportly (Locati	on of								794		П	П	T	
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Yes No N/A	. ,					C 237		lire	surfacing, VA	T, or			mov.	8	080	al Bolt
Yes No N/A		(13	3)	360		(12)			other miscellan	eous)			9	-	3	ē
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City, State Hackensack, N.J. 07601 Completed by Title Disposal Date 8/29/14 Waynesburg, Oh Date 8/12/16	Bes	t Remova	al In	c	1		a	*	2 /2C	Minerv	a Enter	rprise	s			
Hackensack, N.J. 07601 8/29/14 Waynesburg, On Completed by Title Signature		1			11/	10	,			City State					_	
Complehed by Title Signature Date	Cay, Si	Hacker	ısack	, N.J.	0760	01		27	8/29/14	Waynes	burg ,	Oh				
	Comple	1		Title					1	7.		Date	1) .	A	
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				(Pur	suant to	NJAC 8:60 a	nd 12:120	0)			D	E	1 ,	11 7
Date of Notification (1) 08/13/2014			0.			Building Owner F TRENTO		(2)						7
Agencies Notified	Type Not			1000	treet Add	dress ATE ST.					014 A			
× EPA × DEP × DOL	Am	ended endment#		- 1	# 100 harden	e, Zip Code ON, NJ			****	Δ	آ رو	STO	SI	2011
DOH DCA	just	ergency (i ification) acellation	ncluding		ame of C	Contact				Telephone N	lumber			₩ 15¥
					FACIL	ITY INFORMA	TION							
Name of Facility Where DEMOLITION SIT		t is Taking	Place (3)						of Facility (4) School (K-12)		12\			
Street Address 805-809 HUDSON	IST.							×	Other (i.e. pri etc.)	vate & comme				nes,
City (5) TRENTON				- 62	2			UNF		# of Floors UNK.		Bldg. UNK		
County (6) MERCER					County C	ode (7) SE ONLY)		Curre	1377.0	if being demo	lished)			
Name of Monitoring Fir T.T.I. ENVIRONM	m Hired by ENTAL	Building (Owner (8)		ASCM	No.	1.0000000000000000000000000000000000000	of Aba PRO,	atement Contr INC,	ractor (9)				
Street Address 1253 NORTH CHI		 ī.			l.			t Addre	ss RKUS AVE					
City, State, Zip Code MOORESTOWN,									Zip Code RIDGE, NJ	07095				
Project Manager for Mo				1000	Telephon	ne No. 0-8800		hone N -726-		License 00615				
Start Date (10) 8/14/2014			Schedule 8/14/20		pletion [Date (11)	1.000		HA Monitor VIRONMEI	NTAL				
Occupancy Status Dur	ing Abatem	ent (Ched	k Only On	e)			100000000000000000000000000000000000000	et Addre		O.T.				
Facility Closed/Va Abatement Perfor Other – Describe:	med Outsid	te of Norn	nal Facility	Abatem Hours	ent		City,	State, 2	. CHURCH Zip Code STOWN, N					
Scope of Work (Check	All That Ap	oply)											_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	Renova Demoliti				→ M × G	lini-Enclosure lovebag Proc		1		iure	
				Locati					or-Exemples	() and (voir)			ate me	
Locat Asbestos-Containi TO BE A In Fa (1	ng Material BATED cility	(ACM)	Use Ma	Normalled Sole intenar todial S (12)	ly by nce/	' St	Description Descri	Materi ms insu /AT, or	ulation,	Amount (Specify SF or LF)		Removal	Elicapaniais	Enclosure
BASE	MENT				X	THE	RMAL P	IPE II	VS.	5 LF	Х			1
- Aur												+		+
							L: V		Newsof	Desistand	odeli.			
Name of Registered V		er		H	IJDEP W lauler ID 509		ubic Yards Waste		48888888 Sec.	Registered Lar W.S. INC.	iuill			
City, State NEWARK, NJ						1.22/201	sposal Da 18/14	ite	City, State MORRI	e SVILLEL, P	A.			
Completed by DAVID T. TOLCH	IN		Title PRE	S.			Signatu	ure (17.70	ldi	Date 8/13	/201	4	

NO CK

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

Date of Notification (1)		Name of Building Ow MERCK SHARP & DO	mer/Operator (2)	- 1
8 / 12 /14		Street Address	THE PART OF THE	17:24
Agencies Notified Type Notific	cation	126 E. LINCOLN AVE	NUE, 2014 160 Cob5 RV2	1414 2 4
EPA Initial DEP X Amer	Notification nded Notification ellation	City, State, Zip Code RAHWAY, NEW JER	SEY 07065 TUTUS CC	MG
X DOH On H	RGENCY NOTIFICATIO		C: LiTelephone	3 Numner
		ACILITY INFORMATION	Type of Facility (4)	
Name of Facility Where Abatement is			School (K-12) Subchapter 8 (Other	than K-12)
MERCK SHARP & DOHME CORPORA	TION		X Other (ie. private & co	ommcl. bldgs., homes, e c.)
Street Address 126 EAST LINCOLN AVENUE -BUILDI	NG 32		100,400 7	7 52
	nty (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being	
Name of Monitoring Firm Hired by Bu ENVIRONMETAL HEALTH INVESTIG	ilding Owner (8)	ASCM No.	Name of Abatement Conf PAR ENVIRONMENTAL O	tractor (9) CORPORATION
Street Address	(110.10, 11.0)		Street Address	
655 WEST SHORE TRAIL			313 SPOOK ROCK ROAD City, State, Zip Code	,
City, State, Zip Code	NEW JERSEY 07871		SUFFERN, NEW YORK 1	0901
Project Manager for Monitoring Firm	Telephone	Number	Telephone Number	License Number
WILLIAM S. KERBEL, CIH	973-729-56	49	845-369-7500	1101
Expected State Date (10)	Sched. Complet		Name of OSHA Monitor AMERISCI LABORATORI	IFS INC #11480
8 / 11 /14	8 / Month	12 /14 Day Year	AINIERISCI LABORATORI	123 IIVO
Month Day Year Occupancy Status During Abatement (C		Duy 100.	Street Address	
X Facility Closed/Vacated Duri Abatement Performed Outsi X Other - Describe: MONDAY	ing Entire Period of Abate ide of Normal Facility Hou	ırs - Describe:		NEW YORK 10016
Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF	Renovation	Mini-Encl Gloveba	ainment with Negative Pressu los , g Procedure ble Procedure	ıre
Location of	Is Location	Description of A		Abatemen Type
Asbestos-containing	normally used	Containing Mater	idi () (Oili)	nount REPAIR REPAIR
Material (ACM)	solely by	(ie. Thermal s insulation, surface	,	or LF) MOV RAP
TO BE ABATED	Maint/Custodial Staff (12)	or other miscell		
in Facility (13)	Yes No N/A			I IRE
7TH FLOOR -BUILDING 32-KITCHEN	AREAX	VAT & MASTIC	100 SQ.	FT. X
No. of Decision of March 115-15-1	NJDEP Waste	Cubic Yards of Waste	Name of Registered Land	ifill
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Hauler ID No. 15939	120	LYCOMING COUNTY R 447 ALEXANDER DRIVE	ESOURCE MANAGEMENT SER E/ROUTE 15
City, State	1,000	Disposal Date	City, State MONTOOMERY, PA 17	
FREEHOLD, NEW JERSEY	Trus	8/11/2014-10/15/2014 Signature /	INTONY GOMERY, PA 17	Date 2/12/14
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPE		MXX	8/12/17

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. /14 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 EPA Initial Notification City, State, Zip Code DEP Arnended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone Nimber DCA EMERGENCY NOTIFICATION MIKE LATRONICA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commol. bldgs., homes etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE -BUILDING 32 100,400 52 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. PAR ENVIRONMENTAL CORPORATION 17 Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor /14 10 / AMERISCI LABORATORIES INC 15 #11400 Month Year Day Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 5 PM - 1 AM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition × Renovation Mini-Enclos. >3SF OR LF **Glovebag Procedure** >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REMOVA REPAIR ENCADOLLE ENCLOSURE Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A VAT & MASTIC 7TH FLOOR -BUILDING 32-KITCHEN AREA X 100 SQ. FT. X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. 120 LYCOMING COUNTY RESOURCE MANAGEMENT SER 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State City, State Disposal Date FREEHOLD, NEW JERSEY 8/11/2014-10/15/2014 MONTGOMERY, PA 17752 Completed by (Print or Type) Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

(K 1055

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

				(Pu	rsuant to	NJAC 8:	60 and	12:120)			REC	E11.	r	ta:	
Date of Notification (1) 07/08/2014						Building O			(2)							
Agencies Notified		otification		1	Street Add	iress TER. A	VENU	IE.			200	AUG T				
EPA DEP DOL	An An	tial nended nendment :				, Zip Code STOWN		7960			AUL	& LICE	S CO	Tix	CL.	
DOH DCA	jus	nergency (stification) ancellation	including		Name of C	Contact BRAHAN	MSON				Tele	phone Nu	mber	u		
					FACIL	TY INFO	RMATIC	N								
Name of Facility Where PRIVATE	Abateme	nt is Taking	g Place (3)						☐ Sc	Facility (4	2)	er than K-1	2)			
Street Address 53 CENTER. AVE	NUE.								× Ot etc	her (i.e. p	rivate 8	commerc	ial build			s,
City (5) MORRISTOWN N.	J 07960)							Square 2,20	0 "		Floors 2		dg. A	je 	
County (6)	29			0	County Co	ode (7) SE ONLY)				N/	Α	ng demolis	hed)			
Name of Monitoring Fire N/A	n Hired by	y Building (Owner (8)		ASCM	No.				ment Con UALITY		(9) ISTRUC	TION	L.LC	ē	
Street Address					<u> </u>				Address AN OR	DEN PI	LACE					
City, State, Zip Code	1		· · · ·						State, Zip	Code ACK N.	J. 076	01				
Project Manager for Mo	nitoring F	irm		T	Telephon	e No.			none No. -708- 4			License 01135	No.			
Start Date (10) 07/1-72014/			Scheduled 07/18/20		npletion D	ate (11)				Monitor ONME	NTAL	SERVIC	ES.			
Occupancy Status Duri			ck Only One)	######################################				Address ROUT	E 22 W	/EST					
Facility Closed/Va Abatement Perform Other – Describe:	med Outs	ring Entire ide of Norr	Period of Almal Facility I	oatem Hours	nent		_	City, S	State, Zip							
Scope of Work (Check	All That A	(ylqq)		-			1						-			52.5
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		8		enova emolit	tion ion				Mini Glov	-Enclosur rebao Pro	e cedure	Negative			~	
-			Isl	ocati	ion				Non-	-Exempte	d (*) ar	nd Non-Fria	able Pro	Abat	emeni /pe	t
Location Asbestos-Containing TO BE A In Fact (13)	ng Materia BATED cility	il (ACM)	Used Mair	ormal Sole ntena	lly ely by	Asbest (i.e.	tos Cont thermal surfa	system cing, V	Material (ns insulat	(ACM) ion,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A	Flor	or Tilo	g Ri-	ack Ma	etic	4	30 SF.	l _x			\vdash
BASE	WENI			X	-	FIOL) THE	a Di	ack Ivia	300		00 01 .				
							4								-	-
Name of Registered W	aste Hau	ler			NJDEP W		Cubic of Wa	Yards				ered Land				1
ROVIC DISPOSAL	. CO.			100	03967	.40.	TBD		e .	City, Sta		e Ridge	Landi	11 00	rp.	-
City, State 60 RIVERDALE RI	D. RIVE	RDALE					TBE)		SCOT			Date			
Completed by CARLOS ESQUIV	EĿ		Title SAFE	TY	MANAG	SER		Signatu	# Egi	m	fly		07/08/	2014	<u></u>	
ASB-41 (R-06-08)		-	16				/	* Dø	not use t	his form fo	or asbe	stos licens	ure exe	npted	l activ	rities



& Energency

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

2 Dining	,,,,,,		(Pt	irsuant t	o NJAC 8	3:60 and 12:	120)	CK.	42	7/8E	7	11/	Z m	
Date of Notification (1) 8/12/14			7.00		,	Owner/Opera			0.0	14 AUG	7.4	¥.	ليراً حد	
	Type Notification			Street Ad	dress ter Ave.									
EPA DEP DOL	Initial Amended Amendment #			City, Stat	e, Zip Coorel NJ 0	de	-		A	& LI	US (`(U);	Th(JL.
☑ DOH DCA	Emergency (in justification) Cancellation	ncluding	-	Name of Randy					Telep	hone Nun	ber	its.	G	
lad 5 7 1					ITY INFO	RMATION			-	-				
Name of Facility Where Ab Mark Trenor Private		Place (3)					Тур	oe of Facility (4 School (K-12						
Street Address 23 Marter Ave.	11 3				·		×	Subchapter (Other (i.e. pretc.)	8 (Other			ings,	home	s,
City (5) Mt Laurel NJ 08054	11 70				3010 - 12010		10000000	uare Feet 00+	# of F	loors	5.5	dg. A	ge	
County (6) Burlington				County C	ode (7) SE ONLY)		Cui	rrent Use (Prio	or if being	demolish	ed)			
Name of Monitoring Firm F	fired by Building O	wner (8)		ASCM		- 1	me of Al	batement Con	tractor (9	9)				
Street Address					1	Str	eet Add	ress						
City, State, Zip Code						Cit		Zip Code				¥-		
								erlin NJ 080						
Project Manager for Monito	oring Firm			Telephor	ne No.	22/03	lephone 56-753			License N 00727	0.			
Start Date (10) 8/13/14		Schedule 8/15/14		npletion [Date (11)		me of O ame	SHA Monitor						
Occupancy Status During	Abatement (Check	Only On	e)			Str	eet Add	ress						
Facility Closed/Vacat Abatement Performer Other – Describe: Ho	d Outside of Norma	al Facility	baten Hours	nent S		Cit	y, State,	, Zip Code	IV					
Scope of Work (Check All												-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Parameters.	enova emoli				H :	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure					
		l la	Looot					NOT-Exempled	() and	NOII-FIIAL	T	200.50	ement	
Location (Asbestos-Containing N		- N	Locat Iormal d Sole	lly		Descrip				nount	-	Ту	ре	Γ
TO BE ABA' In Facility (13)	TED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	odial (12)	nce/ Staff?	(i.e.	tos Containir thermal syst surfacing other misce	tems ins , VAT, o	sulation, r	(Sp	ecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									ate	e)
Den				X		Floor Tile	& Mas	stic	300	SF	x			
		-					-				-			
				-		1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,				-	-			
Name of Registered Wast	e Hauler	1	1	JUEP W	aste /	Cubic Yar	ds	Name of	Register	ed Landfil				
United Containers				lauler ID 2459	No.	of Waste 2	•	G.R.O.\	0.70					
City, State Elm NJ						Disposal E 8/15/14	Date	City, State Morrisv		19067				
Completed by		Title				Signs	ature			I D	oto	-	100	

President

Anthony T Perna

8/12/14

CK# 3050 8 200

Print Form

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

DECEIVED

Date of Notification (1) 08/08/14		10.000		Building O		erator ((2)		1 lm 3			<i>}</i>			
Agencies Notified Type Notifica	tion	S	treet Add					2014	AUG	15 /	M 7:	-	8		
EPA Initial Amende Amendr	ment #	C	ity, State	, Zip Cod ills, NJ	le			AU	& L	US C	SING	κl	L.		
DOH justificar			ame of 0	Contact mes Vin	dici				Tele	phone N	lumher				
			FACILI	ITY INFO	RMATIO	N									
Name of Facility Where Abatement is T Commercial Building Street Address	Taking Place (3)						☐ s	of Facility (4 chool (K-12 ubchapter	2)	er than K	-12)				
105 Silvania Place							⊠ c	other (i.e. po tc.)	rivate 8	comme	rcial bu				s,
City (5) South Plainfield							Square 2000		# of	Floors		50	g. 🛝	ge	
County (6)		To	County Co	ode (7)		-		nt Use (Pric	- T	ng demo	lished)	_			
Middlesex			STATÉ US	SE ONLY)	0-1-1-1-1		Non-	Ocupied							
Name of Monitoring Firm Hired by Built NA	ding Owner (8)		ASCM	No.				ement Con nterprise							
Street Address	A STATE OF THE STA				1/2	(Addres Gold S								
City, State, Zip Code								p Code ok, NJ 08	3812			(3)			
Project Manager for Monitoring Firm		Т	elephon	e No.			one No 977-9			License 01203					
Start Date (10) 08/18/2014	Schedule 08/25/1	Application of the	pletion D	ate (11)				A Monitor nterprise	Corp						
Occupancy Status During Abatement (Check Only One	∍)					Addres								
Facility Closed/Vacated During E Abatement Performed Outside of	ntire Period of A	bateme	ent		1		Gold S	p Code)
Other – Describe:	140mar r acinty	riours			_			ok, NJ 0	8812						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× R	enovati emolitio				X	Min	Containme i-Enclosure vebag Prod -Exempted	e cedure						
	1 7 7 7	Locatio					i NOI	i-Exemple	ı () aii	d Non-i	nable I		Aba te	ement pe	
Location of Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	M) Used	ormally d Solety ntenant odial S (12)	y by ice/	Asbest (i.e.	tos Conta	system sing, VA	Material s insula T, or	(ACM)	(5	mount Specify F or LF)	, constant	Damova	Repair	Encapsulate	Enclosure
	Yes	No	N/A											le l	
Front entrance-warehouse	9		Х		VAT	& ma	stic		15	00 SF	Х	-			
											+			,	
New of Decision 1997		l At	JDEP W	acte	Cubic	Varde		Name of	Regist	ered I an	ndfill				
Name of Registered Waste Hauler Freehold Cartage Inc		H	auler ID 5939		of Was			Cumbe				50			=
City, State Freehold, NJ	<u> </u>				Dispos	sal Date		City, Stat		4					
Completed by	Title	56			S	ignatur	6	7		_	Date	0.14	4		
Eli Brito	Proje	ct ma	anager			1	9				08/0	o/1	4		
ASB-41 (R-06-08)					4	\$00 n	ot use	this form fo	r asbes	stos licer	sure ex	kem	pted	activ	ities.

CK SI94 RECEIVED

Date of Notification (1) 8/12/14	Name of Buildi	ng Owner/Operator	(2)		4 -		
Agency Notified Type Notification	Street Address	2	4) 5	4 AUG 15 AM	7: 15		
U EPA U DEP U Amended Amendment #	City, State, Zip	Code .	S AUE	E LICENSIN	TIKOL.		
D Emergency (including justification) D DCA D Cancellation	Name of Conta	LCICCHIC		Telephone Number	, ~ -		
	FACILITY IN	FORMATION					
Name of Facility Where Abatement is Taking Place (3) WR FACCICO Street Address 185 PHELPS AUS			Type of Facility (School (K-12) Subchapter 8 Prother (i.e. pri		Idir 9s,		
City 6)			homes, etc.) Square Feet	# of Floors B	ldg. Age		
BENGENFIELD	4 4		1800	2	133	5	٠.
County (6) 3EKGEN	County Code (ONLY)	7) (STATE USE		or if being demolished SIOCWCE	I) .		
	ASCM No.	Name of Abaten	nent Contractor (9))			
(8)			emoval I	nc			
Street Address		Street Address	River St				
City, State, Zip Code		City, State, Zip C					-
			sack, N.	J. 07601			
Project Manager for Monitoring Firm T	elephone No.	Telephone No.		License No.			
		201-329-		00388			-
Start Date (10) Scheduled Complete 8 29/14 8 30		Name of OSHA Omega En	worm vironmen	tal Inc			
Occupancy Status During Abatement (Check only one)		Street Address 280 Huy					
□ Facility Closed/Vacated During Entire Period of Aba □ Abatement Performed Outside of Normal Facility Ho □ Other – Describe: 70 从 すっくん		City, State, Zip C	Code	k, N.J. 076	506		
Scope of Work (Check all that apply) 22 ≥ 3 st or ≥ 3 if □ ≥ 160 st or ≥ 260 if	Renovation Demolition	Q Full (Q Mini-	Containment with I Enclosure ebag Procedure	Negative Pressure			
.	Location		1		Aba	tem	ent
Location of Use Asbestos-Containing Material (ACM)	d Solely by intenance/ Asb	Description estos Containing M e., thermal systems surfacing, VAI offrer miscellane	atorial (ACM) insulation, insulation,	Amount (Specify SF or LF)		Encapsulate	Enclosure
Yes	No N/A			7016		+	H
BASENENT	X THE	NMAL SYSTEM	11NSU 44704	70 LF	- 19	+	Н
						T	T
						I	
	DEP Waste Hauler	Cubic Yards of	Name of Regist	ered Landfill			
Danier Danierol Inc	No. 7109	Waste 1 1/20)		Enterpris	es		
Hackensack, N.J. 076	01	Disposal Date	City, State Waynesb	urg , Oh			
Completed by J. Maiorano Estimato	r	Signature	n'orang	Date	8/12	112	¥]

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Date of Notification			135.00			Owner / Operator	r (2) 🚜	14 AUG 15	AM 7	: 0	2		
Agencies Notified	8/4/2013	-6		ce Ford							00000		
EPA	Type Notific	ation	100	reet Add		nuo	. بدو	& LICE	COMT	KO	Ĺ		
□ DEP		1		ty, State				C LICE!	1SING	1000000	25.7		
□ DOL		nded		oodbu		ouc							
	☐ Eme	rgency		ame of C					Tele	hor	ne N	ımhe	er
□ DOH □ DCA		cellation		hris Ec		1				1050			10
				FACII I	TY INF	ORMATION							68 ·
Name of Facility WI	here Abatem	ent is Taking Pla		.,		Type of Facili	ty (4)						
Ace Ford			, ,			School (H							
Street Address						Subchap	ter 8 (Other th	an K-12)					
487 Mantua Aver	nue						e. private & cor					tc.)	
						Square Feet	# of Flo	ors	Bldg.	Age	ľ		
City (5)		County (6)	Cour	nty Code	(7)	50000		1			50		
Woodbury		Gloucester					Prior if being of	lemolished)					
Name of Manitoria	Cione I line al I	D. Ildia - O.	(0)	140	OMANI	Commercia		(0)					
Name of Monitoring	rim Hirea i	by Building Own	er (8)	AS	SCM No		tement Contra						
Street Address						Street Address		SIVICES		-			
						20 Canary V							
City, State & Zip Co	de					City, State & 2			y.				
						Hamilton, N							
Project Manager for	Monitoring I	Firm	Teleph	one Nun	nber	Telephone Nu 609-847-295		Licens	e Numt	er 222	2		
Scheduled Start Da		Scheduled Com	pletion	Date (1	1)	Name of OSH	A Monitor						
8/15/201		8/18/2014				EMSL Analy							
Occupancy Status [ant	Street Addres	100						
		During Entire Per outside of Norma				107 Haddon				-			_
	Weekends		i noui	s – ram	ю эрт	City, State & 2 Westmont,							
	upied During					westillont,	142 00 100						
Scope of Work (Che					70.413					-			
•							Full Cor	ntainment with	h Nega	ive f	Pres	sure	
≥3 sf or ≥3 l			<u></u>	Renovat			Mini-En						
≥160 sf ≥26	0 If			Demoliti	on		Glove B	ag Procedure	es				
								empted and N					200
	ocation of			ocation		Description		Amount		Abat	teme	ent Ty	/pe
	tos-Containir erial (ACM)	ng		ally Used ely by		Asbestos-Cont Material (AC		(Specify SF or LF				m	
	BE ABATED			nance o	r	(i.e., thermal sy		SF OI LF	,	Re	70	ince	En
	n Facility	1		lial Staff	6	insulation, surfac	ing, VAT			Remova	Repair	Encapsulate	Enclsoure
	(13)	-		12)	_	or other miscella	aneous)			'al	=	late	re
Mechanical area	and storag			No N/A		insulation (wr	(tue bac ace	FOOLG		7		\neg	\vdash
Mechanical area	and Storag	e			ripe	ilisulation (wi	ap and cut)	50011	ı		니	Ч	니
Name of Registered	Waste Hau	er		NJDEP	Waste	Cubic Yards	Name of Reg	istered Landf	fill				
4: Bill =: 0.00				Hauler		of Waste		1					
ALPHA ENVIRON	IMENIAL			00033	330	2	Grows Land	dfill					
City, State						Disposal Date	City, State						
Trenton, NJ			5-2-4115-2-2-2-2-			Various	Morrisville,	PA		<u> </u>			
Completed By (Print	t or Type)		-	Title		Signature				te			
Rod Richardson				Projec		Rod Richa	rdson		8/	4/2	014	1	
				Manag	jer		CONTRACTOR OF THE PARTY OF THE						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT RECEIVED (Pursuant to N.J.A.C. 8:60 and 12:120) 2014 AUG 15 AM 7: 01

Date of Notification	(1)	-	N	lame	of Bui	ding C	Owner / Operator	(2)			7-6			
	8/4/2014			eng	lar De	molit	ion	Δ	-	TISCO	Tic	11		
Agencies Notified	Type Notifica	ition	S	Street	Addre	SS			3	LICENSII	JC IV) L .		
						ay 13			-	LIOLINO (¥Q			
☐ DEP			100			Zip C								
□ DOL	Amen	ided	E	3orde	entow	n, NJ								
□ DOH		gency	1	lame	of Cor	ntact				ITA	lenhor	ne Ni	ımbe	er
☐ DCA	☐ Canc	ellation	F	Paul I	Deng	er				- 1				
				FAC	CILITY	/ INF	ORMATION							
Name of Facility W	here Abateme	ent is Taking Pl	ace (3				Type of Facilit	y (4)						
Residence							School (K	-12)						
Street Address	1-+						Subchapt	er 8 (Other tha	an K-1	2)				
109 Schoolhous	e lane						Other (i.e	. private & con	nmerc	ial buildings	, ho n	es, e	tc.)	
							Square Feet	# of Flo	ors	Blo	g. Age	9		
City (5)		County (6)	Co	unty C	Code (7)	2000		1			50		
Mapleshade		Camden			•		Current Use (I	Prior if being d	emoli	shed)				
Mapicoriade							Residential							
Name of Monitoring	Firm Hired b	v Building Own	er (8)		IASC	M No.		ement Contrac	ctor (9)				
Tranic or Worldon	g i mii i med b	y ballaling own	101 (0)		,		Alpha Envir							
Street Address			- 00000	-///			Street Addres							
							20 Canary V	Vay						
City, State & Zip Co	ode						City, State & Z							
, , , , , , , , , , , , , , , , , , , ,							Hamilton, N	J 08610						
Project Manager fo	r Monitoring F	irm	Telep	hone	Numb	er	Telephone Nu	mber		License Nu	mber	35		
	100 (Alaca A. Colored Arabination						609-847-295	6			0122	2		
Scheduled Start Da	ate (10)	Scheduled Cor	npletic	n Dat	te (11)		Name of OSH	A Monitor						
8/14/20	14	8/16/2014					EMSL Analy	rtical						
Occupancy Status	During Abater	ment (Check or	nly one	∍)			Street Addres	s						
		During Entire P					107 Haddon							
Abatement	Performed O	utside of Norm	al Ho	urs –	7am to	3pm	City, State & 2	Zip Code						
Describe:							Westmont,	NJ 08108						
	cupied During	- International												
Scope of Work (Ch	eck all that ap	oply)							:	ant with No	antino	Droc	ouro	
				_				☐ Mini-En		nent with Ne	gauve	ries	Suie	
≥3 sf or ≥3			Ц		ovatio									
∑ ≥160 sf ≥26	60 If		\boxtimes	Der	nolitio	ו			•	ocedures				
								Non-Ex	empte	ed and Non-				
L	ocation of			Locat			Description		1		Aba	atem	ent T	ype
	stos-Containin	g		nally l			Asbestos-Conf			(Specify	4		m	
0.00000	terial (ACM)			olely I	by ice or		Material (AC (i.e., thermal sy		1	SF or LF)	-0	70	inc	Ē
	BE ABATED in Facility				Staff?		insulation, surfac				Remova	Repair	aps	clsc
	(13)		Cust	(12)	Jian :		or other miscella				1	#	Encapsulate	Enclsoure
	(10)		Yes	No	N/A		2. 2						6	
Exterior			П	Ø	П		siding		130	Nef	D1	П	П	П
LATERIO							olullig		130	031	23			
Name of Registere	d Waste Haul	er		NJ	DEP \	Vaste	Cubic Yards	Name of Reg	istere	d Landfill				
				Ha	uler II	No.	of Waste	_						
ALPHA ENVIRO	NMENTAL			00	0333	30	4	Grows Lan	dfill					
City, State	200	1					Disposal Date	City, State						
												100		
Trenton, NJ							various	Morrisville,	, PA				_	
Completed By (Prin				Tit			Signature				Date		×2=0	
Rod Richardson	1			1,000	oject		Rod Richardson				8/4/	201	4	
				M	anage	er								



State of New Jersey

						OF ASBE to NJAC 8			IENT	heck.	#	06	27	7.	7
Date of Notification (1)				T	Name of	Building (Owner/Op	perator	(2)			1 1 1	- 5	-1	VE
8/13/14	-				Wayne	e Widdm	nan .								
Agencies Notified	Type No	otification			Street A	ddress			23 - 9 - 10 - 10 10		2014	AU	GI	5 6	M
□ EPA	X Ini	tial			3 Clov	er Place	9								
DEP DOL	-	nended			City, Sta	te, Zip Co	de				é Num	3	7	Di	7415
⊠ DOL	Total Control	nendment		1	Mine I	Hill, NJ C	07803					81	ICE	NE	1111
⊠ DOH		nergency (stification)	including		Name of	Contact	36		4	Telephon	e Num	ber		Pio	140
DOH DCA		ancellation			Wayne	e Widdm	nan								
					FACI	LITY INFO	DRMATIC	ON							
Name of Facility Where		nt is Takin	g Place (3	3)					Type of Facility	(4)					
Residential Prope	rty	=							School (K						
Street Address										er 8 (Other than private & com			dinan		
3 Clover Place									Other (i.e etc.)	. private & com	nercia	ii Duik	ungs,	TOTTE	ss,
City (5)			dillocolor little						Square Feet	# of Floor	s '	В	ldg. A	ge	
Mine Hill									2000	2		5	60+		
County (6)						Code (7)			Current Use (F	rior if being der	nolish	ed)			
Morris					(STATE I	USE ONLY)			Residential	Property					
Name of Monitoring Fire	m Hired by	Building	Owner (8))	ASCN	No.		Name	of Abatement C						
n/a					n/a			Lozr	ica Managei	nent Corp					
Street Address			TO THE RESERVE					Street	Address						
n/a								22 T	roy Ln						
City, State, Zip Code		-							tate, Zip Code		-			-	
n/a								Linco	oln Park, NJ	07035					
Project Manager for Mo	onitoring Fi	irm			Telepho	ne No.			one No.		nse No).		-	
n/a	•				n/a			973-	706-7950	011	93			5.5	
Start Date (10)			Schedul	ed Cor	npletion	Date (11)		Name	of OSHA Monito	or				-	
8/21/14			8/22/1	4				Lozn	ica Manager	ment Corp					
Occupancy Status Duri	ng Abatem	nent (Chec	k Only O	ne)				Street	Address	•					-
Facility Closed/Va	cated Duri	na Entire I	Period of	Ahaten	nent			22 T	roy Ln						
Facility Closed/Va Abatement Perform	med Outsi	de of Nom	nal Facility	y Hours	S		1	City, S	tate, Zip Code						
Other – Describe:							_		oln Park, NJ	07035					
Scope of Work (Check	All That A	oply)												10	
23 sf or ≥3 lf	anna		12	Renova	ation			×	Full Contain	ment with Nega	tivo D				
≥3 \$1 \$1 \$25 \$11 ≥160 \$f or ≥260 \$15			-	Demoli					Mini-Enclose		uve Fi	essu	ie		
									Glovebag Pi			_			
								Lea	Non-Exemp	ted (*) and Non-	-Friable	e Pro			
				Locat								195		nent pe	
Locatio		(4.04.4)		Norma ed Sole				cription					ΓÍ		
Asbestos-Containin TO BE A		(ACM)	Ma	intena	nce/				aterial (ACM) insulation,	Amount (Specify		ZJ	_	Encapsulate	Щ
In Fac	cility		Cus	todial ((12)			surfac	ing, VA	T, or	SF or LF		Remova	Repair	aps	clo
(13	5)			(12)			other m	niscellan	eous)			Val	₽.	ulat	Enclosure
			Yes	No	N/A									0	
Basen	nent				х		Pine	Insula	tion	100 LF		K			
		-	-	-					mo2000	+		-			_
					-			•		-					
										1.7				10.5	
										- 02					
Name of Registered Wa	aste Haule	r		I	JDEP W	/aste	Cubic `	Yards	Name	of Registered La	andfill	1			
Loznica Manageme				634	lauler ID		of Was	ste		WS Landfill					
	Joip				03313	/	TBD								
City, State	7005							al Date	City, St						
Lincoln Park, NJ 07	7035		-				TBD			sville, PA	15				
Completed by			Title	t			Si	ignature			Dat		1		
E. Cirovic			Sec	retary			ع	i ur	ovic		8/	13/1	+		

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) *** RESUME + Additional footages***

B & G proj. #: 2014-111

Check \$6684 EIVED

Date of Notification (1)	Name	e of Building Own	er/Operator (2)			2014 AUG	15 A	1	l: 6	O				
0 8 / 1 3 / 1 4		antic Health S	ystem						_					
Agencies Notified Type Notification	1 000	Address				ALCIS	TUS C	01.17	RC	ĴĹ.				
DEP Initial		0 Madison Av	enue			& L	ICERS	140	<u>`</u>					
	ACCOUNT OF THE PARTY OF THE PAR	City, State, Zip Code												
M DOL M Amendm	11 100	Morristown, NJ 07960												
▼ DOH ☐ Cancella	90	of Contact				relephone Num	JC1							
DCA Caricella	P	eter Palmer				_								
		FAC	ILITY INFORM	ATION										
Name of facility where abatement is	taking place	(3)				Type of Facility (4) School (K - 1	2)							
Morristown Medical Center	Franklin B	uildina				Subchapter 8		ar K.	12)					
Street Address						Other (Private			/					
100 Madison Avenue						Bldgs./Homes	, etc.		ig. A	70				
	T 0 - + /	(1)		T 0		Square Feet # of FI	oors	DIC	y. A	ge				
City (5)	County (0)		100000000000000000000000000000000000000	nty Code (7) te use only)	Current Use (Prior if b	eing demo	olishe	:d)					
Morristown	Morris	i		,	Hospital									
Name of Monitoring Firm Hired by E	Bldg. Owner (8	3)	ASCM No.		Name of Abatement Co	entractor (9)								
T&M Associates			0145		B & G Restoration, Inc.									
Street Address	***	···			Street Address 105 Ryerson Road									
11 Tindall Road						au		_						
City, State, Zip Code Middletown, NJ 07748					City, State, Zip Code LincoIn Park, N	J 07035								
Project Manager for Monitoring Firm		Phone Num	her		Telephone Number		se Numb	er ==						
Kevin Burns		732-676-4			(973)696-6869 00378									
Scheduled Start Date (10)	ISched C	ompletion Date (1	11)	_	Name of OSHA Monito									
07/08/2014		2014 ******			B & G Restoration, Inc. Street Address									
**************************************				_	105 Ryerson Road									
Occupancy Status During Abatemer Facility closed/vacated during					City, State, Zip Code									
Abatement performed outside	of normal faci	ility hours-												
Describe: Work shift	4:00pm - 1	2:30am		=	LincolnPark, NJ	07035				-				
Scope of Work (check all that apply	`													
☐ Demolition 🕱	Renovation			F	ull Containment w/nega	tive pressure 🕱 Glo	ovebag pro	ocedu	ıre					
▼ >3 sf or >3 lf	≥160 sf or ≥26	60 If		X	Mini-enclosure	¥ No	n-friable p	roce	dure					
Location of	Is location no	ormally used sole	ly				R	2	E	E				
asbestos-containing	by maintena staff(12)	nce/custodial			sbestos-containing	Amount (Specify SF or	m)	С	n				
material to be abated in facility (13)	Yes	No N/A	- material	(ACIVI)		ĹĖ)	v	3	a p	L				
		X	T nine abox	200 / F	ittingo	90 lf / 6 fittings	e X	TT	П	+				
2nd fl West bathroom		X	pipe chas			15 lf / 1 fitting	X	ī	lo	1				
3rd fl Main HVAC chase		×	pipe insu		& IIIIIII	14 lf	X							
3rd fl Central core by rear windows 3rd fl former mechanical room		×	pipe fittin		mastic	2 fittings / 60 s	sf 🗶							
3rd fl East wing near former mech room		X	pipe fittin			2 fittings	X							
Registered Waste Hauler		Hauler ID#	Cubic Yards of				n Car							
B & G Restoration, Inc.		563 Disposal	5 yds		City, State	Resource & Recove	ery Cent			•				
City, State Lincoln Park, NJ			014 - 10/01/	2014	Tullytown, P	Α				ń.				
Completed by (Print or Type)	Title		Signature		(0, (0	Dat								
Gordana Luna		Treasurer			Gordana Luna	30	3/13/201	4						

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

B & G proj. #: 2014-111

*** ON HOLD ***

RECELVED

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Date of Notification	ı (1)	Nar	ne of Buildina	Own	er/Operator (2)			2014 AUG	15 A	M 7.	130				
0 17 1/117	1/114	11	tlantic Heal						14	/.	V.U				
Agencies Notified	Type Notificat		et Address			-		真ししこう!	US CI	JUTE	(0)				
 EPA	☐ Initial	1 1	00 Madisor	ı Av	enue	& LICENSING									
☐ DEP			City, State, Zip Code												
X DOL	X Amend	ment	Morristown,	NJ (
X DOH			ne of Contact					Telephor	e Numbe	er	a hear				
☐ DCA	Cancella	ation	Peter Palme	er				1							
				FAC	LITY INFORM	ATIO	N								
Name of facility wh	here abatement i	s taking place	e (3)					Type of Facility	(4)						
Morristown M			- (-)						K - 12)					
	ledical Center								apter 8 (-12)			
Street Address									(Private/0 /Homes,		rcial				
100 Madison	Avenue							Square Feet			Bldg. Age				
City (5)		County	(6)				unty Code (7)				_				
Morristown		Morri	s			(St	ate use only)	Current Use (P	rior if bei	ng dem	nolish	ed)			
Name of Monitorin	ng Firm Hired by	Bldg Owner	(8)	7	ASCM No.		Name of Abatement C	Hospital Hospitactor (9)							
T&M Associa	·-/		0145		B & G Restoration										
Street Address				-	Street Address										
11 Tindall R	oad						105 Ryerson Ro	oad							
City, State, Zip Cod							City, State, Zip Code					62. 33.			
Middletown,							Lincoln Park, N	IJ 07035							
Project Manager fo	100	1	Phone N				Telephone Number (973)696-6869		555	e Numb 0378	oer				
Kevin Burns			732-67	2007/1 (8)	597(670)		Name of OSHA Monito		<u> </u>	0070	-				
Scheduled Start Da	ate (10)	1,000,000,000,000,000	Completion Da	Date (11) B & G Restoration, Inc.											
07/08/2014			/2014 *****	**			Street Address								
Occupancy Status		And the state of t					105 Ryerson Ro								
	d/vacated during erformed outside						City, State, Zip Code								
Describe:							LincolnPark, NJ								
Other-Descri			2.00am								===				
Scope of Work (ch Demolition	neck all that apply	Renovation				П	Full Containment w/pog	ativo proceuro	VI Class	boa ne	-c 20d	ıro			
(==)	_		100 K				Full Containment w/negative pressure Glovebag proce Non-friable p or								
>3 sf or >3 lf	X	≥160 sf or ≥2	normally used	coleh	,		Willin-enclosure	·		TR	R	E	1		
Location of asbestos-cor	ntaining	by maintena	ance/custodial			on of	asbestos-containing	Amount		e m	е	∵n	E		
material to be	е	staff(12)			material ((Specify S	SF or	0	p a	c a	C		
abated in fac	anty (13)	Yes	No N	I/A						v e	i	р	L		
3rd Fl. Construc	ction area			×	pipe insula	ation		390 lf		X					
3rd Fl. Construc	ction area			X	pipe fitting	S		160 fitting	gs	X		\square			
										40			坦		
										#	4		붜		
					ubic Yards of V	Masta	Name of Docistored I	and fill				Ц,	1_		
Registered Waste F B & G Restora			Hauler iD# 563		T yd	vasie		anomii Resource & Re	ecovery	Cent	ter	53			
City, State		-	Dispo		ate		City, State								
Lincoln Park, I				9/20	14 - 9/01/20	14	Tullytown, F	'A	Train			τ.			
Completed by (Prin		Title Secretary	Treacurer		Signature		Gordana Luna		Date 07/1	7/201	1				

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT

DEVENIEN

RECEIVED	TELET	0 40	F ASBE	5TOS ABATEME 60 and 12:120)	וא	REC	EIAE)
	, Pulsus	arne of		Oneralor (2)	GONTH	BACTIN	6=1
Oak of representation			odross	4RTH-TE		2014 HUS	7.7	
Agencies Notified Type Notification				5 R1	50	AU D	TOS GUI	Control Control
Agencies Notified The Notification Agencies Notified The Notification Amendment The Notification Amendment The Notification Amendment The Notification		iry. Sta	18, Zip Co	WEN E	ELD	N A) L	100 82 di	<u> </u>
Emergency (ii 2001)	F	lame o	Contact 3RU		UNIC			
D Cancella on	=	= 1	J KU	ORHATION				
Takim Place	(3)	FAC			Type of F	. 14 12)	2 (2)	7
Name of Facility Where Abatement is Taking Place	==	==			Suba	(Le., physic	er (han K-12) & commercial	bulangs.
Sweet Address BAY AUE					Square F	901 \$	of Floors 2	1 8 1dg A 0 € 40 €
- Cx(5)					Current	TEA (Phor it	peing demolis	160)
OCEAN CITY		Cou	ONLY)	(7) (STATE		VYCD	NT_	<u></u>
CAPE MAY		ASCH		Name of Abate	meni Conv	型心。	, 	
Name of Marioning Firm Hired by Building				- Lodges	5	PRUCE	· Ave.	
Sireer Adoress				369 Cry. State. Zi	, C∞e			0835 =
City State Zip Code				Telephone N	PLC	SHODE	Lanse No	
	. 16	lephon	xe NO	856-	179-0	1472		
Project Manager for Monitoring Firm	A COUNT	deliph	Date (11)	Name of OS	E PKM	LEMA	1	
Sian Date (10)	·.Z.	1	1	Sueel Addr	8 \$5	りんりてき	105.	·
Occupancy Status During Abatement (Change	only one od ol Ab	e) alemei	nl	369 City. State.				,08052
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Perio Abatement Performed Outside of Normal F	acility H	lours		M_{\star}	0P-E.	SHADE		
O Ding . Describe				DF.	M Containm	eni win Nes	abve Pressur	•
Scope of Work (Check all that apply)	Reng	yalion		X 6 7	love bag Pro	coane	or Friable Pro	ADBIETTE C.
23 51 07 23 11 2160 51 07 2260 11		cation	-					
-	No	Soleh Soleh	by		pton of ng Malerial	(ACM)	(Specify	Rapau
Location of Location of Malenal (ACM)	Main	slocial		(i e . Mamai)	COLLANGOR		SFOLF	Rapau
IN FACINY		(12)		other LAS	3			SE X
(13)	Yes	НО	HIA	TIP A	MSITE	5	1000	815
= :0:016			X	I KEKII				
SIDIN G	-	-	++				-	7
	-	+	+	Inga : Cubic	Vaids	Name of F	legistered La	1.0,5,
		1	- INFA	Jage . Cubic	1 2 00	7 1 7		
as of Registered Waste Hauler		1	HOEP Y	NO. 01 Was	5	0/		
Name of Registered Waste Hauler KLEMCO INC.			Hauter D	NO. 01 Was	Sal Date	0/		
Kiémco III	J. (179 179 52	No. 01 Wa	sal Dale	0/		F, NJ.
CIT STATE , N MAPLE SHADE, N	Tibe		1791 52	No. 01 Wa	sal Date	Ciry. State	2 D B / N em	F, N.J.

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) August 12, 2014				Name of Building Owner/Operator (2) Latitude 40 Contractors, LLC									11			
Agencies Notified Type of Notification					\sim 1 / \sim 1											
X EPA	ation al Notification ended Notification			Street Address 1825 Lookout Drive 2014 AUG 15 AM 7: 03												
[x] DOL	Ame	ndment # rgency (ir			City, State, Zip Code Toms River, NJ 08753 & LICENSING											
[] DCA	2 2 X	fication) cellation			Name	of Contact Gary	ne Number									
		_		FΔC	L ITV	INFORM	TATION			+						
Name of Facility Where Al	patement is Taking	Place (3)		TAC	ILILI	INFORM	IATION	Type of Facility	v (4)				-			
Res					[10.00	ol (k-12)		- 3							
Street Address]	100 Tel		ther than k-12)					
	3 rd Avenue	т						[x	home	es, etc.)	te & commercial buildings,					
City	County (6)					Code (7) EUSE ONL	Y)	Square feet 1000 sf		# of Floors			Ble g. Age			
Ortley Beacl	h	Ocea	n		(0.1.1.1		.,	Current Use (P	rior if being)		50			
Name of Monitoring Firm		Owner (8)		ASCM	ASCM No. Residence ASCM No. Name of Abatement Contractor (9)							1117			
Street Address	1						Street Ad		ardian Co	ntracting,	Inc.					
		30000					0		89 Route 9	9, Unit 61						
City, State, Zip Code							City, Stat	e, Zip Code	ms River,			755-1	271			
Project Manager for Monitoring Firm Telephone Number							Telephon 732-349	Number		License N 00624						
Scheduled Start Date (10) 8/12/14	Completion 14	tion Date (11) Name of OSHA Monitor E.M.S.L. Analytical														
Occupancy Status During A			0.				Street Ad		VI.O.D. 7 III	aryticar						
	lity Closed/Vacate							103	56 Stelton	Road						
12 12	tement Performed er – Describe	Outside o	f Normal F	acility Ho	urs		City, Stat	e, Zip Code								
[] Ouk	I - Describe							Pis	cataway, 1	New Jerse	y 088	54				
Scope of Work (Check all t	hat apply)						[]	Full Contain	ment with N	egative Pres	sure					
[]	C + 2.10		r 1		20		[]	Mini-Enclos	98727 (BCC)							
	f or ≥3 lf 0 sf or ≥260 lf		[]	Renova			[]	Glovebag Pr		r - F - 1.1 ,						
[X] ≥100	7 SI OI 2200 II		[x]	Demolit	ion		[x]	Non-Exemp	ted (*) and N	lon-Friable l	Proced	ire				
					I							Abatement Type				
Location of	of		Is Location ormally u				Description bestos-Con			Amount		R	E	Е		
Asbestos-Containing M	faterial (ACM)		Solely by				Aaterial (A			ecify SF	E	E P	N C	N C		
TO BE ABA		Maint	enance/C	ustodial			, thermal s		11 1 23 3	or LF)	M	A	A	L		
in facility (13)	/		Staff (12)			inst	lation, sur VAT, or		cing,				PS	S		
(13)			(12)			oth	er miscella				V	R	U	U		
		YES	NO	N/A		-					L		L	R		
Exterior			X	Γ	Asbe	stos sidin	g		900) sf	X		Е	Е		
										1						
Name of Registered Waste Guardian Co.	Hauler ntracting, Inc.	N	JDEP Was	te Hauler	ID No.	Cubic Ya	rds of Waste	Name of Re	egistered Lan	dfill						
City, State Toms River,	and the second			Dispos 8/15/			City, Sta									
Completed by (Print or Type	e)	Title			Signat	mre\	1 L	// / Chilsylv	U V		Date					
Nicholas Ferr	nicola	Projec	t Manag	er		Ylic	SPR	te			8/12	2/2014	1			
		*D	o not use	this form	for asb	estos licen	sure exemp	ted activities.					11/2/02/02			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name of Building Owner/Operator (2)													
August 12, 2014					Roy walters 29721													
Agencies Notified [X] EPA [] DEP [X] DOL [X] DOH	Type of Notification [] Initial Notification [] Amended Notification Amendment # [X] Emergency (including					City, State, Zip Code City, State, Zip Code Seaside Heights, NJ 08751 & LICENSING												
[] DCA		ication)			Name of Contact Telephone N													
	[] Calle	Chation			Roy Walters													
Name of Facility Where Abo	atamant is Taleina	Dlass (2)		FAC	ILITY	INFORM	LATION	-	CD 311 (45									
	idence	Place (5)					Type	of Facility (4)	(4) School (k-12)								
Street Address									[]		oter 8 (oth		All the state of the					
236	Freemont Ave	enue							[x]	Other (i. homes, e	.e., privat etc.)	e & co	ımerc	ial build	lings,			
City County (6)					Code (7) USE ONLY	ν)	Squar	e feet 500 sf	# of Flo		Bldg	Age	50					
Seaside Heig	hts	Ocea	n		(011112		.,		nt Use (Prior		nolished)	-		00				
Name of Monitoring Firm H	lired by Building	Owner (8)	-	ASCM 1	No.	Name of	Abatem	Reside ent Contracto					2000/2009				
N/A Street Address										ian Contr	acting,	Inc.						
Street Address							Street Ad	dress	1889 1	Route 9 I	Init 61							
City, State, Zip Code			32		1889 Route 9, Unit 61 City, State, Zip Code													
Project Manager for Monitoring Firm Telephone Number							Telephon	e Numb		ns River, New Jersey 08755-1271 License Number								
Cabadal d Card Day (10)					D (732-34	9-9932		0	0624	4						
Scheduled Start Date (10) 8/12/14	Completio	tion Date (11) Name of OSHA Monitor E.M.S.L. Analytical																
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Ho [] Other – Describe					ours City, State, Zip Code													
										away, Nev		•	54					
Scope of Work (Check all th	or ≥3 If		[]	Renovat	[] Full Containment with Negative Pressure [] Mini-Enclosure ation [] Glovebag Procedure													
[x] ≥160	sf or ≥260 lf		[x]	Demolit	olition [X] Non-Exempted (*) and Non-Friable Procedu e													
					T							Abate	ment	Гуре				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodial Staff (12)						Asb N (i.e. inst	Description of Destos-Containing Amount (Specify SF or LF) And tarrial (ACM) (Specify SF or LF)					R E M O V	R E P A I R	E N C A P S U L	E N C L O S U R			
Exterior		YES	NO	N/A	 					1		L		Е	Е			
Exterior			X		Asbe	stos sidin	g			1350 s	sf	X						
			-							-								
										+								
Name of Registered Waste H		N	JDEP Wast		ID No.	1	rds of Waste		me of Regist	ered Landfil	11							
Guardian Con City, State			2	0223 Disposa		3	City, Sta	te	T.R.R.F.									
Toms River, 1 Completed by (Print or Type		Title		8/15/			Tullyto	wh, P	ennsylvani	a		Det						
Nicholas Fern			ct Manage	er	Signal	Mic	191-	1				Date 8/12	/14					
		*L	o not use	this form	for asb	estos licen	sure exem	pted ac	tivities.									