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

Date of Notification (1)			Name	e of Buildin	g Owner/Operator (2)						
8 / 13	15	i		Re	volution	Foods	¢	515 AUS 17	1,611	100		
Agencies Notified Type No				Stree	t Address					•	·	
☑ EPA ☑ Initial				839	93 Capwe	ell Drive						
☑ DOLWD ☐ Amer				City,	State, Zip	Code		2 7	7. 7.		-	
	dment #			Oa	kland, C.	A 94621						
	gency (ii cation)	iciuain	9	Name	e of Contac	at		Telephone Nun	nber			
☐ Cano				Ma	rk Alliso	n		1				
N 65 W 146				FA	CILITY II	NFORMATION			3.33 E. E.	-		
Name of Facility Where Abatement							Type of Facility ((4)				
Revolution Foods New Jers	ey Culi	nary (Cent	er			School (K-12	!) 3 (Other than K-1)	0)			
Street Address								rivate and comme		uildin	as.	
50-60 Parkway Place						60	homes, etc.)				6.0	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Edison, NJ 08837				-22-11-11-11								
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			
Middlesex												
Name of Monitoring Firm Hired by	Building (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				-	
Bio Terra Solutions						ALL PRO MA	NAGEMENT LI	LC				
Street Address						Street Address						
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code		- C - T - C - C - C - C - C - C - C - C	1 = 200			City, State, Zip Co	ode					
Union, NJ						Garfield, NJ	07026					
Project Manager for Monitoring Firm	1		Tel	ephone	No.	Telephone No.		License No.				
Rick Eustaquio			9	73-494	1-3762	973-928-4888		1188				
Start Date (10)	Sched	duled C	ompl	etion Da	ate (11)	Name of OSHA M	lonitor					
08 /14 /15	()9_ /	3	0_/	15	ALL PRO MA	NAGEMENT LI	LC				
Occupancy Status During Abateme	nt (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated During						27 Outwater I	Lane					
Abatement Performed Outside of						City, State, Zip Co	ode				7	
Time of Abatement:AM-		W/	PM	-	_AM	Garfield, NJ	07026					
Scope of Work (Check all that apply)					☑ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf		⊠ Re				☐ Mini-Enc	losure	divo i ressure				
≥160 sf or ≥260 If		☐ De	moliti	on		☐ Gloveba	g Procedure mpted (*) and Nor	n Friable Procedu	ıro			
		Is	Loca	tion	T	M NOII-Exe	Impled () and Noi	r-riable Frocedo		-4	4 T	
Location of		1	Vorma	ally		Description o	f		(0.00000	atem		1
Asbestos-Containing Material (A	CM)			ely by ance/		stos Containing Ma	terial (ACM)	Amount	Ren	Repair	Enc	Enc
TO BE ABATED IN Facility		1		Staff?	(i.€	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	Removal	8	aps	Enclosure
(13)			(12)		-	other miscellane	ous)	SI OILI)	<u> </u>		Encapsulate	le l
		Yes	No	N/A			Ţ.					
Warehouse		Ш			VAT			4000 SF				
							54.					
Name of Registered Waste Hauler				NJDEP I		Cubic Yards of	Name of Regist	tered Landfill				
All Pro Management LLC			ŀ	lauler II 00348		Waste As Needed	IESI Landfi	11				
City, State						Disposal Date	City, State		117			
Garfield, NJ						TBD	Bethlehem,	, PA				
Completed By (Print or Type)	Title	9				Signature /	1	D	ate			
Raymond Blum	Р	roject	Man	ager		111	/		8-1	2-	15	/
ASB-41						11111	/		0 1	1	10	

JAN 13

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

Date of Notification (1)		Name	of Building Owner	Operator (2)	> , ,- :	-	1	1
Agencies Notified Type Notification		Stroo	HERMO Address	MSItCR J	Scientific	2		
□ EPA Initial		2006	755 K	X 202	_ 2015 AU	G 17 F	1111	: 20
DEP Amended Amendmen	t#		State, Zip Code	to No	T 0880	2		13/31
DOH Emergency justification		Name	of Contact	GR 1	Telephone Ni	1 1 1 1	125	
□ DCA . □ Cancellation			7	LADINI			_	
Name of Facility Where Abatement is Takir	ng Place (3)		CILITY INFORMAT	Type of F	acility (4)			
THERMO PISHEN -	Scient	FIFIC	M	l and a second	ool (K-12)			2.5
Street Address 755 Rt 20	2			Othe	chapter 8 (Other than K-1 r (i.e. private & commerc	2) ial building	s, hom	ies,
Brugewater				Square Fe	eet # of Floors	Bldg.		
County (6)			y Code (7) E USE ONLY)	Current Us	se (Prior if being demolis	hed)	<u> </u>	
Name of Monitoring Firm Hired by Building	Owner (8)		CM No.	MAN	u FACTURIM			
EHT	··········· (0)	7.00	JIN 140.	Name of Abateme		taut	Tok.	CA
Street Address West 5/4va	1/1	ALL	,	Street Address	372	7.0.00		1
City State, Zip Code				City, State, Zip Co	de ,	11 1	-	- 0
Project Manager for Monitoring Firm		Teleph	one No.	Telephone No.	HI TOWN	0.	1 (170
Start Date (10)	Scheduled C	completight	Date (11)	Name of OSHA Mo	3-1355 00	286	0	26
18/22/15 8	13/2		5	ELLT				
Occupancy Status During Abatement (Chec				Street Address				
Abatement Performed Outside of Norm Other – Describe:	al Facility Ho	urs	Ť2	City, State, Zip Coo	de			\dashv
Scope of Work (Check All That Apply)								
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	Reno Demo	vation olition		☐ Mini-End	tainment with Negative Polesure	ressure		
	T				mpted (*) and Non-Friable	e Procedu	18	
Location of	Is Loc Norm	ally	Des	cription of			ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Used So Mainten	ance/	Asbestos Conta	aining Material (ACM systems insulation,	· 구		ш	
In Facility (13)	Custodia (12		surfac	ing, VAT, or	(Specify SF or LF)	Repair	ncap	Enclosure
	Yes No	N/A	outer m	iscellaneous)		air	Encapsulate	ems
LAD	V		TRANSI	te /401	100 sept	V		
					100		-	\neg
Name of Registered Waste Hauler		NJDEP W	aste Cubic Y	arde Nom	o of Doolstoned London			
By Builling Owner	5	Hauler ID			e of Registered Landfill			
City, State			Disposa	Date City,	State		-	-
Jothn Washam In	Title	dent	Sig	plature ///	shar Date	/11/	-	
SB-41 (R-06-08)	1		9	Do not use this form	n for asbestos licensure e	exempted a	ctivitie	s.

		NOTIFICAT		BESTOS	ABATEMEN AND 12:120-7	T C	hec	ko	24	89
Date of Notification (1)	5	(i Grideriii	Name of I	Building (N LAROCH	Owner / Ope		, 0 0	1	1 2 1 3	
Agencies Notified Type	of Notification	20	_	dress SLAND A' e. Zip Cod				2815	1.00 17	F. 111: 8
DEP 2		S	_	NJ 07110						
☑ DOH ☐		t1 / justification	Name of the TOM AIEI				Talanha	ne Niimb	er	KING
		F	ACILITY IN	FORMAT	ION					
Name of Facility Where Ab	atement is Taking	Place (3)		Type of	Facility (4)					
HOFF WAN LAROCHE					School (K	(-12)				
Street Address 340 KINGSLAND AVENUE					Other (I.e.	er 8 (Other , private & omes, etc.)				
City (5) Coun	ty (6) SAIC	County Code	(7)	Square F		# Of Floor	'S	Buildin	g Age	
				Current	Use (Prior if	being dem	olished)	İ		
Name of Monitoring Firm H	lired by Bldg. Own	er (8)	ASCM NO	Name of	Abatement	Contractor	(9)			
EMILCOTT ASSOCIATES, I	NC. / EHI		N/A	NORTHS	STAR CONTE	RACTING G	ROUP, IN	IC.		
Street Address 190 PARK AVE / 655 WES	T SHORE TRAIL			Street A	ddress					
City, State, Zip Code				32 WILLI	AMS PARKV	VAY				
MORRISTOWN, NJ 07960 / Project Mngr. For Monitori		Telephone Nu	mhor	City, Sta	te, Zip Code					
DAVID TOMSEY / BILL KIR	BIL	973-538-1110/	729-5649	EAST HA	ANOVER, NJ	07936				
08 / 18 / 1	Sched. Comp 12	letetion Date (1	(1)	Telepho	ne Number		License	Number		
//					772-3660			0	0860	
Occupancy Status During . Facility Closed/	Abatement (Check Vacated During Ent				OSHA Moni STAR CONTR		ROUP. IN	IC.		
Abatement	······································			Street A						
Hours - Describ	ormed Outside of N e:	lormal Facility		32 WILLI	AMS PARKV	VAY				
Other - Describe	:MON-FRI 7:00AM-5:00P	M			te, Zip Code NOVER, NJ					
Scope of Work (Check All	The second secon	IVI		LACTIF	WOVER, 145	07330				
☐ Demolition ☐ ≥3sf or ≥3lf	V	Renovation		Full Con Mini - Er	tainment wit	th Negative	Pressure	Э		
✓ ≥160 sf or ≥260	lf				g Procedure mpted (*) an		ble Proce	dure		
Location of	l Is	1	Descript	ion of			Abateme	nt Type		
Asbestos Containing	Location	As	sbestos - C	ontaining	I		R		E	E
Material (ACM) TO BE ABATED	Normally Used	(1.	Material e., therma			Amount (Specify	E M	R	N C	N C
in Facility	Solely		lation, sur		A 15-0-50	SF or LF)	0	P	A	L
(13)	by Main- tenance/	or	other misc	ellaneous	5)		V A	A	P	o s
	Custodial Staff (12)						L	R	U	U
	YES NO N/A	 						+	-	R
IA10 EXTERIOR SOIL		NON FRIABLE	SOIL			10,000C.Y	. 🗸	++	+ +	
Name of Registered Waste NORTHSTAR CONTRACTIN		NJDEP Waste Hauler ID No. NJ-750	E 122 11 20 20 20 20 20 20 20 20 20 20 20 20 20		Registered MANAGEME			RO		
City, State EAST HANOVER, NJ			Disposal Date	City. Star		7				
Completed by (Print or Typ STEVEN STILES	e)	Title PROJECT MAI	NAGER		Signature		(10		Date	

08/14/15

ASB-41

D. 1. (1) (2)			(1			AC 8:60 and 5:16		The state of the s	į <i>r. m.</i>	5,		
Date of Notification (1)	40			Name	e of Buildin	g Owner/Operator (2 University-Office	2)	_	" Name of	j		
8/	13 /	15		Pri	nceton L	Iniversity-Office	of Design and	Construction				
Agencies Notified	Type Notificat	tion		Stree	t Address			10 HUS 1/ 1	M//:	33		
☐ EPA				20	0 Elm Dr		<i>5</i> -					
⊠ DOLWD	Amended	in the same of		City,	State, Zip	Code		1 1 27 - 30 .	. 11 11	131		
□ DHSS	Amendme		_	Pri	nceton,	NJ 08544		& LICENS	HIG.	të L		
DCA (NJAC 5:23-8)	☐ Emergenc justificatio		g		e of Contac			Telephone Nun				
(110/10/0.20/0)	☐ Cancellation			100000	bert Orte				1			
												2.50
Name of Facility VAII	VI1		(0)	FA	CILITY	NFORMATION		140				
Name of Facility Where A			e (3)				Type of Facility					
Princeton Universi	ty- University	y Store					School (K-12	2) 8 (Other than K-1.	21			
Street Address							Other (i.e., p	rivate and comme	ercial bu	uilding	ıs,	
36 University Place	1						homes, etc.					
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Princeton												
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	lished)			-7-
MERCER												
Name of Monitoring Firm	Hired by Buildi	ing Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9))				
Cardno/ATC Assoc	iates Inc					BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address						_
Bromley Corporate	Center-Thre	e Terri L	ane			1123 BEAVE	RSTREET					
City, State, Zip Code						City, State, Zip Co						_
Burlington, NJ 080	16					BRISTOL, PA						
Project Manager for Mon			T		Na		19007	I I to a second				
Michael Keehn	itoning Firm		100	elephone		Telephone No.		License No.				
				609-38	5.0505050	215-788-6040		00509				
Start Date (10) 8 /24 /		cheduled (Name of OSHA M BRISTOL EN	lonitor VIRONMENTA	L, INC.				
Occupancy Status During		The second second				Street Address		er massass,				_
☐ Facility Closed/Vacate						1123 BEAVER	STREET					
					scribe	City, State, Zip Co						_
Time of Abatement: _						BRISTOL, PA						
Scope of Work (Check al	I that annly)					BRIOTOL, FA	13007					
	i tilat apply)					☐ Full Cont	ainment with Ne	gative Pressure				
≥3 sf or ≥3 lf		⊠R					losure					
≥160 sf or ≥260 lf			emoli	ition		☐ Glovebag		on-Friable Proced	ura			
T-200-100			e I oc	ation		□ MOII-Exe	impled () and No	III-I Hable Floceu		-4	T	
Location	of			nally		Description o	f		-	atem	1	Ť
Asbestos-Containing		1 1 00000		olely by	Asb	estos Containing Ma		Amount	Removal	Repair	Enc	Enclosure
TO BE ABA	TED	M		nance/ al Staff?		e., thermal systems	insulation,	(Specify	Non	pair	ap	Sol
IN Facili (13)	ty	Cu	(12			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	5
(13)		Yes	1			other miscellane	ous)				ਰਿ	
Basement Storage at	·ea					sulation		9 LF			П	TF
374					1,50	*		2			1	F
N 4			+-	_						1	1	1-
			무			# # The state of t						-
Name of Davids						Tarry	1				Ш	L
Name of Registered Was		•		NJDEP Hauler		Cubic Yards of Waste	Name of Regis					
BRISTOL ENVIRON	MENTAL, IN	C.		1870		VVasie	G.R.O.W.S	. NORTH LANI	DFILL			
City, State						Disposal Date	City, State					
BRISTOL, PA 19007	7							LLE, PA 19067	7			
Completed By (Print or T	vpe)	Title				Signature			Date	,		
Brian Scafiro	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Estima	ator			Dignature	1	j	2/1-	,/	_	
The first product of the state		Louille	101			Dian	() cake	O/AZ	8/ 13	1/10)	
ASB-41 MAY 11		* Do 20	t 1100	this for	n for ashor	stos licensure exemp	ted activities	/	/ /	/		
MAN 147		DO 110	use	uns 1011	i ioi aspes	sios nicerisure exemp	neu activities.	BS 150	187	,		
								100 100	00	د		

State of New Jersey

6482-NJ NO

ASB-41 JUN 95 NOTIFICATION OF ASBESTOS ABATEMENT Amended Notification of ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Check #: 6385

Amended Notification Check #: 6385

		3							Officer	<i></i> 0000				
Date of Notificat:	ion (1)		Nam	e of	Bui	lding	Owner	Operato	r (2)			4:	۹,,,	
0 8 /1	3 /1 1	5	Ne	wark	Pub	olic Sc	chools		•					
Agencies Notified	Type Notifi	cation	Str	eet A	Addr	ess			2	PETS AUG !	3 71	(O.	50	
[X]EPA	[][nitia	1	120	Cedar	Str	eet					d (01)	1 0.	63	_
[X] DEP	Notifi	cation .	Cit	y. S	tate	, Zi	Code		į.	3.34			- 51	
⊠]DOL	(X) Amende	d cation	Ne	wark,	, NJ	0710	2			& LIL	N I	ijς.	L	100
[X] DOH	N 20 50		Nam	ne of	Cor	itact			Tele	phone Number	er			
⋉]DCA	[]Cancel	lation	Do	uglas	s Bla	and, I	Bus. Ac	lmin.						_
			11	FA	CIL	ITY I	NFORMAT	NOI						
Name of Facility	Where Abateme	nt is Ta	aking	Plac	e (:	3)			Type of Facili					
Lafayette Street Elegates	ementary Scho	ool							1 10ther	(K-12) pter 8 (Ot (i.e., pri ouildings.	vate	£ CO	nmer)
20E Lafavatta St								l	Square Feet	# of Floor	s Bl	dg.	Age	
205 Lafayette St.		County	y (6)			Cou	nty Co	de (7)	55000 Current Use (1	4	80)	icha	av
		-				(ST	ATE US	E ONLY)	1	Prior it be	Ing u	emor		۵,
Newark, NJ 07105	o Firm Hired	Essex by Build		ASCM	1 No		Name	of Abate	School ment Contractor	r (9)				
Owner (8)	.,	•						24 D	ildoro Ino					
Whitman Compani	es, Inc.			0011	10_			Addres	uilders, Inc.		-			_
116 Tices Lane, U	nit B-1							argeant.	Avenue Zip Code					
City, State, Zip	Code													
East Brunswick, N. Project Manager	st Brunswick, NJ 08816					ber	Telep	hone Num)13-1935 lber	Lice	nse h	lumbe	r	
Kevin Lovely		1-	732-3	90-58	358			14-0377		0080)7	2 220		
Scheduled Start 1	December 1	ched.Com					Name	of OSHA	Monitor					
0 8 / 2 1 Day Occupancy Status	/ 1 5	0 8 / Month /	2 5	1/11	15 Year	.1			uilders, Inc.					
Occupancy Status	During Abate	ment (Ch	eck o	nly o	one)		Stree	t Addres	SS					
<pre></pre>	t erformed Outs					Ą		State.	Avenue Zip Code				_	
[]Other - Des	cribe:				-	_	Clifto	n, NJ 070	013			_	_	
Scope of Work (C	heck all that	apply)						[X]Full	L Containment w	ith Negativ	re Pr	essu	e	
[]Demol [X]>3 sf []\(\overline{2}\)160	ition or >3 lf sf or >260 lf		X]	Reno	vati	Lon		[]Min: []Glov	i-Enclosure vebag Procedure -Friable Proced					
			Loc	Is atio	n							teme	E	E
Asbesto Mater	ation of s-Containing ial (ACM)		Sc	mall Jsed Dlely			Asbes	scription to scrip	taining ACM)	Amount (Specify SF or	REMO	R E P	N C A P	N
in F	E ABATED acility		ter	Main	/	i	nsulati	on. sur	systems facing, VAT,	LF)	VA	A	S	9
	(13)		Sta	stodi	2)		or or	ner mis	cellaneous)		Ĺ	R	L	F
Boiler Room			Yes	No	N/A	Pipe I	Insulatio	n includin	g elbows & joints	25 LF	X		<u> </u>	
Boiler Room	()					Insulat			50 SF	X			T	
Boiler Room			X			Smal	II Breed	h Insulat	ion	70 SF	X			
			1											
Name of Register	ed Waste Haul	er	Ha	DEP			Cubic of Was	Yards ste	Name of Regis		Fill			
Four Strong Build	lers, Inc.		12	2609			Dispos	sal Date	G.R.O.W.S., II	nc.		_	_	
City. State	¥8													
Clifton, NJ		70001					1	Signatur	Tullytown, PA		- 17	ate		
Completed By (Pr	int or Type)	Title						13 Tall						
Bilvana Kulakovs	ka	Office A	Admin	istrat	or		1	1	CUII-	_ \	. 18	/13/	15	

CK 1100 State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)					Tu. (5) 5				-75.15		
					Name of Building Owner			5 5110			
August 12, 2015		T N1 (15 11	_		The Valley Hospit	aı	7E1	5 ALIC		9:	31
Agencies Notified		Notification			Street Address						
⊠ EPA		Initial No			223 North Van Die	n Avenue	f.	60 mm - 61		FOR S	.45.1
□ DCA		X Amend	ment #	ŧ 1	City, State, Zip Code		-		-	110	i-
x DOL					Ridgewood, NJ (07450-273	36		200		
⊠ DEP		Emergen	cy (inc	luding	Name of Contact			nhone Ni	ımher		
x DOH		justific			William Stasiak						
		1									
				FACILITY IN	FORMATION		_				
Name of Facility Where Abate	ment is Ta	aking Place (3)			Type of Facility (4)						
The Valley Hospital					☐ School (K-12)						
Cheel 4th Floor Patier	nt Roon	ns			□Subchapter 8 (other tha	ın K-12)					
Street Address					Other (i.e. private &		building	s homes	etc.)		
223 North Van Dien A	venue				Sq. Feet: Unknown					+ yea	rs
City (5)	County (6)	County	/ Code (7)					100 - 1 0	•	
Ridgewood	Berge			Use Only)	Current Use (prior if bein	g demolished	i): Hos	spital			
Magewood	Deige										
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)						
Colden Corporation	1				GREENWOOD ABA	TEMENT C	ONSL	JLTAN	S, INC		
									- 2		
Street Address					Street Address						
28 Washington Stree	τ		V.		268 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
Ballston Spa, NY 120		1			Butler, NJ 07405						
Project Manager for Monitorin	g Firm	Telephone N			Telephone Number		D0000000000000000000000000000000000000	se Numb	er		
Jim Miades		347.435.			973-492-0477		008	40			
Scheduled Start Date (10)		Scheduled (Name of OSHA Monitor						
August 6, 2015		Septemb		2015	EMSL inc.						
Occupancy Status During A Facility Closed/Vacate					Street Address						
Abatement Performed	Outeide	of Normal Eac	ility Hour	ment	1056 Stelton Road						
Describe	Outside	or ivoliliar i ac	ility i loui	3 -	City, State, Zip Code						
Other - Describe: 8an	1-5pm				Piscataway, NJ 088	354					
	10000										
Source of Work (Check all tha	t apply)										
	Сарріјј					x Full Conta	inment	with Ner	native Pr	accura	į.
≥ 3 sf or ≥ 3 lf				Renovation		Mini-Encl		WILL ING	gative	coourc	
□≥ 160 sf or ≥ 2				Demolition		Glovebag		150			
000,01_2	00			Demonitor		Non-Exemp			Friable	Ornced	ure
Location of Asbestos-Containi	ng Is L	ocation Normal	ly Used	Description of Asi	bestos Containing Material	Amou			ent Type		uic
Material (ACM) in Facility (13)	1 10000000	ely by Maint./Cu	ustodial	(ACM) (i.e. therm	nal systems insulation, surfac						
	Star YE	ff? (12) S NO	NIA	VAT, or other mis	cell.)	or LF)		Remove	Repair E	ncap E	nclose
	10	3 110	NA								
Cheel 4 th Floor Patient			222								
Rooms			X	VAT & Mastic		3,000	SF	X			
Cheel Lower Level O	5		X	VAT & Mast	io	440	CF	X	-		1000000000
Decontamination	`		120	VAI & IVIASI	IC	440	SF				
Room											
Name of Reg. Waste Hauler		LNUDEDWee	ta (lacile)	ID #							
See Hauler Below # 1 & 2					Cubic Yards of Waste:	40	-	e of Regis dowfill L		atili	
Hauler #1) Greenwood A				Dutley N.I.O		Disposal Da	111111111111		City, State	3	
NJ DEP # 12		iii consulta	1110, 1110	. – Dutier, NJ U	1400	Septemb			Route 2, I		
Hauler #2) Newark Carti	12000	Nawash MT	0.4500	NI DED # 10551		2015		' E	Bridgepor	t, WVA	
Completed by (Print or Type)	ng, mc	Title	04309,	NJ DET # 19551	Signature	20.0	Dota	3	304-842-2	784	
Marin Graure		SENIOR PI	RO IEC	T.	Signature		Date	NUC+ 10	2015		
arm ordard		MANAGER		/ 1	Marin Graure		Aug	gust 12	., 2015		
		MANAGEN				and the second					

CK 11764 State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)					Name of Building Owner/	Operator (2)				-	
August 12, 2015					Berkeley College	2	FTT r	10			
Agencies Notified		Notification	Туре		Street Address		C 1 C 1 . L	18 18	11 E	: in	
X EPA		☑ Initia	al Notif	ication	44 Rifle Camp Road	d				. G	
x DCA		Emerae	encv (ir	ncluding	City, State, Zip Code	Į.				25	
X DOL		justific		9	Woodland Park,	N.I 07424	6.			TIL	
X DEP		□ Cancel			Name of Contact		-		Jer		
X DOH		- Carice	iicu		Mark Wagener				1		
				FACILITY INF			20		2 (1)		
Name of Facility Where Abate	mont is To	king Place (3)		PACILITINE	Type of Facility (4)						
Berkeley College- Ga					School (K-12)						
Berkeley College- Ga	irett mai	1-4 [100]				commercial b	uildinaa	homos o	to \		
Street Address					Other (i.e. private & Sq. Feet: Unknown						
44 Rifle Camp Road					Sq. Feet. Unknown	# 01 F1001S	4 <u>DI</u>	iag. Age.	00)	ears	
Cit. (E)	Causty 10	1	Carmbi	Code (7)	Current Use (prior if being	n demolished	١.				
City (5) Woodland Park	County (6			Code (7) Jse Only)	Current Ose (prior il bellig	g demonstred	,.				
Woodiand Park	Passai	С	Totale (Jac Only)							
Name of Monitoring Firm Hire	d by Blda	Owner (8)	ASCM	No.	Name of Contractor (9)				_		
			0007		GREENWOOD ABAT	TEMENT C	ONSII	ITANT	SINC		
EnviroVision Cons	unants	inc.	0007	3	OKELIWOOD ADA	LINILINI	01100	LIANI	3, 1140		
Street Address					Street Address						
20-21 Wagaraw Road	I. Blda #	35E									
	,	000-00-00-00			268 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
Fairlawn, NJ 07410					Butler, NJ 07405						
Project Manager for Monitorin	g Firm	Telephone N			Telephone Number		Licens	se Numbe	Ţ.		
Fred Larson		973-636-	9145								
		<u> </u>			973-492-0477		0084	10			
Scheduled Start Date (10)		Scheduled C	The second second second		Name of OSHA Monitor						
August 22, 2015		Septemb	er 5, 2	015	EMSL inc.						
Occupancy Status During A	hatement	(Check only o	20)		Street Address		110.2422				
Facility Closed/Vacat				mont	Oticet Address						
Abatement Performe					1056 Stelton Road						
Describe	a Outside (or recimal rac	my riour	3 -	City, State, Zip Code	244					
Other - Describe: 4	om-1am										
		Occupied			Piscataway, NJ 08	854					
		o coupiou									8
Source of Work (Check all that	at apply)										
						x Full Cont	ainment	t with Neg	ative P	ressure	9
≥ 3 sf or ≥ 3	f			Renovation		Mini-Enclo					
□≥ 160 sf or ≥ 3				Demolition		Glovebag	Procedu	ure			
						Non-Exem			Friable	Proced	dure
						Wrap & Ci	ut			ar urextrem at	andrews.
Location of Asbestos-Contain		ocation Normal			pestos Containing Material	Amour		Abateme	ent Type	<u> </u>	
Material (ACM) in Facility (13		ely by Maint./Cu	ustodial		al systems insulation, surfac	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Remove	Repair I	Encap F	Enclose
	YE	ff? (12) S NO	NA	VAT, or other mis-	ceii.)	or LF)					
4 th Floor		1	X	VAT & Masti	•	2,400) SE	X	T	Г	
4 FIOOT				VAI & WIASLI	C	2,400) SF				
Name of Dec Monte Heules		T NUDED Wes	to Haular	10.4	0. b: - Vd £18/b-		Nome	of Regist	arod Lar	odell	
Name of Reg. Waste Hauler See Hauler Below # 1 &	2	NJDEP Was See Below		1D #	Cubic Yards of Waste:	40	1	dowfill L			
						40	The state of the s			**	
Hauler #1) Greenwoo		ment Cons	ultant	s, Inc. – Butlei	r, NJ 07405	Disposal Da	te		ity, Stat oute 2,	-	
NJ DEP #						C4		14 93	ridgepo		
Hauler #2) Newark Ca	uler #2) Newark Carting, Inc Newark, NJ 04509, NJ DEP			509, NJ DEP #	19551	Septemb	er 5,		04-842-		
98.77	0.000					2015					
Completed by (Print or Type)	10	<u>Title</u>		_	<u>Signature</u>		Date				
Marin Graure		SENIOR P		CT .	Marin Grau	t.e.	Aug	ust 12,	2015		
		MANAGEF	3		municipal your	£.6.					



Emergency

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

CK 5023

Date of Notification (1) 8/14/15							er/Operator			/3 mg						
Agencies Notified	Type Notification			Street A	Address			71110		1 (.)	AUG	18	ri,	1 /4	9.	
EPA DEP	Initial				rinceton					/					3 (4	
DEP X DOL	Amended Amendment Emergency (0.0	CONTRACTOR CONTRACTOR	ate, Zip Co NJ 0872						40			i i		
DOH DCA	justification) Cancellation	iricidaling		Name o	f Contact					Te	ephone	e Num	ber			
Name of Facility Where	Abatament in Talia	DI- (0)		FAC	LITY INF	ORMA	ATION									
Robert Kopnicki Pri		g Place (3)			22			Ту	pe of Facility (336						
Street Address 740 Princeton Ave		×.						×	School (K-1 Subchapter Other (i.e. p	8 (Oth	er than & comr	K-12 nercia) I buil	dings	, hom	es,
City (5) Brick NJ 08724									etc.) uare Feet 100+	# 0	f Floors	3	1 2	Bldg. /	Age	
County (6) Ocean		N			Code (7))		Cu	rrent Use (Pric		ing den	nolish				
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCN	/ No.		Name Pern	of A	batement Con	tractor	(9)					
Street Address			-				Street PO E	Add	ress			2000				
City, State, Zip Code			<u> </u>				City, S	State	, Zip Code erlin NJ 080	01						-
Project Manager for Mor	nitoring Firm		- [Telepho	ne No.		Teleph			91	Licen	se No				
Start Date (10)		Scheduled	Com	nlation	D=t= (44)				-9800		0072	27				
8/17/15	98	8/21/15		ipielion	Date (11)		Sam		SHA Monitor							
Occupancy Status Durin							Street	Add	ress	18.35						
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F led Outside of Norm	eriod of Ab al Facility I	atem lours	ent			City, S	State,	Zip Code							
Scope of Work (Check A						_										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti				×	N	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					· 0	
		ls L	ocatio	on						() () (0 14011 1	Habi	2110	Abate	ement	t
Location Asbestos-Containing		No Used	rmall Solel				Description	of						Ty	ре	
TO BE AB, In Facil (13)	ATED	Custo	tenan dial S (12)		(i.e.	therm	ontaining Mal systems facing, VA or miscellar	s ins	ulation,	(5	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									=		ate	Ге
1st flo	1st floor						Floor tile	9		60	00 SF		x			
Name of Registered Was	to United									-0105						
United Roll Off	ne naulei	ıler NJD Haul 224				200000000000000000000000000000000000000	ic Yards Vaste		Name of F		red Lar	ndfill				
City, State Elm NJ						Disp	osal Date		City, State		1906	57	-0010			
Completed by Anthony T Perna		Title Presid	ent				Signature	}	0)	Date	4/15			
	ony i Perna Preside							_				0/1	+/ 10			

Aug 14 2015 09:44am

DD(14/2010 PP,07mm): 40044, 10

MO#22742799996	-			TION	of New OF ASE to NJAC	ESTOS	ABATE			Emergen	icy N	lotifi	icatio	תכ
B-1-4311/2-10-2-(6)			1000 2000											
Date of Notification (1) 08 /	14 / 15		1	wame c	d Building	Owner/O	perator (2)		551 CH3000	APPROVED		1		
					Rembish					Health & Senior Ser	vices			
Agencies Notified	Type Notification		1	Street /	Address	22		140		- HOLYWA		Γ		
⊠ EPA	[Initial		12	9 St T	homas A	venue			Qui.	(Signature) 9-3	90	M	5	
☑ DOLWD	Amended Amendment #			City, St	ate, Zlp Co	ode		Date:	الإ	Time:		T.E		
☑ DHSS	Emergency (ir		7	Toms I	River, NJ	08753			. *	5-	30		i.e.	
(NJAC 5:23-8)	lustification)	lalading			of Contact					Telephone Numbe	r			
- L ancon estora d a a a 200 1	Cancellation		1	Robert	Fisher					7.	-	-		
				·	ILITY IN	PORMA	TION			ь.				-
Name of Facility Where	Abatement Is Takin	n Place (31	. 7(0	11111111	OINGIA	1,014	Type of F	acility (4)		-	-	_
	CIPALIGNIA I DIGIT	8 1 1200 (-/			3.	1		(K-12		. *	-	1	
Private house Street Address								Subch	apter 8	(Other than K-1 2)		7		
										rivate and commerci	al buil	lding	Š	
29 St Thomas Avenue	, , , , , , , , , , , , , , , , , , , 							10/19/20/20	s, etc.)				5	
City (5)			200					Squere F	eer	# of Floors	210	ig, Ag	19	
Toms River, NJ 0875	3			Τα	0 1 170									
County (6)				Gount	A Code (1) (SIAIEU	SE ONLY).	Current (JSQ (FT	or if being demolish	ea)			
Ocean	- District Street Printeline	· · · · · · · · · · · · · · · · · · ·				т.,			1 101					
Name of Monitoring Fire	n mired by building	Cwner (P) /	45CM	No.	100000000000000000000000000000000000000	of Abateme	nt Contra	COT (9)					
						Gr Tec	11040							
Street Address						100000000000000000000000000000000000000	Address							
		***					lley Rd#							
City, State, Zip Code						City, St	ato, Zip Oc	dà						
							, NJ 0747	0						
Project Manager for Mo	nitoring Firm		Tela	phone	No.	Telepho	one No.			License No.				
						973-63	8-1777			01127				
Start Date (10)		duled Co				Name o	of OSHA M	lonitor						
		08/			13		vision Co	nsultants	Inc				79270	
Occupancy Status Durl		10.700				Street /	Addrass							
Facility Closed/Vaca						20-21 7	Wagaraw	Road, B	ldg #	35 E				
Abatement Performe						City, St	ate, Zip Co	ode						LUNCK
Time or reaconate					UMI	Fair La	wn, NJ 0			*				
Scope of Work (Check	all that apply)					H				nation with negative	press	шге		A.CHRI
ズ >3 sf or >3 if	53	M Re	novati	OB		H	Mini-Enc		vith Ne	getive Pressure				
≥ 160 st ar >260 lf			malitic				Glaveba	g Procedi	re _	Tent with Negative	Press	ute		
							Non-Exe	mpted (*)	and No	on-Friable Procedure	8	1		
6			Locat					7.		•	Aba	ateme	ent T	\be
Location Asbestos-Contelning		100	d Sole	-	Anha		scription o teining Ma		n. #1	Amount	Z)	Z	Til.	E
TO BE A	BATED	Ma	Intena	nce/			il systems			(Specify	Remova	Repair	Encapsulate	Enclosure
IN Pac		Cust	(1Z)	Staff?		surfa	acing, VAT	, 07		SIF or LF)	EAC	믁,	LINE	3116
(13)				1.		other	miscellane	ona)			-		ate	
		Yes	No	N/A	ļ				-		-	_	_	
Exterior siding		<u> </u>	Ц	X	Transite	siding				1,400 SF	Ø	Ш	П	L
													П	
				Tm							T		_	-
Name of Registered W	cofo Hettler		N 7	DEO West	e Hauter ID No	Cully 4x	moder of them	tall Name	of Don	stored Londfill	111	L	Ц	-
	ante Lightel								PART 100 1000	stered Landfill				
Gr Tech LLC		- North	1	00337	85	TB		T.R.R						
City, State						Dispos	al Date	City, S	tate					

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

TBD

Signature

Tullytown, PA

Date

08/14/2015

N.Jevtic MAY 11

Wayne, NJ 07470 Completed By (Print or Type)

Title

Owner

Aug 13 2015 12:56pm

P001/001

MO#22742799985			NOT	TFIC	ATIC	State of NON OF AS	New Jers	ey OS ABA	TEMEN	31						
The state of the s				(P	นารบ	ant to NJ.	AC 8:60	and 5:1	6)	•		En	ergency	No	tifica	tion
Date of Notification (1)					Nan	ne of Bulldin	ng Öwner	Operator ((5)	-						
	13 /	15			1			-pordion (_/	_	B	PPROVED				
Agencies Notified	Type Notifica	atíon			Stre	aboth Har	bison		N	Plent		calth & Sca		293		
₩ EPA	Initial				100000000					tou	1	10	Men	1		
⊠ DÓLWD	☐ Amended					1st Street , State, Zip	Onda					(signature)		-		
Ø DH\$5	Amendme	-			The same				· In	ale: 8	113	LS Time	12:5	OAH	M	
☐ DCA (NJ&C 5:23-8)	□margeno iustificatio		Judin	ġ		port NJ 0			10	KIN-4 C	+	11111	1.00	Safe #	1	20
(1007-0-0.223-0)	☐ Cancellat		65		100 00	ne of Conta	ct .					Telephone N	lumber	t.i		0
		,,,,,,				ert Fisher		_			•		1			- Nie
Non-i of Faction 1411					F	ACILITY I	NFORM	TION				1	-	-	-	2 5
Name of Facility Where Al	patement is T	2king	Place	(3)					Type o	f Facili	ty (4	}		1.5	-	-
Private house									☐ Sch	ool (K	-12)					
Street Address									T Sut	chapte	er 8 (Other than K	12)	-	Ē	- 17
305 1st Street									hot	en (Le.	, priv	ate and com	mercial E	ulldin	ġs, 듣	_
City (5)									Square			# of Floors	7	Zide r		
Keyport, NJ 07735									- yaut	1000		2 01 1 10013	1	idg, A	ge	
County (6)			-		Co	unty Code (7)	(STATE I	SE OM VI	Curron	f Hes.	Dela	If being den	aller			
Monmouth							(011112	or overi	Odrjen	(444)	r Hol	ii neiliß dell	rollaned)			
Name of Monitoring Firm	lired by Bullo	ding O	wher	(8)	ASCI	M No.	Nome	of Abatem	1		141					
				* *			1		eur cour	Scrot.	(9)					
Street Address			-				Gr Tec	h LLC Address								
									70	23		1 - 12				
City, State, Zip Code		-ne				-	576 Vz	illey Rd #	283		-					
M=2 = 2000							7 2000 00000000000000000000000000000000									
Project Manager for Monit	oring Firm	-		Tal	ephon	n NA	Telephi	, NJ 0747	70							
				1	opiioi	0 (44)	The second second					License No.				
Start Date (10) '	Is	Schedu	tled C	ampl	noite	Date (11)	973-63			-		01127				
08 / 14 /	15	08	3 /	1	7 1	15	1000000	of OSHA N						;	100	
Occupancy Status During	Abatement /C	hode	anlu d				Environ	vision Co	nsultan	is Inc						
☐ Facility Closed/Vacated	Durina Entir	e Deri	od of	Abat.	mani		Street /									
□ Abatement Performed to	Justide of No	amal 6	DAIL	e blace	m D.	anotha	20-21 Y	Vagaraw	Road, 1	Bldg .	# 35	E				
Time of Abelement:	AM-	PM		PM		_AM	1	ate, Zip Co							0,000	
Scope of Wark (Check all t	hat apply!						Fair La	wn, NJ 0	7410	_						
	at abbit)						H	Clean up	and de	contan	inat	on with nega	tive pres	6Ure	-	-
≥ 3 m² or >3 lf ≥ 160 sf or ≥260 lf		E		novat			H	Minf-Engl	zinment Iosure	With N	egat	ive Pressure				
23 10701 BI _ 2500 N		L	_] De	mallti	מס			Glovebac	Proped	ure [Te	nt with Nega	tive Pres	sure		
, ,	The state of the s) n	Loca	linh	_	X	Non-Exe	mpted (and i	ton-f	riable Proce	dure	3		
Location of			3.	forma	lly						1		At	atem	ent Ty	/pe
Asbestos-Containing Ma	iterial (ACM)		Use	d Soli	ely by	Asbe	De: Stas Cant	scription of aining Mat	f arial tar	2047		A	Z	D	m	П
TO BE ABAT	<u>ED</u>		Gust	ntene	ince/ Staff?	(l.e	., thermal	systems li	naulation	,		Amount (Specify	em	Repair	nea	Jign
(13)			30000000	(12)			surfac	cing, VAT,	or.			SIF or LF)	Remova	=	Encapsulate	Enclosure
		Γ,	Yes	No	N/A		orner ti	niscalienad	ana)				-		late	43
exterior siding		1			N/A					+-	1					
		-	=-		1	Transite	Summe				1,8	00 SF				
		_ L	_												П	
		Ī								1	T			H	-	금
		Ī	7			1				+	+				Ш	
Name of Registered Waste	Hauler		-		FP IN	ic Hauler ID No.	10.17	17151	1	-						
r Tech LLC	4						Cubic Yar	us of Waste	Name	of Reg	ister	ed Landfill				
City. State				(10337	85	TBI		T.R.R	F. In	2					
/:							Disposa	Date	City, S							
Clarin L NIV on to-																
Vayne, NJ 07470							TEL)	Tullyto	I nwc	A			80		
Vayne, NJ 07470 Completed By (Print or Type	E)	Title						nature A	Tullyto	own, I	A		Date	-		
Vayne, NJ 07470 Completed By (Print or Type LJevtík 58-41	1	Title Owne			•			nature /	A	vene	A		Date 08/13/20			

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

*** EMERGENCY ***

Check # 7346

Date of Notification (1)	Na	me of Build	ing Owne	r/Operator (2)			A AUG to					
0 8 / 1 4 / 1 5		air Lawn	BOE					en (ut.)	1			
Agencies Notified Type Notification	Str	eet Address										
EPA Initial		37-01 Fai	r Lawn	Avenue					_10			
DEP .	Cir	y, State, Zip	Code									
▼ DOL	nt	Fair Lawr	n, NJ 07	410								-
▼ DOH	1000	me of Conta	ict				Telephor	e Number				
☐ DCA ☐ Cancellatio	in	Tom Sen	ko				1					
			FACI	LITY INFORM	ATION							
Name of facility where abatement is to	aking plac	ce (3)					Type of Facility School	(4) ol (K - 12)				
Thomas Jefferson Middle Sc	hool							apter 8 (O	ther th	an K-	12)	
Street Address								(Private/Co		rcial		
35-01 Morlot Avenue						-	Square Feet	/Homes, et # of Floor		Blo	ig. Ag	ge
City (5)	Coun	ty (6)			Cou	nty Code (7)						
Fair Lawn, NJ 07410	Ber	gen			(Sta	te use only)	Current Use (F School (non		g dem	olishe	ed)	
Name of Monitoring Firm Hired by Blo				ASCM No.	-	Name of Abatement (3000)				
EnviroVision Consultants	.g. 0	. (-)		0079		B & G Restorati	on, Inc.					
Street Address	-				-	Street Address				-		
20-21 Wagaraw Road, Build	ding 35	E				105 Ryerson R	oad					
City, State, Zip Code Fair Lawn, NJ 07410		-				City, State, Zip Code Lincoln Park, I	NJ 07035					
Project Manager for Monitoring Firm		Pho	ne Numb	er	-	Telephone Number		License		ег		
Willie Morales		973	-636-9	145		(973)696-686		00	378		_	
Scheduled Start Date (10)	Sched	. Completion	Date (1	1)		Name of OSHA Moni B & G Restorat						
08/17/2015	08/2	1/2015				Street Address	1011, 1110.			-	-	
Occupancy Status During Abatement	(Check o	nly one)				105 Ryerson R	oad	62	9			
Facility closed/vacated during en Abatement performed outside or	ntire perio	od of abaten	nent.			City, State, Zip Code						
Abatement performed outside o	nonnai	acility flours	-		_	LincolnPark, N	J 07035					
Other-Describe:											-	
Scope of Work (check all that apply)					П	ull Containment w/neg	active pressure	Glove	nan nr	ocedi	ire	
	Renovatio					Mini-enclosure	gative pressure	Non-fr				
	160 sf or				Ш,	Willi-eliciosure		A NOTE II	TR	R	E	1
Location of	s location	n normally u nance/custo	sed solel; odial	1		V 1 12.5%	Amount	45	е	е	n	E
	staff(12)			Descripti		sbestos-containing	(Specify	SF or	m o	p a	c	c
abated in facility (13)	Yes	No	N/A		,		LF)		v e	i	p	L
Room 225			X	VAT & Ma	astic		504 SF		X			
Room 224			×	VAT & Ma			504 SF		X		Щ	14
Room 210			X	VAT & M	astic		640 SF		X	Щ	Щ	14
									<u> </u>	닏	H	11
					\A/- :	10	Landfil			Ш	Ш,	
Registered Waste Hauler B & G Restoration, Inc.		EP Hauler II 19563		Subic Yards of 15	vvaste	Tullytown	Resource & R	Recovery	Cen	ter		
City, State Lincoln Park, NJ			Disposal I O	Date 08/21/2015		City, State Tullytown,	PA					
								Date 08/1	4/201	15		

UIA U.S. HAIl Ch# 1129

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Present to NJAC 2:60 and 12:120)

- 2015 AUG (Pursuant to NJAC 8:50 and 12:120) Name of Building Owner/Operaker (2) Date of Notification (1) Type Notification Agency Notified i brital City, State, Zip Code D EPA D'Amended DEP Amendment S DOL Q Emergency (including Name of Contact restification) DOH DOH Cancellation DOGA FACILITY INFORMATION . Type of Facility (4) Name of Facility Where Abatement is Taking Piace (3) Cancor (K-12)

Osubchapter 8 (Other than K-12)

Other (i.e. private & commercial buildings, homes, etc.) Street Address HORREll 65 Bldg. Age #of Floors Brunswick N.O 3,000 City (5) Current Use (Prior if being demolished) NEW County Code (7) (STATE USE HOUSE County (6). ONLY EX Name of Abatement Contractor (9) Name of Moreloging Firm Hired by Building Owner 1136 NOVATE Street Address :. City, State, Zip Code Cin City, State, Zip Code BRIDGE OID Linense No. Telephone No. Project Manager for Maniforning Fain-Scheduled Completion Date (11) INC Start Dale (10) 23/15 Street Aritices Occupancy Status, During Abatament (Check, only one) E Facility Closed Vacated During Entire Period of Abetement City, State, Zip Code O Abatement Performed Curside of Normal Facility Hours BRIDGE (110) Other-Describe: G Full Containment with Negative Pressure Scope of Work (Check all that apply) D Renovation Afini-Enclosuse D Clovebag Procedure O Non-Exempted (7) and Non-Priable Procedure **¤≥3sfor≥3**ff Absternant 0≥160 s or ≥ 200 F Type is Location Normally Encapaulate Description of Amouni Ashesha Containing Malasal (ACM) Lead Solely by Location of (Specify Astrono-Containing Material (ACM) (Le., themal systems insulation. at interest SFORLFI Custodial suifacing, VAT, or TO BE ABATED SMITT other misrelleneous) IN Facility (12) (13) NIA Yes INSULATION CAL loan 4/L KEN PODY Cubic Yards of Hoen NIDEP Name of Registered Waste Hauts Weste ID No. 101 NOVAI HOMICS Synature Title Do not use this form for astrestos licensure exempted activities

ASB-41

UIA U.S. MAIL oh# 1/30

State of New Jersey NOTIFICATION OF ASPESTOS ABATEMENT

(Pursuant to NJAC 8:59 and 12:120) 2015 AUG Name of Building Canad Consults (2) Date of Notification (1) RECOR Type Notification Street Address Agency Notified O. Box initial City, State, Zip Code DEPA C Amended DIDEP Amendment # E DOL Q Emergency (including Name of Contact justification) HOOLE Cancellation DOCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Absternent is Taking Place (3) School (K-12) O Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, Street Address homes, etc.) Bldg. Age # of Floors Square Feet 3,000 Cay (5) NIJ RUNS WICK Current Use (Prior if being demolished) NEW County Code (7) (STATE USE County (6) ONLY Name of Abelement Contractor (9) Name of Mosiloring Firm Hired by Building Owner ASCM No. NOVALE Street Address Street Address City, State, Zip Code City, State, Zip Code BRIDGE OID Telephone No. Telephone No. Project Manager for Monitoring Firm-238x7500 Name of OSHA Monitor. Scheduled Completion Date (17) Start Date (10) NOUATEC 0 Street Address Occupancy Status During Abatament (Check doby one) P.0 DiFacility Classed Variated During Entire Period of Abelement 12 Abelement Performed Outside of Normal Facility Hours City, State, Zip Code BRIDGE D Other - Describe: O Full Conferenced with Negative Pressure Scope of Width (Check all that apply) O hani-Enclosure O Resovation O Clovebeg Procedure Si Non-Econoled (") and Non-Frielia Procedure **E≥3500≥3**6 Di Demolian Abstered D 2 160 stor 2 260 H Type is Location Normally Description of Encappulate Anneni Astretus Containing Material (ACM) Liced Solely by Removal Location of (Specify Astrono-Containing Material (ACM) Minimal fi.e., theme! systems insulation. SFORLE Custofal TO BE ABATED suifering, VAT, or Staff? other miscellaneous) IN Facility (12)(13) NIA. 11/1 (LOYS FINER Name of Registered Landfill Curbic Yerds of MIDEP Waste Hauter Name of Registered Waste Hauter 0.00 Waste ID No. 8501 NOVATECH IDC. City. State Disposel Date City, State Date 18 50006E OID:

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

(Pur	suant to NJAC 8:60 and 1	
Date of Molification (1) 8 14 15	Name of Building Owner/Opera HONARCH H	6465
Agency Notified Type Notification	225 woodb	
CEPA CINTEL CONTROL CO	City, State, Zip Code	Papis 200 - C8964
G DOL Amendment #	HIGH PROG	Toleran N.
GOOH justification) G Cancellation	MA JONATHAN	TIGER U, UILLOUTIL
Li Dun	FACILITY INFORMATION	Type of Facility (4)
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		C) Subchapter 8 (Other than K-12) C) Other (i.e. private & commercial buildings,
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County (6) UNION	ONE Y)	HOUSE
Name of Moreloving Firm Hired by Building Owner AS (8)	CM No. Name to Auto	TECH 110C
Street Address :	PO. City, State,	Sox 814 -
City, State, Zip Code	- 1010	1521DGE NO. CCOST
Project Manager na manager a	inone No. Telephone 1	238x7500 60806 -
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City, State, Zip Code					City, State, Zip C							_
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Via U.S. Mail Ch#/128

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Date of Notification (1)	8 14 15	RECON	-				-
Agency Notified	Type Natification	Street Andress	N 918	11:			
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City, State, Zip Code	· 🔻	2	1010 1	SKID GE	- License No.		
Project Manager for M	ordining Form	Telephone No.	Teisphone No.	1222150	00	306	
raujour manager		1 1	Name of OSH	A RECORDE /		-	
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Date of Notification (1)				Nam	e of Buildir	g Owner/Operator (2)		-			
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Agencies Notified	Type Notificati	on		_	et Address		281	a EUG 19 A	10:1	12		
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Charles						Gr Tech LLC						
Street Address						Street Address						
01-01-1-7:0						576 Valley Rd #	283					
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Decine Manager Co. No. 77						Wayne, NJ 0747	0					
Project Manager for Monit	oring Firm		Tele	phone	No.	Telephone No.		License No.				
0: . 5						973-638-1777		01127				
Start Date (10)	Sc	heduled C	omple	tion Da	ate (11)	Name of OSHA M	onitor					
		08		/ .	15	Envirovision Con	nsultants.Inc					
Occupancy Status During	Abatement (Ch	eck only	one)			Street Address	,,					
☐ Abstament Reference	During Entire	Period of	Abate	ment		20-21 Wagaraw	Road, Bldg .#	35E				
Abatement Performed Time of Abatement:	Jutside of Norr AM-	nal Facilit	y Hour PM	s - Des	scribe	City, State, Zip Co	de	332				
					_A.IVI	Fair Lawn, NJ 07	7410					
Scope of Work (Check all	hat apply)	5				Clean up	and decontami	nation with negativ	e pres	sure		
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City, State, Zip Corde		City, State, Zo	Corta				
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SPANIES I	Ash	Location of	Namely	an en an			Procedure Abatemen	_
A PARTICIPA		estos-Contesting Meteriel (ACM TO 95 ARAYED SV Facility		E ASSESS C	Description of Onleading Metallic (A	530	i iàbs	
ACT STATEMENT OF THE STATE OF T		(13)	St=37? (12)	SIL	ECON WAT	a. (Speci		
	-		YO NO NA	7115		3	Repalle Repalle Removal	S/MSG/DUZ
-	-	Coach office	Transcorp	Fla	OR HIC	- entrips	3 1 1 1	10
			Artifect of		OL (IIL	2300	SEVII	
			The farm			- Control of the Cont	The state of the s	
N	me o	Registered Waste Hader		este Cubic	Versio II se	N FF Haggs	And Annual Annua	_
G	7, SE	NI JOY LLC	0035C	En Calle	ste _	d Registered Lenon	//	1
		Delanco	ルゴ	Dispus 5B	ei Dee Chr S	ate //	P4	=
30	ngiete	JH11 19	:18	1	praise II	Tully tout 1	PA	
30	1	inth			AH	Date	r-14-15	
		9	Do not use this form for a	esbestas licensu	trə exempleri artini	F		_]

[°] Do not use this form for esbestos litensure exempled adivilies.



Date of Notification (1)

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(<i>></i> \
	5022

Date of Notification (1) 8/13/15						r/Operator Private H):LV							
Agencies Notified	Type Notification			Street A	Address ast Don				2015 A	UG 1	8 Air	110:	ų, į			*:
EPA DEP DOL	Initial Amended Amendment			City. Sta	ate. Zip Co	nde		08	1087	110	J (J	17.1 h	131			
☑ DOH DCA	justification) Cancellation				f Contact				₹, <u>₹</u>	1.0	ephone	Numb	er			
Name of Equilibrity Manage	Ab-4	51 (6)		FAC	ILITY INF	ORMA	ATION			-						
Name of Facility Where Susan Bukowsky	Private Home	g Place (3)							of Facility (4	9						
Street Address 104 East Dory Driv	re	in the second			*			×	School (K-1) Subchapter Other (i.e. p. etc.)	8 (Oth	er than I & comm	K-12) ercial l	ouilo	dings	home	es,
City (5) Little Egg Harbor N	11 5500 0808	7							re Feet	# o	f Floors			ldg. <i>A</i> 5+	\ge	
County (6) Ocean					Code (7) USE ONLY	, <u> </u>		Curre	ent Use (Prio	or if bei	ng demo	olished	1)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASC	M No.			of Aba	atement Con	tractor	(9)		+			
Street Address	18					522-123		Addre	73.73							
City, State, Zip Code									ip Code in NJ 0809	91						
Project Manager for Mo	nitoring Firm			Telepho	ne No.		Teleph	one N 753-9	0.		Licens					
Start Date (10) 8/14/15		Scheduled 8/19/15	d Con	npletion	Date (11)			of OSI	HA Monitor		0072					
Occupancy Status Durir	ng Abatement (Chec		:)			-		Addres	25				_			
Facility Closed/Vac	cated During Entire I	Period of Al	atem	nent					ip Code				2.47.72			
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		1000	enova emolit				×	Mir Glo	II Containme ni-Enclosure ovebag Proci n-Exempted	edure	1.					
		Is I	ocati	on				- 110	T Exempted	() (1)	a INOTIFI I	Table I		P. C. C. C. C.	ement	1
Locatio	n of	90000	ormal	y	4		Description	of				_		Ту	ре	_
Asbestos-Containing <u>TO BE</u> AB In Faci (13)	ATED lity	Mair Custo	tenar	nce/		therm	ontaining M nal systems facing, VA r miscellar	s insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											te	(D
exterior s	siding			Х		ex	terior sic	ling		10	000 sf	x				
Name of Registered Wa	ata Havilar		1													
United Containers	ste nauler		Н	JDEP W auler ID 2459		300000000	ic Yards /aste		Name of R	All and the second	red Land	dfill				
City, State Elm NJ						Disp	osal Date		City, State Morrisvil		1906	7				
Completed by Anthony T Perna	ent				Signature	1			1000	Date	/4 =					
/	thony T Perna Presider							1		- Carrest	-	8/13	15			

State of New Jersey NOTIFICATION ASBESTOS ABATEMENT

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

Date of Notification (1) 8/12/1	5				of Buildin liam Pad	ig Owner/Operator illa	(2)	DAUG 18 TH	10:	48		
Agencies Notified	Type Notificatio	n			t Address W. Maid	len Lane	At 11 A		į,	121.		_
DEP DOL	Amended Amendment		_	100000	State, Zip nerdale, N							
DOH DCA	Emergency (justification) Cancellation	incidanig		Nam	e of Con am Padil	tact		Telephone Num	oer			
						FORMATION						_
Name of Facility Where Residence	Abatement is Tak	ng Place	(3)				Type of Facilit					
Street Address 313 W. Maiden Lan	e						Other (i.e.,	8 (Other than K-12 private 8 commercia		dings	i.	
City (s) Somerdale, NJ							Square Feet 2100	# of Floors	1888	ldg. O yrs		
County (6) Camden				Cou	nty Code(ONLY)	7) (STATE	Current Use (F Residence	Prior if being demolis	_		<u> </u>	
Name of Monitoring Firm	n Hired by Building	Owner	$\overline{}$	ASCM	No.	Name of Abater AEi2, LLC	nent Contractor (9)				
Street Address						Street Address	D 1					
City, State, Zip Code						300 S. Lenola City, State, Zi				_		
						Maple Shade,						
Project Manager for M	Monitoring Firm		Tele	ephone	No.	Telephone No. 609-481-212	22	License No. 00689				
Start Date (10) 8/22/15	1	eduled C 7/15	omple	tion Da	ate (11)	Name of OSHA AEi2, LLC	Monitor					
Occupancy Status Durin						Street Address						
☐ Abatement Performe	이는 마리막으로 얼마가 있는 그렇게 되었으니? 나는 것					300 Lenola I						_
Other - Describe:						Maple Shade	e, NJ 08052					
Scope of Work (Check a	all that apply)							legative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat molitic			-	ag Procedure	Non-Friable Procedu	ıre			
		70.75	ocati	7.0.00			complete () dire :	Ton Theorem	$\overline{}$		ment	
Location Asbestos-Containing N TO BE ABA IN Facility (13)	Material (ACM) TED	Used Main Cu	Solel stenar stodia staff? (12)	y by ice/ al	Asbes (i.e.,	Description of tos Containing Mar, thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	R e m o v a	R e p a i r	E H O B D N D -1	E f c - o s z r
Kitchen		Yes	No	N/A	Floor T	iles		150 sf	1		a t	e
Kitchen		-		X	F1001 1	1168		150 81	X			
									\vdash			
Name of Registered Wa	ste Hauler		1000	JDEP !		Cubic Yards of Waste	Name of Reg	istered Landfill				
AEi2, LLC			1000	1376	J NO.	3	TBD					
City, State Maple Shade, NJ						TBD /	City, State	1				
Completed By	Tit	le				Signature	11/1	Date				
Wm. Minnick	1	rogram	Mg	г		1/1/2/	Mm	M 8/12/15				
ASB-41							/					555-r-13



Date of Notification (1) 8/14/15					Building C uncan p		displacement and a second of	(2)				SCX				
Agencies Notified	Type Notification			Street Ad											-	
⊠ EPA	× Initial		4	4531 A	sbury A	V.				Ĉ	£15 //U	3 17		41		
DEP DOL	Amended Amendment				te, Zip Co City NJ		6			10		4		* 5		e G
DOH DCA	Emergency (i justification) Cancellation	ncluding		Name of Mick	Contact					Tel	ephone N	lumber				
				FACII	LITY INFO	RMAT	ION					Yes Its				
Name of Facility Where Mick Duncan privat		Place (3)			**	71			of Facility (4) School (K-12							
Street Address 4531 Asbury Av.		•							Subchapter 8 Other (i.e. pri	(Oth			ildi	ngs,	home	es,
City (5) Ocean City NJ 082	26								e Feet	# 0	Floors		Blo 35	dg. A	ge	
County (6) Cape May				County C	code (7) ISE ONLY)			Curre	nt Use (Prior e	if bei	ng demol	ished)				
Name of Monitoring Firm	n Hired by Building C	Owner (8)		ASCM	l No.		1	of Abat	tement Contr	ractor	(9)					
Street Address				L				Addres								
City, State, Zip Code							City, S	tate, Zi	p Code n NJ 0809	11						
Project Manager for Mon	nitoring Firm		Τ.	Telepho	ne No.		Telepi	one No	D.	-	License					
Start Date (10)		Schedule	d Com	pletion I	Date (11)		10030000000	753-9 of OSH	A Monitor		00727					
8/27/15		9/2/15		· 			Sam									
Occupancy Status Durir	ng Abatement (Chec	k Only On	e)				Street	Addres	SS							
	cated During Entire F ned Outside of Norm						City, S	tate, Zi	p Code							
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				×	Mir Glo	Containment Ni-Enclosure Nebag Proces	edure	-				9	
		le	Locati	on			- 1			()				Abate	ment	
Locatio	n of	- N	ormall	у	12	De	escription	of				_		Ту	pe	
Asbestos-Containing TO BE AB In Fac (13)	BATED ility	Mai	d Solei ntenar odial S (12)	nce/		therma surfa	taining Mal systems acing, VA miscellar	s insula T, or		(3	mount Specify F or LF)	ZGIIOVA		Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		Caron	riioooiiai	10000)				9		-	late	ıre
Exterior	Siding			х		Exte	erior Sid	ding		20	00 SF	x				
	. 22		6													
Name of Registered Wa United Roll off	ste Hauler		Н	JDEP Wauler ID 2459		of Wa	Yards aste		Name of R		ered Land	Ifill				
City, State	3						sal Date		City, State Morrisvil		19067	7		N 10		
Completed by		Title			4		Signature		14101119411	.01/		Date				-101-5
Anthony T Perna							7	L		_		8/14/	15	9		



Date of Notification (1) 8/14/15			f Building (RES		000							
Agencies Notified	Type Notification			Street A	ddress				71.11	1.5	- - - - - - - -			Fore		
EPA DEP	☐ Initial				rth 16th		t					*****		4.9		
DEP X DOL	Amended Amendment				ate, Zip Co ity NJ 08					8	l., ,					
DOH DCA	Emergency (justification) Cancellation	1750		Name of Jeff	f Contact					Tele	ephone l	Numh	or			
		8		FACI	LITY INFO	DRMA'	TION									
Name of Facility Where . Wentzheimer Priva	Abatement is Takin	g Place (3)						Туре	of Facility (4))	(2)					
Street Address					*				School (K-12 Subchapter 8)	or than k	(12)				
28 North 16th Stree	et							X	Other (i.e. pri	vate 8	& comme	ercial b	uild	lings,	home	es,
City (5)									etc.) re Feet	# of	f Floors		BI	dg. A	ae	
Surf City NJ 08008								1000)+	1			3	5+	.gc	
County (6) Ocean					Code (7) USE ONLY			Hom	nt Use (Prior e	if bei	ng demo	olished)			នា
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	/ No.			of Abat	tement Contr	actor	(9)					
Street Address							3 3000	Addres					_			
City State 7in Onda								30x 32								
City, State, Zip Code									p Code n NJ 0809	1						
Project Manager for Mor	nitoring Firm			Telepho	ne No.			753-9			License 00727					
Start Date (10) 8/17/15		Scheduled 8/21/15	d Com	pletion	Date (11)		Name Sam		IA Monitor							
Occupancy Status Durin	g Abatement (Chec	k Only One	!)					Addres	S				_			
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norm	Period of Atnal Facility I	oatem Hours	ent			City, S	state, Zi	p Code							
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		or congruences	enovat emoliti				×	Min Glo	Containmer i-Enclosure vebag Proce	dure	-					
		ls l	ocatio	nn .				1101	I-Exempled	() ain	3 14011-11	lable		1000	ement	
Location		No	ormali	y		D	escription	of					_	Ту		
Asbestos-Containing TO BE AB	Material (ACM)		itenar	ice/		tos Co	ntaining N al system	/laterial			mount			*	Ē	, m
In Facil	ity	Custo	dial S (12)	taff?	(1.6.	surf	acing, VA	T, or	tion,		specify or LF)		Remova	Repair	caps	Enclosure
(13)		Yes	No	N/A		other	miscellar	neous)					ova	air	Encapsulate	sure
Exterior S	Sidina	100	110	X		Fvt	erior Si	dina		10	00 SF	-	-	-		
	,			^		LA	enor on	uirig		12	00 31	×	-			
		+-+										-	-	-		
	12											-	-	-		
Name of Registered Was	ste Hauler			JDEP W		Cubi	c Yards		Name of R	egiste	red Land	dfill				-
United Roll Off				auler ID 2459	No.	of W	aste		G.R.O.W	/.S.						
City, State Elm NJ						Disp 8/21	osal Date /15	28	City, State Morrisvill	e PA	1906	7				
Completed by							Signature	2			1	Date				
Anthony T Perna	nthony T Perna Presid							K		_>		8/14	/15			

			,							201	5 111-					
Date of Notification (1) 8/13/2015	3/13/2015						perator pany F		0	101	S AUG	10	.4,	110	:51	
	Notification nitial			Street Ad Chemo		auno	Site 20	00 N.	Repauno	Ave.	2 L1		L.		ROL	
DEP A	amended amendment #_				te, Zip Coo own, NJ		7							-		
☑ DOH iu	Emergency (incustification)	cluding		Name of						Tele	nhone h	J				
	Cancellation				uane Re					1			•			
Name of Facility Where Abatem	ent is Taking l	Place (3)	FACIL	ITY INFO	RMATI	ON	Type	of Facility (4)						
Chemours-Repauno Site	cit is raking i	race (o	,					_	School (K-1							
Street Address 200 North Repauno Ave.								×	Subchapter Other (i.e. petc.)	8 (Othe			build	ings,	home	es,
City (5) Gibbstown									re Feet	# of	Floors			dg. A)+	ge	
County (6) Gloucester				County C	Code (7) USE ONLY)	0			ent Use (Pri							
Name of Monitoring Firm Hired I Harvard Environmental, I		wner (8)		ASCM	No.				tement Cor		A	, Ind	 c.			
Street Address 760 Pulaski Highway								Addre	7.7 /							
City, State, Zip Code Bear, Delaware 19701									ip Code lle, PA 19	9460						
Project Manager for Monitoring	Firm			Telephor	ne No.		Teleph	none N	lo.		License	e No.				
Duane Reese					6-2333		100000000000000000000000000000000000000	933-4	Charles of the Charle		00836	5				
Start Date (10) 8/28/2015		Schedule 11/30/2		npletion [Date (11)		Harv	ard E	HA Monitor Environme	ental, I	nc.					
Occupancy Status During Abate	ement (Check	Only Or	ne)					Addre	ss ki Highwa	21/						
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	uring Entire Pe side of Norma	eriod of A	Abatem Hours	nent		_	City, S	State, Z	ip Code 19701							
Scope of Work (Check All That	Apply)					-		,								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				D D D	Fu Min Glo	II Containm ni-Enclosur ovebag Pro on-Exempte	e cedure					е	
		Is	Locati	ion									7		ement	t
Location of			Normal ed Sole				scription		- 0. 2000					ı y	ре	
Asbestos-Containing Materi TO BE ABATED In Facility (13)	al (ACM)	Ma Cus	intena todial ((12)	nce/ Staff?		therma surfa	taining I I system icing, VA miscella	is insul AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	1007	Yes	No	N/A	Coo	٨٠٠	and Ca	roods	aboot	500	Attache	24	15			
Maintenance Sho				X			hed Sp				Attache		x x			
Scale & Change Ho	ouse			X						The we come	A SOLO TIL	30000				-
Garage				X			hed Sp				Attache		x			
Warehouse 3,4,5			175	X			hed Sp	reads			Attache		x			
Name of Registered Waste Hau Waste Management	lier		H	IJDEP W lauler ID 7273		of Wa			Name of Grows							
City, State Fairless Hills, PA				0		Dispo	sal Date 15-12/2		City, Sta		A		-11			
Completed by		Title				Appeal Control of	Signatur		7		.	Date				
Patrick Larney	ect Ma	anager			10	Mu		~		8/1	3/20	15				

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

									. 1	1 -9 -1		4.4		
Date of No 08/11/201	otification (1):				ding Ov	vner/Operator (2)			0010	110 10	514	10.7	- 0	
Agencies Notified	Type Notificat	ion		Addres ar Stree	-				6010	AUG 18	Pitt	11.70	32	
BEPA	☐ Initial ☐ Amended		City, S	State, Z	ip Code	:	1.0.1		ر الله	5 . 5 . 1 . 1	· L _	e i K	GL.	
□ DEP	Amendment#:			rk, NJ (1		2 1 C E	HTH	40		
□DOL	☐ Emergency (including			of Con	tact: 1 Olagac	levo			m 	iber:				
□ DOH B-DCA	justification		MII. D	Ciijaiiii	i Olagac	icyo		3.5 /						
EDCA						FACILITY INFO	RMA	TION	020			-		
Name of I	Facility Avon A	venue	Schoo	l			Туре	of Facility (4):						
219 Avon	Avenue						25/05/2017/2017	hool (K-12) bchapter 8 (Other th	an K-12)					
City/ (5)		County	y (6):		Count	y Code (7):		her (i.e., private & c		buildings, ho	mes, et	c.)		
Newark		Essex			07108		Squa	are Feet:		# of Floor	s:			
								g. Age						
Nome of N	Monitoring Fire	m Uirac	d by Du	ilding (Jumer.	ASCM No.:		ent Use: School ne of Abatement C	ontractor	(9)-				_
WHITM		mimoo	1 Uy Du	inding (JWHCI.	00110				(>).				
Street Add	dragge							ex Development et Address:	, inc.					
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ant Hill Road													
								Rutgers Pla						
122	e, Zip Code:						1	, State, Zip Code:						
	, NJ 08512		To'			T-11 N		amus, NJ 0765		ense No.:				
Kevin Lo	anager for Mor	nitoring	, Firm:			Telephone No.: 732-390-5858		phone No.:						
Start Date		1 9	chedul	ed Corr	nletion	Date (11):	_) 350-0101 ne of OSHA Moni	012	415				
08/18/15		8	3/24/15		~	Date (11).		ro Analytical Lab						
	Status During A							et Address: West 36 th Street,	Suite 203					
	Closed/vacated D ent Performed Ou					ı	City	, State, Zip Code: York, New Yor						
□ Other														
Describe:	Vork (Check all t	hat appl	v):							-				
□ ≥ 3 sf o	100	11 .	5.6	727	Reno	vation		DÍ	ull Contai Iini-Enclo	nment with	Negat	ive Pr	essure	
B≥ 160 s	f or ≥ 260 lf				□ Demo	olition			lovebag P	rocedure ed (*) and N	on-Fri	iable P	'rocedı	ıre
				Locati								Abate	ement	
	Location of Containing Ma		Lice	Normal d Sole	ly ly by	Asbestos Cont	aining	ion of Material (ACM	n l			13	ype	_
Asbestos-	(ACM)	neriai	Ma	intena	nce/	(i.e., therma	il syste	ems insulation, VAT, or		Amount	70	_	En	En
	BE ABÁTED		C	ustodi Staff?				llaneous)	1010 25	Specify	Removal	Repair	cap	clo
	IN Facility (13)			(12)						F or LF)	val	ai-	Encapsulat	Enclosure
1 ST F		OVC	Yes	No	N/A						-		 -	
BATHR		OYS		X		WALL PLAST	ER		90	SF	*			
27 0					NITTOE	D Wests Hauler ID	No.	Cubic Yards	No	fDi-		lon de	11.	
	Registered Was TE TRANSFE			IC.	NJDE	P Waste Hauler ID	10	of Waste: 30	MI	me of Regis NERVA SOC, INC.			n: ERPR	ISES
City, Stat				Dispo	sal Dat	e:		City, State:						
Bronx, N Complete					Title:		Sions	Waynesburg, Cature:	11 44088	Date:				
	Oraegbunam				Presio	lent	O.			08/11/20	15			

Date of Notification (1) 08/06/2015					f Building ESE OF					1	N _p				
Agencies Notified	Type Notification			Street A	ddress OX: 191				21:	E AU	313 (21		
EPA EPA DEP DOL	Initial Amended Amendment	#		City, Sta	ite, Zip Co	de	340		- N						
Ď DOH DCA	Emergency justification) Cancellation	1			f Contact					Tel	ephone Nu	mber 77	1		
	Д	<u> </u>		FACI	LITY INFO	ORMATI	ON			1					
Name of Facility Where PRIVATE	Abatement is Takin	g Place (3	3)	.,,,,					of Facility (
Street Address 83 THROCKMORT	ON LANE			(8)					Subchapter Other (i.e. petc.)	8 (Oth			dings,	home	es,
City (5) OLD BRIDGE NJ. (08857							Squa	re Feet 2,000	# 0	f Floors 1	В	ldg. <i>A</i> 83 y	ige /ears	 S
County (6) MIDDLESEX				County (Code (7) USE ONLY)		Curre	ent Use (Pri	or if bei	ng demolis	hed)			10
Name of Monitoring Firm		Owner (8)		ASCN	/ No.				atement Co			TION	LLC		
Street Address 435 MAIN RD. SUI	T. # 200						Street	Addre	000400000000000000000000000000000000000						
City, State, Zip Code TOWACO NJ. 0708							City, S	state, Z	ip Code SACK NJ		11				
Project Manager for Mor	NEWS III			Telephor	ne No. 334 - 56	11	Teleph	none N		. 0700	License I	No.	-		
Start Date (10) 08/10/2015		Schedule 08/21/2	ed Cor		Date (11)	T1	Name	of OS	HA Monitor						
Occupancy Status Durin	g Abatement (Ched						Street	Addre	ss						
× Facility Closed/Vac Abatement Perform	ated During Entire ned Outside of Norm	Period of Anal Facility	Abaten Hours	nent S					RD. SUI	1.#2	00				
Other – Describe:						_	TOV	/ACC	NJ. 070	82					
Scope of Work (Check A	II That Apply)	_					_	7							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit		٠.		×	Mir Glo	II Containm ni-Enclosure ovebag Pro- n-Exempte	e cedure				0	
54	11	la la	Locati					110	II-Exemple	u () all	u INOII-FIIa	DIE FIO	7.63.6±0 120	emeni	
Location	o of		Locati			D	. autorio a							ре	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Ma	d Sole intena todial S (12)	nce/		tos Cont thermal surfac		fateria s insula T, or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
FIRST FL	OOR	Yes	No X	N/A	ACM	I, VAT,	Floor	Tile C	XQ &	3 0	70 SF	X		Ф	
					AOIV	Black					7001	A			
Name of Registered Was	ste Hauler		N	JDEP W	/aste	Cubic '	Yards		Name of	Registe	ered Landfi	1			
TRI- STATE ASSOC	C. INC		920	lauler ID 991	No.	of Was	Y		MINER	VA EN	NTERPR		VC		
City, State BRONX NY.				12		Dispos TBI	al Date D		City, Stat		RG OHIO	D.			
Completed by CARLOS ESQUIVE	L	Title SAFE	ETY N	MANAG	SER	S	ignature	gra	ulang	W		ate 8/06/2	2015		
ASB-41 (R-06-08)						/	*,00 nc	ot use t	his form for	asbest	os licensu	e exen	npted	activi	ties.

Date of Notification (1) 08/11/2015					Building C				ИALI							
Agencies Notified	Type Notification		-	Street Ad						661	S AUG	16	1	= [l]:	56	
EPA DEP DOL	initial Amended Amendment #			City, Sta	te, Zip Coo	de			ġ.	± ,,	74. F 2- I	ini		7.	HOL.	
DOH DCA	Emergency (ir justification) Cancellation	ncluding	1.		Contact	on				Tele	ephone	Num	per 7	3.1		
	L) Gariociidatori				LITY INFO		ON									
Name of Facility Where a PRIVATE	Abatement is Taking	Place (3)		171011					of Facility (4 School (K-1	2)	5801					
Street Address 21 Highfield Lane,								×	Subchapter Other (i.e. p etc.)				build			es,
City (5) Nutley, NJ 07110	17 ±1			£	6			2,0	re Feet 000		Floors 2			dg. A 86	ge	
County (6)				STATÉ U	Code (7) ISE ONLY)				11.50	/A		olishe	ed)			
Name of Monitoring Firm N/A	Hired by Building O	wner (8)		ASCN	No.		SHA	RON	tement Con QUALITY			JCT	ON	LLC		
Street Address							1	Addres AN O	ss RDEN PL					10		
City, State, Zip Code	***************************************								ip Code SACK NJ.	0760)1					
Project Manager for Mor	nitoring Firm	, ,		Telephor	ne No.		1	none N 708-4			Licens 0113					
Start Date (10) 08/20/2015		Schedule 08/21/2		pletion (Date (11)				HA Monitor ROMENT	AL S	ERV.			4		
Occupancy Status Durin	g Abatement (Check	Only On	e) ·				Street	Addres	SS			-				
Abatement Perform	ated During Entire Poned Outside of Norma							RT. 2 State, Z	22W. ip Code							
Other – Describe:						_	UNIC	'N NC	J. 07083							
Scope of Work (Check A	ul That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	*I		enoval emoliti				2	Mir Glo	Il Containme ni-Enclosure ovebag Prod	e cedure	-					
<u> </u>		T						_ No	n-Exempted	1 (*) an	a Non-F	паріє			emeni	·
		2/2	Location												pe	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Use Mai	d Solel ntenar odial S (12)	y by nce/	Asbest (i.e.	os Con therma surfa	scription taining N I system icing, VA miscellar	Material s insula T, or	ation,	(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
PACEM	ENT	100	100000	1401	1/4	TELO	OR TII	EOV	0.9	- 11	56 SF		x	-		
BASEM	ENI		X		VA		STIC G		19 &	13	00 SF					
	¥						74. P505-50-									
Name of Registered Wa	ste Hauler			JDEP W		Cubic	Yards		Name of	Registe	ered Lar	ndfill		-		
TRI - STATE. ASSO	OC INC.			auler ID 1991	No.	of Wa)		MINER		NTER	PRIS	E II	IC.		
City, State 1199 RANDALL AV	E. BRONX NY.				75	TBI	5.0		City, State		RG O					
Completed by CARLOS ESQUIVE	L	Title SAFE	TY N	IANAC	SER	1	Signatur	TO E	migh	ufl	De	Dat 08		2015		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	August 13, 2015	5			Name of	f Building (Owner/Oper Disant	rator (2 tis Co	ontracting, LLC	200	2-	75	01	
Agencies Notified [X] EPA [] DEP	1 1 1	Notific	ation tification		Street A		313 H	alyar	d Road	it is adjusted		19: 5	ିଶ ବ	
[x] DOL [x] DOH	Amen	dment i gency (i			City, Sta	ate, Zip Cod		/ Bead	ch, NJ 08751	# 410 s.		e Pilo	Ĺ	
[] DCA	1227	cation) llation			Name of	f Contact Frank	Disantis		Те	lephone Number		*		
				FAC	CILITY I	NFORM	ATION		*					
Name of Facility Where Al	sidence	Place (3)					Тур	e of Facility (4)	School (k-12) Subchapter 8 (oth	or than	J. 12)		
Street Address	9 W. Central A	venue							[x]	Other (i.e., privat homes, etc.)			ial build	lings,
City .		Coun	ty (6)		County C (STATE	Code (7) USE ONLY	()		are feet 1200 sf	# of Floors		, Age (50	
Ortley		Oce							rent Use (Prior if t Residenc	ce				
Name of Monitoring Firm)wner (8)		ASCM N	lo.	Name of	f Abate	ment Contractor (9 Guardian	9) n Contracting,	Inc.			
Street Address							Street Ad	ddress		ute 9, Unit 61				
City, State, Zip Code							City, Sta	ite, Zip	Code	ver, New Jers	ey 08'	755-1	271	
Project Manager for Monit	oring Firm		Telephone N	Number			Telephor 732-34		nber	License N 00624				
Scheduled Start Date (10) 8/14/15			Scheduled C 8/18/1:	State of the state	ion Date (1	11)			A Monitor	. Analytical				
Occupancy Status During	Abatement (Check of ility Closed/Vacated	3.70		d of Aba	atement		Street A	ddress		elton Road				
[] Aba	tement Performed (er – Describe						City, Sta	ite, Zip				2 so dayar		
. ,							r	1 -		vay, New Jerse	· · · · · · · · · · · · · · · · · · ·	54		
Scope of Work (Check all							[]		Full Containment v Mini-Enclosure	vith Negative Pres	sure			
	sf or ≥3 lf 0 sf or ≥260 lf		[] [x]	Renova			[] [x]	73 X	Glovebag Procedur Non-Exempted (*)		Procedu	ıre		
					T						Ι.,		T	
			Is Location	_		,	Daganintia	f			Abat	ement	I ype	Т
Location	of		Normally us				Description of the Description o		ng	Amount	R E	R	E	E
Asbestos-Containing N			Solely by			N	Material (A	ACM)	C	(Specify SF	M	E P	N C	N C
TO BE ABA		Maii	ntenance/Cu	stodial			, thermal			or LF)	0	A	A	L
in facilit (13)	У		Staff (12)			inst	lation, su VAT, o		ng,		v	I R	PS	S
(15)			(12)			oth	er miscell		ıs)		A	1	U	U
		YES	NO	N/A	-	20,000			/		L		L E	R E
Exterior			X		Asbe	stos sidin	g			1100 sf	X		-	+
					1		8						1	1
													1	1
													1	
Name of Registered Waste Guardian Co	Hauler ontracting, Inc.		NJDEP Waste	1 e Haule: 0223	r ID No.	Cubic Ya	rds of Was	ste	Name of Registers T.R.R.F.	ed Landfill	I		1	1
City, State			20	Dispo	sal Date		City, St		1					
Completed by (Print or Type	New Jersey	Title		8/19	/14 Signat	Tire	Tullyt	town,	Pennsylvania		Date			
Nicholas Fer			ect Manage	er	Juguat	-)/1:	che	Y.	1, /	1	17.55237283	3/201	5	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

		-										
Date of Notification (1) August 13, 2015	5			Name of Building (rator (2) ris Contracting	, LLC	- 0) -	52	20	
	Notific			Street Address	313 H	alyard Road	CE !	AUG 15		10.	50	
[x] DOL Amer	idment i gency (i	tification # ncluding		City, State, Zip Coo		Beach, NJ 08	751		7	. 71.	7	
I DCA justifi	cation) ellation			Name of Contact Frank	Disantis		Telepho	one Number	•			
			FAC	ILITY INFORM	ATION							
Name of Facility Where Abatement is Taking Residence	Place (3	3)				Type of Facility] Scho	ool (k-12)	th	. l. 12\		
Street Address 216 Ocean Bay Bl	vd.					[x] Othe	chapter 8 (other (i.e., privates, etc.)			al build	lings,
City	Coun	ty (6)		County Code (7) (STATE USE ONL)	Y)	Square feet 1000 sf	# 0	f Floors 1	Bldg	g. Age	50	
Lavallette	Oce	×301					sidence	demolished)				
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCM No.				entracting,	Inc.			
Street Address					Street A		89 Route	9, Unit 61				
City, State, Zip Code					City, Sta	te, Zip Code Toi	ns River,	New Jers	ey 08'	755-1	271	
Project Manager for Monitoring Firm		Telephone Nu	ımber			ne Number 9-9932		License N 00624	iumber			
Scheduled Start Date (10) 8/14/15		Scheduled Co 8/18/15	mpleti	on Date (11)	Name of	OSHA Monitor E.N	л.S.L. Ar	alytical				
Occupancy Status During Abatement (Check of X] Facility Closed/Vacated			of Aba	tement	Street A		6 Stelton	Road				
Abatement Performed (Outside	of Normal Faci	lity Ho	purs	City, Sta	te, Zip Code						
						Pis	cataway,	New Jerse	y 088	54		
Scope of Work (Check all that apply)					[]	Full Contain Mini-Enclos		Negative Pres	sure			
[] >3 sf or ≥3 lf		[] F	Renova	ition		Glovebag Pr						
[X] ≥160 sf or ≥260 lf		[x] I	Demoli	tion	[x]	Non-Exempt	ted (*) and l	Non-Friable l	Procedu	ire		
									Abat	ement	Туре	
T		Is Location		1	Descriptio				R	R	E	Е
Location of Asbestos-Containing Material (ACM)	1	Normally used Solely by	1		oestos-Cor Aaterial (A			Amount pecify SF	Е	Е	N	N
TO BE ABATED	Mair	ntenance/Cust	odial		, thermal		(3	or LF)	М	P A	C A	C
in facility		Staff			ulation, su				0	I	P	0
(13)		(12)			VAT,				V	R	S	S
	YES	NO :	N/A	oth	er miscell	aneous)			A L		L	R E
Exterior		X		Asbestos sidir	ığ.		10	00 sf	X			L
		111		110000100 51411	.6		10	00 51	7.	-		
Name of Registered Waste Hauler		NJDEP Waste I			ards of Was	400 - II. MATHONIA (1971) (1971)		ndfill	-			
Guardian Contracting, Inc.		202		sal Date	City, St	T.R.R.	۲.			-		
Toms River, New Jersey			8/19/	′14—	Tullyt	own! Pennsylv	ania					
Completed by (Print or Type) Nicholas Fernicola	Title Proj	ect Manager		Signature	del	1. 1	1		Date 8/1	3/201	5	

Check#2268

CHECK#2206			(Pu	rsuar	t to NJA	C 8:60	and 5:16)					
Date of Notification (1)				Name	of Building	Owner	Operator (2	\					
08	15					0 (11101)	Operator (2	l.	Sete				
Agencies Notified	Type Notification				O'Neal				NOTE AUG	13		A.,	
⊠ EPA	I ppe Notification Initial				Address				£			J- J	3
☑ DOLWD	Amended				Centre S	100000000							
□ DHSS	Amendment #_				State, Zip C								Ĺ
☐ DCA	Emergency (in	cluding			Orange, 1		79			-/	100		
(NJAC 5:23-8)	justification)			Name	of Contact				Telephone Nur	mber			
	Cancellation			Jesse .	Potenzone	9							
	10			FA	CILITY IN	FORM	ATION						
Name of Facility Where	Abatement is Taking	Place	(3)					Type of Facility					
Private house								School (K-1		2)			
Street Address						100			8 (Other than K-1 private and comm		ilding	IS.	
110 S. Centre Street			120					homes, etc.					
City (5)								Square Feet	# of Floors	Bi	dg. A	ge	
South Orange, NJ 070	79												
County (6)				Coun	ty Code (7)	STATE L	JSE ONLY)	Current Use (P	rior if being demo	lished)			
Essex													
Name of Monitoring Firm	n Hired by Building ()wner	(8)	ASCM	No.	Name	of Abateme	nt Contractor (9)			- 19	
						Gr Tec	ch LLC						
Street Address						Street	Address						
						576 Va	alley Rd #2	283					
City, State, Zip Code						City, S	tate, Zip Co	de					
							e, NJ 0747	0					
Project Manager for Mor	nitoring Firm		Tele	phone	No.	Teleph	ione No.		License No.		*************		
						973-63	88-1777		01127				
Start Date (10)					ite (11)	Name	of OSHA M	onitor	**				
		Valence Total		_ / .	15	Enviro	vision Cor	nsultants,Inc					
Occupancy Status Durin						Street	Address						
Facility Closed/Vacat	ted During Entire Pe	riod of	Abate	ment		20-21	Wagaraw 1	Road, Bldg .#	35E				
Abatement Performe Time of Abatement:	d Outside of Normal AM- pt	Facilit M/	y Hour PM	s - Des	SCribe ΔM	City, S	tate, Zip Co	de -					
					2 1181	Fair La	awn, NJ 07						
Scope of Work (Check a	II that apply)					X			nation with negati		sure		2000
		ズ Re	enovati	on		A	Mini-Encl		gative Pressure				
≥ 160 sf or ≥260 If			emolitio				Glovebag	Procedure [Tent with Negation	ve Press	sure		
		1.		la a	_		Non-Exer	npted (*) and N	on-Friable Proced		1		
Location	n of	10.0	s Locat Norma			D	escription of	:		Ab	atem	ent T	ype
Asbestos-Containing	Material (ACM)	Use	ed Sole	ely by	Asbes		escription of taining Mat		Amount	Re	Re	En	En
TO BE AB		400000000000000000000000000000000000000	intena todial			., therma	al systems in	nsulation,	(Specify	Removal	Repair	Cap	Enclosure
(13)	nty		(12)		-		acing, VAT, miscellaned		SIF or LF)	val	,	Encapsulate	ure
NS 93		Yes	No	N/A		557.35 6576						ē	
First floor-entering hal	llway		П	\boxtimes	Ceiling a	and wal	l plastor		300 SF	\boxtimes			
			H	\boxtimes			-						
First floor-living room	- 15			-	Ceiling a				400 SF				
Second floor-bedroom				X	Ceiling a	and wal	l plaster		400 SF	\boxtimes	Ш	Ш	
		Ш						8 00					
Name of Registered Wa	ste Hauler		NJI	DEP Wasti	e Hauler ID No.	Cubic Y	ards of Waste	Name of Regi	stered Landfill				
Gr Tech LLC			(003378	35	TB		T.R.R.F. Inc				DOWN DO	
City, State						Dispos	al Date	City, State					
Wayne, NJ 07470						TB	D	Tullytown, F	'A				
Completed By (Print or 1	Type) Title	9				Si	ignature/		-	Date			Nove H
N.Jevtic	Owi	ner					Hew	Le Wenaa	0	8/15/20)15		
ASB-41							- 1/						

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

		(Pursu				and 12:120-7)						
Date of Notification 8-14-15	1 (1)		The state of the state of			wner/Operator	(2)	1 7	1 1	7.7		
	_											
Agencies Notified	Type Notifica	tion		t Addres			i	2015 AUG 18	Eti i	1. 6		
[]EPA	[X] Initial Notific	ation	20	/ Oak	SCI	eet			h17 !	1:0	O	
[]DEP		atton		State,	-		A	45 17				
[X]DOL	[]Amended Notific	ation	Ea	st Or	ange	,NJ,07036		6/11021	- 1/7/	LDB	L	
[X]DOH	11002220		Name	of Conta	act		Telephon	e Number	- 1	Į.		
[]DCA	[]EMERGENC		La	trici	a Ga	rland	r)			
*	[]Cancella	tion		1409442400000	The top of a second							
6 m		4 - m-1-4	D1		ITY IN	NFORMATION	man of Beatl	: h /4)				
Name of Facility Whe Same as above		is Taki	ng PI	ace (3)			Type of Facil					
Saule as above							[]School	(K-12) ter 8 (Other	than	K-19		
Street Addres							[X]Other (i.e., private uildings, hom	& cc	mmei	-	
							Square Feet	# of Floors	B1	dg.	Age	
City (5		County	(6) Es	sex	100000000000000000000000000000000000000	ty Code (7)	1100	2	8	30		
					(STA	TE USE ONLY)	Current Use (Prior if beir	g der	nolis	hed)	
Name of Monitoring E	Firm hirod bu	Duildin	~ 70	CM No		Name of Abaton	ment Contracto	r (9)				
Owner (8) N/A	TIM HILEG DY	BULLULII	g As	CM NO.			ANAGEMENT					
Street Address						Street Address	3		-2			
						86 Chris	topher St	•				
City, State, Zip Coo	le					City, State, 2 Montclai	r, NJ 070	42				
Project Manager for	Monitoring Fi	rm Te	lepho	ne Numbe	r	Telephone Numb			cense	Numb	er	
	Fi.	N	/A		37679	(973) 744		1000	037			
Scheduled Start Date	(10) Sche			n Date (Name of OSHA N	Monitor					
8-24-15		8-25				N/A						
Month Day Y Occupancy Status Dur			Day only	Year one)		Street Address	3					
[X]Facility Clo of Abatemen		uring Er	ntire	Period								
[]Abatement Pe	rformed Outsi			Facility	Y	City, State, 2	Zip Code					
Hours - Desc []other - Desc	ribe: <u>«OffHour</u> ribe: <u>«Other O</u>			ript»								
Scope of Work (Check	all that app	ly)				Li transcription of						
[X]≥3 sf or []>160 sf o		10.5		ovation olition		[]Mini-	Containment wi Enclosure	th Negative H	Pressu	ire		
[] <u>></u> 100 SI (51 2200 11	1] Dem	OIICION			bag Procedure riable Procedu	re				
		т т	Is Locati	on			F1 1000		Aba	teme		
Location Asbestos-Con			Normal	ly		Description Asbestos-Cont		Amount	R	R	E	E
Material	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Used	·Y		Material (NO. 10 (1990) N. 10 (1990)	(Specify	E	E	CA	C
TO BE AB.			By Mai cenanc			(i.e., thermal	700 C	SF or	0	PA	PS	0
In Facil	ity	C	ustod	ial		ulation, surfa r other miscel		LF)	A	I R	U	U
, , , ,		Yes	No	N/A					L		L	R E
Basement				X	Pip	e Insulat:	ion	35 lf	X			
Mar a Transport												
Name of Registered W			JDEP 1		99508550	ic Yards	Name of Regi	stered Landfi	13	~ l		
AZTECH MANAG	EMENT, IN		704	ID No.	OI	Waste 1.5	G.R.O.W.	s. Minar	ia E	UF	pris	25
City, State					Dis	posal Date	City, State				1	
Montclair, NJ	07042				8	-26-15	Morrisvi	lle, PA	441	7	4	
Completed By (Print	or Type) Tit	le				Signature	mano	J) 011	Date	200		
Constantine V	ivian Pr	eside	ent			1 1/1-11	alla	50.	8-1	4-	15	





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

CR 5021

Date of Notification (1) 8/13/15					Building C				CI		-				77	
Agencies Notified	Type Notification			Street Ac	Phillips	Priva	ate Hon	ne		481	5 All:	1.5	×	100	, p. ,	
353	Initial	141		136 La	wrence					Ä			7.	111	· ej	ŝ
EPA DEP DOL	Amended Amendment				te, Zip Cod awkin N		50								71	
DOH DCA	Emergency (justification) Cancellation	including	1 1	Name of Charlie	Contact					Tele	enhone N	Vumb	er			
				FACIL	ITY INFO	RMAT	ION			1						
Name of Facility Where A Charlie Phillips Prive		Place (3)			3			part .	of Facility (4 School (K-12							
Street Address 136 Lawrence Dr.		,					4	×	Subchapter 8 Other (i.e. pretc.)	(Othe			build	ings,	home	es,
City (5) Manahawkin NJ 080	050								re Feet	# of	Floors			dg. A	ge	
County (6) Ocean		10		County C	Code (7) ISE ONLY)			Curre	ent Use (Prior	r if bei	ng demo	lishe	d)			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM	No.		Name		tement Cont	ractor	(9)		7.676-535		00-1-9-1-	
N/A							Pern	aco li	nc.					•		
Street Address								Addres					98			
City, State, Zip Code									ip Code in NJ 0809	91						
Project Manager for Mon	itoring Firm			Γelephor	ne No.			one N 753-9			License 00727					
Start Date (10) 8/14/15		Schedule 8/19/15		pletion [Date (11)		Name Sam		HA Monitor							
Occupancy Status During	g Abatement (Chec	k Only On	e)				Street	Addre	SS							
Facility Closed/Vaca Abatement Perform	ed Outside of Norm						City, S	State, Z	ip Code							
Other – Describe:						_										
Scope of Work (Check A	II That Apply)						-	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enovat emoliti					Mi Glo	II Containme ni-Enclosure ovebag Proc	edure						
							12	≦ No	n-Exempted	(*) an	d Non-Fr	riable		william out	e ement	
		3000	Location or mall	55	102	_									ре	
Location Asbestos-Containing		Used	d Solel	y by		os Co	escriptior ntaining N	Materia		5.00	mount	ĺ			Ш	_
TO BE AB		100000000000000000000000000000000000000	odial S		(i.e.		al system acing, VA		ation,		Specify or LF)		Remova	Repair	псар	Enclo
(13)			(12)				miscella						oval	air	Encapsulate	Enclosure
		Yes	No	N/A											Ф	
Exterior S	Siding			Х		Ext	erior Si	ding		10	00SF		x			
25																
Name of Registered Was	ste Hauler		25.15	JDEP Wauler ID		Cubi of W	c Yards aste		Name of F		ered Lan	dfill				
United Containers			22	2459		3			G.R.O.V							
City, State Elm NJ						Disp 8/19	osal Date 1/15	9	City, State Morrisvi		1906	7				
Completed by	7	Title	dar.				Signatur	e /	7	_		Date				
Anthony T Perna		Presi	uent					/		50000) 10000		0/1	3/15)		

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3
1

Date of Notification (1) 8/14/15			54 (6)	Name of Procor	Building (Owner	/Operator	(2)	2815 ALL	,						
	Type Notification			Street A	ddress x 4430						1.07	1 . 2	-			
EPA DEP DOL	Initial Amended Amendment	#	G 73		te, Zip Co		108		ć. L.I.		55	1:91				
DOH DCA	Emergency (justification) Cancellation	including			Contact Brodeur					Tele	phone	Niimb 1	er			
				FACI	LITY INFO	RMA	TION			1						
Name of Facility Where All Street Address	batement is Taking	g Place (3)): 						of Facility (4) School (K-12 Subchapter 8) } (Othe						
Route 22 & Ronson	Road								Other (i.e. pri etc.)	ivate 8	comme	erciai	oulid	iings,	nome	2S,
City (5) Bridgewater				15				Squar 3100	re Feet)	# of 2	Floors		6:	ldg. A 5	ge	
County (6) Somerset					Code (7) USE ONLY)	_		Curre	nt Use (Prior	if bei	ng demo	olished	i)			
Name of Monitoring Firm I	Hired by Building (Owner (8)		ASCN	1 No.				tement Contr onmental			LC				
Street Address								Addres	ss 33, 4 E Ga	te Dr	ive					
City, State, Zip Code	1				A				ip Code , NJ 0741	8						
Project Manager for Monit	toring Firm		T	Telepho	ne No.		Teleph	none No 764-2	0.		Licens 703	e No.				
Start Date (10) 8/24/15							Name	of OSH	HA Monitor							
Occupancy Status During	Abatement (Chec	k Only One	e)		y.		Street	Addres	SS					-		
Facility Closed/Vacat Abatement Performe Other – Describe:	ted During Entire F	Period of A	batem				City, S	State, Zi	ip Code							
	T															
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)	and the same of th	enova emoliti				>	Mir Glo	I Containmer ni-Enclosure ovebag Proce n-Exempted	edure					9	
		le l	ocati	20					LXOIIIptou	7 4110	110111	I		Abate		
Location	of	N	ormall	y		Г	escription	n of						Ту	ре	
Asbestos-Containing N <u>TO BE ABA</u> In Facilit (13)	Material (ACM) TED	Mair	Solel ntenar odial S (12)	ice/		os Co therm sur	ntaining N al system facing, VA miscellar	Material s insula T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
kitcher	1			×		ioin	t compo	nund	-	15	0 SF					
living roo		+		X		- 10	t compo				0 SF	2			-	
kitcher		+	-	X		50	linoleun				0 SF			-		
bathroo		1		×			floor tile				5 SF	-				
Name of Registered Wast	200		T N	JDEP W	aste		ic Yards		Name of R							
Freehold Cartage	o Hadioi		Н	auler ID 939		57,325,555	aste		Western							
City, State Freehold, NJ						Disp TBD	osal Date)		City, State Birdsbor		١					
Completed by A. Scott Higgins		Title Presid	lent				Signature	A				Date 8/14				

Date of Notification (1)	13/15			Name		g Owner/Operato	or (2) Plainsboro F	o S na S	hool Di	etric	÷		
Agencies Notified	Type Notificat	tion		Stree	t Address	vest willdsor	-1 1411150010 1	ccg. Sc	11001 D1	SHIC	L		
EPA	☐ Initial			Olice	LAddiess	9	0 Grovers Mi	ll Rd.					
DEP	Amended	THE STATE OF THE S	ł	City, S	State, Zip C								_
⊠ DOL	Amendmer Emergency		-				ainsboro, NJ	08536					
⊠ DOH	justificatio	n)	,	Name	of Contac				none Numb	per			_
□ DCA	Cancellatio	on			Ke	eith Buckalev	V		(6				
				FA	CILITY INF	ORMATION					Carri		_
Name of Facility Where	Abatement is Ta	aking Place	(3)				Type of Facility	v (4)			<u> </u>		-
	John V.B			hool			School (K-1				0		
Street Address							Subchapter	8 (Other	than K-12	2)	C.J		
	510 P	lainsbor	o Ro	1.			Other (i.e., homes, etc		commerci	al buil	dings	1	
City (5)					-	· · · · ·	Square Feet		Floors	В	ldg. A	ge	-
1	Plainsb	oro, NJ	085	36		4	30000		2 =	-)+/-	
County (6)			_			7) (STATE	Current Use (F	rior if bei	ng demolis	shed)	C.	*	
	ddlesex				ONLY)					î ···	- 5	95) -	
Name of Monitoring Firm	7.0	-		ASCM	No.		ment Contractor (
(8) Environ	mental Tact	tics					vens Environ	mental	Service	es, Ir	ıc.		
Street Address		403 10				Street Address							
	64 Broad S	Street						Box 32	2				
City, State, Zip Code	f	07747				City, State, Zip		277 /	20501				
	Iatawan, NJ	0//4/	ALLESS STORY				Allentow						_
Project Manager for Mor			200000000000000000000000000000000000000	phone		Telephone No.	50.0500	Licer	nse No.	0.40			
	Geiger				0-2217		59-9688		0	049	3		_
Start Date (10)	So	cheduled C			ite (11)	Name of OSHA		TECC					
8/14/15 Occupancy Status Durin			3/15/	15		Charat Address		IECS					_
Facility Closed/Vacat				mont		Street Address		3ox 34	1				
☐ Abatement Performed						City, State, Zip		JUX J4	1	_	_		_
Other - Describe:			, , , , , ,			Oity, State, Zip		wicks,	NJ				
Scope of Work (Check a	all that apply)					2 - 2000 Andres		5000 30					_
≥3 sf or ≥3 lf		⋉ Re	novoti	0.5			ntainment with Ne nclosure	gative Pr	ressure				
≥160 sf or ≥260 lf			molitio			Gloveb	ag Procedure						
						Non-E	cempted (*) and N	on-Friable	e Procedur	e			
			ocation of the company of the compan							F	bate		
Location (Used	Solel	y by		Description of	of			_	Тур		,
Asbestos-Containing N			ntenan			os Containing Ma		0.0000000	ount	1		ш	_
TO BE ABAT		100	Staff?	"	(i.e.,	thermal systems surfacing, VAT		SF o	ecify r LF)	Ren	Repair	псар	nd
(13)			(12)			other miscellane			- 1	Remova	pair	Encapsulate	Enclosure
		Yes	No	N/A								ate	õ
Mechanical/Stor	rage Room	×			TI	nermal Pipe I	Fittings	1	2	×			
Mechanical/Sto		×				bration Cloth				×			_
	iago ROUIII						Contain			^			, · · · · ·
					vi					-	-	-	
Name of Registered Was	ste Hauler	_	T N	JDEP V	N/asta I	Cubic Yards	Name of Regi	stered I a	ndfill				
		T	Н	auler ID	No.	of Waste	Name of Regi			10-1-			
Stevens Environn	nental Servi	ces, Inc		182	292	1 CU	-	GKO\	WS Lan	atill			
City, State	Allentown	NI				Disposal Date 8/17/15	City, State	Morr	isville,	РΔ			
Completed By		Title				Signature//	1	/ .	Date	IA		_	-
Mahlon E. Ste			oject	Man	ager	_ ///				8/13	/15		_

Date of Notification (1) 08/12/15		-0.1762			Building O Broadway		perator	(2)			17 (A. 17	1110				
Agencies Notified	Type Notification			Street A	37								-	-10	17	1.7
X EPA	Initial .		-		Broadway						-					
× EPA × DEP × DOL	Amended Amendment	#			te, Zip Cod Bergen N		ersev (0704	7					i î		-0.5
× DOH × DCA	Emergency justification) Cancellation			State of the state	Contact					Tel	ephone N	Number				
				FACI	LITY INFO	RMATI	ON			_			1502	_		
Name of Facility Where	Abatement is Takin	g Place (3)					Туре	e of Facility (4	1)						
7412 Broadway IIc									School (K-12 Subchapter		or than K	12)				
7412 Broadway								×	Other (i.e. pretc.)	rivate 8	& comme			-		es,
City (5) North Bergen NJ 07	7047							Squ	are Feet	# of	Floors		Bld	g. Ag	ge	
County (6) Hudson County		77		County (Code (7) USE ONLY)			Curr	rent Use (Prio	r if bei	ng demo	lished)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No.				atement Con	tractor	(9)					
							30 THE SA		ement							
Street Address							Street 1009		ess h Street Su	uite A	4					
City, State, Zip Code									Zip Code rgen, NJ 0	7047						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Telepl 201-		No. -6305		License					
Start Date (10) 08/13/15		Schedule 08/23/1		npletion (Date (11)				SHA Monitor M CONSU	ITIN	GILC					
Occupancy Status Durin	g Abatement (Chec						Street									
➤ Facility Closed/Vac	ated During Entire	Period of A	baten	nent			1600	RO	UTE EAST	SUI	TE 107					
Abatement Perform Other – Describe:	ned Outside of Norm	nal Facility	Hours	8		_			Zip Code NJ 07083							
Scope of Work (Check A	III That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli				>	M	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure				dure	F0	
		ls	Locat	ion						() (1.0	ment	
Location	n of	1	lorma	lly		Des	scription	n of				-	Ť	Тур	e	
Asbestos-Containing TO BE AB		Ma	d Sole intena	nce/			aining N system		al (ACM)		mount Specify		,		Enc	щ
In Facil (13)		Cust	odial ((12)	Staff?	1	surfac	cing, VA	AT, or			or LF)	Kemova	-	Renair	Encapsulate	Enclosure
(13)		Yes	No	N/A		other in	iisceiiai	leous	,			Val		₹.	ılate	ure
Basem	ent			N/A		Pipe	Insula	ation		8	3 LF	x				
												\top				
Name of Registered Was			100	IJDEP W lauler ID	55 (5)	Cubic of Was			Name of F	(5)(7)					NT.	
SAN TON SERVICE	:5		2	2430					MEDOV		ICHES	COM	IVIIS	iUl	N	
City, State KENILWORTH, NJ						Dispos	sal Date		City, State							
Completed by Bryan Parra		Title Proje	ct Ma	anager		S	ignature	e	10		100	Date 08/12	/15			

Print Form

CK# 3231

Date of Notification (1)					Building		7.7	(2)							
8/1/15				Borou	gh of No	orthvale	9		111.56	8 6		.0			
Agencies Notified	Type Notification			Street A	ddress aris Ave										
× EPA × DEP × DOL	X Initial Amended Amendment	#	1		te, Zip Co						7				
X DOH	Emergency justification)				Contact					Tel	ephone Nu	mber 0			
□ DCA	Cancellation	K	\perp		I ITS/ INIT/	ODMAT	ON					U			
Name of Facility Where	Abatement is Takin	g Place (3)		FACI	LITY INFO	JRIVIAII	UN	Tvo	e of Facility (4))					
Warehouse		3 · · (-)							School (K-12						
Street Address								Ħ	Subchapter 8		er than K-1	2)			
411 Cinton Ave			1 12 12					×	Other (i.e. pri etc.)						es,
City (5) Northvale									are Feet 000	# of	Floors	31 5	3ldg. 55+	Age	
County (6) Bergen				County C	Code (7) USE ONLY	,			rent Use (Prior arehouse	if bei	ng demolis	ned)			
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCN	I No.		Name		patement Contr	ractor	(9)				
							Ace	Insu	ılation Co., I						
Street Address							Street 95 M		rose Road						
City, State, Zip Code				-			10000		Zip Code	722					
Project Manager for Mo	nitoring Firm		Τ.	Telephor	ne No.		Teleph		ck, N.J. 077	22	License N	lo.		10775	
							01.00		-1757		00029				
Start Date (10) 8/24/15		Scheduled 9/8/15	Com	ipletion (Date (11)		Name	of O	SHA Monitor						
Occupancy Status Durin	ng Abatement (Chec	k Only One)				Street	Addr	ess						
	cated During Entire I med Outside of Norm 7am-7pm						City, S	State,	Zip Code						
Scope of Work (Check	All That Apply)	***		ŭ.											
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			nova moliti				×	- N	ull Containmer fini-Enclosure flovebag Proce Ion-Exempted	dure	-			re	
		1-1							Dir Exemptou	/ / 4111	1101111101	1		temen	t
Locatio	on of	No	ocati	ly			scription	of.						уре	
Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Used Main Custo	tenar	nce/		tos Con thermal surfa	taining N	Materi s insi T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	21	Yes	No	N/A							=	1 =		ate	-G
roo	f			х		roofii	ng mat	teria	l	30	000sf	x			
roo	f			х	C	auling	and se	eale	nts	15	500sf	x			
		+++	-									+	-	-	
Name of Registered Wa	aste Hauler		10000	JDEP W			Yards		Name of R	egiste	red Landfil	1	1	1	L
Ace Insulation Co.,	Inc.		1000	auler ID 2086	No.	of Wa	ste		GROWS	;					
City, State Colts Neck, New Je	ersev					Dispos 9/8/1	sal Date		City, State Tullytow	n. P.	١				
Completed by		Title				1	Signature	9	1 day town	, . /		ate			
Bree McGuire			агу	Treasu	irer		73	a	4		10000	/15/1	5		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				Name of	Building C				1.1		6 %	9	
August 14, 201						Semino	ole Co	onstruction	· ~	7)6.	1/	
	tion l Notifica nded Not			Street A			artlett	Avenue	2618 AUG 18	S A	[[]:	i Q	
[x] DOL Ame	ndment # gency (ir			City, Sta	ite, Zip Cod		Creek,	NJ 08092	E L	(L.,)	17 A		
I A I DON	ication) ellation			Name of	Contact Joyce			Те	lephone Number		-	ē.	
			FAC	ILITY I	NFORM	ATION							
Name of Facility Where Abatement is Taking Residence	Place (3))					Type	of Facility (4)	School (k-12)				
Street Address 136 N Burgee Dri	ve							[] [x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			al build	ings,
City	Count	y (6)		County C	ode (7) USE ONLY	2	Squa	re feet 800 sf	# of Floors	Bldg	, Age	0	
Little Egg Harbor	Ocea	ın		20		*	Curre		peing demolished)				
Name of Monitoring Firm Hired by Building	Owner (8	3)		ASCM N	lo.	Name of	Abaten	nent Contractor (9)				
N/A Street Address						Street Ad	ldress		n Contracting,	lnc.			
City, State, Zip Code						City, Stat	te. Zip (oute 9, Unit 61				
		T-11NI				Telephon		Toms R	iver, New Jerse License N		755-1	271	
Project Manager for Monitoring Firm		Telephone Ni				732-34	9-993	2	00624	uniber			8
Scheduled Start Date (10) 8/17/15		Scheduled Co 8/19/15		on Date (1	1)	Name of	OSHA		. Analytical			72	
Occupancy Status During Abatement (Check X Facility Closed/Vacate			of Abat	ement		Street Ad	ldress	1056 Ste	elton Road				
Abatement Performed Other – Describe						City, Stat	te, Zip (vay, New Jerse	y 088	54		
Scope of Work (Check all that apply)						[]			with Negative Pres	sure			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			Renovat Demolit			[] [x]	G	lini-Enclosure lovebag Procedur on-Exempted (*)	re and Non-Friable I	Procedu	ıre		
9	T			Π						Abat	ement	Туре	- 1
1 1 1		Is Location				Descriptio				R	R	Е	E
Location of Asbestos-Containing Material (ACM)	1	Normally use Solely by	d			estos-Cor laterial (A		g	Amount (Specify SF	E	E P	.N C	N C
TO BE ABATED	Main	itenance/Cus	todial		(i.e.	, thermal	system		or LF)	M	A	A	L
in facility (13)		Staff (12)			inst	lation, su VAT, o		5,		v	I R	PS	S
(13)		(12)			oth	er miscella		s)		A		U	U
	YES	NO	N/A							L		L E	R E
Exterior house	-	X		Asbe	stos sidin	g			600 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.]	NJDEP Waste 20:	Hauler 223	ID No.	Cubic Ya	rds of Was	te N	Name of Register T.R.R.F.	ed Landfill				
City, State Toms River, New Jersey				sal Date		City, St	ate	Pennsylvania	,				
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ect Manager	•	Signat	ure	bol	77			Date 8/14	4/15		

CK#24905

Date of Notification (1)	15/15				Name	e of Buildin	ıg O	wner/Operator	(2) Kruser	- 2015 AUG	- 6	111	· .	3
Agencies Notified	Type Notific	cation			Stree	t Address			Kruser					200
⊠ EPA	Initial							389	School Hou	ise Rd.		Red :	r Vi	Ē.
DEP DEP	Amende Amenda				City,	State, Zip 0	Code		TIME SERVE					· ·
⊠ DOH	☐ Emerge	ncy (inclu	uding	9				Mon	roe Twp., N.					_
DCA	Cancella				Name	of Contac		se Kruser		Telephone Num	ber			
					FΔ	CILITY INF								
Name of Facility Where	Abatement is	Taking F	Place	(3)	- 1.0	OILITT IN		MINTION	Type of Facility	v (4)				
		Reside							School (K-1	2)				
Street Address	24 N	. Edwa	ards	Stre	eet					8 (Other than K-1 private & commerce		lding	S,	
City (5)									Square Feet	# of Floors	Е	idg. /	Age	
	Sa	ayrevil	le,	NJ					2000	2	_ _	65	5+/-	
County (6) Mi	ddlesex				USE	nty Code (ONLY)	7) (STATE	Current Use (P	rior if being demol	ished)			
Name of Monitoring Firm			ner	T	ASCM	No.	N		nent Contractor (9	90.0				_
	nvironmer	ntal					_		ens Environ	mental Servic	es, I	nc.		
Street Address	4 Berkele	v Plac	۵				St	reet Address	DO I	Box 322				
City, State, Zip Code	+ Derkeit	y 1 lac		_			Ci	ty, State, Zip C		30X 32Z				
And the second of the second o	reehold, N	NJ 077	28				_	ry, Otato, Zip O		n, NJ 08501				
Project Manager for Mor	33772			100000	phone		Te	lephone No.		License Ne.	000000000000000000000000000000000000000			
Start Date (10)	unocore	0-1-11	_			0-8404	_	(609) 25		(049	3		
8/31/15		Schedule		ompie 9/4/1		te (11)	Na	ame of OSHA N		ironmental				
Occupancy Status Durin	g Abatement	(Check					St	reet Address	DD LIIV	nominental		_	-	_
☐ Facility Closed/Vacate									4 Berke	eley Place				
☐ Abatement Performed Cother - Describe:			acilit	y Hou	rs		Ci	y, State, Zip C		l, NJ 07728				
Scope of Work (Check a	ill that apply)						-							=
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		X		novat molitic				Mini-End Gloveba	g Procedure	gative Pressure on-Friable Procedu	ro			
		ļ	ls L	.ocatio	n			IX THE EXC	Jinplou () unu i te	in i habie i roccu	T	bate	ment	
Location of	of	U		ormally Solel				Description of				Тур	oe .	
Asbestos-Containing N TO BE ABAT) 1		itenan istodia				Containing Mate mal systems in	erial (ACM)	Amount (Specify	-		Ш	_
IN Facility			S	taff?	ii.	(1.6.,	SL	rfacing, VAT,	or	SF or LF)	Remova	Repair	псар	nclo
(13)		Y	es	(12) No	N/A		oth	er miscellaneo	us)	9	oval	air	Encapsulate	Enclosure
Baseme	nt	×	c	Wing.		The	erm	al Pipe Ins	ulation	15 lf	×			
Crawl sp	ace	_ ×	(The	ern	al Pipe Ins	sulation	3 lf	X			
Garage	2					The	erm	al Pipe Ins	sulation	6 lf	×			
le .														
Name of Registered Was				H	JDEP V auler ID			bic Yards <i>N</i> aste	Name of Regis	stered Landfill				
Stevens Environm	nental Serv	vices, I	Inc.	_	182	92		1 CU		GROWS Lan	dfill			
City, State	Allentow	n NI					Dis	posal Date 9/4/15 n	City, State	Morrisville,	DA			
Completed By	1 IIIOIIIO W					Signature /	\ \ / / /	Date	IA			-		
Mahlon E. Ste	vens		Pro	oject	Man	ager		111	1/		8/15	/15		_

B & G proj. #:

Date of Notification (1)

Agencies Notified

☐ EPA

☐ DEP

X DOL

X DOH

☐ DCA

0 | 8 | / 1 | 4 | / 1 | 5 |

2015-123

Type Notification

Initial

Amendment

Cancellation

X

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 7348 2815 AUG 18 AM11: 15 Name of Building Owner/Operator (2) Lois & Dave Van Der Stad Street Address 50 Ida Street City, State, Zip Code Haledon, NJ 07506 Telephone Number Name of Contact Lois & Dave Van Der Stad 1

			FAC	ILITY INFORM	IATIO	N						
Name of facility where abatement is t	aking pla	ice (3)					Type of Facility (4) I (K - 12)				
Lois & Dave Van Der Stad							1 =	apter 8 (O	thar t	han k	12)	
Street Address						-		Private/Co			-12)	
50 Ida Street								Homes, e	_		al a. A	
City (5)	T Cour	ity (6)			Co	unty Code (7)	Square Feet	# of Floor	S	В	dg. A	.ge
	Oodi	ity (O)				ate use only)	Current Use (Pr	ior if being	den	olish	ed)	
Haledon, NJ 07506	Pas	ssaic			,		residential	101 11 2011 1	, 40.,	.0.10.1	Ju,	
Name of Monitoring Firm Hired by Blo	dg. Owne	er (8)		ASCM No.		Name of Abatement	Contractor (9)					
n/a						B & G Restorati	ion, Inc.					
Street Address			·			Street Address 105 Ryerson R	load					
City, State, Zip Code		-				City, State, Zip Code Lincoln Park, I	NJ 07035					
Project Manager for Monitoring Firm		P	hone Numb	per		Telephone Number (973)696-686	9	License 00	Numb 378	er		
Scheduled Start Date (10)	Sched	. Complet	tion Date (1	1)	_	Name of OSHA Moni					7	
08/24/2015	08/2	25/2015				B & G Restorat	ion, Inc.					
Occupancy Status During Abatement (-	105 Ryerson Re	nad					
▼ Facility closed/vacated during er Abatement performed outside of Describe: Other-Describe:					_	City, State, Zip Code LincolnPark, N.						
Scope of Work (check all that apply)	-											1 -
	enovatio	n			□ F	Full Containment w/neg	ative pressure	Gloveb	ag pr	ocedi	ıre	
▼ >3 sf or >3 lf	60 sf or	260 If			X	Mini-enclosure	ACCOUNT OF THE CONTRACT OF THE	Non-fri				
asbestos-containing b		normally nance/cu	used solely stodial	1	on of a	sbestos-containing	Amount		R e m	R e p	E n c	E
material to be abated in facility (13)	Yes	No	N/A	material ((ACM)		(Specify Si	- or	o v e	a i	a p	C L
basement boiler room			X	pipe insula	ation		53 lf		X			
main room			X	pipe insul			20 lf		X			
back room and closet area			X	pipe insula	_		10 lf		X			
boiler room			X	transite bo	pard		30 sf					世
	IV IDE			ubic Yards of V	Masta	This is a second	160			Ц		
Registered Waste Hauler B & G Restoration, Inc.	NJDE 1	P Hauler 9563	ID#	ubic Yards of V	vaste	Name of Registered Tullytown I	Landfill Resource & Re	coverv (Cent	er		
City, State Lincoln Park, NJ			Disposal D	ate 25/2015		City, State Tullytown, I						
	itle ecretar	y/Treas	urer	Signature		Gordana Luna		Date 08/14	/201	5		



Date of Notification (1) 8/14/2015				Name of	f Building (Owner/C	perator LIC LI	(2) BRAF	RY 2015	•www.s			-			
Agencies Notified	Type Notification		+	Street A	ddress				CEID	AUG	(3 N	4//:	0	ł		
EPA EPA	× Initial			7.5 IVI	I LL OI	IXELI			5					1		
DEP X DOL	Amended Amendment Emergency		-		ite, Zip Co 11T, NJ (4u	LIC	En d	1	9	L		
DOH DCA DCA	justification) Cancellation	•			f Contact N PERM	1AHOS	3		1967	Tel	enhone N	Numbe ;	er			
				FACI	LITY INFO	ORMATI	ON			-						
Name of Facility Where A									of Facility (School (K-1							
Street Address 75 MAPLE STREE	Т							×	Subchapter Other (i.e. p etc.)				uilo	lings,	home	es,
City (5) SUMMIT						1			re Feet	# 0	Floors		В	dg. A	ge	
County (6) UNION		že.	T		Code (7) USE ONLY)	-		Curre	nt Use (Pri	or if bei	ng demo	lished)			
Name of Monitoring Firm ENVIRONMENTAL				ASCN	I No.				tement Cor			ING.	IN	 С.		
Street Address 120 NORTH WARF	100				-		Street	Addres								
City, State, Zip Code TRENTON, NJ 086					7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2		City, S	State, Z	ip Code NJ 0751							
Project Manager for Mon	itoring Firm			Telepho	ne No. 92-4200		Teleph	one N	0.		License					
Start Date (10)		Scheduled	Cor				2011 20		A Monitor		00494	+				
8/25/2015		8/27/201	5				SAN	1E AS	(9) ABO	VE						
Occupancy Status During	g Abatement (Chec	k Only One)					Street	Addres	SS							
Facility Closed/Vaca Abatement Perform Other – Describe:							City, S	state, Z	p Code				_			
Scope of Work (Check A	II That Apply)															_
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		-	nova	ation tion				Mir Glo	l Containme ni-Enclosure ovebag Prod	e cedure						
		-0-14						Ŭ Noi	n-Exempted	d (*) an	d Non-Fr	iable F		vano in emili	e ment	
Location	. of	ls Lo	ocat rmal			Davi	scription								ре	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Used : Maint Custoo (ena	nce/		tos Cont thermal surfac	aining N	Material s insula T, or		(5	mount Specify or LF)		Removal	Repair	Ęncapsulate	Enclosure
			No	N/A						2000		_	4 11			
AIR HANDLER RO	DOM 2 AND 3		X	1		28 H. SHO	FITTII			App	rx. 125	Σ	2			
						(WRA	4P & C	CUT)			*****					
Name of Registered Was	te Hauler		IN	JDEP W	/aste	Cubic	Varde		Name of	Registe	red I and	1611				
TWO BROTHERS O		;	H	lauler ID		of Was			WASTE				G	.R.C	.W.S	S.
City, State TOTOWA, NJ				8743	721	Dispos	al Date		City, State	е			and the			
Completed by		Title					ignature)		. O VIL		Date			2011	-
VIVECA RAMOS		PROJE	CT	COOF	RDINAT		UL	ree	enta	m	2	8/14/	20	15		

WRAP & CUT PROCEDURE FOR REMOVAL OF PIPES & FITTINGS WITH ASBESTOS TSI

- 001 Wrap & Cut shall conform to required procedures. All applicable DOL/DOH requirements must be followed.
- 002 Wrap & Cut procedures can only be done on pipes/fittings in good condition. If necessary, repair damage first.
- 003 Only that amount that can be completely controlled can be removed at one time.
- 004 6 mil polyethylene (poly) sheeting drop cloths shall be spread on the floor in the active work area prior to commencing Wrap & Cut operations. Drop cloths shall be removed at completion of the work, prior to contractor departing site.
- 005 Contractor must have a remote decontamination on site at all times.
- 006 CONTRACTOR SHALL HAVE OPERATIONAL TENTS AND NEGATIVE AIR IN THE WORK AREA DURING REMOVAL.
- 007 Contractor shall thoroughly wet and completely seal the asbestos fitting in two independent layers of 6 mil poly prior to cutting the pipe.
- 008 Double wrapped fittings shall have all proper asbestos labeling attached for disposal as friable asbestos waste.
- 009 Contractor may only remove designated pipes/fittings in this manner, and only after confirming that the water has been shut off, and the lines have been drained.
- 010 CONTRACTOR SHALL CONFIRM WHICH PIPES/FITTINGS CAN BE CUT. Do not cut out valves used to isolate the demolition area. Locate emergency shut off prior to starting work.
- 011 Contractor shall send in notifications and procedures as required.
- 012 Contractor shall install isolation barriers to separate the school from the work area if occupants are present in the building. Maintain regulated work area until Final air clearance samples pass.

Date of Notification (1) 8/13/2015	Check#2780				Building C mas Apo						1700	+ +:			,	
Agencies Notified	Type Notification			Street Ad						21	la AUG	2 1 2	10	id tio.	~ pr	
□ EPA	× Initial				d Avenu							7 1 0	F.	7 (1)	55	
DEP X DOL	Amended Amendment #				te, Zip Coo field, NJ		03			Â	65. & 1	1,72			REL	
□ DOH	Emergency (in justification)	ncluaing	- 1		Contact	rini				Tel	ephone	Num	ber	.10		
☐ DCA	Cancellation				n Gaspa								_			
Name of Facility Where	Abatement is Taking	Place (3)		FACII	LITY INFO	RMA	TION	T	ype of Facility	(4)						
St Thomas the Apo		1 1400 (0)							_							
Street Address								×		r 8 (Oth						
60 Byrd Avenue								E	Other (i.e. etc.)	private	& comm	nercia	build	dings,	home	es,
City (5)				8				7333	quare Feet	8822	f Floors		100000	ldg. A	ge	
Bloomfield, NJ 070	03	225						2350	0,000	3			1.55	0+		
County (6) ESSEX				County ((STATE L	Code (7) JSE ONLY)				urrent Use (Pr school	ior if be	ing dem	olishe	ed)			
Name of Monitoring Firm Omega Environme		wner (8)		ASCN	No.				Abatement Co vices Corpo		2007					
Street Address				.L			Street									
280 Hyuler Street City, State, Zip Code							CONTRACTOR AND	1990/100	th Street e, Zip Code							
Hackensack, NJ 07							Gutte	enl	berg, NJ 07	093						
Project Manager for Mor	nitoring Firm			Telephor 201-48	ne No. 39-6700		Teleph 201-		e No. 5-1700		Licens 0107					
Start Date (10) 8/24/2015		Scheduled 8/25/20		npletion I	Date (11)		7000		OSHA Monitor as above							
Occupancy Status Durin	ng Abatement (Check	Only One	e)		1		Street	Ad	dress	2017-23						
Facility Closed/Vac	ated During Entire P	eriod of Al	batem	nent	20.0				s above							
Abatement Perform Other – Describe:	ned Outside of Norm AM	al Facility	Hours	i .		_	City, S	State	e, Zip Code							
Scope of Work (Check A	All That Apply)	anacan					_	_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	enova emolit			₹0	>	×	Full Containn Mini-Enclosus Glovebag Pro	re	57.00	ive Pr	essu	re		
			_		· · · · · ·		l.		Non-Exempte	ed (*) an	d Non-F	Friable		111111111111		
		(5.59.7	ocati	77.570										Abate	ement pe	5
Location Asbestos-Containing		Used	ormal Sole	ly by	Ashesi		escription		erial (ACM)	_	Amount					
TO BE AB	BATED		ntenar odial S			therm	al system	ns in	sulation,	(Specify		Re	Z	Enca	Enc
In Faci			(12)	Zurr.			facing, VA r miscellar			S	F or LF)	8	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									<u>a</u>	-	late	IFE
Basement Gym Clo	set(Scout Room		X		Corr	ugat	ed Pipe	In	sulation		1 LF			x		
Second Floor Lib	brary -Closet-		х		Corr	ugat	ed Pipe	In	sulation		6 LF		x			
					- C											
									7				,			
Name of Registered Wa			177.55	IJDEP W lauler ID			ic Yards laste		Name of							
Freehold Cartage In	IC		15	5939		tbd	I D-1		GROV		nn Lar	natill				
City, State Freehold, NJ						tbd	osal Date	9	City, Sta Morris		PΑ					
Completed by		Title					Signature	е	an	1		Dat	740	\.		
Gina Salvador		Office	Mar	nager					Plua	1)		8/1	3/20	115		

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

CK#-1433

Date of Notification (1)		Nan	na of Bu	ilding Ow	ret/Operator /e opment,	(2) Inc.		APPROVED		7		
Aug 14, 2015			st Addr		-1-1-		MEDODER	f Health & Senior	Servi	ces		
Agamales Notified Type Notification		Po	Box 1	188		1.	Vaid	(signature)	1	=		4
EPA thitial PEP Amended Amended Amended Amended		City	, State, Iglewo	21p Code od Cliffa	s, NJ 0763	2	Date: 8	HILS TIMO:		5	M	
DOH Justification)	duding		ne of Co			•		Telephone Numb	ėf -	200	Ę	
DCA Cancellation				Y INFOR	MATION							7
Name of Pacility Where Abatement is Taking Abandoned 1 Farnily Residential Ho Street Address	Place (3) ouse for D				¢ .	D s	Facility (4) chapt (K-12) ubchapter B ther (i.e. pri	(Other than K-12)	bulldir	2	annes,	
12 Church Hill Road						et	c.)	# of Floors	1	g, Ag	-	-
City (5) Old Tappan		je.			4	Square 2000		1	-50	4 5	-	
County (8) Bergen			unty Co	de (7) E DNLY)		Hous	se for Der		:d)			
Name of Monitoring Firm Hired by Building C	wner (8)	+	ASCM N	Va.			emant Cont					
n/a			n/a				anageme	nt Corp				_
Street Address						Address Troy La						
n/a						State, Zi						_
City, State, Zip Code	32				Lin	coln Pa	rk NJ 070	35				
Project Manager for Monitoring Firm		Te	lephone	No.	4 Discourse	phone No		License No),			- 2
n/a		n	/a		1 75.575	370679		01193				_
Start Date (10)	Scheduled			ate (11)			IA Monitor					İ
Aug 15, 2015	Aug 18,						anageme	int Corp				_
Occupancy Status During Abatement (Chec	k Only One)				1000000	et Addres						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of Abrazility H	olita olita	ht		City	Troy La	p Coda	OOF.				
Other - Describe:					Lir	icoin Pa	ark NJ 07	U.S.D.		-		
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		novation				Mir	ni-Endosure	ant with Negative P edure (*) and Non-Friab				
	T					Breed 122				Abate	ment	
Location of	No	ocatio impelly Solely		A-b-a	Descripti ps Containing	ian of	I (ACM)	Amount		Ту		
Asbestos Containing Material (ACM) TO BE ABATED In Facility (13)	Custo	(12)	aff?	11.6.	thermal syste surfacing, other misce	eme insul VAT, or	ation,	(Specify SF or LF)	Ramoval	Repair	Encapsulate	Endosura
	Yes	Na	N/A				 	400.00	+-			-
Garage			х	Dry	wall Joint		und	400 SF	33			
Windows	++	-3	X		Caulk	ing		80 LF	×	<u> </u>		
	1		-									
him almaich of things Unides		T N	JDEP W	aste	-Cubic Yard	ia ,	Name of	Registered Lands	11			-
Name of Registered Waste Hauler Loznica Management Corp		H	auler ID 03313	No.	of Waste		GROV	vs Landfill				
City, State					Disposal D TBD	ate	City, Sta Morris	te ville PA 19067	ų.			
Lincoln Park, NJ 07035 Completed by	Title	معاشات			Signs		מיסית	4	late Aug 1	4, 21	015	
E. Cirovic	Secre	alary			1	. 00	10000			,		

2015 AUG 16 AM 10:42

Date of Notification (1)		Building Owner/Operato ANTHTECH		CTIME	1			
Agencies Notified Type Notification	Street Ad	dress		-117000		_		=
☑ PA ☑ Initial ☑ Amended ☑ DOL Amendment #	-	55 PLT. 50	0					_
☐ DOL Amendment #	City, State	MEEN FIE	LD, N, J	7:08230)			
DOH justification justification	Name of			Telephone Number		7	7 -	_
1		TY INFORMATION					-	=
Name of Facility Where Abatement is Taking Place (3)			Type of Facility	(4)				
RESIDENCE			School (K-1	2) 8 (Other than K-12)				
32, N. Z97 LAVE		8	Other (i.e., phomes, etc.	rivate & commercia		ings,		
Ciry (5) LONG PORT			Square Feet	# of Fl∞rs	20,800	lg. Ag		
County (6)	County (Code (7) (STATE	Current Use (P	nor if being demolish	ned)			_
ATLANTIC	ASCM No.		ment Contractor (9	ANT				=
Name of Monitoring Firm Hired by Building Owner (8)	ACM NO.		nco In					
Street Address		Street Address						8
City, State Zip C∞e		City, State, Zip	Code LE SH.OT	E, N.J. 0	80	52		
Project Manager for Monitoring Firm Tele	phone No.	Telephone No	77-0472	License No				=
	Can Data /			_0044	7_	_	_	=
Stan Date (10) Scheduled Complet	1)	Josef	DH KLEN	1M				_
Occupancy Status During Abatement (Check only one)		Street Address	, SPRUC	= 1,1=				
Facility Closed/Vacated During Entire Period of Abater	meni	Ciry; State, Zip (2 7 7 6				_
Abatement Performed Outside of Normal Facility Hour Other - Describe:	3	_ Mapi	= SHADE	= , N,J, O.	803	2		
Scope of Work (Check all that apply)		□ Full Co	ontainment with Ne	enative Pressure				
≥3 sf or ≥3 lf Renovation ≥2 sf or ≥260 lf - Demolitor		☐ Mini-Er ☐ Glovet	nclosure pag Procedure	on-Friable Procedur	e			
Is Locatio	xn n				1	pared		
Normally Location of Used Soleh	y by	Description		300000000000000000000000000000000000000	-	Typ	~	
Asbestos-Containing Material (ACM) Maintenant	(2000)	Asbestos Containing Ma (i.e., thermal systems		Amount (Specify	R	ת	Enc	EX
IN Facility Staff?		surfacing, VAT		·SF or LF)	Removal	Ropalr	Encapsulate	Enclosure
(13)	N/A	00101111000	, ,	•	2	,	lato	10
Yes No		721 = C		110055	X			-
SIDING	X -	TRANSITE		1600 SF	X			
					+			
					\vdash			
	1 1							_
No signated Waste Hauler	JDEP Was	e Cubic Yards	Name of Reg	istered Landfill				
	JDEP Was auler 10 Np 7904	of Waste	_ A.(pistered Landfill				_
Name of Registered Waste Hadrer	auler 10 No	of Waste	City, State		- e ,	Ν,	7	

CK 3115

Date of Notification (1)	NIT		Nar	ne of Buildi	ng Owner/Operator	(2)	37 FIN 60 5	/ 175	7.4		
Agencies Notified	Type Notification	'n	Stre	et Address	THTECH	CONTRA	CTING				_
Ø ₽A Ø D₽	[⊠ Initial		_		RT. 50)				g	
Ø 00r Ø 0⊕	Amended Amendment	#	City	, State, Zip		- 11 -	- 2027		-		-
₩ рон	☐ Emergency justification		-			LD, N, S	, 08230				
□ CA	Cancellation	16.	.Nan	ne of Conta	CE BRE	UNIXA	Telephone Number	3	12"	7	
	<u> </u>	•			FORMATION	00100	-	(4			=
Name of Facility Where A	batement is Taki	ng Place (3		ACIDIT IN	OTORATION	Type of Facility	(4)				\dashv
RESID		-				School (K-1	2)				
Street Address 26 M	CLERM	LOUIT	AL	E		Subchapter Other (i.e., p	8 (Other than K-12) divate & commercial	build	ings,	-	
City (5) MARC	ATE					Square Feet	# of Floors	1000	dg. A	•	
County (6)				unty Code (E ONLY)	7) (STATE	Current Use (P	nor if being demolish				-
Name of Monitoring Firm		Outper	- ASCI		Name of Abatem		ANT				_
(8)	A	Owner	1 ~~	n 140.		1 CO IN					
Street Address					Street Address		CE Ave.				-
City, State, Zip C∞de					City State Zip C	ode		Con	τ-		=
Project Manager for Moni	Iorina Eirm	T	elephone	· No	Telephone No.	2 74.00	E, N.J. O	80	32	9	-
- Topical Marager Id (Mora					856-77		0044	4			_
Start Date (10)		duled Comp		ale (11)	Name of OSHA N	H KLEN	11				
Occupancy Status During					Street Address						=
Facility Closed/Vacate						, SPRUC	EAVE				_
Abatement Performed Other - Describe:	Outside of Norma	al Facility Ho	ours		City, State, Zip C	ode	= , N,J,08	- A -			
Scope of Work (Check all	that apply)				- MAPLE	7 1 1 7 9 6	, 10,0,02	0 0	_		_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	0.61.60019)	Renov Demoi			☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure on-Friable Procedure	2			
		Is Loca				11.1.1			pare		
Location of		Used So	iely by		Description of				Typ	e	_
Asbestos-Containing Ma TO BE ABATE		Mainten Custo			tos Containing Mat thermal systems in		Amount (Specify	R	-	Enc	En
IN Facility (13)		Staff (12			surfacing, VAT, other miscellaneo		SF or LF)	Remova	Ropalr	Encapsulate	Enclosure
(13)		Yes N	\neg					la/		late	и
SIDINO	<u>; </u>		X	T	RANSITE		1900 SF	X			
									:		
Name of Registered Wast			Hauler I	D No.	Cubic Yards of Waste	Name of Reg	stered Landfill				
City, State					Disposal Date	City, State			0000		=
MAPLE	SHADE,	N, J	£			PLEA	SANTVILL	E,	Ν,	7,	_
Completed By JOE KLE	Title	dwn	ER		Signature	h Kem	Dale .	-(4	_	5	
(58-4)					7			-	-		

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Date of Notification (1)					f Building		Operator	r (2)								
August 13, 2015 Agencies Notified	Type Netification			0.00//0/02-000	Shepard	9			2815	111	1.00		780			
☐ EPA	Type Notification Initial			Mark Street	arcliff R								ð.			
DEP DOL	Amended Amendment Emergency		_		ate, Zip C tain Lak		07046			(a) [1]		2				
DOH DCA	justification) Cancellation				of Contact Shepard					1.0 1100.00	1-C	nbe • M	er			
Non- of Facility AND				FAC	ILITY INF	ORMAT	ION									
Name of Facility Where	Abatement is Takir	ig Place (3))						of Facility School (K-	0.000						
Street Address 52 Briarcliff Road								×	Subchapte Other (i.e. petc.)	8 (Oth	er than l	K-12) ercial b	uilo	lings,	hom	es,
City (5) Mountain Lakes, No	J 07046				*	1		Squa	re Feet	# 01	Floors		В	ldg. A	\ge	
County (6) Morris					Code (7) USE ONLY)		Curre	ent Use (Pri	or if bei	ng demo	olished)			
Name of Monitoring Firm Sky Environmental		Owner (8)		ASCN	И No.				tement Co							
Street Address 140 Boulevard								Addres	ss nung Ave	nue						
City, State, Zip Code Mountain Lakes, NJ	J 07046						City, S	State, Z	ip Code nge, NJ C							
Project Manager for Mon Leonid Shereshevs		V 50 Von Sin - 13 - 12 - 12 - 12 - 12 - 12 - 12 - 12	П	Telepho	ne No. 38-4821		Teleph	none No 669-2	0.	7002	Licens 01231					
Start Date (10) August 19, 2015	•	Schedule		mpletion			Name	of OSH	HA Monitor	orioo C						
Occupancy Status During	Abatement (Chec			2010				Addres	Electric est services	Jiles C	iobai	ITIG.	_			
× Facility Closed/Vaca Abatement Perform	ated During Entire	Period of A	, bater	nent			2512	W Ca	ary Stree	t						
Other - Describe: _		iai Facility	Hour	S			(1000)		ip Code , VA. 232	220						
Scope of Work (Check Al	ll That Apply)			a a			ı	7								
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			enova emoli				Ê	Min Glo	Containm ni-Enclosure ovebag Prod	e cedure						
		ls l	Locat	ion				I NOI	n-Exempte	ı () and	Non-F	nable F		98176 TV	e ement	
Location		No	orma	lly		Des	scription	of						Ту	ре	
Asbestos-Containing TO BE ABA		Mair	ntena			tos Cont thermal					mount pecify				En	ш
In Facili (13)	ty	Custo	(12)	Staff?		surfac	cing, VA	T, or	,		or LF)	3	Remove	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		oulei II	liscellal	leous)				Š	5	ii:	ulate	ure
Attic			X		Ve	rmiculi	te/Cell	lulous	fill	80	00SF	X				
													+			
						ny —							1			
Name of Registered Was Be Construction Corp			100	IJDEP W lauler ID		Cubic of Was	100		Name of			dfill				
POLICE CONTROL	JOIQUOII								Tullytov		ility					
City, State West Orange, NJ 070	052					Dispos	al Date		City, State Tullytov							
Completed by Barbara Reed		Title Presid	lent			S	ignature		a K	200		Date 08/13	3/20	015		





Date of Notification (1) July 30, 2015					f Bullding ate Box					2175	. 100				
Agencies Notified	Type Notification			Street A 86 5th	ddress Avenue	9					c .	-			
EPA DEP DOL	Amended Amendmen		_		ale, Zip Co son New		y 0752	4-110)7				- %	-:1	
ĭ DOH	Emergency justification;				(Contact						phone N.				
D DCA	Cancellation	1		Lisa H	IIISN ILITY INF	OBULT	ON			97.		. 0			
Name of Facility Where Accurate Box Com Street Address		ng Place (3)	PAG	ILITINE	ORMATI	ION		of Facility (School (K-1 Subchapter	2) 8 (Olh			JI.		
2 Waite Street									Other (l.e. p etc.)						es,
City (5) Paterson								35,0		1	Floors	>	100 A		
County (6) Passaic					Code (7) USE ONLY)			nt Use (Pri ehouse/S			hed)			
Name of Monitoring Firm Environmental Cor		Owner (8))	ASCA	d No.				tement Cor nvironme						
Street Address 2002 Renalssance	Boulevard, Sui	te 110					Street 150 0		ss vood Driv	'e					
City, State, Zlp Code King of Prussla, Pa	19406								ip Code on Crossi	ng, PA	18977				
Project Manager for Mo Richard S. Werner				Telepho 610-27	ne No. 79-7070		Teleph 267-2	one N			License N 01225	10.			
Start Date (10) August 20, 2015		Schedul Septer			Date (11)		Name		A Monitor	1 ¹	7 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /				
Occupancy Status Durin							Street			- 7	1				
Fadility Closed/Vac Abatement Perform Other - Describe:							City, Si	late, Z	p Code	2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			-	12 2	
Scope of Work (Chack /	All That Apply)								•	(1					
23 sf or ≥3 lf ≥ 160 sf or ≥260 lf			Renova Demoli	7.7.				Mir Glo	l Containm nl-Enclosure ovebag Prod n-Exemple	e cedure				e	
		Is	Locat	lon				,,,		4 / / 4/11		1	Abale	nsme	
Locatio Asbestos-Containing <u>TO-BE AB</u> In Fac (13)	Material (ACM) ATED lity	Use Ma	Norma ed Sole iIntena todial (12)	lly ely by nce/		tos Cont thermal surfa	scription taining M systems cing, VA niscellan	laterial insula T, or		(S	mount pedfy or LF)	Remova	Repair	e Encapsulate	Endosure
		Yes	No	N/A								_		20	œ :
Wareho	ouse			×		Plpe	Insula	tion		170	LF	×			
Warehous	e Office			X	9-	Inch T	lle and	Mast	ic	10	0 SF	х			
Roo	f			X	Bu	ilt up r	oofing	matei	rial	23,0	000 SF	×			
Roo	f			×	Ro	of flast	ning an	d ma	stic	5,0	00 SF	×			
Name of Registered Wa Service Transport G			1	IJDEP W lauler ID W2117	No.	of Was			Name of Minerva		red Landfill rprises				
City, State New Castle, DE 197	720				+= 1 ==	Dispos TBD	sal Dale	-1 1111	City, State Waynes		ОН	-	1 -0		
Completed by	OSEIL	Title	nes	den	1	S	lgnalure	de	Bel	1	Da	ate 8	/1	4/	15
								1						1	

Check # 15195

			State or	New J	ersey			heck #	151	.95	
Anended bet	0 . [NOT:	uant to NJAC	8:60-	TOS ABATEMENT 7 and 12:120-7					- 11	
9-19-12	(1)			-	sh Govoha	. (2)	1-1-12				
Agencies Notified T	ype Noti	fication	Street Addre				2015 8110	1.5		-	
[X]EPA	[X] Initi	al fication	617 Siz				2016 AUG	18 4	1911	: 64	,
[]DEP	[]Ameno		City, State				Assist.				
[X]DOL		fication			J,08701		& 1 II	ELV.		HOL	
[X]DOH	[]EMERO	GENCY	Name of Con		sh Govoha	Telephor	ie Numbo-	0			
[]DCA	[]Cance	ellation	De on the		.511 00 00114		_5 050				
Name of Pagility When	a Abatam	ont in Mole		LITY :	INFORMATION		i h (4)				
Name of Facility Wher	e Abatem	ent is tak.	ing Place			Type of Facil	=				
Former Beth Medra	sh Gov	oha				[]School []Subchap	ter 8 (Other	than	K-12	2)	
Street Addres 901 Madison Avenu	le						i.e., privat uildings, ho				
0/ by /F		la .	(6) =	la.		Square Feet	# of Floor		dg.	Age	
City (5		Ocean	(6)Essex	100000000000000000000000000000000000000	inty Code (7) TATE USE ONLY)	80,000 Current Use (Dates of hea		70	الممطاء	
Lakewood		1,700,700,700,700				school	bilor ir per	ing der	HOTTS	snea)	1
Name of Monitoring Fi	rm hired	by Buildin	ng ASCM No.		Name of Abate	ment Contracto	r (9)				
N/A					AZTECH M	ianagement	, Inc.				
Street Address					Street Addres	s stopher St					
City, State, Zip Code	7				City, State,						
ore, bease, rip code						r, NJ 070	42				
Project Manager for M	onitorin	- A	elephone Numb	er	Telephone Num (973)744		1,1000	cense		ber	
Scheduled Start Date	Section 1	-10	oletion Date	(11)	Name of OSHA	Monitor					
7 10 1 Month Day Yea	-	8 9 Month	29 30 15 Day Year		N/A						
Occupancy Status Duri	ng Abate	ment (Check	c only one)		Street Addres	S			-		-
[X]Facility Close of Abatement	ed/vacate	a During E	ntire Period								
[]Abatement Perf Hours - Descri []other - Descri	be: «OffE	ours Descr	ipt»	ty	City, State,	Zip Code					
Scope of Work (Check			y besterate.								
[]>3 sf or > [X]>160 sf o	-3 lf	2002	[]Renovation [X]Demolition		[]Mini- []Glove	Containment wi Enclosure bag Procedure	-	Pressi	ire		
			Is		[]Non-F	riable Procedu	re	Aba	teme	nt I	'vpe
Location of			Location Normally		Description		>	R		E	E
Asbestos-Conta Material (A	NOT THE REAL PROPERTY.		Used Solely		Asbestos-Con Material		Amount (Specify	E	R E P	CA	C
TO BE ABAT			By Main- tenance/ Custodial	in	(i.e., thermal sulation, surf	1	SF or LF)	0	A	PS	o s U
(13)	-		taff (12)		or other misce		•	A L	R	T	R
Exterior Facade		ies	X	Mas	onry Coating	1	28,000 s	fX			E
1 st Fl. Storage &	Lunch 1	Room	x		or Tile & Ma	1	800 sf	X			
Basement, 1, 2,			x	She	et Rock Joir	nt Compound	75,000 st	E X			
Floors					ster						
Name of Registered Was AZTECH MANAGE		INC.	NJDEP Waste Nauler ID No. L7040		bic Yards Waste 4,500	Name of Regi G.R.O.W.		- 1	40,	nl. c	20
City, State				Di	sposal Date	City, State		1)	, 50	١٩١	200
Montclair, NJ	07042	Deeps	Heahed	4	7/13/15	Morrisvi	lle, PA	1906	7		
Completed By (Print or		Title			Signature			Date			
Constantine Vi	vian	Presid	ent		(Vi	Um		6/21	5/15	_	
								Imen	1 1	1	10
							1	then	NAK!	2	11
									රි	111	1115

Amendment Date: 8/14/15 State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

Amendment Date: 7-17, /5 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) June 24, 2015			N	lame of	Building (Owner/(Operator ((2)	9815	AUC 10	7.	2.1	_		
	ype Notification					velop	ment, L	LC	८६।च	AUG 18	- 41	71	: 6	با	
	I Initial			Street Ad 1260 S	itelton F	Road			á je	1.1			(i)	*	
EPA DEP X DOL	Amended Amendment #				e, Zip Co away, N		54		1	:	ř.	46	110	bu .	
DOH DCA	Emergency (in justification) Cancellation	cluding	١	Name of	Contact				100	Telephone 732-E	Numl				
					ITY INFO		ION					-	-		
Name of Facility Where Aba Former Beechwood S	atement is Taking	Place (3))				T	Туре	of Facility (4)						
Street Address	nopping Plaza								School (K-12)						
46 US Route 9									Subchapter 8 (0 Other (i.e. priva				dings	, hom	es,
City (5)								е е	tc.)	f of Floors			Bldg. /		10
Bayville, New Jersey								160,0				1000	5	ige	
County (6) Ocean				County C	ode (7)				nt Use (Prior if		olishe	d)			
Name of Monitoring Firm H N/A	ired by Building O	wner (8)		ASCM	No.		Name o	of Abate	ement Contrac	tor (9)				-111-	
Street Address							Street A		nagement, I	nc.					
N/A									oher Street						
City, State, Zip Code N/A							City, St								
Project Manager for Monito	de Fie						-		NJ 07042			0.50			
N/A				Telephor			7elepho 973-7			00371				170.092110	
Start Date (10) July 13, 2015		Schedule Sept. 3	d Com 0 201	pletion [Date (11)		Name o	of OSH	A Monitor						
Occupancy Status During	Abatement (Check	Only On	ie)				Street A	Address	S						
Facility Closed/Vacate	ed During Entire Pe	eriod of A	Abatem	ent			N/A								
Abatement Performed Other – Describe: fac	cility closed	a racility	Hours				City, Sta	ate, Zip	Code					11	
Scope of Work (Check All	That Apply)										-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			tenovat emoliti					Mini	Containment will-Enclosure vebag Procedu	re					
	333-3-4-3-1	Is	Location	on I	1			NOH	-Exempted (*)	aria Non-Fr	nable			emeni	,
Location of		1	Vormali	у,		De	escription	of						pe	
Asbestos-Containing M TO BE ABAT		Ma	d Solel intenar	ice/	Asbest	tos Con	taining Ma	aterial	(ACM)	Amount (Specific		_		щ	m
In Facility (13)		Cust	odial S (12)	taff?		surfa	icing, VAT	, or		(Specify SF or LF)		Remova	Repair	cap	nclo
()		Yes	No	N/A		outer	miscellane	eous)				val	air	Encapsulate	Enclosure
Basement Area & Sh	opping Plaza			x		pipe d	ebris on	floor		25,500sf	-	K			-
Shopping P	laza			х		-	Roofing			60,000sf		K.			-
Shopping Plaza	Stores			x			T & Mas	tic		25,200sf		x x		-	-
Shopping Plaza	Stores			x			Fransite			2,000sf	-	х Х		-	-
Name of Registered Waste	Hauler			JDEP W		Cubic	Yards	1	Name of Regi						
Newark Carting, Inc.	See At	lechec	1	auler ID 945		of Wa 50	iste		G.R.O.W.S		ee	Þ	4+	ach	al
City, State Newark, New Jersey						Dispo 9/30/	sal Date 15		City, State Morrisville,					- (.	
Completed by		Title					Signature	-	/		Date				
C. Vivian		Presi	dent				C.	VII	View -				4,20	15	

ASB-41 (R-06-08)

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