(K 3394

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

CCC FAIR TO T			T		0 000000	(2)						
dale of Houseauth (1).	listry		Name o	Bullain	Owner Operator ARTITE	CH CO	MITRACTIO	N76-12				
Agencies Nouned	Type Notification		Sveet	Address	- OT	. 50						
D BA L.	☑ invial				55 RT. 50							
	Amended Amendment #		City, St	ale. Zip C	ωe 0.35.1 5	ETN FIELD N.J- 08230						
₹ ∞ι	Emergency (in	pribut										
₩ DOH	justification)		The second second second second	Contac	Control Control Control	eunic	/ A GALLER HOLE					
	Cartonevar			3200		Ovario						
			FACI	באו אדו	ORMATION		//					
Name of Facility Where		Place (3)				Type of Facility						
LES,	DENCE					School (K-12	(Other than K-12)					
Street Address 83	7 7 NO S	r •				homes, etc.)	ivale & commercia	i bulanos				
7.3	1 6	14		==		Square Feet	# of Floors	Bldg Age				
City (5)	DOAL CI'+	1 /				1000	. 2	40 t				
	JAN CIT	¥	Count	v Code () (STATE		for it being demous	ned)				
County (6)	MAY		USE	XYLY)	0 (1) (31)(12							
Name of Marioning Firm		wner	ASCH H	0.	Name of Abatement Convactor (9)							
Name of Marrianny Firm	n Hireo by Bullon 4 0					co LN						
Sireel Address					Sveel Address	3. SPRU	CE SUC.					
Piteel Montess							-					
Cay State Zp C∞de					Ciry. State. Zip C		DE NJO	08:5 -				
Cal Sair of con					Telephone No.	CC SISP	License No					
Project Manager for Mo	onitoring Firm	Te	lephone h	ф	856-7	79-0422	0046	19				
	12.0			- (11)	Name of OSHA							
Sian Date 10) Schooled Completion Date (11) Name of OSHA Months Sian Date 10) JDS EPK/Y/LEMM												
9/3/10												
Occupancy Status Dur	ing Abalement (Che	x only one	·)		3695	SPILUC	EAUEL.					
TO seed a company as	sed During Entire Pe	noo oi Aba	Terren									
Abatement Perform	ed Outside of Norma	raciny no	JUI 3		MAP	LE SHAD	E, N, J,	00052				
Other - Describe												
Scope of Work (Check	all that apply)	Name of the last			Mm.E	ontainment with No						
7 23 51 01 23 11		Renov Dema	ation			D	on-Friable Proced	ure ;				
2160 st or 2260 II					None	den plac () sind	5	Abatemen				
	-	Is Local				- 7		172				
Location	n 01	Used So	ley by	Aaba	Description stos Containing M	ol (alenal (ACM)	Amount) [] [] [
a she stos - Containing	Maienal (ACM)	Mainter	nance/ xdial	(i e	inamal system	s insulation.	SF or LF	Remova				
TO BE AB	ALEU	Sta			surlating, VA other myscellar	(1,01 (eous)	-) 0 1 1 1				
IN Fac		(12	?)		00161 111200	55-37 M	5	3				
27		Yes h	AIN OH		F		110000	- 1				
			1/		TRANSI	TE	4500 SF	X				
511011	16			-			-					
				-			i					
				J	Cubic Yards	Name of R	egistered Landfill	1				
Name of Registered Y	Yasie Hauler		NOEP Hauser	D No.	01 Waste	0,1	1, C, M.	J, B'				
KIEMO	o INC.		179	07	Disposal Date	CIN State						
Ciry State			. 15	6	Usposal Vale	Woo	DBINE,	か.ユ.				
MOPLE SI	LADE, NI	5,08	0 > 4		Signatur		Date	Chalus				
Completed By	Ti	se	* 0		2130	osiph S		2/12/14				
JOSEPH K	LEMM -	00	NER		<u> </u>							
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(K 3394

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

			70)					
Deterolynophication (1)	Name of Bulk	sing Owner/Operator - ARTITE	ECH CO	NTRACTO	16			
Agencies Nouried Type Notification		3						
D By Byhros		155 RI	, 50					
Amended Amendment	City, State, Zi	-REEIN E	iFIN N	J 082	30			
Emergency (#	Name of Con			Telephone Numbe	,			
			EUNIG					
	1	NF OPUNATION						
Name of Facility Where Abatement is Takin	71-19		Type of Facility (4).				
PESITENCE			School (K-12)	(Other than K-12)	334			
	20 A A 1 A Z		Other (I.e., pri	vale & commercial	bulangs			
Street Address 4804-06 CEINS	RAL AVE		Square Feet	# of Floors	Bldg Age			
City (5)			1000	- 2	40+			
County (6)	County Code	(7) (STATE		or if being demous?	ned)			
CAPE MAY	USE ONLY)	(A)						
Name of Maritoning Firm Hired by Building	Owner ASCH No.	Name of Abater	100 EN	c,				
(8)		Sveet Address	2 (1	- 1				
Street Adoress			S. SPRUC	LE AUC.				
City State Zip C∞de		Ciry. State. Zip	coe PLZ SHAI	of NJO	8:5 -			
	T 0 1 - 1 - 1 - 1 - 1 - 1	Telephone No.	2007	License No	. / 1			
Project Manager for Monitoring Firm	. Telephone No	856-7	79-0472	0044	19			
Sch	dued Completon Date (11)	Hame of OSHA	. Maninay	N				
S:an Date (10)	1/10/14		DKH1-EN	7.				
One cases: Status Divino Abatement (Che	eck only one)	Sue et Address		EAUEIN				
TO COME CINCON AND STATE PURIO ENTRE P	enco of Abarernan			150				
Abatement Performed Outside of Norm	al Facility Hours	M DP	CODE SHAD	$\epsilon, N, \Sigma_{\bar{\epsilon}}$	6805Z			
Other - Descripe:			ontainment with Ne		- 274			
Scope of Work (Check all that apply)	5	MIN.F	nclosure	,02014	er F			
23 s1 or 23 II 2160 s1 or 2260 II	Renovation Demotion	Glove Non-E	xembred (,) and N	on-Friable Procedu	Apalemen			
1 2 160 \$1 61 2 2 2 0 11	Is Location				The state of the s			
	Normally	Description	01	AMOUNT	42 1 1			
Aspessos Containing Material (ACM)	Maintenan∞/ As	besios Containing h i e . thattal system	Astenal (ACM)	(Specify	Repost			
TO BE ABATEU	Statt?	surfacing. VA other myscellar	41.01	SF & LF;	Rapar Rapar Rapar			
IN Faciny	(12)	00161 1113	(4	-				
	YES HO NIA		*	2500 SE	X			
CUO.ALC	X _	TRAWSI'	15	2,00 3				
SIDING				 - - - - - - - - - -	-			
-		- 1 × 17 V 4	I Name of Re	gistered Landfill				
Name of Registered Waste Hauler	NOED Wasse	· Cubic Yards	0.1	1, C, M.	J, & 1			
KIÉMCO INC.	17907	0spsal 0al	CIN State					
	J,08052	0820301001	Woo	DBINE,	N.O.			
		Signatur		Date	8-15-14			
Completed By	100 0 W N E R_		osyn 1 Sc		<u> </u>			
JOSEPH KEMM)					
A\$8+1	Do not use this form for a	spezios licauzore e	Templeo Bon					

CK 3394

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

Date of Notification (1)		Name		ARTIATE		NTRACTA	NG		
Agencies Notified Type Notification BA III Dineal		Sveet	Address	55 RT	. 50				
Amendment :	·	City, S	ale. Zip (REEN F	ELD N	1.7 087	130		
© Emergency (I	mwing	10 10 10 TO	of Contact	:1	UNIC	Telephone Humb			
				FORMATION	VICE				
Name of Facility Where Abatement is Takir	y Place (3)				Type of Facility				
Street Address					School (K-12	8 (Other than K-12) si builanos		
329 OCKAN	RD				Other (I.e., private & commercial buildings normes, etc.) Square Foot # of Floors Bldg Acc				
OCHAN CIT	Υ				1000	1.2	40+		
Co.:01× [6]		Count	y Coode (7) (STATE		nor if being demois CDNT	·		
Name of Marioring Firm Hired by Building	Owner	ASCHI	10.	Name of Abatem	eni Convedor (9)			
(8) N/A				Sveel Address					
Street Address		_		369 5	S. SPRU	CÉ AVE.			
City State Zip Code				Cry. State, Zip C		DE, NJ.	08:5		
Pract Manager la Monitoring Firm	[. Y e	d socrael	40	Toloprone No.	19-047	License No	14		
	souled Comp	Valno Dal	e (11)	Name of OSHA	Manrai				
Sian Daie, 1013 / 14 Sex	/ 9	114			PKALEN				
Oceanage Status During Abatement (Che	only one)		Sueer Address	SPILLE	EAUET.			
Facility Closed/Vacaled During Entire P Dabatement Performed Outside of Norm	euco oi vos	terion				E, N. DE	18257		
Order - Descripe.						E,5	1		
Scope of York (Check all that apply)				□ Ma.En	ntanment with M	e gative Pressure	**************************************		
23 51 01 23 11 2160 51 01 2260 II	Renov Demod	ison	000000000000000000000000000000000000000	Glove b	rembred (,) and p	on Friable Proces	ore Apatemen		
	Is Local						100		
Location of	Used So Mainten	ley by	Asbe	Description (sios Containing Ma	atenal (ACM)	C J Amount 5	Report		
As De sios - Containing Material (ACM) TO BE ABATED	Custo	al leix	(i e	surfacing. YAT	1, 01	(SF & LE)	Ropad		
in Facing	(12			Other Mysconau					
	Yes N	O N/A		TRANITE		2500 SF	X		
SiDING		7		ICAMIL					
		-	-						
	+-+-	-		Cubic Yards	T Name of R	egistered Landfill			
Name of Registered Waste Hauler		Have	ONO.	01 Mazia	C, ~	1, C, M.	J. & !		
Kiémco INC.		129	27	Demail Date	Ciry. State	DBINE,	と、ご・		
City State	5,08	052	1990999		1000		- L.		
1-11/1-CC 2/4 / 5 - 1				Siosalure	. 10	Cate	11-71-3		
1-171166714	ide	NER		Signature	sigh / Se	Cale Cale	8-15-14		

CK 3394

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

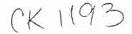
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		SOB NO	005E	9/9/1/2	67				
Agencies Notified Type Notification	Street Addres	P.O. BO	× 37.2						
DEP Amended Amendment #	City, State, Zip	Code		TAC	70	2		=_	
☐ Emergency (including justification)	Name of Cont		MEN	Telephone Nun			1		
DCA Cancellation		BOB. '							
Name of Facility Where Abatement is Taking Place (3)	FACILITY II	NFORMATION	Type of Facility	· · ·					
RESIDENCE		Type of Facility (4) School (K-12)							
Street Address 4 N. SWATHMOR	26	Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.)							
City (5)			Square Feet	# of Floors	0.00	ldg. A	•		
County (6)	County Code USE ONLY)	(7) (STATE	Current Use (P	rior if being demol	_	40		-	
Name of Monitoring Firm Hired by Building Owner	ASCM No.	Name of Abatem	ent Contractor (9))		_		_	
(8)		Name of Abatement Contractor (9) KLTM CD INC							
Street Address	Street Address 369	S. SPR	UCE AV	E					
City, State, Zip Code	·	City. State, Zip Code MAPLE SHADE N. J 08052							
Project Manager for Monitoring Firm Tel	ephone No.	Telephone No.	79-047	License No.					
Start Date (10) Scheduled, Completed	Name of OSHA N	Monitor	CLEMM						
Occupancy Status During Abatement (Check only one)		Street Address			A 1.5			=	
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou		City, State, Zip Co		RUCE	AUE			=	
① Other - Describe:			PLE SHI	ADE NO	50	80	25	,	
Scope of Work (Check all that apply)									
≥3 sf or ≥3 lf Renovat ≥160 sf or ≥260 lf Demolition		 ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure 							
ls Location	35.30				A	bater Typ			
Location of Used Solet Asbestos-Containing Material (ACM) Maintenan	y by	Description of stos Containing Mate	erial (ACM)	Amount				\dashv	
TO BE ABATED Custodia		, thermal systems in surfacing, VAT,	sulation,	(Specify SF or LF)	Rer	Re	incap	Encl	
IN Facility (13) Starr (12)		other miscellaneon		Si Gi Li j	Removal	Repair	Encapsulate	Enclosure	
Yes No	N/A						le		
Siping	XII	RANSIT	E		X	4	4	\dashv	
					+	\dashv	\dashv	\dashv	
					+-1	\dashv	-	\dashv	
Name of Registered Waste Hauler N	Cubic Yards	Name of Regis	stered Landfill	11			\neg		
KLEMCO ING	auler ID No.	of Waste	AC	VA		_	_	_	
City. State MAPLE SHADE N.J		Disposal Date	City, State	ASANT	VIL	LE	<u>N</u>	1.7	
		Signature							

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

Initial Notification Check #: 6023

					egis a service						=3			
Date of Notification (Na	me of	Bu	ildin	g Owne	r/Operato	r (2)	* * - * -	4.3			
0 8 / 1 4	1/1-1	4	N	ewarl	k Pu	blic S	chools	3		ITISA ALIA -		00000		
Agencies Notified Type	e Notifi	cation	SE	reet	Add	ress				1914 AUG	19 6	1 2		j
[X]EPA			1 2	Ceda	ar St	reet			90 °			•	. •	
(X) DEP	X) Initia Notifi	ı cation	11				p Code					1.	ر ب ۱	
(X) DOL (] Amende	d	$\ \ _{N}$	ewar	k N.	J 071	02			·	·	G		
[X] DOH	Notifi	cation	+ 1			ntact			Tele	phone Num	iber			
] []Cancel	lation	11					0.00		• ***				
[X]DCA			Пр	ougla	as B	land ,	Bus. A	Admin.						
							NFORM	MOITA						_
Name of Facility Where	Abateme	ent is Ta	king	g Pla	ce (3)			Type of Facili					
East Side High School									[X]School	. (K-12) pter 8 (C	Other	than	K-12	.)
Street Address									[]Other	(i.e., prouildings	rivate	€ 00	mmer	
238 Van Buren Street							Square Feet # of Floors Bld					ldg.	Age	
City (5)		County	7 (6	,	-			nty Code (7) 45000 2 ATE USE ONLY) Current Use (Prior if b				0		
		_				(SI	CATE U	SE ONLY)	Current Use (1	Prior if	seing	demol	.ishe	d)
Newark, NJ 07112	m Hired	Essex		TASE	M No		Name	of Abate	School	(9)				
Owner (8)	III TITLEG	of Dair	9	1			l l l l l l l l l l l l l l l l l l l	01 110400	mone vandrass					
Whitman Companies, Inc.	c			001	10		Four Strong Builders, Inc.							
Street Address							Street Address							
7 Pleasant Hill Road							180 Sargeant Avenue							
City, State, Zip Code	A567-03						City, State, Zip Code							
Cranbury, NJ 08512		- T						on, NJ 070			cense	Number		
Project Manager for Mo	urcorru	- 1							der			is dilips		
Kevin Lovely	76			390-5				614-0377	Manifor	00	807			
Scheduled Start Date (10) Sched.Completion Date (11 0 8 / 2 6 / 1 4 0 8 / 3 1 / 1 4 Month / Day / Year Occupancy Status During Abatement (Check only one)					l i	Four		uilders, Inc.						
[]Facility Closed/V of Abatement []Abatement Ferform Hours - Describe: []Other - Describe:	ned Outs 700:00 AM	ide of N					City	Sargeant,	Zip Code					
Scope of Work (Check a		annlyl					Cline	on, NJ 070)13					0.50
[]Demolition []>3 sf or >3 [X]>160 sf or	lf	app-1,]Reno	ovat	ion	<pre>[X]Full Containment with Negative Pressure [X]Mini-Enclosure [X]Glovebag Procedure []Non-Friable Procedure</pre>							
			10	Is	מה						Aba	teme	nt T	ype E
Location Asbestos-Cont Material (7 TO BE ABAT in Facilit (13)	aining ACM) TED		Location Normally Used Solely by Main-			i	Asbe Ma (i.e., nsulat		aining	Amount (Specif SF or LF)	Y M	R E P A I R	N CAPSUL:	N C I. O S U R E
Lobby adj. to Gym				X		Pipe	Insula	ition w/ ass	sociated fittings	200 LF	X			
Lobby adj. to Gym	•			X		Ceili	ng Pla	ster		200 SF	X			
				'								1		
· · · · · · · · · · · · · · · · · · ·			1	+-								1	1	
Name of Registered Waste Hauler NJDEP Waste Hauler ID No.						Cubic of Wa	Yards aste	Name of Regis	tered Lar	atill		1		
Four Strong Builders, In	IC.		1	2609)			- Note	G.R.O.W.S., Ir	nc.				
City. State	- 1 W. C. T. C.						nrspo	sal Date	City. State					
Clifton, NJ							-		Tullytown, PA					
Completed By (Print or	Type)	Title			_			Signature		/	7	Date		
Nick Zivkovic		Preside	nt					ance.	5	كمصصض	4	8/14/	14	
ASB-41		1 Toside	110									0/ 14/	14	_
JUN 95			Ä.										142.00	



Date of Notification (1)	A					f Building (Corporal		/Operator (2	2)			2014 A	UG I	9	`4 :	7: D
Agencies Notified	Type Not	ification				Address	,									
EPA EPA DEP DOL		al ended endment	#		City, St	tiver Roa ate, Zip Co water, N.	de	03				* .				3
X DOH	justi	ergency (fication) cellation				of Contact Marino				15	Tel	ephone Nu	mber			
Name of Facility Where	Absternant	ie Takin	a Diace (2)	FAC	ILITY INFO	RMA	TION	Type of F	acility (4	0					\dashv
Hess Corporation				9)						ool (K-1						
Street Address 615 River Road									Subchapter 8 (Other than K-1 Other (i.e. private & commercetc.)			12) cial buildings, homes,			: s,	
City (5) Edgewater								1100	Square Feet # of Floor Various Variou				Bldg. Age 1959			
County (6) Bergen					County Code (7) (STATE USE ONLY)				Current Use (Prior if being de Refinery/Office			ng demolis	ned)		- 20	
Name of Monitoring Fire Bureau Veritas	irm Hired by Building Owner (8))					e of Abatement Contractor (9) Environmental Group, Inc							
Street Address 110 Fieldcrest Ave	nue							Street A	ddress Mt. Cob	b Roa	d					
City, State, Zip Code Edison, NJ 08837									, State, Zip Code ke Ariel, PA 18436							
Project Manager for Mo	nitoring Firr	n			Telepho	one No. 25-6040						License N 01216	lo.			
Start Date (10) 8/29/14				Scheduled Completion Date (* 10/31/14				Name of Dale N	f OSHA I	Monitor			_			
Occupancy Status During Abatement (Check Only One)					-			Street A	ddress							\neg
Facility Closed/Vac	Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou			Abater	ment s			City, Sta	Mt. Cob nte, Zip C Ariel, P	ode						\dashv
Scope of Work (Check A		he)						Lake	rulei, i	A 10-					-	\dashv
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ai mar vhh	13)	The same of the sa	Renova Demoli				XXX	Mini-E Glovet	nclosure pag Proc	edure	n Negative d Non-Fria			e	
			T	Locat	inn						- Code	in S		2557	ment	
Location	n of			Vorma	lly			escription o			10		-	13	ре	\dashv
Asbestos-Containing TO BE AB. In Facil (13)	Material (A ATED	(CM)	Ma	d Sole intena todial (12)	nce/ Staff?		therm: surf	ntaining Ma al systems i acing, VAT, miscellane	insulation , or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A	105-	J	/Transite	N/ooos	_	220	0 sf roof	+-	-	-	-
Boiler Ho			1-1	X	-	1				\rightarrow			X		_	\vdash
Main Buil				X	<u> </u>	,		/Pipe Ins		ning		sf drywa	-	-	-	
Dispatch B	uilding			X	<u> </u>	- 11		indows/R	ooning	-		sf Vesse		-		-
Tank	·			X		<u> </u>		Transite	LN			0 sf trang ered Landf	4	_		
Name of Registered Was Newark Carting	te Hauler			H	JDEP W lauler ID 4509	AND THE RESERVE AND ADDRESS OF THE PERSON OF	of W				100016 TO 1000	em Land		-, -,	E3	
City, State							Disp Vari	osal Date OUS		ity, State Aorrisv		PA				
Completed by	pleted by Title				T	Signature		>		1.000	ate V14/1	4				
Troy Butler Project Manager							-		10.00		_	, - 37		700		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				Name of Building Owner/Operator (2)							
August 15, 201					Harri	ngton Recycling	a	49	6	2	
[] DEP [] Amer	Notificated No	tification		Street Address City, State, Zip C			AUG 19 6.11) =			
[x] DOH [x] Emer		including		City, State, Zip C		er, NJ 07930		(1, L			
I DCA	ication) ellation			Name of Contact Billy	Harringto		Telephone Number				
N 65 75 W			FAC	CILITY INFOR	MATION						
Name of Facility Where Abatement is Taking Former Walgreens		3)				Type of Facility (4)	School (k-12)				
Street Address 1153 Valley Road				[x] ~			Subchapter 8 (oth Other (i.e., privat homes, etc.)			ial build	lings,
City	Coun	ty (6)		County Code (7) (STATE USE ON	LY)	Square feet	# of Floors Bldg. Age 65				
Stirling	Mor	ris		(011112 002 01	Current Use (Prior if being demolished)					13	
Name of Monitoring Firm Hired by Building	The state of the s			ASCM No.	Name of	f Abatement Contracto					
Street Address						ddress	ian Contracting,	Inc.			
1889 Rte. 9, Unit (51			1889 Route 9, U City, State, Zip Code				Unit 61			
Toms River, NJ 08	3755			Toms Rive			River, New Jers		755-1	271	
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone N 732-349-9				ne Number 19-9932	License N 00624	umber			
Scheduled Start Date (10) 8/15/14		Scheduled Co 8/18/14		ion Date (11)		f OSHA Monitor	.L. Analytical				
Occupancy Status During Abatement (Check only one)					Street A	ddress					
X Facility Closed/Vacated Abatement Performed						5-400 TV	Stelton Road				
Other – Describe					City, Sta	ate, Zip Code Piscat	away, New Jerse	y 088	54		
Scope of Work (Check all that apply)					[]	Full Containmer Mini-Enclosure	nt with Negative Pres	sure			
[X] >3 sf or ≥3 lf		[x]	Renova	ation	[x	,	dure				
[] ≥160 sf or ≥260 lf		[]	Demol	ition	[] Non-Exempted	(*) and Non-Friable I	Procedu	re		
		11 12 121	2	-				Abat	ement	Гуре	
Location of		Is Location Normally use		Α	Description sbestos-Co		Amount	R	R	E	Е
Asbestos-Containing Material (ACM)		Solely by			Material (A	ACM)	(Specify SF	E M	E P	N C	N C
TO BE ABATED in facility	Maii	ntenance/Cus Staff	todial	· · · · · · · · · · · · · · · · · · ·	e., thermal sulation, su		or LF)	0	A I	A P	L O
(13)		(12)			VAT,			v	R	S	S
	YES	NO	N/A	0	ther miscel	laneous)		A		U L	U R
m 1	1150		IN/A			and the second		L		Е	Е
Throughout		X		Fittings			30	X		_	-
		+									
		1 1									
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste	Hauler 223	r ID No. Cubic	Yards of Was	ste Name of Regis T.R.R.F.	tered Landfill				1
City, State		20.	Dispo	sal Date	City, S	tate					
Toms River, New Jersey Completed by (Print or Type)	Title		8/19		Tully	town, Pennsylvan	ia	Date			
Nicholas Fernicola	ATT THE RES	Title Project Manager			hot	11			5/201	4	

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

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2016 al 100 199 64-15-14		Name of Bu	iding Owner Operato	((2) (C) ()	NTRACTIN	16				
Agencies Notified Type Notification		Street Addr								
□ B∀ Byûva			155 RT	. 50						
Amended Amendment *		City, State,	Lip Code GREEN F	FIN AL	.7 082	30				
Emergency (Inc.	gniba	Name of Co		-1000	Telephone Number					
Ø 00H justification) ☐ CA			UCE BR	EUMIG						
			INFORMATION							
Name of Facility Where Abatement is Yaking I	Place (3)			Type of Facility (4).					
PESIDENCE				□ Sch∞d (K-12)	Other than K-12)	<u> </u>				
Street Address	T. A	UE		Doner (l.e., pr	ivale & commercial					
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County (6)		County Co	TY Code (?) (STATE Current Use (Prior if being demolished) ONLY) VACANT							
CAPE MAY	DB()	ASCM No.	Name of Abatement Contractor (9)							
Name of Marvioring Firm Hired by Building Own	.		KLEMCO LNCI							
Street Adoress			369 S. SPRUCE AVE.							
			Ca. State Zin	Code						
City State Zip C∞de				PLZ SHPI	Tuanse No	6.3				
Project Manager for Monitoring Firm	. Yele	an anarae		79-0472		4!				
Sian Dale (10) Schedu	red Comple	elion Date (11) Name of OSHA	Montay / F M	M					
9/8/14 7	157	14	Sue et Address	PKHLEM						
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2014 AUG	Date of Hourication (1)	-15-14		Name of	Building	Owner Operator (2)	CH CO	NTRACTIN	16
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	_ ∞; ⊠ 00H	justification)	100000000000000000000000000000000000000	Name of	Contact	n n n n n		Telephone Humber	
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100	Name of Facility Where		g Place (3)			E .	j sch∞l (K·12)		
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į	Name of Marrioring Firm	Hired by Building	Owner	ASCH NO.		Name of Abatemen	o ZN	c,	
	(8) Naryloring Film	//							
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	City State Zip C∞de					MAPL		E, NJO	835 =
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	Practi Manager la Mo	vitoring Firm	\ . \ \ \	5100 01~		856-779		_0044	
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	9/8/1	9 I Chi	eck only one			Sueel Address	SPILUCE	11,510	
	Occupancy Status Duni	ng Abatement (on	eriod of Aba	iemeni		3695,			
	Abatement Performs	a Outside of Norm	al Facility H	ours		City, State, To Co	de Cina	E, N, J, C	ストラフ
	One - Describe.	0 000.00				MOP	E 2411 V	-10,0,0	
	Scope of Work (Check	all that apply)				Full Cont	anmeni win Ne	gative Pressure	
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	Name of Registered W	o. Inc.		1790	7-	01 Waste			
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Date of Montestion 1)	912-147		Name of Bulk	sing Owner Operator	ECH CO	NTRACT	MG			
Agencies Notified	Type Notification		Street Addres	3						
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	Emergency (in justification)	duding	Name of Conf		TOUT IS	Telephone Nur				
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	L			NF ORWATION						
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Street Address					Other (I.e., pr	(Other than K- nyate & commer	cal pulanos			
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Name of Marioring Firm			ASCH No.	Name of Abatement Contractor (9)						
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City State Zp C∞de				MA	PLO SHPI	DE, ND	08:32			
	nileges Firm	J. Tel	ephone No	Telephone No.	20 0//22	Liænse No	, 44 !			
Praeci Manager lor Mor					79-0472	- 00	<u> </u>			
Sian Date (10)	Sche	duled Compl	elion Date (11)	Harrie of OSHA	PKALEM	M				
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Occupancy Status Durin	ng Abalement (Che	ck only one)		Sueel Address		EA UE,	S			
English Closed Nacal	led During Entire Pe	isca to bons	emeni		0					
Abatement Performe	d Outside of Norma	I Facility Ho	urs	M DP	LE SHAD	E, N, 5	,08052			
Other - Describe:										
Scope of Work (Check	all that apply)		1.00	Mm.E	ontainment with Ne Inclosure	adanne Liesson				
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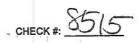
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

	CA
CHECK#:	8515
CHECK W.	

Date of Notification (1)	Name of Building Owner/Op	erator (2)	8600 0110				
7/30/14	Julie	Winters	2014 AUG	19	14	: 0	4
Agencies Notified Type Notification	Street Address	ardine Road					
EPA Initial Amended	City, State, Zip Code	arding Koac	A .		, į ,	7116	7
M DOL Amendment#	- Blen Ros	K NT 07	4521		144		4
☐ Emergency (including justification)	Name of Contact	```	elephone Number				
□ DCA □ Cancellation	FACILITY INFORMATION	Was -					_
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)					and the same
ROSINONEO		☐ School (K-12)	esthon (C 12)				To a second
Street Address	200 0	Subchapter 8 (Otr Other (i.e. private	& commercial bi	uilding	s, hor	nes,	THE PROPERTY.
	Oa ol	1 Odnaro . co.	of Floors	Bldg	. Age		
City (5) Glan Rock NI	07452	1700	J_ Tobas	1	<u> </u>	2	-
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if b					Neutrophila
DORSEN	1'	Name of Abatement Contracto	or (9)				_
Name of Monitoring Firm Hired by Building Owner (8)		A. MAC Contracting Inc					4
Street Address		Street Address 105 Lowell Road					-
City, State, Zip Code		City, State, Zip Code					derstanding d
		Glen Rock, NJ 07452	License No.	-	-		\neg
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-262-5841	00156				\dashv
Start Date (10) 8/18/14 Sched	uled Completion Date (11)	Name of OSHA Monitor Omega Environmental Se	rvices Inc.				_
Occupancy Status During Abatement (Check Only	One)	Street Address					deliment
Encility Closed A/2 rated Dunno Entire Period O	Apalement	280 Huyer Street City, State, Zip Code					
Abatement Performed Outside of Normal Facili Other - Describe:	ty rious	Hackensack, NJ 07606					\dashv
Scope of Work (Check All That Apply)							***************************************
≥3 sf or ≥3 lf	Renovation	Full Containment w Mini-Enclosure		ssure			
☐ ≥160 sf or ≥260 lf	Demolition	☐ Glovebag Procedu ☐ Non-Exempted (*)	are and Non-Friable	Proce	dure		
		C Non Exemples ()			Abate	ment	
	Is Location Normally	Description of		\vdash	1 9	pe	
Asbestos-Containing Material (ACM)	Used Solely by Asbestos C	containing Material (ACM) nal systems insulation,	Amount (Specify	2	Ð	מכת	Enc
TO BE ABATED. In Facility	Custodial Statt? su	rfacing, VAT, or er miscellaneous)	SF or LF)	Bycone	Repair	Encapsulate	Enclosure
(13)		a miscellarieuds/				ë	
	es No N/A	containe Vermiculie	600 SF	X			
Atthe / top foor	/ : MJLES105	COLLEGE OF THE PARTY					
Name of Registered Waste Hauler	INDUL VALUE		egistered Landfill				
Rovic Transport	20785	\sim	ethlehem Landfill	Corp.			
City, State, Zip Code Riverdale, NJ 07457	Div	DIIDILA I	1, PA 18015	oto		1	
Completed by	itle President	Signature Pantella. M	Jarl 1	ate /	30	1	4

SPORE TO TOM VOORHEES 8/15, OUR GIRL PUT IN WRITE AMUSE.



Date of Notification (1)		IN	ame of l	Building Owner/O	perator (2)						
7/30/14				Julio	Winter	'S 201	4 AUG 19) EN	f f.	<u>-</u>	
Agencies Notified Type Notification		S	treet Ad		1.	.0 1			0.3	U	
□ EPA 🏿 🗷 Initial		_	ib. Ot-t	160 +	lardins	Road	\		1.		
□ DEP □ Amended □ DOL Amendment#			ity, State	e, Zip Code	av b	TG TV	ルニコ				
☐ Emergency (inc		-	ame of	South RO	CR 1		ephone Num	her			-
☑ DOH justification)☑ DCA ☐ Cancellation		1"	allie of	illio lasi	ntacs	10.	- Horic Hair	ibci			-
L DOX L Cancellation			FACIL	ITY INFORMATI	ON						
Name of Facility Where Abatement is Taking P	lace (3)				Type	of Facility (4)					
ROSIDONEO						chool (K-12)					
Street Address	Ω_{\bullet}		1			ubchapter 8 (Other ther (i.e. private 8			ngs, h	omes	i,
160 Harding	J 140	ac	1		1 6	etc.)		-			
City (5) \bigcirc	ر جب	6	71/2	= -		e Feet # c	of Floors	BI	dg. Ag	je 🕥	
County (6)	M	$\frac{\circ}{1}$	743 County C	J. X.		nt Use (Prior if bei	na demolishe	ed)			
Bersen				SE ONLY)		Rosido					
Name of Monitoring Firm Hired by Building Ow	mer (8)		ASCI	M No.	Name of Abat	tement Contractor	the latest the same of the latest				
					A. MAC Con	tracting Inc					
Street Address					Street Addres						
					105 Lowell F	Koad			**************		
City, State, Zip Code					City, State, Zi						
Design Manager for Manifesian Firm					Glen Rock, I	NJ 07452	т —				
Project Manager for Monitoring Firm		1	Teleph	none No.	Telephone No 201-262-58		License No 00156	٥.			
10,10,140,01	0 1 1 1		-1-57	Date (44)			1 00100				
Start Date (10) 8 18 14	Scheduled		pletion (Name of OSH Omega En	vironmental Servi	ces Inc.				
Occupancy Status During Abatement (Check					Street Addres						
☑ Facility Closed/Vacated During Entire Per	eriod of Ab	ateme	nt		280 Huyer S	Street					
☐ Abatement Performed Outside of Normal ☐ Other - Describe:	Facility H	ours			City, State, Zi Hackensack						
Scope of Work (Check All That Apply)	~ _				D 5.4	O	Nonetino D	-0001150			
23 sf or ≥3 lf □ ≥160 sf or ≥260 lf	☐ Rei	novati molitic				Containment with -Enclosure	Negative Pr	essure			
						vebag Procedure -Exempted (*) an		e Proce	dure		
	1				L NOI	-Lxempled () an	d IVOIT-I Habi	1		ement	t
		_ocation			assistian of				Ty	ре	
Location of Asbestos-Containing Material (ACM)	Used	Sole	y by	Asbestos Co	escription of intaining Materia		Amount			E	m
TO BE ABATED In Facility		nteriar odial S			al systems insula facing, VAT, or		(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)			miscellaneous)		O. G. L. /	BVO	Sair	sula	sure
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Name of Registered Waste Hauler		3. B. (12.55)	JDEP W auler ID		c Yards aste	Name of Regis	lered Landiil				
Rovic Transport			20785		<u>L</u>	IESI PA Bethle	ehem Landfill	Corp.			
City, State, Zip Code Riverdale, NJ 07457				Disp 8	osal Date	City, State, Zip Bethlehem, PA	A 18015				
Completed by	Title					116 2016	2/10	ate /	20	112	1
R. McDonald	Preside	ent			(/ Canta	ela. m = 28	الاستمييا	1	0	1/	<u> </u>

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CANCELLATION

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

	- L L - 1110													
Date of	Notification (1) 8 - 15 -	2014			Nam	e of Build	ing Owner/Operato	(2) F BC	WHAT AND	19 AM	1 !:		3	
Agency		*iotification				t Address							_	
D EPA	36					37	5 LAR	CH AL	3		i			
TO DOL		mended			City,						-			_
-E DOL		mendment #			1	300	OTA ,	0 .TV	7603		S			
Z DOH		mergency (includ istilication)	ling		Nam	e of Cont	act ,		Telephor	e Number				-
E DCA		ancellation			MI	2 6	DROONK	OHIES	Telephon	to reguence	-			
							FORMATION	011003						
Name of	Facility Where Abates					·		Type of Facility	y (4)					
	Borou	6H 01	F	Bo	5	ATO	20	School (K-	2)					
Street A	didress							& Subchapter		n K-12)				
	375 1	ARCH	. 6	シンド	₹			Other (i.e.,		mercial build	ing:	,		
City (5)								homes, etc Square Feet		RIA	lg. A	30		
	B0609	<u> </u>	33					22,000	24 12 February 2000 2000 2000 2000 2000 2000 2000 20		18		_	٠.
County (7) (STATE USE	Current Use (•		
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	Monitoring Firm Hired			ASC	M No.	_	Name of Abaten			, , , , ,			_	
(8)	DETAIL AS	SociATE	5		000	210	Roct D	emoval :	Γπ.α					
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3	OC GRAND	SUA			30			River S	_					
City, Stat	te, Zip Code						City, State, Zip C		·					
EN	GLEWOOR	TIB.	C	76	31		V 19920 100 - 100	sack, N	T 076	501				
Project M	lanager for Monitoring	Fem	17	olenhe	one No.		Telephone No.	Sack, N						
	MON I MON		10	2016	10	2208	201-329-	71.1.1.	License N	3000				
Start Dat	e (10)	Scheduled Co	Omple	finn D	267 C	5/00			0036	00				
P 1A	MCGL,	CAN			see (11)		Name of OSHA		+ - 7 T-					
Occupan	by Status During Abate	ment (Check on)	hana	<u>,</u>			Omega En	Alloumer	ital II	10			200	
11				30			Street Address 280 Huy	10= 0+						
D Abate	Closed/Vacated Durin nent Performed Outside	g Entire Period o	of Aba	temen	t									
El Other	Describe:	e or womer sac	my mo	HES			City, State, Zip C				1			
Scope of	Work (Check all that a	only)			·	···	South H	ackensac	k, N.J	. 0760)6			
		FF-37					Ø Full C	ontainment with	Negative Pro	essume				
©≥3 st d 2 ≥ 160 s	#23# #or≥260#					novation	Q Mini-	Enclosure	oguare : i					
	· ·				u Del	INCHION		bag Procedure Exempted (*) an	d Nair Carre					
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Asbe	stos-Containing Materi	ial (ACM)		d Sole		Anha	Description o	f						
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. '	IN Facility			9257	V-700		surfacing, VAT,	or	SF or		em	Rep	dec	olo
1	(13)			(12)			other miscellaneo	ous)		,	Removal	9	Sule	Enclosure
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N-											П		1	\dashv
	Registered Waste Hauk				Vaste H	auter	Cubic Yards of	Name of Regis	ered Landfill		1			\dashv
Best	Removal In	C	1	No.	^		Waste			80				
			11	710	9		sey	Minerva	Enter	prises				
City, State	Hackensack	N.T.	76	01			Disposal Date	City, State		Oh	-			7
Complete		Title	- 10	0.1			B/A	Waynesb	urg,		70			
	iorano	Estima	a t o	r			Signature	(),	_	Donald -	1	. ,	11	7
ASB-41		* Do not					1 6	عده اسم	وسع	0-	15,	-1	1	
		" I la mad -	man da		A			A second				_	_	

ORIGINAL

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

4.424

- "						- 6	OVE BACE				
Date of Notification (1)	1,2		Nan	ne of Buildi	ing Owner/Operator	F BC	\$ HEY 9	AH !	: []))	
Agency Notified	Type Notification)	Stre	et Address	S	12 DOM: 10 DOM					
D EPA	2 Initial			37	Code .	CH AL) E	11	1		
I DEP	☐ Amended		City	, State, Zip	Code .	14 0	7/07	· isi			
	Amendment# D Emergency (including	3		1200	-OTA , 1	47. 0	7603				
Z DOH .	justification) D Cancellation		Man	ne of Conta	orson K	OHLES	Telephone N	vuitiber			
					FORMATION	- 1,1	-			_	
Name of Facility Where	Abatement is Taking Place	e (3)		· · · ·		Type of Facti	ty (4)				
	70 HOVO	G	306	ATO	F/3	☐ School (K-	12)				
Street Address						& Subchapte	8 (Other than K				
375	LARCH.	AL	(€		M.	homes, et	private & comme =)	erctat buso	ings,		
City (5)		, B					# of Floors		- Ag		
County (6)	4700					22000	3		85	17	
	RGEN.		ON		7) (STATE USE	The state of the s	Prior if being der				
Name of Monitoring Firm		TAG	SCM No.	-	Name of Abaten		NWOT -	HAU			
	ASSOCIATES			012		emoval					
Street Address					Street Address	emovar.	THE				
11.6	SUA GU			•	450 S.	River S	t				
City, State, Zip Code					City, State, Zip C	Code			-		
Project Manager for Mon	7 No.	0 /	631			sack, N	.J. 0760	1			
STEDU - A TA	MAN CUESIC	Tele	phone N	0.	Telephone No.		License No.				
Start Date (10)	Scheduled Con	1.50	567	6708			00388				
8/21/14	8/25/	14	(Gatt ()	<i>ij</i>	Name of OSHA		ntal Inc				
Occupancy Status During	Abatement (Check only	one)			Street Address						
D Facility Closed/Vacate	During Entire Period of	Abatem	ent		280 Huy					_	
Abatement Performed Other – Describe:	AM 10 11		8	**	City, State, Zip C		1 17 7	0766	ċ		
Scope of Work (Check all					South H	ackensa	ck, N.J.	0/60	0		
U33sfor23F			20	enovation	₫ Full C	ontainment wit	h Negative Press	xure			
2 ≥ 160 sfor ≥ 260 ff				SWORTHOUS SHOULD BE TO A SHOULD BE T	☐ Glove	Enclosure ebaq Procedure					
				1	□ Non-I	Exempted (*) ar	d Non-Friable Pr	rocedure			
A Marie			cation naily						At	Typ	SECTION
. Location Asbestos-Containing	of Material (ACIA)	Used S	iolely by		Description o	f .	88		П	T	\top
TO BE AR	ATED		nance/	Asbe £e	stos Containing Ma thermal systems	terial (ACM) insulation	Amoun (Specif		2	_ 5	n m
(13)		· Sz	67		surfacing, VAT,	07	SF or L		Removal	Repair	000
()		(1	2)		other miscellane	ous)	Ø.		Va	Repair	Enclosure
		es N	b N/A							٩	,
1 Floor File	STORAGE MODY			VA	7-4		1260	SF	×	\top	\top
									1	\top	\forall
											1
Name of Decision		-			¥					T	T
Name of Registered Wast	and the second s	NJDE ID No.	P Waste	Hauler	Cubic Yards of	Name of Regi	stered Landfill		<u> </u>		-
Best Removal	Inc	171			Waste Se-/	Minerv	Enterp	rises			-
City. State				-	Disposal Date	City, State	- шисстр.				_
	sack, N.J. 0	7601	•		8/25/14		ourg , 0	h			-
Completed by	Title				Signature	0		Date ,		,	\dashv
J. Maiorano	Estimat	tor			1 5	to one	Emo	8/	5/	14	-
AND THE RESERVE OF THE PERSON	+ 5										

NOCK

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

Date of Notification (1)					Name o	of Building C	wner/Operator (2	2)	٠			1,000	
8 / 1	1	14			E.I. c	luPont de	Nemours		ans a com				
Agencies Notified Type N ⊠ EPA ⊠ Initia		on				Address	ake Road		2014 AUG T	3 F.A :	2₹ ₽		
☑ DOLWD ☑ Ame				-		ate, Zip Coo			3				\dashv
		nt #1-8/	15/1	4		in, NJ 088			14 M		114	٠.	
□ DCA □ Eme		(includ	ling				33		Telephone Nu	mher			-
(ification					of Contact nol Reinho	lal		relephone Nu	IIIDOI			
☐ Can	cellatio	n							L				-
					FAC	ILITY INFO	ORMATION	- (- 11)					
Name of Facility Where Abateme			ace (3)				Type of Facility (
DuPont Parlin Facility - Bl	dg. 42	:5						☐ School (K-12 ☐ Subchapter 8	(Other than K-	12)			
Street Address								Other (i.e., pr	ivate and comm	nercial bui	ldings	5,	
250 Cheesequake Road								homes, etc.)					
City (5)		20,33						Square Feet	# of Floors	Bld	g. Ag	е	
Parlin													
County (6)					Coun	ty Code (7)(3	STATE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Middlesex													
Name of Monitoring Firm Hired by	y Buildi	ng Own	er (8	3)	ASCM I	No.	Name of Abateme	ent Contractor (9)					
Cardno ATC							BRISTOL EN	VIRONMENTA	L, INC.				
Street Address			-				Street Address						
3 Terri Lane							1123 BEAVE	R STREET					
City, State, Zip Code	-	vi 2111 (1.1 (2-21))					City, State, Zip C	ode					
Burlington, NJ 08016							BRISTOL, PA	19007					
Project Manager for Monitoring F	irm			Tele	phone I	No.	Telephone No.		License No.	-11 -20			
John Lutz					9-386	and the second second	215-788-6040)	00509				
Start Date (10)	Ts	chedule	d Co	mple	tion Dat	te (11)	Name of OSHA N	Monitor	1				
<u>8</u> / <u>18</u> / <u>14</u>					5_/_		BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During Abater							Street Address						
☐ Facility Closed/Vacated Durin							1123 BEAVE	R STREET					
Abatement Performed Outside Time of Abatement: 7:00AM-						cribe	City, State, Zip C BRISTOL, PA						
Scope of Work (Check all that ap	nly)	00 - 10 - 10 - 1	-										
≥3 sf or ≥3 lf ⇒160 sf or ≥260 lf	-37	-		novat			☐ Mini-End ☑ Gloveba	atainment with Ne closure ag Procedure empted (*) and No					
			ls	Loca	tion		10.00			Ab	atem	ent T	ype
Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)	I (ACM	'	Use Mai	inteniodial (12)	ely by ance/ Staff?		Description tos Containing M thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
			/es	No	3,775.73	ļ .			400		-		
Building 425 Room 110area	3	-				Pipe Ins	ulation		486				
										ᆜᆜ	-		-
										$ \mid$ \cup			
Name of Registered Waste Haul FREEHOLD CARTAGE IN					NJDEP Hauler I	D No.	Cubic Yards of Waste		stered Landfill				
	J.				1593	9	5 Disposal Date	City, State					
City, State FREEHOLD, NJ 07728							8/25/14		ILLE, PA 190	67			
Completed By (Print or Type) Gino Pizzigoni		Title Est	ima	tor			Signature			Date			

ASB-41 MAY 11

GI 14125

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

Cl # 2678

Gino Pizzigoni			E	stima	tor			Gin	e Kezzeg	one/jl	8/1/	14		
NEW CASTLE, DE			Title					8/25/14 Signature		e, PA 19067	Date /	/	,	
Name of Registered Was SERVICE TRANSPO City, State			P, INC) .		JDEP V lauler ID 20990	No.	Cubic Yards of Waste 5 Disposal Date	Rame of Regist GROWS L					
								low in	Theres					
Building 425 Room 1	10area				\boxtimes		Pipe Ins	sulation		486				
Asbestos-Containing TO BE ABA IN Facili (13)	Material ((ACN	1)	Ma	intena	Staff?	Asbe (i.e	stos Containing Ma ., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Location	of			1	Local	lly		Description of			Ab		ent T	1
Scope of Work (Check at ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	I that app	ily)		⊠ Re □ De				☐ Mini-End ☑ Gloveba	tainment with Neg closure g Procedure mpted (*) and No		dure			
Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: 7	ed During d Outside	Entir of No	re Per ormal	iod of a	Abate Hour	s - Desc	cribe	Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA	ode					
John Lutz Start Date (10) 8			8	/	omple	09-386- tion Dat 5 / _	te (11)	Name of OSHA M BRISTOL EN		00509 L, INC.				
Burlington, NJ 080 Project Manager for Mon		m		-		phone h		BRISTOL, PA		License No.				
City, State, Zip Code					ū			City, State, Zip Co						
3 Terri Lane								1123 BEAVE	R STREET					
Cardno ATC Street Address								Street Address	VIRONMENTAL	_, INC.				
Name of Monitoring Firm	Hired by	Build	ding O	wner (8)	ASCM N	No.	Name of Abateme						
County (6) Middlesex						Journ	., Oue (1)	MOTATE OOL ONE!	Surrout Osc (I-II	o. II boiling delillo				
Parlin	~					Court	ty Codo (7)	(STATE USE ONLY)	Current Use (Pri					
250 Cheesequake F	road	-			-				homes, etc.) Square Feet	# of Floors	Bid	g. Ag	ie	
Street Address		J							☐ Subchapter 8 ☐ Other (i.e., pr	(Other than K-1		lding	s,	
Name of Facility Where A DuPont Parlin Faci				Place	(3)				Type of Facility (☐ School (K-12)					CENTRAL D
						FAC	ILITY IN	FORMATION						
(193/10 3.25-0)	☐ Cano					Nich	ol Reinh	old						
☐ DCA (NJAC 5:23-8)	☐ Emer			luding	-		of Contact			Telephone Nur	nber		-	
☑ DHSS ₹156	100		ent #_				ate, Zip Cin, NJ 08							
	☐ Ame							uake Road					15-5522	
Agencies Notified	Type No	otifica	tion		-	Street A	Address							
Date of Notification (1) 8 /	1	1	14				Time and the second	Owner/Operator (2 le Nemours	2)					

265-NJ-14

Date of Notification (3/15/2	2014			Name o	of Buildin	ng Own b	er/Ope	rator (2)		1.	*	4.4	- •	فيدو	
Agencies Notified	Noti	ficatio	n Type			Street A			St	All and a second		2014 A	UG	19	CM C		
() EPA () DEP (x) DOL	(x) A	men Amer	dment #	<i>‡</i> 1		City, St	ate, Zip vood, N	Code				7			İ	110	
(x) DOH			gency (ir cation)	iciuain	9		of Conta					`	Tel.	Numb	er.		-
()DCA			ellation				Wohlral	10					×				\neg
			antin Ta	leina D		FACILIT	Y INFO	RMATI	ION	Type of Fa	cility (4)					\neg
Name of Facility Wh	iere Ab	atem	ent is 18	aking P	lace (٥)				() School							
Vacant House Street Address		-								() Subcha	anter 8	other t	han I	K-12)	n de		
53 S Woodland A	ve									(x) Other (in homes		ate & c	omm	ercial	bullai	ngs,	
City (5)										Square Fe		# of F	loors	3	Bldg.	Age	
Englewood		_				County	Code (7) (STA	ATE	Current Us	se (Prio	r if beir	ng de	molisi	ned)		
County (6) Bergen						USE O					9/ 8 H-10/24						
Name of Monitoring ABS Environmental	Firm F	lired es	by Bldg.	Owne	r (8)	ASCM	No.			f Contractor Sons, LLC	(9)						
Street Address PO Box 483									Street A 865 Riv	ddress er Drive							
City, State, Zip Cod Glenwood, NJ 07										te, Zip Code d, NJ 0702							
	ect Manager for Monitoring Firm Teler tt Higgins (973									ne Number 35-9791				ense N 191 "A		er	
Scheduled Start Da	ate (10)	HOI	ח	Sched	uled C	ompletion 4 JOB	Date (11		Name o	f OSHA Mo Tech	nitor						
Occupancy Status				1765000-100-100	Carlotter and Carlotter			-		ddress Jackson Av	/enue						
(x) Facility Closed/ () Abatement Peri () Other – Describ	formed	d Dur Outs	ing Enti	re Perio	od of A acility	Abateme Hours	nt		City, Sta	ate, Zip Coo sland City,	de	101					
Source of Work (Cl (x) \geq 3 sf or \geq 3 lf (x) \geq 160 sf or \geq 26		I that	apply)		enovat emoliti				() Mi	II Containm ni-Enclosur ove bag Pro n-Exempte	e cedure	C.				e	
				1=	Locati				(x) 140	II Excilipto					ateme		pe
Locati Asbestos-Cont (AC TO BE A in Fa (1	aining I (M) (BATE) cility		ial	Non S Ma	mally lintena todial (12)	Jsed by nce/ Staff?	Contai therr	ining M mal sys rfacing,	laterial stems ir	sbestos (ACM) (i.e. nsulation, or other us)	(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
120	55			Yes	No	N/A					1 4	00 SF		X	-	-	
Roof						X	Roof T				-	00 SF		<u>`</u>	-	+	
Kitchen NE Hall						X	1	Materia			+	50 SF	-	X	1		
NE Storage Entra	nce					X		Materia			-	140 LF		X	+-		
Basement Center						X	-	nsulatio	on		+-	_		X	-	+-	
Basement Boiler						X	Boiler		Varda	of Waste	Name	2 SF of Reg	Lar				
Name of Reg. Wa Cid & Sons, LLC		uler		NJDEF		te Haule 1905	r IU#		TBI	D	G.R.C	D.W.S.	, Wa	aste N	Manag	eme	ent
City, State Garfield, NJ									osal Da TBI		City, S Morri	sville, l		ate			
Completed by Roque Schipilli	ti Jr.	Title		ject M	anage	er	Sign	ature	Box	A High	UAD				3/15/2	014	

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

Date of No 07/29/2014	gencies of the political p							2014	AUG 15		• •			
Agencies	Type Notificat									100 15	1.	1 2:	C.	
Notified				-										
DEPA									1	* 4		1,,		
BDOL	☐ Emergency		71/0/2 (0.00000)					Telephone N	Jumh	r:		G		
₫ DOH	justification)	Al Moi	rino										
LI DCA						FACILITY INFO	RMAT	ION						
Name of F	Facility ADMI	NISTR	ATIVE	BUILI	OING	THOLDITI III		f Facility (4):			_	7		
								ol (K-12) hapter 8 (Other than K-1	2)					
City/ (5)		County	(6):		County	Code (7):	X Othe	er (i.e., private & comme	rcial bu	uildings, hor	nes, etc	c.)		
NEWARK	<					(,).	Squar	e Feet:	# o:	f Floors: 1				
							Bldg.	Age nt Use: House						
Name of N	Monitoring Fir	m Hired	by Bui	ilding (Dwner:	ASCM No.:		of Abatement Contra	ctor (9)):				
MATRIX	NEW WORL	D ENGI	NEERI	ING, II	VC.		Anev	Development, Inc.						
Street Add	drece:							Address:	•					
	nbia Turnpik	e					investment.							
								Rutgers Place						
City, State	e, Zip Code:						City,	State, Zip Code:						
Florham	Park, NJ 079	932						mus, NJ 07652						
Project M	lanager for Mo		Firm:			Telephone No.:	Telep	hone No.:	Lice	nse No.:				
Gavin Gil	imore					973-240-1800		350-0101	0121	.5				
Start Date 08/18/14	50.705.003.005.00	9.0	chedule 2/30/1		npletion l	Date (11):		e of OSHA Monitor: Analytical Laborator	ies					
Occupancy	Status During	Abatemer	nt (Chec	k only o	ne)			Address:	165				2.000	
X Facility	Closed/vacated	During E	ntire Per	riod of A	Abatemen	t		Vest 36th Street, Suite	e 203					
☐ Abateme Describe:	ent Performed O	utside of	Normal	Facility	Hours			State, Zip Code: York, New York, 100	018					
□ Other Describe:														
Scope of V	Work (Check all	that appl	y):					□ Full Co	ontain	ment with	Negat	ive Pr	essure	
□ ≥ 3 sf o □ ≥ 160 s					□ Reno			☐ Mini-E ☐ Glovel ☐ Non-Ex	ag Pr	ure ocedure d (*) and N	on-Fri	able P	rocedi	ıre
			Is	Locat	ion				Ė			Abat	emen	
1	Location of			Norma		A shestos Cont	escription	on of Material (ACM)				13	/pe	
Asbestos	-Containing M	laterial		d Sole		(i.e., therma	al syste	ms insulation,			R		En	E
TC	(ACM) BE ABATED)		ustod	ial/			AT, or laneous)	8323	mount Specify	Removal	Repair	Encapsulat	Enclosure
	IN Facility			Staff (12)		Office	mocon	(anous)		or LF)	yal	air	sula	Sure
	(13)		Yes	No	N/A								=	(V
Caulkir	ng Exterior			X		Caulking Door	and w	indow	70	05 LF	*			
ROOF						Flashing, Pitch	pocket	and Vent Tar	209	93 SF	*			
PIPE						Pipe and Boiler	Insul	ation	14	37 LF	*			
Floor T	iles				1	VAT			4	00 LF	*			
	Registered W	aste Hau	iler:		NJDE	P Waste Hauler ID	No.:	Cubic Yards		ne of Regis	stered	landfi	11:	*050
TRI-STA	ATE TRANSF	ER ASS	OC., IN					of Waste: 30		NERVA SOC, INC.		ENT	ERPR	ISES
City, Sta				Disp	osal Dat	e:		City, State: Waynesburg, OH 44	1688					
Bronx, N Complet	NY 10474				Title:		Signa			Date:				
	r Oraegbunam				Presi		<	Las		07/29/20	14		Called The	

Check (310/ ...

Date of Notification (1) 8/15/14						Building C Irs. Rug		perator	(2)	<u> </u>		2014	UG	19	1:	1 2.	. ,
Agencies Notified	Type Notific	cation			Street Ad 183 Fal	dress Imouth /	Avenu	е			7.	+			, .,		*:
EPA DEP DOL	Amen Amen	dment #_				e, Zip Coo od Park,		7407						٠.,	٠,	3	٠,
☑ DOH DCA	justific	gency (in cation) ellation	cluding	1	Name of Angelo	Contact Rugger	rio	****			Tele	phone N	lumb	er			
					FACIL	ITY INFO	RMATI	ON								1-	
Name of Facility Where house	Abatement is	Taking I	Place (3))				The state of		of Facility (4 chool (K-12	2)		40)				
Street Address 43 Storms Avenue									×	ubchapter other (i.e. potc.)				build	ings,	home	s,
City (5) Haskell									Square 2100		# of 2	Floors		55 55	dg. Ag	je	
County (6) Passaic	¥5				County C	ode (7) SE ONLY)			Currer	nt Use (Prio	r if bei	ng demo	lishe	d)			
Name of Monitoring Firm	m Hired by Bu	uilding Ov	vner (8)		ASCM	No.				ement Con onmental			LC				
Street Address								107717	Addres	s 3, 4 E G	ate Di	rive				60.0	
City, State, Zip Code								City, S	State, Zi		-						
Project Manager for Mo	nitoring Firm	1	Telephor	ne No.	6	Telep	hone No).	10	License	e No.						
Start Date (10)		1 5	Schedule	ed Com	pletion [Date (11)				A Monitor		703	H		-		
8/29/14	**	9	9/19/14	1	1 1	80 000				y 11195	11.1						
Occupancy Status Durin	ng Abatemen	t (Check	Only On	e)				Street	t Addres	S							
Facility Closed/Vac Abatement Perforr Other – Describe:	med Outside							City, S	State, Zi	p Code		, 4			-		
Scope of Work (Check	All That Apply	y)			-												
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			the same of the sa	Renova Demolit	7074900				Min × Glo	Containme i-Enclosure vebag Prod n-Exempted	e cedure				4	Э	
			Is	Locati	on						. , ,				Abate	ment	t
Locatio	on of		1	Vormal	ly		De	escriptio	n of						1 y	pe	Τ –
Asbestos-Containin TO BE Al In Fac (13	BATED	CM)	Ma	d Sole intenai todial S (12)	nce/		therma surfa				(mount Specify or LF)	53	Removal	Repair	Encapsulate	Enclosure
basen	nent		100	110	X		pipe	e insula	ation		1	20 LF		x			
			-														
1 .			-									100					
Name of Registered Wa	aste Hauler			JDEP W	/aste	Cubi	c Yards		Name of	Regist	ered Lan	dfill				-	
Freehold Cartage				H	lauler ID 5959		of Wa	aste		TBD					474		
City, State Freehold NJ							Dispo TBD	osal Dat	е	City, Stat	e						No.
Completed by A. Scott Higgins			Title Pres	ident		94,500		Signatu	re d	1	_	\	Dat 8/1	e 5/14	1		

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

| Name of Building Owner/Operator (2)

Date of Notification	on (1)		1		-	mer/Operator	(2)					
8-14-14			Gu	y Slat	che	r		• • • •		* **		
Agencies Notified	Type Notifica	ation	Stree	t Addres	s		***					
[]EPA	[X]Initial		70	Pleas	sant	Ave.		2014 AUG	19 CM	2	ń٥	
[]DEP	Notific	ation	City,	State,	Zip Co	ode			7.54	-		
[X] DOL	[]Amended		Mo	ntclai	ir, N	J,07042		+ ž		í.		
[X]DOH	Notific	ation	Name	of Conta	ict		Telephone	Number_,			<u> </u>	-
	[]EMERGENC	Y.	-	y Slat		r	-	- ::	''			
[]DCA	[]Cancella	tion		•								
				FACILI	ITY IN	FORMATION						
Name of Facility Wh		is Taki	ng Pl	ace (3)			Type of Facili	ty (4)				
Same as above	е					3	[]School ([]Subchapt		- than	w_10	v	
Street Addres			-				[X]Other (i	er & (Other	te & co	mmer	-	
								ildings, h				
							Square Feet	# of Floo	rs Blo	dg.	Age	
City (5		County	(6) Es:	sex		ty Code (7) IE USE ONLY)						
					(5111	12 002 01121,	Current Use (F	Prior if be	ing dem	olis	hed)	E
						6 33-4-	Contractor	. (0)				
Name of Monitoring Owner (8)	Firm hired by	Buildin	ng AS	CM No.		생기를 하셨다. 내가 되었다면 보였다.	ment Contractor					
N/A						STREET, SOUTH CONSTRUCTION INCOME.					71172	
Street Address					1	Street Addres	stopher St					
								•				
City, State, Zip C	ode					City, State,		4.2				
				177			Lr, NJ 070					
Project Manager fo	r Monitoring F			ne Numbe	r	Telephone Num		Į.	icense 0037		er	
		N	/A			(973) 744	1-8800		0037			
Scheduled Start Da	te (10) Sch			n Date (375.575.50	Name of OSHA	Monitor					
8-23-14		8-29			I	N/A						
Month Day Occupancy Status D	VICE 100 (100 CO)	onth t (Chec	Day k only	Year one)		Street Addres	s					
278 70 at M 277	Losed/Vacated I	During E	ntire	Period								
of Abateme []Abatement I	ent Performed Outsi	ide of N	Tormal	Facility	y	City, State,	Zip Code	15-02-50				
Hours - Des	scribe: «OffHour	s Descr	ipt»									
Ann annual control	scribe: «Other O		y Des	cript»								
Scope of Work (Che	ck all that ap	ply)				[X]Full	l Containment w	ith Negativ	e Pres	sure		
[X]≥3 sf c				novation		[]Mini	-Enclosure					
[] <u>≥</u> 160 sf	or >260 lf		[]Der	molition			ebag Procedure Friable Procedu	re				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		T	Is	ion					Aba	teme	nt T	_
Locati Asbestos-C			Norma	lly		Descripti Asbestos-Cor		Amount	R	R	N	N
Material	F S. R. S.		Sole	ly		Material	(ACM)	(Specify		E	A	L
TO BE A			By Ma tenan			(i.e., therma	[1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	SF or LF)	0	A	PS	os
In Fac	200		Custoo Staff	lial		ulation, surf		LLE,	A	R	U	UR
(<i>-</i> ,	Yes		N/A					_		-	E
Basement				X I	Pipe	Insulati	Lon	120 lf				_
				1	VAT			560 SF	X			
					Ceil	ing Plast	ter	660 SF	X			
Name of Registered	Waste Hauler			Waste	1115000000	ic Yards	Name of Regi		fill	30= T		-300 300
AZTECH MANA	GEMENT, I		1704	ID No.	of	Waste 1.5	G.R.O.W.	S.				
City, State					Dis	posal Date	City, State	000000 Gesevent				
Montclair, N	J 07042				9	-1-14	Morrisvi	lle, PA	190	57		
						C:			h-t-			
Completed By (Prin		itle resid	10=+			Signatur A V	<u></u>		Date 8-14			
Constantine	vivian P	Testo	CIIC			UY	illin					

NOTIFICATION OF ASBESTOS ABATEMENT

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

Ck#2686

Date of Notification								Owner / Operator	(2)	• •			e.		
Agencies Notified	8/14/14 Type Notifica	ation				ddre		GS CORP					1-1-1-22		
EPA	Type reduice	ilion						ROAD,B5-337	Α	2014 AUG 1	9 1	12	0.0)	
☐ DEP							Zip C				11.5	-			
□ DOL	Amer Amer							ATES, ILLINOI	S						
DOH DOH		gency			-		ntact				Tele	epho	rie-N	umb	er
☐ DCA	☐ Canc	ellation		GE	RAI	LD J	ACO	BS							
					ACI	LIT	Y INF	ORMATION							
Name of Facility Wi		ent is Taking P	lace (3	3)				Type of Facili							
Street Address	3071							School (F		h K 40)					
213 HIGHWAY 3	ZEACT								ter 8 (Other t	ommercial build	dinae	hom	25 6	tc)	
ZIS HIGHWAT S	LASI							Square Feet	# of F		Bldg			,,	
City (5)		County (6)	Co	untv	/ Co	ode (7)	33000	017	2		: 15	70+/	_	
TOMS RIVER		OCEAN				\	. ,		Prior if being	demolished)	-		•		-
								RETAIL ST		100					
Name of Monitoring	Firm Hired b	y Building Owr	ner (8)			ASC	M No.	Name of Abat	tement Contr	actor (9)	10		4.0		
HEALTH & SAFE								BRISTOL E	NVIRONME	ENTAL INC					
Street Address								Street Addres		_					
318 12TH STREET								1123 BEAVI							
City, State & Zip Co								City, State & 2 BRISTOL, F							
Project Manager for		irm	Telep	ohor	ne N	lumb	er	Telephone Nu		Licens	e Num	ber			
JIM PROCTOR			609-					215-788-604			(050	9		
Scheduled Start Da		Scheduled Cor				(11)		Name of OSH							
8/19/14			8/20		S.			BRISTOL E		ENTAL INC					
Occupancy Status I		nent (Check o During Entire F			hat	omo	nt	Street Addres		г					
		utside of Norm						City, State & 2		1			_		
	9:00 PM -		ai i io	uis	10	2111 (0	Opin	BRISTOL, F	1.7						
	upied During		95					Dittio 1 0 2, 1	71 10001						
Scope of Work (Ch						24 m									
				-		000000000000000000000000000000000000000				ontainment wit	h Neg	ative	Pre	ssure)
≥3 sf or ≥3			\bowtie			vatio				Enclosure					
≥160 sf ≥26	60 It			De	emo	olitio	n			Bag Procedure Exempted and I		iable	Dro	codi	IFA
ļ	ocation of		le	Loc	atio	n		Description		Amoun					уре
	tos-Containin	q	Norr			5/5		Asbestos-Con		(Specify	y	7		· · ·	1
Mat	terial (ACM)		S	olel	y by	1		Material (A		SF or LF	F)	æ		E	ш
	BE ABATED n Facility		Main					i.e., thermal sylnsulation, surfac				Remova	Repair	aps	Enclsoure
).5	(13)		Cust	(12		an:		or other miscella				val	air	Encapsulate	oure
			Yes	No	0	N/A								е	
BREAK ROOM] [\boxtimes	Dr	ywall with mas	stic pucks	4 SF					
]									Ц	
												닏	H	닏	님
				Ļ	1							님	뷰	H	H
			14	1	1	ᆜ				_		Η	ዙ	H	H
Name of Designation	d Masta Havi				110		Mosto	Cubic Yards	Name of Re	egistered Landf	fill		Ш		
Name of Registered	i vvaste nauk	er		127			No.	of Waste	Name of Ite	egistered Landi					
SERVICE TRANS	SPORT GRO	UP, INC.			209				MINERVA	LANDFILL					
City, State NEW CASTLE, D	E 19720							Disposal Date TBD	City, State	BURG, OH 44	4688				
Completed By (Prin				Т	Γitle			Signature				Date			- 100
PATRICK T. DeC				1.0			MGR.	Patrick	D. De	Caro /gl	8	3/14/	14		





CK 4286

Date of Notification (1) 8/15/14					Building Owner/C		(2)		Get	350 000				
Agencies Notified	Type Notification			treet Ad			-		(1	ns aug	19	PEG 1	2.1	3
	☐ Initial		2	01 N F	ront Street							241202		10
EPA DEP DOL	Amended Amendment #_	1			e, Zip Code n NJ 08102				1535				lin.	
☑ DOH	Emergency (inc justification)	luding	100	lame of					Tele	nhone Ni	t			
DCA	Cancellation		5	THE STATE OF STATE	licolella									
Name of Facility Where	Abatement is Taking P	lace (3)		FACIL	ITY INFORMATI	ON	Type o	f Facility (4)						\exists
Bonsall Elementary								chool (K-12)						-]
Street Address 1575 Mt Ephraim A	ve						0	ubchapter 8 ther (i.e. pri c.)				dings,	home	s,
City (5) Camden NJ 08102							Square 1000-	Feet	# of 2	Floors		ldg. A 5+	ge	
County (6) Camden				County C	ode (7) SE ONLY)		Curren	t Use (Prior	if bein	g demolis	shed)		-	
Name of Monitoring Firm	n Hired by Building Ow	ner (8)		ASCM	No.		of Abate	ement Conti	ractor ((9)				
Street Address						1	Address							
City, State, Zip Code						City, S	State, Zip	Code					X-1200-	
Project Manager for Mor	nitoring Firm		7	elephor	e No.		hone No	NJ 0809) 1	License	No.			
							753-98			00727				
Start Date (10)	5/14 :	cheduled	Com S'/	pletion D	Date (11)	Name		A Monitor						
Occupancy Status Durin	ng Abatement (Check (Only One)				Street	Address	3						
Abatement Perform	cated During Entire Pe ned Outside of Normal Night And Weekend					City, S	State, Zip	Code						
Scope of Work (Check														
≥3 sf or ≥3 lf	ні тпат Арріу)	X Pe	novat	ion] Full	Containme	nt with	Negative	Pressi	ıre		
≥160 sf or ≥260 lf			moliti				Min	-Enclosure		, rogati c	3			
							Nor	vebag Proc -Exempted	(*) and	d Non-Fri	able Pro	cedu	е	
1/2	92		ocatio									500000000000000000000000000000000000000	ement /pe	t
Locatio		No Used	rmali Solei			escriptio		(ACM)	Λ.	mount		T		
Asbestos-Containing TO BE AB	BATED	Main Custo	tenar	ice/	Asbestos Cor (i.e. therma	il systen	ns insula	tion,	(S	specify	Re	고	Enca	Enc
in Fac			(12)	itan:		acing, V. miscella			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
,		Yes	No	N/A							=		ate	- F
Principals Office &	conference Rm.	x			Floo	or Tile	Only		70	00 SF	х			
											-	-		-
Name of Registered Wa	aste Hauler		ΤN	JDEP W	/aste Cubi	c Yards		Name of I	Registe	ered Land	lfill			
United Containers			H	lauler ID 2459				G.R.O.\						
City, State Elm NJ						osal Dat		City, State Morrisv		A 19067	,			
Completed by Anthony T Perna		Title Presid	ent			Signatu			-		Date 8/15/1	4		

CR 5204

Date of Notification (1)	Name of Build	ing Owned Operatio	r (2)	1	
8-15-14	IP, D	UNCA	\mathcal{N}		• • •
Agency Notified Type Netification	· Stanet Advisored	:			
Q EPA Q initial	115 1	SKIGHTW	ood Hue	DUCE: 20	114 AUG 19 1.
DEP DAmended	City, Sele, 416	Coge .			
D Emergency faci	Name of Cont	TELD, N	J. 07	Tolephone Number	
- 2 DOH justication) D DCA D Cancellation		NCAN		Tareparation margaret	all F.
	FACILITY			1	1111 : 1
Name of Facility Where Abstract is Taking		- Conceptings	Type of Facility (4	3	
P. DUNCAN .		*			
Street Address			☐ School (K-12) ☐ Subabaptar 8 (Other than: K-12)	1
115 BRIGHTWOO	O. AVENUE	*	Other (Le. prince	te & commercial l	miliogs.
Cay (5)			homes, etc.) Square Feet	F of Floors	Sidg. Age
WEST FIECD.	1 .0		1 - 1	2	96 YRS
County (6)	County Code (7) (STATE USE	Comput Uso (Prior	I being demolish	ed) /
UNION	ONEY	•	RESIDE		
Hame of Manipology From Hired by Building On (8)	ASCM No.		ment Contractor (S)		
Street Address			emoval In	c	1
	9	Street Address	River St	3. 2.1	
City, State, Zip Code		Cay, State, Zp C		\$1	
			sack, N.J.	07601	
Project Manager for Monibulg Firm	Telephone No	Telephone No.		come No	
Start Date (10) Scheduled (Completine Data (44)	201-329- Name of OSHA1		00388	
8-26-14 8-2	Completine Date (11) 7 - 14		vironmenta	I Inc	
Occupancy Status During Abatement (Check or	niy one) .	Street Address		**	
Pacility Closed/Vacaind During Entire Period Abstement Performed Outside of Normal Fac	of Abatement	280 Huy.	1	7.	
Com-Describe: 8 AM 5 PM	city Hours	City, State, Zip Co		# ÷	
Scope of Wesk (Check all Sint apply)			ackensack,		606
@23ser23F	- B Renovation	-Braso	ontainment with Neg	ESVE Pressure	
Ci ≥ 160 ef or ≥ 260 ff	☐ Demolition	-IPGisvei	Procedure	¥ .	
•	Is Location	U Non-E	maphd () and No.	-Friable Recodu	Alice Company
. Location of	- Nomally			3	Type
Ashestos-Containing Material (ACM) TO SE ABATED			mini (ACM)	Amount	44444
By Facility	Custodial (i.e.,	Shormal systems in surfacing, VAT. o	sculation.	(Specify	Enclosure Encapsulate Ropair Romsval
(13)	. (12)	other miscellaneo	(25)	,	OVA THE
	Yes No NYA			1	5 6
BASEMENT	XTHER	MAL INSUL	CATINE	55 SF	×
BASEMENT		MACINSUL		the second se	FX III
				3	
Name of Registered Waste Hauter	NJBEP Waste Hauler 0			4	
Best Removal Inc	Die.	Abste/	Name of Registered	2000	
	17109	3/4 1D 1	Minerva En	terprise	s
Hackensack, N.J. (Special Date (City, State	0	
Completed by	07001		Waynesburg	2:	1
R VELDRAN Estima	stor	R. Veldr	4.00	2-	15-14
ASB-41 * Fan met		· - verel	art	10	77 17

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Date of Notatication (1)		Name of Build	ing Owner/Operator	BARRET	2014 AUG 19	110.0.
Agency Notified Type Notificat	ion	Street Address	5		. 1	
O SPA DANIEL			DYAID	HOOPE	R PL	[
□ DEP □ Amended Amendmen		City, State, Zi	ESTWOOD	NT 6	27675	3
D-DOH D Ernergency		Name of Cont		1 100	Telephone Num	iber
□ DCA □ Cancellatio		MR.	BARRET			
		FACILITY IN	FORMATION			
Name of Facility Where Abatement is Ta		•	4	Type of Facility		
Street Address	£-1 31c.			School (K-12 Subchapter 8	(Other than K-12) .
233 DAVID HOS	PER PL	_		Other (i.e. printed homes, etc.)	ivate & commercia	al buildings,
City (5)	*			Square Feet	# of Floors	1.940
MESTWOOD			· ·	. 2100	2	
County (6) BERGEN		County Code ONLY)	(7) (STATE USE	Current Use (Pr	ior if being demos	sined) S
Name of Monitoring Firm Hired by Building	ng Owner ASCM	No.	Name of Abatem	nent Contractor (S		
(8)			Best R	emoval I	nc .	25
Street Address			Street Address		17	
City, State, Zip Code			450 S.	River St		2
Cay State, 2p Code	•		Hacken	sack, N.	J. 07601	
Project Manager for Monitoring Firm	Telephor	ne No.	Telephone No.		License No.	
				7444 -	00388	
Start Daile (10) Sche	duled Completion Date	1.	Name of OSHA Omega En	Monsor vironmen	tal Inc-	13 /
Occupancy Status During Abatement (C	-, -, ,		Street Address	27	τ.	(,
☐ Facility Closed/Vacated During Entire☐ Abatement Performed Outside of Non	Period of Abatement	1277.40	280 Huy			
Abatement Performed Outside of Non- 2 Other - Describe: 7/14/70 1	mal Facility Hours		City, State, Zip C		k, N.J. (7606
Scope of Work (Check all that apply)					Negative Pressure	
D23401238		2 Renovation	-211ini-	Enclosure	Negative Pressure	₹ - ≥=
□ ≥ 160 sf or ≥ 260 lf		☐ Demostion		ebag Procedure Exempted (*) and	Non-Friable Proc	
	ls Locatio	on .	- S	"		Abatement Type
. Location of	Normali Used Solel	ly by	Description (
Asbestos-Containing Material (ACM TO BE ABATED	l) Maintenar Custodi	nce/ Asb	estos Containing Ma e., thermai systems	insulation.	Amount (Specify	Enclosure Encapsulate Repair Removal
(13)	· See		surfacing, VAT other miscelland		SF or LF)	Enclosure Encapsulat Repair Removal
	. (12)	1.00				- -
1 FLOOR	Yes No	N/A THE	CHAL SYSTEM	IN SULATION	364	FF
BASELENT		1 1 1 1 1	MAL SYSTEM		70 U	
77.25		THER	THE DY STOPE	1		
Name of Registered Waste Hauter	NJDEP V	Naste Hauler	Cubic Yards of Waste	Name of Regis	tered Landfill	
Best Removal Inc	1710	9	207	Minerva	Enterpr	ises
City State	- 07/07		Disposal Date	City, State	urg , Oh	
Hackensack, N	.J. 07601		8/26/14		urg , on	Date / /
J. Maiorano E	stimator		Signature 1	pionon	ع ا	Date 8/15/14
			1 //	1 2 2		

State of New Jersey

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

Check # 7570 Name of Building Owner/Operator (2) Date of Notification (1) John McHenry 8/14/14 Type of Notification Street Address Agencies Notified 12 Shore Drive Terr. [] EPA Initial Notification [] DEP City, State, Zip Code Emergency DOL Butler, NJ 07405 Amended Notification DOH [X] Telephone Number Name of Contact [] DCA [] Cancellation Robert Cotter **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e. private and commercial buildings, Residence Street Address 12 Shore Drive Terr. # of Floors Bldg. Age Square Feet ~ 70 County Code (7) 1800 City (5) County (6) (STATE USE ONLY) Current Use (Prior if being demolished) Butler Passaic residence Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner Jupiter Environmental Services, Inc. N/A Street Address Street Address 3 Lynn Court City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 00852 973-709-0200 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) J & S Environmental Laboratories, LLC 8/31/14 8/23/14 Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 W Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: Union, NJ 07083 Other - Describe: partially vacated Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini - Enclosure Renovation Demolition [] [1 Glovebag Procedure [] ≥3 sf or ≥3 If [] Non - Friable Procedure ≥160 sf or ≥260 lf Abatement Is Location Туре Normally Used Description of Solely by Asbestos - Containing Amount R R E Location of Ε Ε N Maintenance/Cus (Specify N Material (ACM) Asbestos - Containing C (i.e., thermal systems SF or LF) M P C todial Staff (12) Material (ACM) 0 A Α insulation, surfacing, VAT, TO BE ABATED V P 0 or other miscellaneous) In Facility A S S Yes No N/A (13)U U 500 SF X VAT basement X Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. Of Waste Minerva Landfill Jupiter Environmental Services 04782 Disposal Date City, State City, State Waynesburg, OH 8/29/14 Lincoln Park, NJ Date Signature Completed By (Print or Type) 8/14/14 General Manager Pane Repic

ASB-41

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

B & G proj. #:

2014-140

*** EMERGENCY ***

Check # 6690

Date of Notification (11			r/Operator (2)		_	2014	AUG I	9 /	11	13 /2	•
0 8 / 1 14					oard of Edu	Icalio					10100 5		<u> </u>
Agencies Notified EPA	Type Notification	1100	eet Addres 101 Hend		Avenue			* 4			i	ne	r.
☐ DEP	[Mar.	1.14	ty, State, Zi			-			·				
X DOL	Amendm		Brick, NJ									-	
X DOH	Cancella	8 8 8 2	me of Cont	act			1	Telephone					
☐ DCA	L Cancella	lion	Thomas	Liming						_			_
©				FACI	LITY INFORM	ATION							
Name of facility whe	ere abatement is	s taking pla	ce (3)					Type of Facility (4) I (K - 12)				
Osbornville Ele	ementary Scl	hool *****	(NON SL	JB 8)****	r*				apter 8 (Ot	her th	an K-	12)	
Street Address									Private/Co Homes, et		cial		
218 Drum Poir	nt Road								# of Floors	-	Bld	lg. Ag	je
City (5)		Coun	ty (6)				nty Code (7)				-		
Brick		Oce	ean			(Sta	te use only)	Current Use (Pi Public library		dem	olishe	d)	
Name of Monitoring	Firm Hired by E	Bldg. Owne	r (8)		ASCM No.	_	Name of Abatement	Contractor (9)					
N/A							B & G Restorat	tion, Inc.					
Street Address				-			Street Address 105 Ryerson F	Road					
City, State, Zip Code						-	City, State, Zip Code						
City, State, Zip Code							Lincoln Park,	NJ 07035					
Project Manager for	Monitoring Firm)	Pho	one Numb	er		Telephone Number (973)696-686	69	License 00	Numb 378	er		
Scheduled Start Date	e (10)	Sched	. Completio	n Date (1	1)	_	Name of OSHA Mor						
08/15/2014		08/1	6/2014				B & G Restora Street Address	tion, inc.					
Occupancy Status D	Ouring Abatemer	nt (Check o	nly one)				105 Ryerson F	Road		0			
☐ Facility closed	/vacated during rformed outside	entire perio	od of abater	ment. s-			City, State, Zip Code						
Describe: Other-Describ						_	LincolnPark, N	IJ 07035					
Scope of Work (che		the state of the s											
Demolition	X	Renovatio	n				full Containment w/ne		Gloveb				
> 3 sf or > 3 lf	X	≥160 sf or	≥260 lf			<u> </u>	Mini-enclosure		■ Non-fr			-	
Location of	A		n normally u		1			Amount	33	R e	R	E n	E
asbestos-conf material to be		staff(12)	marioc/oust	- Julian	Descripti material		sbestos-containing	(Specify S	SF or	m	p a	C	n
abated in facil		Yes	No	N/A	material	(/10141)		LF)		v e	i	a p	L
back wall of Gyn	nnasium			X	VAT & M	astic		500 sf		X			
]					부	닏	닏	부
]					뷰	부	븜	분
					<u> </u>					쓔	片	님	吊
					Lubic Yards of	Monto	Name of Registere	d Landfill		Ш	Ш_	Ш	1
Registered Waste H B & G Restorat			EP Hauler I 19563		6	vvasie	Tullytowr	Resource & R	ecovery	Cent	er		
City, State Lincoln Park, N	1J			Disposal I	Date 3/18/2014		City, State Tullytown	, PA				1	£
Completed by (Print	or Type)	Title	l	· · · · ·	Signature		Gordana Luna		Date 08/14	1/201	4		20
Gordana Luna		Secreta	ry/Treasu	ii ei			0		1-00/1-	0			

State of NJ Notification of Asbestos Abatement 2014-140 (Pursuant to NJAC 8:60-7 and 12:120-7) Check# Bash -10 DA B & G proj. #: *** EMERGENCY *** Date of Notification (1) Name of Building Owner/Operator (2) Brick Township Board of Education 10 18 1/11 114/11 14 Agencies Notified Street Address ☐ EPA 101 Hendrickson Avenue iniliai DEP City, State, Zip Code Amendment DOL DOL Brick, NJ 08724 Telephons Number Name of Contact MOC [X] Cancellation D DCA Thomas Liming FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) Bohool (K - 12) Osbornville Elementary School *****(NON SUB B)***** Bubchapter 5 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Hames, etc. 218 Drum Point Road Square Fest | # of Floors County (6) County Code (7) Clby (5) Current Use (Prior if being demolished) (State use only) Brick **Ocean** Public library Name of Menkering Firm Hired by Bidg. Owner (8) ASCM No. Name of Abatement Contractor (9) NA B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number Project Manager for Monitoring Firm (973)696-5869 00378 Name of OSHA Manitor School, Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 08/15/2014 08/16/2014 Strent Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during artire pariod of abatement. City, State, Zip Code () Abstement performed outside of normal facility hours-LincolnPark, NJ 07035 OthenDescribe: Work shift 8:00am - 4:30pm Scope of Work (check all theil apply) Full Containment winegative pressure Glovebag procedure Demolition Renovation Non-Alabie procedura 2150 of or ≥260 if Mini-anciosum = >3 st or >3 st is location normally used solely E Lapation of by maintenance/pustodial n Amount Description of aspestos-containing n asbastos-cuntaining (III staff(12) (Specify SF or material to be material (ACM) Ċ 0 epated in fecility (13) Yes N/A VAT & Mastic 500 sf back waii of Gymnasium Cubit Yards of Wasts Name of Registered Landtil gotarid Wasta Hauler 19563 Tullytown Resource & Recovery Center B & G Restoration, Inc. City, State Tullytown, PA Lincoln Park, NJ 08/18/2014 Signature Date Completed by (Print or Type) Go:dane Luna Gordona Lana 08/14/2014 Secretary/Treasurer

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

GAC Project # 460-14 Date of Notification (1) Name of Building Owner/Operator (2) SIEGEL RESIDENCE August 15, 2014 Agencies Notified Notification Type Street Address 2014 AUG 19 220 VALENTINE STREET ☐ EPA ☐ Amended Notification City, State, Zip Code DDCA HIGHLAND PARK, NJ 08902 ■ Emergency (including) X DOL Name of Contact Telephone Number iustification) ☑ DEP- No Longer REQUIRED c/o MR. MICHAEL SIEGEL Cancelled X DOH **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SIEGEL RESIDENCE School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 220 VALENTINE STREET Sq. Feet: 2000 SF # of Floors: 2 Bldg. Age: ~60+ years City (5) County (6) County Code (7) (State Use Only) HIGHLAND PARK **MIDDLESEX** Current Use (prior if being demolished): RESIDENCE Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. ENVIROVISION, INC. 00079 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 20-21 WARGARAW ROAD 268 MAIN STREET City, State, Zip Code City State, ZipCode FAIRLAWN, NJ BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number FRED LARSON 973-636-9145 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/26/14 08/27/14 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ▼ Facility Closed/Vacated During Entire Period of Abatement (NOT SUB 8) 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Describe ☐ Facility Occupied During Entire Period of Abatement Hours 8AM - 4PM FAIRLAWN, NJ Source of Work (Check all that apply) ☐ Full Containment with Negative Pressure X Renovation $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ Mini-Enclosure (Cut & Wrap) **⊠**≥ 160 sf or ≥ 260 lf ■ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) NO YES NA X Basement X VAT 500 SF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 10 CY Newark Carting, Inc. G.R.O.W.S. North Landfill NJ DEP # 4509 Newark, NJ 04509 Disposal Date City, State 100 New Ford Mill Rd. 08/27/14 Notes: None Morrisville, Pa 19067 215-736-1700 Completed by (Print or Type) Date Raymand C. Pedalino SENIOR PROJECT August 15, 2014 RAYMOND C. PEDALINO

MANAGER

NO (K

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

Date of Notification (1)	-			Nan	e of Ruild	ing Owner/Operator	(0)					
08/	14					ommunications	(2) / Job #	1407-4793 Chec 2014 AUG	k#		· ·	
Agencies Notified Type Not ☐ EPA ☐ Initial ☐ DOLWD ☐ Amend		-			et Address O Green	wood Avenue		ZUK AUG	19 (1		;
	dment #1	ľ)	53 S	State, Zip				-	-	14.	
☐ DCA ☐ Emerg	ency-(in		ng			n, PA 19046		~		i3		
(NJAC 5:23-8) justific	ation)			Nam	e of Conta	act		Telephone N	umber			-
☐ Cance	llation			Al	ex Baylo	r						
				F/	CILITY	NFORMATION				_		
Name of Facility Where Abatement i	s Taking	Plac	e (3)				Type of Fac	ility (4)				
Verizon Market CO		1					School (K-12)				
Street Address 95 William Street							Other (i.e.)	eter 8 (Other than K	·12) nercial b	uildir	ngs,	
City (5)		-					homes, e	The second secon				
Newark							Square Fee	t # of Floors	E	Bldg.	Age	
County (6) Essex				Cou	nty Code	(7)(STATE USE ONLY)	11 110000000000000000000000000000000000	(Prior if being dem	olished)			
Name of Monitoring Firm Hired by Bu	ilding O	umor	(0)	LACCI	I No.	Tal.	Offices					
USA Environmental	anding O	wilei	(0)	ASCN	NO.	Name of Abateme		r (9)				
Street Address						AbateTech, II	nc.					
8436 Enterprise Ave.						Street Address	. DO D	_				
City, State, Zip Code			-			30 Maple Ave		5				
Philadelphia, PA 19153						Lumberton, N	COM Communication of the co					
Project Manager for Monitoring Firm	-		Tel	lephone	No	Telephone No.	10 00048					
Mark Jenkins				215-365		609-265-2107	į.	License No.				
Start Date (10)	Schedu	led C	100		****	Name of OSHA M		00529				
08/11/14				4 /		EMSL Analyti						
Occupancy Status During Abatement						Street Address						
☐ Facility Closed/Vacated During En	tire Perio	od of	Abate	ement		200 Route 130	Morth					
☐ Abatement Performed Outside of I	Normal F	acilit	v Hou	ırs - Des	cribe	City, State, Zip Co					_	
Time of Abatement:AM	PM/		PM	1	AM	Cinnaminson,	***************************************					
Scope of Work (Check all that apply)							1.10 00017					
☐ ≥3 sf or ≥3 If ☑ ≥160 sf or ≥260 If			novat moliti			☐ Mini-Encl	osure Procedure	Negative Pressure Non-Friable Proced	lure			
			Loca					T		atem	ent T	vpe
Location of Asbestos-Containing Material (AC	M)		Norma d Sol	ally ely by	0-5-	Description of				_	T	T
TO BE ABATED	,			ance/	(i.e	stos Containing Mate, thermal systems in	erial (AGM) Isulation	Amount (Specify	Removal	Repair	nca	nclo
IN Facility (13)		Cust	(12)	Staff?		surfacing, VAT,	or	SF or LF)	l a	=	Encapsulate	Enclosure
		Yes	No	N/A		other miscellaneo	us)				ate	U I
Elevator Landing, 4, 5, 7 & 8	[Elevato	r Landing Doors		32 each				
Elevators 2-8					Elevato	r Brake Pads		14 each				
	[]								П	П	
Name of Registered Waste Hauler				JDEP V		Cubic Yards of	Name of Re	gistered Landfill				-
AbateTech, Inc.			H	18750		Waste 40		.S. Landfill				
City, State				.0700	7	Disposal Date	City, State					
Lumberton, NJ					`	9/14/14	Tullytow	n, PA				
Completed By (Print or Type)	Title					Signature	1 1		ate /	_		_
Jennifer Piraine	Ope	ratio	ons (Coordi	nator		ber fin	THE I	8/12	114		
SB-41						1 3	1		411	1 1		

ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.

CK 9581

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

15	Date of Notification (1)	-			Name of	f Building (Owner/Operator (2	2)			٠.,	act.	
Initial		/ 14			Plast	ics Cons	ulting& Manufa	acturing Comp	any)			
DOLNO	Agencies Notified Type N	otification		-	Street A	ddress				F	1 :	į,	
DPISS													
				+					* .		11.		
DAG (NAC \$23-8)	Andrew Section (1988) (1988) (1988)	endment #0							· · · - 1	.,,	.G		
		ergency (inc	luding			- 85	00104		Telephone Number	er			
Name of Facility Where Abatement is Taking Place (3) Plastics Consulting & Manufacturing Company Street Address Subchapter 8 (Other than K-12) School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12	(NJAC 5:23-8) just								Telephone realise	100			
Name of Facility Where Abatement is Taking Piace (3) Plastics Consulting & Manufacturing Company	☐ Car	ncellation			LOHING THE STATE OF	0.000.000.000			4				
School (K-12) School (K-12					FAC	LITY INF	ORMATION	T	(4)			_	_
Subchapter 8 (Offer than Kr.12)													
Sireet Address Street Address Stre	Plastics Consulting & Ma	nufacturin	g Con	npan	У			School (K-12	!) R (Other than K-12)				
According County (code (7)(STATE USE ONLY) Square Feet of Floors Bidg, Age 50+ 4000 2 50+								Other (i.e., p	rivate and commerc	ial buil	dings	,	
County (6)	1431 Ferry Ave										935.0		
County (6)								Square Feet	# of Floors	Bldg	g. Age	9	
County (6) Camden Name of Monitoring Firm Hired by Building Owner (8) AET Street Address Street Address Stoe Address Stoe Lord Address Stoe Lat Union St. City, State, Zip Code Media, PA 19063 Project Manager for Monitoring Firm Dave Turotsy Start Date (10) Start Date (1								4000	2	5	0+		
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Alliance Environmental Systems					Count	v Code (7)/	STATE USE ONLY)	Current Use (Pr	ior if being demolish	ied)			
Name of Monitoring Firm Hired by Building Owner (8)					Count	y 0000 (1)(017112 002 011217						
AET Street Address 28 N. Pennell Rd City, State, Zip Code Media, PA 19063 Project Manager for Monitoring Firm Dave Turotsy Scheduled Completion Date (11) 9 / 2 / 14 Scheduled Completion Date (11) 9 / 9 / 14 Scheduled Completion Date (11) 9 / 9 / 14 Scheduled Completion Date (11) 9 / 9 / 14 Scheduled Completion Date (11) 9 / 9 / 14 Scheduled Completion Date (11) 9 / 9 / 14 Scheduled Completion Date (11) 9 / 9 / 14 Scheduled Completion Date (11) 9 / 9 / 14 Scheduled Completion Date (11) 9 / 9 / 14 Scheduled Completion Date (11) 9 / 9 / 14 Scheduled Completion Date (11) 9 / 9 / 14 Scheduled Completion Date (11) 9 / 9 / 14 Scheduled Completion Date (11) 9 / 9 / 14 Scheduled Completion Date (11) 9 / 9 / 14 Scheduled Completion Date (11) Pack Age Facility Closed/Vacated Only Gentire Period of Abatement Cocupancy Status During Abatement (Check only one) Scheduled Completion Date (11) Pack Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement TyM- PM3:39PM- AM Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that a					100111		Name of Abotom		-				
Street Address 28 N. Pennell Rd City, State, Zip Code Media, PA 19063 Project Manager for Monitoring Firm Dave Turotsy Start Date (10) 9 / 2 / 14 9 / 9 / 14 Coccupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Time of Abatement: 7AM- PM3:30PM- AM Asbestos-Containing Material (ACM) To Be ABATED IN Facility (13) Pare in Facility (13) Street Address 550 East Union St. City, State, Zip Code West Chester, PA 19382 Telephone No. 610-701-9000 610-701-9000 Name of OSHA Monitor AET Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063 Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Mini-E	Name of Monitoring Firm Hired b	y Building C)wner (8)		10.							
28 N. Pennell Rd City, State, Zip Code Media, PA 19063 Project Manager for Monitoring Firm	AET			0	NA			ironmentai Sys	stems				
City, State, Zip Code Media, PA 19063	Street Address		3-000	=700				_					
Media, PA 19063	28 N. Pennell Rd												
Media, PA 19063	City, State, Zip Code						City, State, Zip C	ode					
Project Manager for Monitoring Firm Dave Turotsy Telephone No. 610-891-0114 610-891-0							West Cheste	r, PA 19382					
Start Date (10)		irm		Tele	ephone N	No.	Telephone No.		License No.			5 5200	
Scheduled Completion Date (11) 9				7	10.00 10.00 17.00 Co 10.00 Co.		610-701-900	0	00508				
State Date (ii) 9		Cahor	tulod C	1			Name of OSHA	Monitor					
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement: 7AM- PM/3:30PM- AM ☐ Scope of Work (Check all that apply) ☐ Stope of Work (Check all that		50.80505000.0000				144.7							
Second Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM							Street Address						
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AMPM/3:30PMAM								Poad					
Time of Abatement: 7AM—PM/3:30PM—AM Media, PA 19063	☐ Facility Closed/Vacated Duri	ng Entire Pe	riod of	Abate	re Dec	oriba						-	
Scope of Work (Check all that apply) Saf or ≥3 If Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*)	Abatement Performed Outsid	e of Norma	n Pacilit	у пои	AM	Sibe	5.00						
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≥3 sf or ≥3 lf	Scope of Work (Check all that a	pply)						stainment with Ne	agative Pressure				
Second Procedure Second Pro			Пр	anovat	tion				gative i ressure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 1st Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Floor Mastic 3000 1st Floor Name of Registered Waste Hauler N.E.T.S. Name of Registered Waste Hauler N.E.T.S. City, State Hazelton, PA Completed By (Print or Type) To BE ABATED Normally Used Solely by Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Floor Mastic Amount (Specify SF or LF) Abatement City, Stafe Imperial, PA Date Date Da	\(\sum_{\geq} \geq 3 \text{ st or } \geq 3 \text{ If } \(\sum_{\geq} \geq 260 \text{ If } \)						☐ Gloveb	ag Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 1st Floor 1st Floor Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Floor Mastic Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Floor Mastic 3000 In Floor Mastic SF or LF) Name of Registered Waste Hauler N.E.T.S. Name of Registered Waste Hauler N.E.T.S. City, State Hazelton, PA Completed By (Print or Type) Title Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) About Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Floor Mastic About Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Floor Mastic 3000 In Floor Mastic Stop LF) Signature Disposal Date Imperial, PA Date Date Date Date Date Date Date Date	⊠ ≥100 St 01 ≥200 ti		Para Care				Non-Ex	empted (*) and N	on-Friable Procedur		Terror of the second		
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 1st Floor Name of Registered Waste Hauler N.E.T.S. City, State Hazelton, PA Completed By (Print or Type) Location of Maintenance/ Custodial Staff? (12) Yes No N/A Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Floor Mastic 3000 Name of Registered Landfill Allied BFI Imperial City, State Imperial, PA Completed By (Print or Type) Title			ls	s Loca	ation					Aba	ateme	ent T	ype
Custodial Staff? (12) Yes No N/A 1st Floor SF or LF) Symmetric SF or LF Suffacing, VAT, or other miscellaneous SF or LF Suffacing, VAT, or other miscellaneous SF or LF Symmetric Symmetric Signature Signa	Location of									R	Re	En	En
Custodial Staff? (12) Yes No N/A 1st Floor SF or LF) Symmetric SF or LF Suffacing, VAT, or other miscellaneous SF or LF Suffacing, VAT, or other miscellaneous SF or LF Symmetric Symmetric Signature Signa	Asbestos-Containing Materi	al (ACM)								mo	pai	cap	Enclosure
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Yes No N/A 1st Floor □ □ Floor Mastic 3000 □ □ □ □ □ □ □ □ Name of Registered Waste Hauler N.E.T.S. NJDEP Waste Hauler ID No. 18947 Cubic Yards of 				(12)							ate	
Name of Registered Waste Hauler N.E.T.S. Name of Registered Waste Hauler N.E.T.S. Name of Registered Waste Hauler N.E.T.S. Name of Registered Landfill No. 18947 Disposal Date Hazelton, PA Completed By (Print or Type) Title Signature Date Date Date Date Date	(,		Yes	No	N/A								
Name of Registered Waste Hauler N.E.T.S. NJDEP Waste Hauler ID No. 18947 City, State Hazelton, PA Completed By (Print or Type) Title NJDEP Waste Hauler ID No. 18947 Cubic Yards of Waste Waste Allied BFI Imperial City, State TBD City, State Imperial, PA Date Da	1st Floor		П	П	Ø	Floor M	lastic		3000	\boxtimes			
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Name of Registered Waste Hauler N.E.T.S. NJDEP Waste Hauler ID No. 18947 City, State Hazelton, PA Completed By (Print or Type) NJDEP Waste Hauler ID No. 18947 NJDEP Waste Hauler ID No. 2000 Name of Registered Landfill Allied BFI Imperial City, State TBD City, State Imperial, PA Date												Ш	
Name of Registered Waste Hauler N.E.T.S. NJDEP Waste Hauler ID No. 18947 City, State Hazelton, PA Completed By (Print or Type) NJDEP Waste Hauler ID No. 18947 Cubic Yards of Waste Allied BFI Imperial City, State TBD City, State Imperial, PA Date Date Date			-	+-				74					
N.E.T.S. Hauler ID No. 18947 City, State Hazelton, PA Completed By (Print or Type) Title Hauler ID No. 18947 Disposal Date Imperial City, State Imperial, PA Date						Maste	Cubic Varda of	Name of Doo	ristered Landfill		_	_	
N.E.T.S. 18947 Oity, State Hazelton, PA Completed By (Print or Type) Title 18947 Table Affect By Timperial Oity, State Imperial, PA Date Date		ıler											
City, State Hazelton, PA Completed By (Print or Type) Title Disposal Date TBD Imperial, PA Date Date	N.E.T.S.						30		i illiperiai		-		
Hazelton, PA Completed By (Print or Type) Title Signature Date	City, State						Disposal Date						
Completed By (Print or Type) Title Signature Date	D \$500 com						TBD	Imperial,	PA	,		/	
Completed by (Finite of Type)	NAMES OF THE PROPERTY OF THE P	Тн	le				Signature	1/1/	D	ate /			
Mark Griffin Estimator				ator				##	2	2/12	5/	14	1
	The state of the s									211	1		
ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.			* Do no	ot use	this forn	n for asbes	tos licensure exe	mpted activities.		1	/		

check # 2460

Date of Notification (1)				Building C	wner/O	perator	(2)									
August 15, 2014				Susan	Frankel				9634	ALIC	19	11	1.	- n		
Agencies Notified	Type Notification		- 1	Street Ad 3210 H	ddress Hillside T	errace	,			1,00	, , ,	Feel	, -	٠. ب		
EPA DEP DOL	Initial Amended Amendment	#			te, Zip Coo								7	C		
	☐ Emergency (Contact					Tele	phone	Numb	er		7000	- 1
DOH DCA	justification) Cancellation		- 1	Mike M						1		1991				
<u> </u>		***************************************		FACIL	LITY INFO	RMATI	ON								10000000000000000000000000000000000000	
Name of Facility Where Residence	Abatement is Takin	g Place (3)						-	of Facility (4) School (K-12)							
Street Address 3210 Hillside Terra	ce								Subchapter 8 Other (i.e. pri	(Oth			build	ings,	home	es,
City (5)									etc.) re Feet	# 01	Floors		TBI	dg. A	ae	
Fairlawn								2,00		2	, ,,,,,,		4	-	3-	
County (6)				County C	Code (7)	-			nt Use (Prior	if bei	na demo	olished	d)			10000
Bergen					JSE ONLY)						5		â			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	1 No.		Name	of Aba	tement Contr	actor	(9)	-	-			
							Spec	cialty ⁻	Trades Co			LC				
Street Address								Addres ntorin	ss io Way, Bu	iildin	g #2					
City, State, Zip Code									ip Code IY 10918							
Project Manager for Mor	nitoring Firm		T	Telephor	ne No.		038000000000000000000000000000000000000	none No			Licens	se No.	5			
Start Date (10)		Scheduled	d Con	npletion (Date (11)		7.00		HA Monitor Trades Co	ntra	ting I	10				
Occupancy Status Durin	g Abatement (Ched	k Only One)					Addres		i i i a c	zurig, L					
Facility Closed/Vac									o Way, Bu	iildin	g #2					
Abatement Perform Other – Describe:	ned Outside of Nom Home - basement w	nal Facility ill be isolate	Hours d	3		_	9.70		ip Code NY 10918							
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				,	Mir	Containmer ni-Enclosure ovebag Proce n-Exempted	dure					e	
		ls l	Locati	ion			_	140	Lxemptou	<u> </u>	4 (10)			Abate	ement	t
Location			omal I Sole				scription					ŀ	-	, ,	PC	T
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Mair Custo	ntenar odial 8 (12)	nce/ Staff?		thermal surfa	taining N system cing, VA niscella	s insula AT, or	I (ACM) ation,	(5	mount Specify For LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A												
Basem	ent	+		X		VAT	Г & Ма	stic			200	-	X			
Name of Registered Wa	ste Hauler			JDEP W		Cubic	Yards		Name of R	egiste	ered Lar	ndfill				
Freehold Cartage	The state of the s				No.	of Wa 5	ste		TRRF							
City, State Freehold, NJ						Dispo 9-5-1			City, State Tullytown		A					
Completed by Michael R. Adams		Title Presid	dent			8	Signatur	e Lia	26			8/1		ı		

State of NJ

B & G proj. #:

2014-127

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

Check # 6689

Duty-Chlesiferation (4)											
Date of Notification (1)		1000 P. T. C.	er/Operator (2)			2014 AUG	19 AM	1,	: :		
0 8 / 1 5 / 1 4 Agencies Notified Type Notification		Sullivan									
□ FPA	1 0.0007					. 5		É	110		
DEP Initial		altusrol Way	У	-							
DOL Amendme		nte, Zip Code rt Hills, NJ 0	7078								
_ -		Contact	7070			Telephone	Number		الحاائد	-	-
Cancellati	on										
DCA CONTROL	Mar Mar	ti Sullivan						=			
		FAC	ILITY INFORM	ATION							
Name of facility where abatement is	taking place (3)					Type of Facility (4 School) (K = 12)				
Marti Sullivan							pter 8 (Othe	r th	an K-	12)	
Street Address						어떻게 하는 걸어지는 것 하다.	rivate/Com			12)	
53 Baltusrol Way							lomes, etc.	_	Die	- 1	
	1 0 1 (0)					Square Feet #	f of Floors		Bio	ig. Ag	зе
City (5)	County (6)			County Code (State use o	2000	Current Use (Pri	or if being d	emo	olishe	:d)	
Short Hills	Essex			(0,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2	,	residential	s. II boilig d	0,,,,		-/	11
Name of Monitoring Firm Hired by Bl	dg. Owner (8)		ASCM No.	Name	of Abatement Co	ontractor (9)					
880					G Restoratio	n, Inc.					
Street Address				72,0457,0207,03	Address	-1					
					Ryerson Ro	ad					
City, State, Zip Code				100	ate, Zip Code ncoln Park, N	1.07035					
		I Disease Marcel			one Number	3 07033	License Nu	ımb	er		
Project Manager for Monitoring Firm		Phone Num	ber		73)696-6869		0037				
	Tooked Com	pletion Date (1	1	Name	of OSHA Monito	r					
Scheduled Start Date (10)		• Artificial Control of the Control	11)	B &	G Restoration	n, Inc.					
08/27/2014	08/28/20				Address	- 1					
Occupancy Status During Abatement				11	Ryerson Ro	ad		_			
Facility closed/vacated during e Abatement performed outside of	ntire period of a of normal facility	hours-		City, St	ate, Zip Code						
Describe:				— Linc	colnPark, NJ	07035					
Other-Describe:										-	
Scope of Work (check all that apply) Demolition	Renovation			☐ Full Cont	ainment w/nega	tive pressure	Glovebag	ום ו	ocedu	ıre	
	160 sf or >260	ıf		Mini-enc	A TO STATE OF THE	, ,	☐ Non-friab				
57 TO 100	Is location norm		ivi				100	रा	R	E	1_
	by maintenance			ion of asbestos	-containing	Amount	e n	m	e p	n c	E n
material to be	staff(12)		- material			(Specify Sf	F or o	0	a	а	C L
abated in facility (13)	Yes N	lo N/A			1.		e	9	r	p .	
basement storage room		X	pipe ii	nsulation		105 lf		X	ᆜ		부
boiler room		X	pipe i	nsulation		1 lf		X	屵	븜	뷰
							L	믞	屵	금	H
			-					믞	+	금	H
5 - Wasta Havlar	TAUDED He	wor ID#	Cubic Yards of	Waste I Name	of Registered L	andfill		7		Ш,	10
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Ha 1956		1½			Resource & Re	covery Co	ent	er		
City, State		Disposal		City,	State	Λ.		West to			
Lincoln Park, NJ		08	3/29/2014		Tullytown, P		Date	_			
	Title Secretary/Tr	easurer	Signature	Gorda	ina Luna		08/15/2	201	4		96-2

State of NJ

Check #6687

B & G proj. #: 2014-119

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

Date of Notification (1)	Name	of Building Owr	ner/Operator (2)			9814 AUG	3 19 A	1 1,5		,	
0 8 1 1 5 1 1 4		Melen				ESIN HOL					
Agencies Notified Type Notification	1100000	Address	· ·			* 5 -	45	1	11-	e.	93
Initial	742	Mountain A	venue					,,.G			
DEP -	111	tate, Zip Code						1000/-010			
DOL Amenda	nent Wy	ckoff, NJ 074	451								-
DOH DOH	11	of Contact				Telephon	e Number				
☐ DCA ☐ Cancella	tion Jud	ly Melen									_
		FAC	CILITY INFORM	ATION							
Name of facility where abatement is	taking place (3)				Type of Facility (4) I (K - 12)				
Judy Melen							apter 8 (Oth	er th	an K-	12)	
Street Address						Other ((Private/Cor	nmer		á	
742 Mountain Avenue						Bldgs./ Square Feet	/Homes, etc # of Floors		Bld	g. Ag	e
City (5)	County (6)		Coun	ty Code (7)						
Wyckoff	Essex		50	(State	e use only)	Current Use (P residential	rior if being	demo	lishe	d)	
Name of Monitoring Firm Hired by I	3ldg. Owner (8)		ASCM No.	'	Name of Abatement C	ontractor (9)					
N/A					B & G Restoration	, Inc.					
Street Address		,			Street Address						
					105 Ryerson Road					_	
City, State, Zip Code					City, State, Zip Code	07025					
Project Manager for Monitoring Firm		Phone Num	her	- -	Lincoln Park, NJ	07033	License N	lumb	er	-	
Project Manager for Monitoring 1 in		I Hone Ham	,DOI		973-696-6869		0378				
Scheduled Start Date (10)	ISched Cor	npletion Date (11)	-	Name of OSHA Monito					6 11 11 18	
08/25/2014	08/26/	50 30			B & G Restoration	n, Inc.					
Occupancy Status During Abatemer					Street Address						
Facility closed/vacated during				1 1	105 Ryerson Road City, State, Zip Code						
Abatement performed outside					ony, otato, zip oodo						
Describe:				-11	Lincoln Park, NJ	07035					-
Scope of Work (check all that apply	/)						wrap &	è cut			
☐ Demolition ☑	Renovation			☑ Fu	ıll Containment w/nega	ative pressure	Gloveba	ag pro	cedu	re	
>3 sf or >3 lf	≥160 sf or ≥260) If			ini-enclosure		☐ Non-fria	able p	roce	dure	
	Is location nor	mally used sole	ely			T		R	R	E	E
Location of asbestos-containing	by maintenand staff(12)	ce/custodial			bestos-containing	Amount	SE or	m	e p	n	n
material to be abated in facility (13)			- material	(ACM)		(Specify :	SF 01	0 V	a	a	L
abated in identy (10)	Yes	No N/A						е	_	р	<u>L</u>
basement		X	linoleur	m, VA	& mastic	500 sf		N	무	무	
								뷔	H	片	ዙ
1			-					님	౼	H	H
			-				_	爿	ᆔ	H	計
Designated Month Haules	NIDER	lauler ID#	Cubic Yards of	Waste	Name of Registered	Landfill			<u> </u>		1-
Registered Waste Hauler B & G Restoration, Inc.	19563	iaulei ID#	5 1/2		Tullytown Resour	rce & Recover	y Center				
City, State		Disposa			City, State						
Lincoln Park, NJ 07035		08	/27/2014		Tullytown, PA		Date				
Completed by (Print or Type)	Title Secretary/Tr	eacurer	Signature		Gordana Luna		08/15/	2014	4		

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) 2010-92 B & G proj. #: Check #6688 Name of Building Owner/Operator (2) Date of Notification (1) 2014 AUG 19 AM 4: () 10181/11151/11141 Ā

		_ynn ino	mpson									
Agencies Notified Type Notification	1 00	reet Addres	ss st Chrysta	al Street		**		i	n.	٠.		
DEP Initial	11 -										-	
DOL Amenda		ty, State, Z Dover, N	.ip Code NJ 07801									
DOH .	Na	me of Con	tact				Telephor	e Number	Beer Real			
DCA Cancella	ition	Lynn Th	ompson									
			FACI	LITY INFORM	ATION							
Name of facility where abatement is	s taking pla	ce (3)					Type of Facility	(4)				
Lynn Thompson		56 EF						ol (K - 12) napter 8 (Othe	r tha	ın K-	12)	
Street Address								(Private/Com: /Homes, etc.	nerc	ial		
117 West Chrystal Street							Square Feet	# of Floors	T	Bld	g. Ag	е —
City (5)	Coun	ty (6)				ty Code (7)						
Dover, NJ 07801	Мо	rris			(State	e use only)	Current Use (F	Prior if being d	emo	lishe	d)	
Name of Monitoring Firm Hired by I	Bldg. Owne	r (8)		ASCM No.		Name of Abateme	nt Contractor (9)					
N/A						B & G Restora	tion, Inc.					
Street Address			100			Street Address	100 CO			3277		
						105 Ryerson R						
City, State, Zip Code				. \$		City, State, Zip Coo						
					_	Lincoln Park, Telephone Numbe		License Nu	mhe	r		
Project Manager for Monitoring Firm	1	Ph	one Numb	er		973-696-6869		0378	Hibe	1		
		_				Name of OSHA M				_		
Scheduled Start Date (10)	Sched	. Completion	on Date (1	1)		B & G Restora						
08/26/2014		08/26/2	014			Street Address			,			
Occupancy Status During Abatemen						105 Ryerson F	Road					
Facility closed/vacated during	entire peri	od of abate	ement.			City, State, Zip Co	de					
Abatement performed outside Describe:	of normal	facility hou	rs-									*
Other-Describe:					-	Lincoln Park,	NJ 07035					
Scope of Work (check all that apply	y)						2000	wrap &			-0	
☐ Demolition ☑	Renovation	n			☐ Fi	ıll Containment w/	negative pressure	☑ Glovebag	pro	cedu	ire	
☑ > <u>3</u> sf or > <u>3</u> If	≥160 sf or	≥260 If			M	lini-enclosure		Non-friat				
Location of			used solel	у		1000 Silver 1000 1000 1000 1000 1000 1000 1000 10			₹	R e	E	E
asbestos-containing	staff(12)	enance/cus	stodiai			bestos-containing	Amount (Specify	SE or	m	р	С	n c
material to be abated in facility (13)	Yes	No	N/A	material	(ACIVI)		ĹF)		7	a i	a p	L.
		110		ļ			0.15			4		
finished basement portion			X	pipe insul	ation		6 If		믞	믐	믐	H
			4	-					ϯ┼	H	H	片
			#==				_		ᅱ	H	H	一
			-						計	Ħ	H	H
		CD Herries	10# 10	Cubic Yards of	f\Waste	Name of Registe	red Landfill			=		
Registered Waste Hauler B & G Restoration, Inc.	NJD	EP Hauler 563		1/2		Tullytown Re	source & Recover	y Center				
City, State			Disposal I			City, State						
Lincoln Park, NJ 07035			1	3/27/2014 Signature		Tullytown, P.		Date	_	_		
Completed by (Print or Type) Gordana Luna	Title Secretar	y/Treasui	rer	- Signature		Gordana Lun	a	08/15/2	014	<u> </u>		
			0-11-11-11-11				5.53					

Date of Notification (1)		=====		Name	of Buildin	g Owner/Operator (2	2)	Desa	FIIO			
08 /14		14		Rol	bbinsvill	g Owner/Operator (e Board of Educa	ation / Job #1	408-4800 Check	#65	589	f.	1 :
Agencies Notified Ty	pe Notific	ation	- X	Street	Address					1.4		
The state of the s	Initial			155	Robbin	sville-Edingburg	Road	•	2.5			1,,
	Amended			City, S	State, Zip (Code	1				2.6	Û
I amount	Amendm		_		81 - 53	e, NJ 08691						
□ DCA (NJAC 5:23-8)	Emergen	cy (includii	ng	1000000	of Contac			Telephone Numb	er	- 10		
	Cancellat			1,2,0,0,0,0,0,0	berly A.			relephone Ivania	OI.			
	Carrocila											
Name of Facility Where Abate	ement is 1	Faking Plac	e (3)	FA	CILITY IN	FORMATION	Type of Facility	(A)				_
Sharon Elementary Sc		aking riac	,e (3)				School (K-12	300				
Street Address	11001				11027) 3 (Other than K-12)				
5002-05800000000000000000000000000000000							Other (i.e., pr	rivate and commerc	ial bu	ilding	ıs,	
234 Sharon Road							homes, etc.)		_			
City (5)							Square Feet	# of Floors	Ble	dg. A	ge	- 1
Robbinsville												
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	ior if being demolish	ned)			
Mercer							Elementary	School				
Name of Monitoring Firm Hire	ed by Build	ding Owne	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					\neg
PARS Environmental						AbateTech, In	nc.					
Street Address						Street Address	NEW CO.					$\overline{}$
500 Horizon Drive, Sui	te 540					30 Maple Ave	. PO Box 25					94
City, State, Zip Code			- 3			City, State, Zip Co					5775	\dashv
Robbinsville, NJ 08691						Lumberton, N						
Project Manager for Monitorin			Tok	nhono	No	A STANDARD OF COURSE OF THE CO.	10 00040	License No.				_
Rafael L. Torres	ig Fillii			ephone		Telephone No.		CAST - AT -				
	12			09-890		609-265-2107		00529				
Start Date (10)08 /15 /1	98 [H]C	Scheduled 08			te (11) 14	Name of OSHA M EMSL Analyti						
Occupancy Status During Aba	8 18					Street Address						\dashv
☐ Facility Closed/Vacated D				ment		200 Route 13	0 North					
☐ Abatement Performed Out					cribe							
Time of Abatement:						City, State, Zip Co						-
Scope of Work (Check all that	t apply)		-									\neg
☐ >3 sf or >3 lf		Me	enovat	ion			ainment with Neg	ative Pressure				ĺ
≥3 si oi ≥3 ii ≥160 sf or ≥260 lf		-	emoliti			☐ Glovebac						
				14094	8	⊠ Non-Exe	mpted (*) and No	n-Friable Procedure	9			
1.50			s Loca						Ab	ateme	ent Ty	уре
Location of	-:-! (4 01)	. 119	Norma ed Sol			Description o			R	R	щ	Щ
Asbestos-Containing Mate		' M	aintena	ince/	Asbe	stos Containing Ma ., thermal systems i	nsulation	Amount (Specify	Remova	Repair	car	Clo
IN Facility	ž	Cu	stodial		(surfacing, VAT,	or	SF or LF)	va	_	Encapsulate	Enclosure
(13)		Yes	(12) No	N/A	-	other miscellane	ous)				ate	
Old building - Wings A, E	3 C 8 D				Cloan	and Decontamina	to Surfaces	45,000 SF		П		П
Old building - Willigs A, E	3, C & D	_	_	-	Clean	ind Decontaining	ite Suriaces	45,000 31		1		
									Ш	Ш	Ш	Ш
								-				
Name of Registered Waste H	auler		0.000	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
AbateTech, Inc.			F	18750		Waste 40	G.R.O.W.S	. Landfill				
City, State				.5.00		Disposal Date	City, State					\neg
Lumberton, NJ					50	8/22/14	Tullytown,	PA				
Completed By (Print or Type)		Title				Signature	1 0 -	Dat	e i	1		-
Gwendolyn Trumbetti		Opera	tions	Coordi	inator	Xnnu	by Pirai	MO 6	3/1	4/1	U	
,						TANK W	Hollower	14	11	111	-	

ASB-41 MAY 11

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

Date of Notification (1) 8 / 14		14		1			ng Owner/Operator (mmunications		ab #1405-4763	Chec	k #6	540	
Agencies Notified Tvi	oe Notific	cation		S	treet	Address							
	Initial	allon					vood Ave.	10 12 (4)	fric.				
	Amende	d				state, Zip			3				
☑ DHSS	Amendm	nent#	_	- 1	5000			# 1 25 .5 03					
		ncy (includ	ling	-			n, PA 19046	S	1=				
	justificat			-		of Conta			Telephone Num	ber			
	Cancella	ation			Alex	x Baylor							
					FAC	CILITY II	NFORMATION						
Name of Facility Where Abate	ement is	Taking Pl	ace (3))				Type of Facility	(4)				
Verizon - Hightstown C	0							School (K-12					
Street Address				XX - 57		72	10		B (Other than K-12 rivate and comme		ildin	70	
393 Mercer Street								homes, etc.)		iciai bi	andiri	3 5,	
City (5)							· · · · · · · · · · · · · · · · · · ·	Square Feet	# of Floors	В	dg. A	ge	
Hightstown													
County (6)				10	Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demoli	shed)			
MERCER				1		,, 0000 (. Nonne oor oner)	Offices	ior ii boing domon	oncaj			
Name of Monitoring Firm Hire	d by Buil	Idina Own	or (8)	140	CM I	No	Name of Abateme						
USA Environmental	u by buil	iding Own	ei (o)	AS	CIVI	NO.							
							AbateTech, I	nc.					
Street Address							Street Address						
8436 Enterprise Avenu	е						30 Maple Ave						
City, State, Zip Code					2		City, State, Zip Co	ode					
Philadelphia, PA 19153							Lumberton, N	J 08048					
Project Manager for Monitorin	g Firm		T	eleph	one l	Vo.	Telephone No.		License No.				0/2//
Mark Jenkins				215-	365-	5810	609-265-2107		00529				
Start Date (10)	1	Schedule	Com	pletion	n Dat	e (11)	Name of OSHA M	lonitor					
08/14/1	4	08	1_	14	1	14	EMSL Analyti	ical					
Occupancy Status During Aba	atement (Check on	lv one)		41	Street Address						
☐ Facility Closed/Vacated Du	11.03		- X	3	nt		200 Route 13	0 North					
Abatement Performed Out						cribe	City, State, Zip Co						
Time of Abatement:							Cinnaminson						
Scope of Work (Check all that	annlu)						Cililatiiiisoii	, NJ 06077					
Scope of Work (Grieck all that	арріу)						⊠ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			Renov				☐ Mini-Enc	losure	,uiivo i roccuro				
≥160 sf or ≥260 lf			Demo	lition				Procedure	- E:-U- B1				
						li .	☐ Non-Exe	mpted (*) and No	n-Friable Procedu	1			
l		1		cation mally		,	5			Ab	-	ent T	уре
Location of Asbestos-Containing Mate	rial (ACN		Ised S	olely I		Ashe	Description o estos Containing Ma		Amount	₽	Repair	ᄪ	ᄪ
TO BE ABATED			Mainte				e., thermal systems i	nsulation,	(Specify	Remova	pair	сар	Enclosure
IN Facility			ustodi 1	al Sta 2)	π?		surfacing, VAT,	or	SF or LF)	Val		Encapsulate	ure
(13)		Ye	-		V/A		other miscellane	ous)				ë	
										+-	-	_	-
Basement				J L]	Floor t	ile and Mastic		35 SF		Ш		Ш
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			TE		7							П	
7.00				-	-							ш	ш
			L] []			- 1					
Name of Registered Waste Ha	auler					Vaste	Cubic Yards of	Name of Regis	tered Landfill				
AbateTech, Inc.				Haul			Waste 3	G.R.O.W.S.	Landfill				
City, State				10	750		Disposal Date	City, State					
Lumberton, NJ							8/14/14	Tullytown,	PΔ				
- Carron Paris		Trus					ANTERNA CE	Tany to wit,		t	1		
Completed By (Print or Type) Jennifer Piraine		Title	-41	- 0		4	Signature	1. 0		ite/	ili	Ú	
Jennier Piraine		Oper	auon	S C00	orait	iator	XMMU	her knaw	4 6	111	11	1	

ASB-41

MAY 11 * Do not use this form for asbestos licensure exempted activities.

Name of Building Owner/Operator (2) Date of Notification (1) Seton Hall University / Job #1408[4799] Sheck #6539 07 14 80 - 1 Street Address Agencies Notified Type Notification **⊠** EPA 400 South Orange Ave. □ DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment #_ South Orange, NJ 07079 DCA. Telephone Number Name of Contact justification) (NJAC 5:23-8) Leon Vandemeulebroeke ☐ Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Seton Hall University - Corrigan Hall Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings. homes, etc.) 400 South Orange Ave. # of Floors Bldg. Age Square Feet City (5) 91 10.000 2 South Orange Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) University Essex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. AbateTech, Inc. 00120 Omega Environmental Street Address Street Address 30 Maple Ave. PO Box 25 280 Huyler Street City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 South Hackensack, NJ 07606 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00529 201-489-8700 609-265-2107 Geiser Fajardo Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 8 / 22 / 14 **EMSL** Analytical 8 / 11 / 14 Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM-3:00PM/11:30PM-Cinnaminson, NJ 08077 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ⊠ Renovation ☐ Mini-Enclosure ≥3 sf or ≥3 lf Glovebag Procedure ≥160 sf or ≥260 lf ☐ Demolition ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Repair Encapsulate Enclosure Removal Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A \boxtimes Plaster Brown Coat 1,400 SF \boxtimes Rooms 65 and 66 П П Cubic Yards of Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Waste Hauler ID No. G.R.O.W.S. Landfill AbateTech, Inc. 18750 40 Disposal Date City, State City, State 08/22/14 Tullytown, PA Lumberton, NJ Date Signature Completed By (Print or Type) MUMI Operations Coordinator Jennifer Piraine

ASB-41 MAY 11

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

(KU 41)

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

D&S Proj. #: 2014-330

			lama of Di	Ildia a Occas	/0				802000				
Date of Notification	1/14		john mcl		er/Operator (2)	1	28	14 AUG 19 A	A GO			-	
Agencies Notified	Type Notificat	ion	treet Addre	ess			13						
☐ EPA	Initial Amended		59 ander	son hill ro	ad		-	9.5	1110	50			
☐ DEP	Amendment #:	Ho	ity, State,			Constant Constant			<u>-</u>				
DOL.	Emergency		- Table	RDSVILI	ENI								
⋈ DOH	(including	IN	ame of Co		LE, NJ	2000000		I Telephor	e Number	_	-		-
_	justification)	11		1.00000				I releption	io mamboi				
DCA	☐ Cancellation		john me	laughlin									
				FACI	LITY INFORM	ATION							
Name of facility when	here abatement i	s taking pla	ice (3)					Type of Facility					
john melaughli	n							=	ol (K - 12)	I		(10)	
Street Address									apter 8 (Ot (Private/Co			12)	
Street Address									Homes, et		Iciai		
59 anderson hi	ll road							Square Feet	# of Floors	;]	В	ldg. Ag	ge
City (5)		Cour	nty (6)	-		Cou	nty Code (7)						
						(Stat	te use only)	Current Use (P	rior if being	dem	olish	ed)	
BERNARDSV			nerset										
Name of Monitorin	g Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatement	Contractor (9)					
							D & S RESTOR	ATION, INC.					
Street Address							Street Address						
							20 California Av	ve.					
City, State, Zip Coo	le						City, State, Zip Code						
							Paterson, NJ 07	503					
Project Manager fo	r Monitoring Firm		Pi	none Numb	er		Telephone Number		License		er		
							973-345-8020		01	169			
Start Date (10)		Sched	. Completi	on Date (1	1)		Name of OSHA Moni						
00/06/14		00.00	- / - 4				D & S Restorati	on, Inc.					
08/26/14	During Abeles	09/05		alicia and the	Andrew Marie Artis	-	Street Address						
Occupancy Status	During Abatemer d/vacated during			mont			20 California Av						
	erformed outside						City, State, Zip Code						
Describe:						-11	D-4 NI 07	502					
Other-Descri						<u> </u>	Paterson, NJ 07						
Scope of Work (ch								Full Containment v	v/negative	press	ure		
\boxtimes >3 sf or >3 lf	\boxtimes	Renovation	n				-	Mini-enclosure Glovebag procedu	iro.				
≥160 sf or ≥2	260 If	Demolition	1					Non-Exempted (*)		riable	proc	edure	
Location of				used solely	/					R	R	E	E
asbestos-cor		by mainte staff(12)	enance/cus	stodial			sbestos-containing	Amount	NE	e m	e p	n	n
material (acre abated in fac				1	material	(ACM)		(Specify S	SF or	0	a	a	С
abateu iii iau	,cy (10)	Yes	No	N/A						v e	İ	р	-
BASEMENT			X	1	PIPE INSU	ILATI	ON	107 l ft		×			
BASEMENT			X	ii —	BARE HE	ATINO	PIPES	68 L FT		百	П	×	
				1						Ħ	П	Ħ	I
				1						Ħ	Ħ	〒	Ħ
						-				금	듬	Ħ	F
Registered Waste F	Hauler	IN.IDI	EP Hauler	ID# I C	ubic Yards of	Waste	Name of Registered	Landfill					1
D & S RESTOR		135		3.70	YDS		TULLYTOWN,		ECOVER	Y			
City, State				Disposal D	ate	-	City, State						
PATERSON, N	IJ 07503			08/27/1	4		TULLYTOWN,	, PA					
Completed by (Prin		Title			Signature				Date				
BOGDAN JOL	DZIC	PRESID						-	08/12/	2014			
ASB-41		Do not us	e this form	for asbesto	os licensure ex	empted	d activities.						

(x006316

State of NJ

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

D&S Proj. #: 2014-331

									9	Nema'		
Date of Notification (1)		lame of Buil	lding Own	er/Operator (2)			2014 AU	G 19	[4]		3	
0 8 /1 3 /1 4		sally unsw	vorth						Fiel:	10 (-1	يت	
Agencies Notified Type Notifica EPA Initial	ion	treet Addres	SS				F-3		î			
DEP Amended		408 sumn	nit avenu	e				·		111		
Amendment #		ity, State, Z	ip Code									
☑ DOL ☐ Emergency	11	SO. ORA	NGE, N	J 07079								
DOH (including justification)	l h	ame of Con	Marian California Maria				Telephon	e Numbe	r			
DCA Cancellation	- 11	sally uns	worth				1					
			FACI	LITY INFORM	ATION	l						
Name of facility where abatement	is taking pla	ace (3)					Type of Facility (4) I (K - 12)				
sally unsworth								201 100-1000		an K	-12\	
Street Address			-					apter 8 (C Private/C			12)	
							Bldgs./	Homes, e				
408 summit avenue							Square Feet	# of Floo	rs	Blo	dg. A	ge
City (5)	Cour	nty (6)				inty Code (7)						
SO. ORANGE	ESS	SEX			(Sta	te use only)	Current Use (Pr	ior if bein	ig dem	olishe	d)	
Name of Monitoring Firm Hired by			T	ASCM No.	\neg	Name of Abateme	nt Contractor (9)					
,		A 19					RATION, INC.					
Street Address					=	Street Address	RATION, INC.					
						20 California	A ve					
City, State, Zip Code					_	City, State, Zip Coo						
educina (Paterson, NJ	07503					
Project Manager for Monitoring Firm	1	Ph	one Numb	er	-	Telephone Numbe		License	Numb	er		
						973-345-802	20		1169			
Start Date (10)	ISched	I. Completio	n Date (1	1	_	Name of OSHA Mo	onitor					
	Osnea	. Completio	ii Date (1	,		D & S Restora	ation, Inc.					
08/29/14	09/11					Street Address		Y				
Occupancy Status During Abateme			ALCONOM.			20 California A						
Facility closed/vacated during Abatement performed outside						City, State, Zip Coo	de					
Describe:		lacility flour.			_							
Other-Describe: NORMAL I					-	Paterson, NJ						
Scope of Work (check all that app	*						Full Containment w	/negative	press	ure		
	Renovatio	n					Mini-enclosure Glovebag procedur	re.				
≥160 sf or ≥260 lf	Demolition	1				Ĺ	Non-Exempted (*)		-friable	proce	edure)
Location of	Is location	n normally u	sed solely						R	R	Ε	E
asbestos-containing	staff(12)	enance/cust	odiai			sbestos-containing	Amount (Specify S	Eor	m	e p	n	n
material (acm) to be abated in facility (13)	Yes	No	N/A	material (ACM)		(Specify S LF)	r oi	0	a :	а	C
	1.00	140	14//4						ė	r	р	
BASEMENT		X		PIPE INSU	LAT	ION	70 1 ft			Ш		
									10	Ш	Ш	ΙŪ
									口		Ш	L
·					_				10		Ш	
Registered Waste Hauler D & S RESTORATION, INC.		EP Hauler II 506		ubic Yards of V YD	Vaste		ed Landfill N, RESOURCE RE	COVE	RY			
City, State			Disposal D			City, State	,					
PATERSON, NJ 07503			09/01/1			TULLYTOW	N, PA					20020
Completed by (Print or Type)	Title			Signature				Date				
BOGDAN JOLDZIC	PRESID	ENT						08/13	5/14			
ACD 41	* Do not us	e this form f	for ashest	os licensure ex	emnte	d activities						

CK 1719

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

Date of Notification (1)					Name of Building Owner/Operator (2)									
	15 / _	14			Borough of Middlesex 2014 AUG 19 AM 1: 17									
⊠ EPA	Type Notifica			8	CONTRACTOR OF CASE	Address Mounta	ain Avenue	, , , , , , , , , , , , , , , , , , ,		1	<u> </u>			
☑ DOLWD	☐ Amended Amendme				City, S	state, Zip C	Code		~ LiJ.	Ġ	110	3		
A TOTAL CONTRACTOR OF THE PROPERTY OF THE PROP			ding		Mid	dlesex, l	NJ 08846							
(NJAC 5:23-8)	justification		3		Name	of Contac			Telephone Numb	er				
-27 79000 45-244	☐ Cancellati	ion			May	or Rona	ld S. Dobies							
					FAG	CILITY IN	FORMATION		-					
Name of Facility Where At	patement is T	aking P	lace (3)				Type of Facility ((4)				and the second	
Residential House								School (K-12						
Street Address									(Other than K-12) ivate and commerce		ildina			
127 7 th Street								homes, etc.)	ivate and commen	Jiai Du	man ig	5,		
City (5)								Square Feet	# of Floors	Ble	dg. A	ge		
Middlesex														
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)				
Middlesex								39						
Name of Monitoring Firm I	Hired by Build	ling Ow	ner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Bio Terra Solutions							ALL PRO MA	NAGEMENT L	LC					
Street Address							Street Address	- 12 m V				30700		
P.O. Box 1224							27 Outwater	Lane						
City, State, Zip Code		W3: =-					City, State, Zip Co	ode					-2	
Union, NJ							Garfield, NJ							
Project Manager for Monit	oring Firm	91		Tele	phone	No.	Telephone No.		License No.					
Rick Eustaquio	, 			9	73-494	-3762	973-928-4888	3	1188					
Start Date (10)	S	chedule	ed Cor	mple	tion Da	te (11)	Name of OSHA N	Monitor	1					
08 /16 /	14	_ 09	_ /	26	5_ /	14	ALL PRO MA	NAGEMENT L	LC					
Occupancy Status During	Abatement (0	Check o	nly on	e)			Street Address							
☑ Facility Closed/Vacated During Entire Period of Abat														
☐ Abatement Performed Outside of Normal Facility Ho						Oity, Otato, Eip Oode								
Time of Abatement:AMPM/P						AAM Garfield, NJ 07026								
Scope of Work (Check all	that apply)													
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Ren												
			Is L	.oca								ment Type		
Location of	of			orma	100		Description of			т —				
Asbestos-Containing N		1)			ely by ince/		stos Containing Ma		Amount (Specify	Removal	Repair	Encapsulate	Enclosure	
TO BE ABAT			Custo	dial	Staff?	(1.6	surfacing, VAT		SF or LF)	8V9	=	psu	Sur	
(13)				(12)		-	other miscellane	eous)	(2)	_		ate	0	
Living Room & Kitche	n	_	es	No	N/A	Joint C	ompound		900 SF					
1 st Floor Fireplace	••					Grey Ti			250 SF					
. Troor moplace		- 10												
					H	+				In		П	I	
Name of Registered Waste	e Hauler				JDEP	Waste	Cubic Yards of	Name of Regis	tered Landfill				1—	
All Pro Management					lauler II	D No.	Waste	IESI Landf						
City, State	100			_	00348	000	As Needed Disposal Date	City, State			_			
Garfield, NJ			8 1				TBD	Bethlehem	, PA					
Completed By (Print or Ty	pe)	Title					S/gnature\	1/1	Da	te /				
Allen Monchik	est.		ject l	Vlan	ager			Mond	,	3/1	5/	10		

CK 00 450301

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

Date of Notification (1) 08/14/2014		i e	T	Name of Building Owner/Operator (2) Union Carbide Corporation, A Subsidiary of The Dow Chemical Company Street Address 171 River Rd										
C CREATION ACCOUNTS OF THE STATE OF THE STAT	otification		8	Street Ad	dress					UK AU	G 19	K.A	14: (
DEP Ar	tial nended nendment #		(City, State	e, Zip Co				F				Inc	
区 DOH jus	nergency (in stification) ancellation	ncluding		Name of O	Contact I Pasqu	ıarelli			Te	enhane *			j	
				FACIL	ITY INFO	RMATIO	N							
Name of Facility Where Abateme The Dow Chemical Compa		Place (3)						Type of Facility (School (K-1	2)					
Street Address 171 River Rd								Subchapter Other (i.e. p				dings,	home	es,
City (5) Bound Brook	•			Pl.				Square Feet 350,000	4	f Floors	6	31dg. A 30 yrs		
County (6) Middlesex County				County C STATE U	ode (7) SE ONLY)		_	Current Use (Pri- Chemical Pla		ing demol	lished)			
Name of Monitoring Firm Hired by Horizon Environmental Gre		wner (8)		ASCM 00073				of Abatement Cor denburg Indus			Co			
Street Address P. O. Box 316								Address Spillman Dr						
City, State, Zip Code Thorofare, NJ 08086								tate, Zip Code lehem, PA, 18	015					
Project Manager for Monitoring F Steve Flanigan	irm			Telephon	ne No. 8-0800			one No. 691-1800		License				
Start Date (10) 9/02/2014		Schedule		pletion D	Date (11)			of OSHA Monitor		1				
Occupancy Status During Abater	nent (Check		(M. 1997)			-	Street	Address						
Facility Closed/Vacated Dur Abatement Performed Outsi Other – Describe:	batem	tement urs City, State, Zip Code							-3200					
Scope of Work (Check All That A	pply)		0				242							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		THE REAL PROPERTY.	enova emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		T .		80.0			- Bas	14011-Exemple	u () ai	10 14011-1 1	lable 11		emen	t
			Locati Iormal			D		_ = 5					уре	
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	(ACM)	Mai	d Sole intenar odial S (12)	nce/		stos Conta	ystem ng, VA	Material (ACM) s insulation, T, or		Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure
		Yes	No	N/A									te	
See Attached						See /	Attacl	hed				-		
												+		
7														
Name of Registered Waste Haul Brandenburg Industrial Set			H	IJDEP W lauler ID 1838		of Wast		200000000000000000000000000000000000000		tered Land nem Lan				
City, State Bethlehem, PA						Disposa	al Date	City, Sta		PA				
Completed by Jenny	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Title	a.t	М,	rage	Si	gnatur				Date 8/14/2	2014		
1	rised	ILDAI	164	1100	age		7)						

ASB=41 (R-06-08)

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

2014 AUG 19 AM 4: ()

	10	of to Location	Time	Description of Asbestos					
Location of Ashestos-Containing Material	Normal	Normally Used Solely by	i iybe	Containing Material (ACM) (i.e.			Abate	Abatement Type	
(ACM) TO BE ABATED In Facility	Maintenar	Maintenance/Custodial Staff?	al Staff?	thermal systems insulation, surfacing, VAT, or other	Amount (Specify SF or LF)				
	YES	N	N/A	miscellaneous)		Removal	Repair	Encapsulate	Enclosure
Throughout Buildings 95 & 98		×		Fire Doors	42 Doors	×			
Buildings 95, 96, 97, 98, & 200 Exterior		×		Roof Flashing	8973 SF	×			
Buildings 95, 97, 98 Exterior Roof		×		Roof Material	80,272 SF	×			
Buildings 95, 98, 200		×		TSI	13,829 SF	×			
Buildings 95, 96, 97, 98, 200		×		Caulking	27,271 LF	×	a		
Buildings 95, 96, 97, 98, 200		×		Transite	35,683 SF	×			
Building 98		×		Mastic	10,930 SF	×			
Buildings 95, 98, 200		×		VCT / Mastic	15,725 SF	×	e.		
Building 96		×		Surfacing / Troweled On	4,450 SF	×			
Building 98		×		Fiberboard	560 SF	×			
Building 95 & 98		×		Duct	75 SF	×			
Building 98		×		Glue Dots	1,055 SF	×			12
Building 55C Substation		×		Electrical Wire	500 LF	×			
Building 95 Exterior Windows		×		Window Glazing	65 LF	×		_	_

Ck# 2601

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

Date of Notification (1)				Name of Building Owner/Operator (2)										
8 /15 /	14	_		Nus	tar Energ	gy Linden	٠.							
Agencies Notified Type Notifie	ation	The second		Street	Address	400000			- 4	خير				
⊠ EPA ⊠ Initial				450	4501 Tremley Point Road City, State, Zip Code									
☑ DOLWD ☐ Amende	d				tate, Zip C			. 70	16 19	11	1			
□ DHSS Amenda	nent#_			. 599							4.	().		
☐ DCA ☐ Emerge		cluding			den, NJ 0	A100000000								
(NJAC 5:23-8) justifica					of Contact			Telephone Nur			11,	_		
☐ Cancella	ation			Fab	ien Kulyr	nych		L			3			
				FAC	ILITY IN	FORMATION								
Name of Facility Where Abatement is	Taking	Place	(3)				Type of Facility ((4)						
Nustar Energy Linden							School (K-12		۵۱					
Street Address							☐ Subchapter 8 ☐ Other (i.e., pr	ivate and comm	∠) ercial bu	ildina	s			
4501 Tremley Point Road							homes, etc.)		0.0.0.	9				
City (5)							Square Feet	# of Floors	Blo	ig. Ag	je			
Linden							-	-						
County (6)	-			Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)					
Union				Coun	ty Code (i	MOTATE OOL ONET)	Chemical Bl	- Marian Control of the Control of t	iionou)					
				J										
Name of Monitoring Firm Hired by Bu	lding O	wner ((8)	ASCM	No.		ent Contractor (9)							
AET, Inc.						BRISTOL EN	VIRONMENTAL	L, INC.						
Street Address						Street Address								
28 N. Pennell Road						1123 BEAVE	R STREET							
City, State, Zip Code				-		City, State, Zip C	ode							
Media, PA 19063						BRISTOL, PA	19007							
Project Manager for Monitoring Firm			Tele	phone	No	Telephone No.		License No.						
Dave Turotsy				•	6-AET	215-788-6040	1	00509						
	C-1			0.000		Name of OSHA N		- 00000						
Start Date (10) 9 / 1 / 14				tion Da			VIRONMENTAI	L, INC.						
Occupancy Status During Abatement	ne)			Street Address					- 10					
☐ Facility Closed/Vacated During Entire Period of Abate						1123 BEAVE	D STREET							
Abatement Performed Outside of Normal Facility Ho					cribe						-			
Time of Abatement: 7:00AM-3:30PM/PM														
Scope of Work (Check all that apply)					773.0									
				☐ Full Containment with Negative Pressure										
≥3 sf or ≥3 lf				ion Slovebag Procedure										
⊠ ≥160 sf or ≥260 lf □ Dem				Non-Exempted (*) and Non-Friable Procedure										
		Is	Local								ement Type			
Location of			Norma		20	Description of	of			_	1	1		
Asbestos-Containing Material (AC	M)		d Sol		Asbe	stos Containing Ma		Amount	en	Repair	nc	ncl		
TO BE ABATED			intena	ince/ Staff?	(i.e	., thermal systems		(Specify	Remova	air	sde	Enclosure		
IN Facility (13)		Ous	(12)			surfacing, VAT other miscellane		SF or LF)	=		Encapsulate	- F		
(13)		Yes	No	N/A		other misocharie	,000				Œ			
Boiler house					Pipe fit	tings		206 SF						
Roof					Roof fla	ashing		585 SF						
So Office, NW Office			\boxtimes		Floor ti	le and mastic		2825 SF						
NW Break Room					Mastic			1170 SF						
Name of Registered Waste Hauler			IN	JDEP \	Waste	Cubic Yards of	Name of Regis	stered Landfill		-				
SERVICE TRANSPORT GROU	IP, INC	Э.	F	lauler II 20990		Waste 20	GROWS L	andfill				N		
City, State						Disposal Date	City, State							
NEW CASTLE, DE 19720						8/25/2014	Morrisville	, PA 19067						
Completed By (Print or Type)	Title					Signature	0 • •	/	Date/	1	/			
Gino Pizzigoni	E	stima	tor			Lino	Purnaoni/jl 8/15/14							

ASB-41

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GI 14163

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Date of Notification (1)	-	Name of Building Owner/Operator (2)													
	15 /	14	2			star Ener	S		2)	2014 AUG 19) F	M I			
Agencies Notified	Type Notific	ation			Street	Address				2015 AUG 1	2 1	7 4)	
⊠ EPA	Initial				450	1 Tremle	ey Poi	int Road							
☑ DOLWD	☐ Amended					State, Zip C	952			¥ & ,	-	+	1.0		
⊠ DHSS	Amendm					den, NJ (;		i3 ⊑1 0,	-	ب د ،			
DCA (NJAC 5:23-8)	☐ Emergen justificati		ding			of Contac				Telephone Numb	er				
(1.15.10 0.20 0)	Cancella	7				ien Kuly				1 1010 110111	0.				
		WW. 20				CILITY IN					270			-	
Name of Facility Where A	Abatement is 7	Takina D	laca (21	FA	CILITIN	NFUK	MATION	Type of Facility (4)					
Nustar Energy Line		aking r	iace (3)					School (K-12	_ fi					
Street Address	2011									(Other than K-12)	ĺ				
4501 Tremley Point	t Road									ivate and commer		uilding	js,		
City (5)									Square Feet	# of Floors	BI	dg. A	ge		
Linden									-	-		-			
County (6)	***************************************		100		Cour	ty Code (7	7)(STAT	E USE ONLY)	Current Use (Pri	or if being demolis	hed)	12.24	W-9/		
Union									Chemical Bl	dg					
Name of Monitoring Firm)	ASCM	No.	Nam	ne of Abateme	ent Contractor (9)									
AET, Inc.							BI	RISTOL EN	VIRONMENTAL	., INC.					
Street Address					-		Stre	et Address						_	
28 N. Pennell Road	8						11	23 BEAVE	R STREET						
City, State, Zip Code							City,	State, Zip Co	ode						
Media, PA 19063							В	RISTOL, PA	19007						
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tele	phone No.	33023 3000	License No.					
Dave Turotsy				80	0-969	6-AET	21	5-788-6040)	00509					
Start Date (10)	18	Schedule	ed Co	mple	tion Da	te (11)	Nam	ne of OSHA N	Monitor		-			_	
9 / 1 /	14	9	_ / .	12	_ / _	14	BI	RISTOL EN	VIRONMENTAL	., INC.					
Occupancy Status During Abatement (Check only one)							Stree	et Address							
☐ Facility Closed/Vacated During Entire Period of Abate							11	23 BEAVE	R STREET						
☐ Abatement Performed Outside of Normal Facility Hou					AM										
Time of Abatement: 7:00AM-3:30PM/PM					AM		BI	RISTOL, PA	19007						
Scope of Work (Check all that apply)						☐ Full Containment with Negative Pressure									
□ ≥3 sf or ≥3 lf ☒ Renova ☒ ≥160 sf or ≥260 lf ☐ Demolit															
								⊠ Non-Exe	mpted (*) and Nor	n-Friable Procedur					
Location	of			.ocat orma				Description of			1		ent T		
Asbestos-Containing		1)	Used	Sole	ly by	Asbe		Containing Ma		Amount	Remova	Repair	Enc	Enclosure	
TO BE ABA			Main		nce/ Staff?		e., then	mal systems	insulation,	(Specify	nov	air	aps	losu	
IN Facili (13)	ty			(12)	Juli .			urfacing, VAT er miscellane		SF or LF)	<u>m</u>		Encapsulate	ıre	
		Y	'es	No	N/A								е		
Main Bldg		D	a 1			Windov	w Cau	ılking		140 LF	\boxtimes				
Main Bldg		D	3			Windov	w Flas	shing		585 SF	\boxtimes				
]												
			ו כ												
Name of Registered Was	te Hauler			10000	JDEP V			c Yards of	Name of Regist	ered Landfill					
SERVICE TRANSPO	ORT GROUP	, INC.		Н	auler II 20990		Wast 20		GROWS La	ndfill					
City, State		OCCUPATION IN		Oliver Villa				osal Date	City, State	2000000 0.500000000					
NEW CASTLE, DE 1	19720						8/2	25/2014	Morrisville,	PA 19067					
Completed By (Print or Ty	ype)	Title						Signature	0	Dat	te ,	1	,		
Gino Pizzigoni		Esti	mato	r	,			Leno 1	Prysiaone Il 8/15/14						