



Date of Notification (1) 8/17/15			Name of Building Owner/Operator (2) Tom Aro private home													
Agencies Notified	Type Notification		100	Street A 1652 v	ddress vest Riv	erside	e Drive		AU	5 2	1 20	10			- 1 100 100	
EPA DEP DOL	Amended Amendment				te, Zip Co c City N		840	/	**			1.0				
➤ DOH DCA	Emergency justification) Cancellation	7.00 To 10.00			f Contact		0 / 60			Tele	phone	Numbe	er			
	- Janoniation			8127000	LITY INFO	JDMA.	TION			1			_			
Name of Facility Where		g Place (3)		PAGI	LITT INFO	JKINA	IION	Туре	of Facility (4)					-	
Tom Aro private ho	me				.54				School (K-12	2)						
Street Address 1652 west Riverside	e Drive	<u></u>						×	Subchapter 8 Other (i.e. pr etc.)				uild	ings,	home	es,
City (5) Atlantic City NJ	840/	12							are Feet	# of 1.5	Floors			dg. A	ge	
County (6) Atlantic					Code (7) USE ONLY)			Curre	ent Use (Prior	r if bein	g demo	olished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		Name		atement Cont	ractor ((9)					
N/A	86							aco I			,					
Street Address							Street PO E	Addre Box 3								
City, State, Zip Code									ip Code in NJ 0809	91						
Project Manager for Mon	itoring Firm		1	Telepho	ne No.		Telepa	one N 753-9			Licens					
Start Date (10) 8/19/15		Scheduled 8/21/15	d Com	pletion l	Date (11)			of OS	HA Monitor							
Occupancy Status During	g Abatement (Chec		2)				Street		20				_			
Facility Closed/Vaci Abatement Perform Other – Describe:	ated During Entire ed Outside of Norn	Period of Al	batem	ent					Zip Code							
Scope of Work (Check A	II That Apply)												_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Designated .	enova emoliti				×	Mi Gl	III Containmen ni-Enclosure ovebag Proce on-Exempted	edure	4				a :	
		le l	ocati	on				- 140	717 Exempted	() and	14011-1	Table		2102 10	ment	
Location	of	N	ormall	у		D	escription	of							ре	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED		Solel ntenar odial S (12)	nce/	Asbes (i.e.	tos Co therma surf	ntaining Mal systems acing, VA miscellar	fateria s insul T, or	ation,	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								1			ate	e e
Dinning r	oom			Х			Plaster			10	0 SF	x			į.	
Attic				Х		dryw	all layin	g floc	or	unk	nown	x				
											35-52-					
Name of Dealer	7-11-1		-							0.5						
Name of Registered Was Transformation	ste Hauler		Н	JDEP W auler ID 3952		of W	c Yards aste		Name of R	tegister	ed Lan	dfill				
City, State Egg harbor NJ		=				0.00	osal Date		City, State 6700 De		3d EH	TINI		s d ants a		
Completed by		Title	200000000				Signature		_ 0,00 De	maii I	iu Li i	Date				
Anthony T Perna		Presid	lent					~				8/18/	19			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Name of Building	Owner/Ope	rator (2)	: " . 110	7.	7 <				
	August 18, 201					Equip	ment Leasing Spec	nansts, LLC	d	Lace) (V	
Agencies Notified [X] EPA [] DEP	1 1 1	Notific	ation tification		Street Address		Iadison Avenue		-			
[x] DOL	Amer	ndment a			City, State, Zip Co		River, NJ 08753					
[] DCA		ication) ellation			Name of Contact Lou S	antora	Т	elephone Number				
L				FAG	CILITY INFORM	IATION						
Name of Facility Where A	batement is Taking sidence	Place (3)				Type of Facility (4)	School (k-12)				
Street Address	New Hampshir	e Stree	et				[] [x]	Other (i.e., priva			ial build	lings,
City		Coun	ty (6)		County Code (7)		Square feet	homes, etc.) # of Floors	Bldg	. Age		
, ,					(STATE USE ONL	Y)	1800 sf	1			50	
Jackson		Ocea	an				Current Use (Prior if Resider	CONTRACTOR)			
Name of Monitoring Firm	1000	Owner (8)		ASCM No.	Name of	Abatement Contractor	(9)				
N/A Street Address	A					Street A		an Contracting,	Inc.			-
							1889 R	oute 9, Unit 61				
City, State, Zip Code	City, State, Zip Code						te, Zip Code	Liver, New Jers	031 082	755 1	271	
Project Manager for Monit	Project Manager for Monitoring Firm Telephone Num						ne Number	License N		33-1	2/1	
C-1-11-15 D - (10)							9-9932	00624				
Scheduled Start Date (10) 8/19/15			8/20/1		ion Date (11)	Name of	OSHA Monitor E.M.S.I	L. Analytical				
Occupancy Status During	Abatement (Check)			Street A	ddress					
	ility Closed/Vacated stement Performed						1056 St	telton Road				
			or Normal Fa			City, Sta	te, Zip Code Piscata	way, New Jerse	y 088	54		
Scope of Work (Check all	that apply)					[]	Full Containment	with Negative Pres	sure			
						[]	Mini-Enclosure					
	sf or ≥3 lf 0 sf or ≥260 lf		[x]	Renov		[x]	Glovebag Procedu	re) and Non-Friable l	Procedu	TO.		
[[] []	0 31 01 2200 11		[\(\)]	Demoi	T	[~]	Non-Exempted () and INON-1 Habie !				
			T. Y			ъ	C		Abat	ement	Гуре	
Location	of	1	Is Locatio Normally us		As	Description of the Description o		Amount	R	R	E	E
Asbestos-Containing N			Solely by	,	1	Aaterial (A	ACM)	(Specify SF	E M	E P	N C	N C
TO BE ABA in facilit		Mair	ntenance/Cu Staff	ıstodial	S	, thermal		or LF)	0	A	A	L
(13)	У		(12)		ins	ulation, su VAT, o			V	I R	PS	S
()			(12)		oth	er miscell			A		U	U
and the same of th		YES	NO	N/A					L		L E	R E
Exterior X					Asbestos sidi	ıg		1600 sf	X			
Name of Registered Waste			NJDEP Wast		Andrew Community Community (Community Community Communit	rds of Was		red Landfill				
City, State	ontracting, Inc.		2	0223 Dispo	osal Date	City, St	T.R.R.F.					
Toms River, New Jersey 8/21/				/15		own, Pennsylvania	0					
Completed by (Print or Type) Nicholas Fernicola Title Project Manager					Signature	19/1	XI.	1	Date 8/18	3/201:	5	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Susan Lehman August 18, 2015 Street Address Type of Notification
Initial Notification Agencies Notified

[x] EPA 1885 Lookout Drive

DEP [] Am	ended Notification endment #	City, St	tate, Zip Code	Toms R	iver, NJ 08753					
[X] DOH Just	ergency (including ification)	Name o	of Contact Susan I			Telephone Number				
[] DCA		FACILITY	INFORMA	ATION						_
Name of Facility Where Abatement is Takin Residence Street Address 1881 Lookout D	ng Place (3)	THOMAS			Type of Facility (4)	School (k-12) Subchapter 8 (oth	er than k	(-12) mercia	l buildii	ngs,
City	County (6)		Code (7) E USE ONLY)	Square feet 1200 sf	# of Floors	Bldg.	Age 8()	
Toms River	Ocean	ASCM	No.	Name of	Current Use (Prior Resid Abatement Contract					
Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASCIVI	1 140.		Guard	dian Contracting,	Inc.			
Street Address				Street Add	1889	Route 9, Unit 61				
City, State, Zip Code				City, State	e, Zip Code Toms	River, New Jers		55-12	71	
Project Manager for Monitoring Firm	Telephone N	ımber		Telephone 732-349	9-9932	License N 00624	lumber			
Scheduled Start Date (10) 8/19/15	8/21/15	ompletion Date	:(11)			S.L. Analytical	696			
	ck only one) ated During Entire Period ed Outside of Normal Fac			City, Stat	1056 re, Zip Code	Stelton Road	ey 088:	54		
Scope of Work (Check all that apply) $ \begin{bmatrix} & & \\ & & \\ & & \end{bmatrix} \qquad >3 \text{ sf or } \ge 3 \text{ lf} $ $ \begin{bmatrix} & & \\ & & \\ & & \end{bmatrix} \qquad \ge 160 \text{ sf or } \ge 260 \text{ lf} $	L 1	Renovation Demolition		[] [] [x]	Mini-Enclosur Glovebag Proc			re		
[A] 2100 31 01 2200 11							Abat	ement '	Гуре	
Location of Asbestos-Containing Material (ACN TO BE ABATED in facility (13)	Is Location Normally us Solely by Maintenance/Cu Staff (12) YES NO	ed	As (i.e ins	Description bestos-Cor Material (A e., thermal sulation, su VAT, o her miscell	ntaining ACM) systems arfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior house	X	As	sbestos sidi	ng		1200 sf	X			
						+	-		-	
							+			+
Name of Registered Waste Hauler Guardian Contracting, I	o. Cubic Y	ards of Was	T.R.R.F	gistered Landfill						
City, State Toms River, New Jerse		0223 Disposal Dat 8/24/15		City, S Tully	tate town, Pennsylva	ania	Date	P		27
Completed by (Print or Type) Nicholas Fernicola	Title Project Manag	gnature	11.21	H	1		8/15			
	*Do not use	this form for	asbestos lici	ensure exe	mpted activities.					

CK#6488

Date of Notification (1)		Name of	Building	Owner/C	perator (2)		(F ()				
Agencies Notified Type Notification		Street A	ddress	- X	5		AHG	9 1 561	-			
☐ EPA - Initial		40	00	1	JAN.	LEV 1	67	6 h 23K				
DEP Amended	.		ite, Zip Co	ode	1,		1 5	1		-	. 0	20
DOL Amendment #			4.74	f	PA	NFIEL		NJ	0	70	000	9
DOH justification) Cancellation		^	Contact	1 .	D:1	ERA	Tele	phone Nun	nber			_
Cancellation			LITY INFO		F	OKN						
Name of Facility Where Abatement is Taking						Type of Facility	(4)					
PSE+G- CWAR	PINANO	20_	SUBS	TAT:0	N)	School (K-1		rthan V 15	21			
Street Address	AVE					Other (i.e.)				dings,	home	es,
1666 LINDEN	AVC.					etc.) Square Feet	# of	Floors	ТВ	ldg. A	ae	
LINDEN						400		/	1	40	37 m	29
County (6)		County				Current Use (Pri				,	-/-	
UNION		<i>y</i>	USE ONLY			Su	BS	TAT:	21)		
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS	wner (8)	ASCN 004				of Abatement Co UE SYSTEM			A INC).		
Street Address						Address						
64 BROAD STREET					396 V	VHITEHEAD .	AVE.					
City, State, Zip Code					4.400.000.000.000	ate, Zip Code	1.0000					
MATAWAN, NJ 07747		Talanha	N-			TH RIVER, N.	J 08882		_			
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-29	ne No. 90-2217		Telepho 732-4	32-8350		License N 01111	0.			
8/2/	Scheduled Co	mpletion	Date (11)		1	of OSHA Monitor UE SYSTEM		MERICA	A INC	`		
Occupancy Status During Abatement (Check	Only One)	///	<u> </u>		Street A				549U WY		2	
Facility Closed/Vacated During Entire P	eriod of Abate	ment			396 V	VHITEHEAD	AVE.					0 8
Abatement Performed Outside of Norma Other – Describe: Mecasaky	al Facility Hou	3	el		**************************************	ate, Zip Code	1.0000		201124034221	mwezes.	•	
Scope of Work (Check All That Apply)	7		7		500	TH RIVER, N	J 0888.					
≥3 sf or ≥3 lf	Renov	otion				Full Containm	ont with	Negative F	Process	ro		
≥160 sf or ≥260 lf	Demoi					Mini-Enclosur	e	Negative r	16550	16		
						Glovebag Pro Non-Exempte		Non-Friab	le Pro	cedur	e	
	Is Loca	tion					_				ement	t
Location of	Norma Used Sol				scription					13	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Mainten	ance/				aterial (ACM) insulation,		nount pecify	Z.	71	Enc	En
In Facility (13)	Custodial (12)				cing, VAT		SF	or LF)	Removal	Repair	Encapsulate	Enclosure
(10)	Yes No	N/A		Other I	moodian	3000)			/al	=	late	ıre
0 +0 1 11	163 110	1071	1.		p-1	1	10	6 = 6	-	-		
CONTROL HOUSE		+	IRA	105,76	E Flo	or Panals	12	5 SF			-	
		-							-			
									-			
Name of Registered Waste Hauler		NJDEP W	laste	Cubic	Yards	Name of	Register	ed Landfill				
WASTE MANAGEMENT		Hauler ID		of Was	ste	GROW		ca Lanami				
City, State		1125		AAA	sal Date	City, Sta						
ELIZABETH, NJ					B Date	MORR		E, PA				
Completed by	Title		276		Signature	- 1		Da	te 8/	/	1.	
Carol RAimo	office	eM	er		Car	al la	Me	9	10	7/	15	

UiA FAX Ch#/132-

(Pusuan to remo	
Date of Mulification (1)	ng OmmerCheratur (2)
8/11/13 TIR TITLE	N. RAIZ
Agency Notified 1995	KEUIEW AVE
CEPA Dimisal City State Zip	COM PARK NO: 07932
DOL Amendment# FLORIN	1-1 Planting
COOH / pusification)	KA12
DOCA GENERALITY IN	- ORBIATION ·
Name of Facility Where Abelement is Telling Place (3)	Type of Facility (4)
secure of a county of the coun	C School (K-12) C Subchapter 8 (Other than K-12)
Street Address	D Other (i.e. private & commercial issues grands
18 LAKEVIEW AVE	Square Feet # of Floors Blog. Age
SIMPLE PARK NID. OF	1.152 3000
County (6) County Code (7) (STATE USE Current Use (Prior If being defines real)
	Name of Abatement Contractor (9)
Name of Mordining Firm Hired by Building Owner ASCM No. (8)	HOUATECH INC
Street Address	Street Address P.O. Box 814
SHOOLFARM	Chr. State Zip Code.
City, State, Zip Code	OID BRIDGE DO COOL
Project Henager for Manifesting Funt	7311238×7500 00.806
(17)	Name of OSSIA Monitor
9/18/15	NOVALEUT INC
Occupancy Status During Abatement (Check only one)	P.O. 130x 814 :
- Second Desired of Abstraction	CON 13 10 10 10 10 10 10 10 10 10 10 10 10 10
Other - Describe:	Old Origon Addis
Scope of Work (Check all fast spoly)	C) Full Containment with Negative Pressure
Denomin	O Non-Econoled (1) and Non-Printic Procedure Abstract
D≥160 sfor ≥260 li	Type
- Normally	Description of Amount 3 3 3
Contraction (ALAM)	Description of Americal (ACM) Description (ACM)
TO BE ARATED SIGNY -	Sufficiency, VAT. or other miscelleneous)
(13)	
Yes No NA	TO THE DAID & 305 HX II
XE	500 TILE 12X12 2 303/14
BASEMEN	
NIDEP Waste Hauter	Cubic Yards of Name of Registered Landid
The same of the sa	W 3 (S.R.O.W.S.
NOVATECH INC 18501	Disposal Date Copy, States
CAY, STATE COINGE NA. 08857	19 MIS HUMISYTHE
AID OTTOCC	15 (17 15 8 17 15
Contribution to a l c . 1	
CAN GS A ME DA. MESCOEN for asbestor	2 ENSIDE

Ch# //33

	A Stance of Christian	g Owner/Operator	[2]		Ayen
Date of Molification (1) 8/18/15	THE K	AMSON	CORPOR	ANON_	
Agency Notified Type Notification	Speel Address	SYLVAP	S AUE		-
Q EPA Q DOL Q Emergency (metaling pushion) Q DCA Q Cancellation) Q Cancellation	HR1511	HURP	Cliffe	5; NO. C	7632
	EACILITY INF	ORMATION '	Type of Facility (4)		
Name of Facility Where Abatement is Taking Plac	e (3)		C School (K-12) C Schoolepter 8 (Other Lie private 8	er fran K-12) Leonroenial building	s, .
Street Address ATO HILLDURN	AUE		/ homes, etc.)	Floors Bldg. A	
CAN (5) HILL BURN NO	County Code (I	(STATE USE	Current tiese (Prior Et	1	
Name of Moratoring Firm Hired by Building Owner		Name of Abates	Tent Contractor (9)		
(8)	1	Street Aridress	La 214:	•	
Street Address		City, State, Zip	Bode DOGE	80 .CIMI	1857
City, State, Zip Code	Telephone No.	Telephone No.	1 161000	00806	
Project Heneger for Monthing Firm	ampletion Date (11)	THE OF OSE	S OKTOUN	-5.	-
Start Dails (1997) States During Abatement (Check only	13/15 yone)	NOV!	30x 814	NC	
Di Facility Closed/Vacalet During Entire Period of O Abatement Performed Outside of Normal Facility Of Period of Normal Facility (Control of	f Almienseni	1010 F	AUDGE N	0880 CX	57
Scope of Work (Check all Bust suph) Cl≥3 stor≥3 f Dl≥160 stor≥260 f	O Demolion	- PAS	Containment with Reg Enclosure websg Procedure in Encumbed (1) and No	• -	Anatomoni Type
Location of Astronia Containing Material (ACM) TO BE ABATED IN Facility	Custodial (*	Description pestos Conteixing Le., Criencel System scription, Vi other missalle	Material (ACAR) ns insulation. NT. or	Amount (Speriy SFOLE)	Encapsulate Encapsulate Repair Removal
(13)	Yes No NA	••		-	
	XE	TIPE IN	SUATION	2'250 YF	1711
CRAWISPACE				11	
Name of Registered Weste Hauter NOVATECH INTL	NUDEP Waste Hauter 10 No. 1850	Cubic Yards of Waste	6-12.0	CO.S.	1
Cay, State BRIDGE NO. Completed by International Completed by Internationa	08857	Signature	51 ATOLUASI) Design	1.8 15
PMOS HITEIDAL MES	ILY-WI If use this form for asbestor	Ecensure exemp	ed activities.		1.



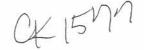
					0.00			12.700							1.7	
Date of Notification (1) August 18, 2015					f Building (Sheperd	Owner/O	perator	(2)								
Agencies Notified	Type Notification			Street A		200210 1 2							north-			
EPA	Initial				arcliff Ro											
DEP × DOL	Amended Amendment				ite, Zip Co ain Lake		07046									
▼ DOH DCA	Emergency justification) Cancellation				f Contact Sheperd	***************************************				Tol	enhone N	Numb	er			
					LITY INFO	RMATI	ON									
Name of Facility Where	Abatement is Takin	g Place (3	3)						of Facility (4 School (K-12							
Street Address 52 Briarcliff Road									Subchapter 8 Other (i.e. pr etc.)				build	ings,	home	es,
City (5) Mountain Lakes, No	J 07046								e Feet	# of	Floors		BI	dg. A	ge	
County (6) Morris					Code (7) USE ONLY)			Curre	nt Use (Prio	r if bei	ng demo	lished	1)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	ΛNo.		Name	of Abat	ement Cont	ractor	(9)					1
Sky Environmental		,		0.0000000000000000000000000000000000000					uction Co	rpora	tion					
Street Address 140 Boulevard								t Addres Watch	is iung Aver	nue						
City, State, Zip Code Mountain Lakes, No	1.07046							State, Zi	p Code ige, NJ 07	7052						
Project Manager for Mon				Telepho	ne No			hone No			License	e No.				
Leonid Shereshevs				973-58	38-4821		973-	-669-29	900		01231					
Start Date (10) August 24, 2015		Schedul			Date (11)				lA Monitor Laborato	ries (Blobal I	nc.				
Occupancy Status During	g Abatement (Ched	k Only Or	ne)					Addres								
➤ Facility Closed/Vac	ated During Entire	Period of	Abaten	nent					ary Street							
Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility	y Hours	5		_	2000 E 1000	State, Zi nmond	p Code , VA. 232:	20						
Scope of Work (Check A	ll That Apply)				Pr. 19		_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit					Min Glo	Containme i-Enclosure vebag Proc -Exempted	edure					e	
			1 1	1000			_	1101	LXCIIIPIOG	() () (<u> </u>				ement	
Location	of	1	Locati Vormal	lly		Des	scriptio	n of				ŀ		Ту	ре	
Asbestos-Containing	Material (ACM)		ed Sole			tos Cont	aining I	Material		150	mount		_		m	m
TO BE ABA			todial S		(i.e.	thermal surface	system cing, V		ition,		pecify or LF)		Remova	Repair	Encapsulate	Enclosure
(13)	.,,		(12)					neous)			scenar to		oval	air	sula	sure
		Yes	No	N/A											te	LD .
Attic	 		X		Ve	rmiculi	ite/Ce	llulous	fill	8	00SF	- 2	ζ			
								- 01				-				
												+				
Name of Registered Was	te Hauler		IN	JDEP W	L /aste	Cubic	Yards		Name of F	Registe	red Lan	dfill				
Be Construction Cor	Н	lauler ID	No.	of Was	ste		Tullytow	n Fa	cility							
City, State West Orange, NJ 07	052		-				sal Date		City, State Tullytow	n, PA	Ą					
Completed by					S	ignatur	e n	es the	/	2	Date		01-			
Barbara Reed		ident			/	R	elin	es the	esk		08/	18/2	2015			



Date of Notification (1) August 13, 2015			of Building Shepard		Operator	(2)		***					
Agencies Notified Type Notification	-	Street A	Salara a Maria Catalo						7.0	-			
☐ EPA ☐ Initial			arcliff R	oad									
DEP X Amended Amendment #1	_		ate, Zip C tain Lak		07046								
Emergency (including justification) DCA Emergency (including justification) Cancellation			f Contact Shepard					Tele	phone Nu	ımber			
		100001101111111111111111111111111111111	ILITY INF		ON			1					
Name of Facility Where Abatement is Taking Place (3)						Тур	e of Facility (4	1)			-350-0-0		
Street Address 52 Briarcliff Road	27 11					×	School (K-12 Subchapter of Other (i.e. pretc.)	8 (Othe			dings	, hom	es,
City (5) Mountain Lakes, NJ 07046						Squ	are Feet	# of	Floors	E	Bldg. A	Age	
County (6) Morris			Code (7) USE ONLY)		Curr	ent Use (Prio	r if bein	g demolis	hed)			
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services Inc.		ASCN	M No.		C 100 0 100		atement Cont ruction Cor						
Street Address 140 Boulevard					Street 235 \	Section 1	ess chung Aver	nue					
City, State, Zip Code Mountain Lakes, NJ 07046		72.7					Zip Code ange, NJ 07	7052					
Project Manager for Monitoring Firm Leonid Shereshevsky		Telepho 973-58	ne No. 38-4821		Teleph 973-6				License N 01231	No.			
Start Date (10) Scheduler August 19, 2015 August			Date (11)				HA Monitor r Laborator	ries G	lobal Inc	о. С.			
Occupancy Status During Abatement (Check Only One)				Street	Addre	ess						
Facility Closed/Vacated During Entire Period of Al							Cary Street						
Abatement Performed Outside of Normal Facility I Other – Describe:	Hours						Zip Code d, VA. 2322	20					
Scope of Work (Check All That Apply)						7							
3 <mark>- 1888</mark> 에 - 188 (1981) (1988) (1983) (19	nova molit				Ě	Mi Gl	ull Containme ini-Enclosure lovebag Proce	edure					
	2.5					l No	on-Exempted	(*) and	Non-Frial	ble Pro		e ement	
	ocati ormal			Doo		-f						ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used Main Custo	Sole tenar dial S (12)	ly by nce/ Staff?		tos Conta thermal surfac		lateria insul T, or	lation,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Yes	No	N/A	1/-		/O-II		- 611	00	005	-			
Attic	X		ve	rmiculi	te/Cell	ulous	S TIII	80	0SF	X			
										-			
						375							
Name of Registered Waste Hauler	1000000	JDEP W		Cubic `	,		Name of R	egister	ed Landfil	1			
Walle of Registered Waste Hauler		auler ID	NO.	of Was	ie		Tullytown	n Faci	lity				
Be Construction Corporation							Tullytown	111 40	iicy				
				Dispos	al Date		City, State Tullytown						



Date of Notification (1) August 5, 2015			of Building Shepard		Operator	(2)						
Agencies Notified Type Notification		Street	Address									
EPA Initial Amended Amendment	#	City, S	riarcliff R State, Zip C ntain Lak	ode	07046							
	(including	Name	of Contact				Tel	ephone Nu	ımber			
Name of Equility Manage Abstragation Taking	- Diago (2)	FA	CILITY INF	ORMAT	ION	T	(4)					
Name of Facility Where Abatement is Taking	g Place (3)					Type of Facility School (K-						
Street Address 52 Briarcliff Road							r 8 (Oth	er than K-1 & commerc		ldings	, hom	ies,
City (5) Mountain Lakes, NJ 07046						Square Feet	# 0	f Floors	1	Bldg. /	Age	
County (6) Morris			y Code (7) E USE ONL	n	_	Current Use (Pr	ior if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building O Sky Environmental Services Inc.	Owner (8)	ASC	CM No.			of Abatement Co onstruction C						
Street Address 140 Boulevard						Address Watchung Ave	enue					
City, State, Zip Code Mountain Lakes, NJ 07046						tate, Zip Code Orange, NJ (7052	144	-			
Project Manager for Monitoring Firm Leonid Shereshevsky		2 - 2 - 50 h To 2 - 50 h To 2 - 50 h	one No. 588-4821			one No. 669-2900		License N 01231	No.			
Start Date (10) August 19, 2015	Scheduled 0 August 21		n Date (11)	9	10 mm	of OSHA Monitor eider Laborat		Blobal Inc	 c.			
Occupancy Status During Abatement (Check	(Only One)					Address						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of Aba	tement				W Cary Street ate, Zip Code	et					
Other – Describe:	arr admity rio	u15				nond, VA. 23	220					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	DATE OF THE PARTY	ovation olition			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	(7.0			re	
	is Loc	ation								Abat	emen	t
Location of	Norm Used S				cription				-	1)	/pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maintel Custodia (1:	al Staff? 2)		thermal surface			(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Attic	Yes N	dr (1 (12) (12) (12)	1/-		4-10-III	Jana CII	0.0	2005	-			
Adic	^		VE	ermicuii	ie/Celli	ulous fill	00	00SF	X			
Name of Registered Waste Hauler		NJDEP \	Naste	Cubic `	Varde	Name of	Dogisto	red Landfill				
Be Construction Corporation		Hauler ID		of Was		Tullytov	10 - 10 - 1 - 1 - 1 - 1 - 1					
City, State West Orange, NJ 07052						City, Stat		2				
Completed by Barbara Reed	t		S	gnature Ecl	aco A	lee	/ Da	ite 8/5/20)15			



Date of Notification (1) 8-14-2015			me of Bu ech Pie		ner/Operato	r (2)			AUG	2 1	2015		
	_		eet Addr						1100		//-		
Agencies Notified Type Notificatio	n		O. 124										
EPA Initial X Amended		W33350		Zip Code									
X DOL Amendme		Pe	erth Am	nboy NJ	08862				- 11				
□ Emergence □ justification	y (including n)		me of Co					Tele	ephone Numb	er			
DCA Cancellati		Le		ietranec								-	_
All and Francis Albertament is Tol	ring Place (3)		FACILIT	TY INFOR	MATION	TTV	pe of Facility (4)					
Name of Facility Where Abatement is Tall Commercial	drig Flace (5)						School (K-12						- 3
Street Address		-				٦E	Subchapter 8	(Oth	er than K-12)		L		
454 Spring Street						×	Other (i.e. pr etc.)	ivate 8	& commercial	buildir	ngs, n	omes	,
City (5)							quare Feet	100000	f Floors	52200	g. Ag	е	
Elizabeth, NJ 07201							000	1		68	+		
County (6)			ounty Co			С	urrent Use (Prio	r if bei	ng demolishe	ed)			
Union		15		E ONLY)		١.	AL-1	len ct -	(0)				- 0
Name of Monitoring Firm Hired by Buildin	ng Owner (8)		ASCM N	No.			Abatement Con Environment			0			
	44470-04-00						dress						_
Street Address							ginia Avenue	9					
City, State, Zip Code	+	-			City	, Stat	e, Zip Code						
Oity, State, Zip Code							City, NJ 073	04	0				
Project Manager for Monitoring Firm		T	elephone	e No.	7 1 2 2 2 1 2		ne No.		License No),			
							3-8855		01174				
Start Date (10)	Scheduled		pletion D	ate (11)	11 25 25 25 25		OSHA Monitor as above						
8-15-2015	8-16-201										-2-1103		
Occupancy Status During Abatement (C					Stre	eet A	ddress						
× Facility Closed/Vacated During En	ire Period of Aba	ateme	ent		City	Sta	te, Zip Code						_
Abatement Performed Outside of N	Normal Facility H	ours			_ 0115	, ola	,						
Scope of Work (Check All That Apply)													
	□ Rai	novat	ion				Full Containm	ent wi	th Negative P	ressur	е		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		moliti				H	Mini-Enclosur	е					
						×	Glovebag Pro Non-Exempte	d (*) a	nd Non-Friab	le Pro	cedur	e	
	In I	ocatio	on								Abate	ement	L
1	No	rmall	у		Descrip	tion o	of				Ту	he	
Location of Asbestos-Containing Material (ACN	1) Used Main			Asbest	os Containir	ng Ma	aterial (ACM)		Amount (Specify	л		Enc	匝
TO BE ABATED	Custo		1000000	(i.e.	thermal syst	tems . VAT	insulation, , or		(Specify SF or LF)	Remova	Repair	caps	Enclosure
In Facility (13)		(12)	=	2 2 2	other misce	ellane	eous)			oval	air	Encapsulate	sure
1.25	Yes	No	N/A									e	
Roof		X			Flas	hing			400 SF	X			
Kooi													
		-						-		1			
						-				+			-
						- d -	Mana	f Posi	stered Landfi	II.			
Name of Registered Waste Hauler		11 (2)	NJDEP V Hauler ID		Cubic Yar of Waste	ras			S. North La				
Green Environmental Services	100	034889		3				. NUITI La	HUIIII				
City, State				Disposal		City, St		DΛ					
Jersey City, NJ				8-17-20	1	Morris	sville,) oto				
Completed by	Title				Sign	nature	10	00)ate 3-14-2	2015		
Liliana Serrano	Office	Ma	nager		1	14	Jana	M	un,		_5 10		



Date of Notification (1) 8-6-2015				Name	of Buildin nio Bart	g Owner	Operator	(2)			-				
Agencies Notified	Type Notification	n		Street	Address Oak Cre			LLC		Ł	UG 2	70	(0)		-
DEP DOL	Initial Amended Amendmer Emergency	(including		City, S Nesh	tate, Zip (anic, No	Code J 08853									
DCA DCA	justification Cancellatio			Antor	nio Barb	erio				Te	lephone N	Numbe	r		
Name of Facility Where Residential	Abatement is Taki	ng Place (3	3)	FAC	CILITY IN	FORMAT	ION	Туре	of Facility	(4)					
Street Address 1701 John F. Keni	nedy Blvd W.							×	School (K- Subchapte Other (i.e.	er 8 (Oth	er than K & comme	-12) rcial bu	uilding	s, hon	nes,
City (5) Jersey City, NJ 07	047								etc.) are Feet 0	# 0	f Floors		Bldg.	Age	
County (6) Hudson				County (STATE	Code (7)	Y)		Curre	ent Use (Pr	1	ng demol	ished)	70.		
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASC	M No.		Name	of Aba	atement Co vironmer	ntractor	(9)	1.0		-	
Street Address							Street	Addre			i vices, i				
City, State, Zip Code							City, S	tate, Z	ip Code y, NJ 07:						
Project Manager for Mo	nitoring Firm			Telepho	one No.		Teleph 201-3	one N	0.	304	License 01174	No.			
Start Date (10) 8-6-2015		d Co	mpletion	Date (11)	1	Name	of OSI	HA Monitor		01174					
Occupancy Status Durin	ng Abatement (Che	ck Only One	e)				Street		450000000				_		
X Facility Closed/Vac Abatement Perforn Other – Describe:	cated During Entire ned Outside of Norr	Period of A nal Facility	bater Hour	ment s					ip Code						
Scope of Work (Check A															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Personal Property of the Personal Property o	enova emoli				×	Min Glo	Containm	e cedure					
		ls l	Locat	ion				1101	n-Exempted	u () and	Non-Fria	IDIE Pr		re emen	t
Location Asbestos-Containing	n of Material (ACM)	Used		ly by	Aabaa	Des	scription	of				-	T .	ype	_
TO BE AB In Faci (13)	ATED lity	Mair Custo	ntena odial S (12)		(i.e.		aining Ma systems cing, VAT niscelland	insula 「, or	(ACM) tion,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Basem	ent	Yes	No X	N/A		Pine	insulat	ion		15	FIF	ļ.,		te	Ф
1						1 ipe	Illoulat	1011		15	5 LF	X			
Name of Registered Was	te Hauler	1	N	JDEP W	/aste	Cubic \	Yards		Name of F	Penistor	od Lands	11			
	n Environmental Services					of Was			G.R.O.V						
City, State Jersey City, NJ						Dispos 8-7-20	al Date		City, State Morrisvi		A.	0			
Completed by Liliana Serrano		Title Office	Man	ager			gnature	1 0 1	(l Du	_ D	ate -6-20	15		



Date of Notification (1) 07-15-15				Building O			(2)						5			
Agencies Notified	Type Notification	211-21-		treet Ad							100 E	1				\neg
□ EPA	Initial		4	0 Defa	orest Ave	Э.										
DEP	Amended		1 25		e, Zip Cod						-					
DOL	Amendment # Emergency (iii		- 1		anover N	IJ 079	936			1=:				50		
DOH	justification)		1 1	lame of tom Ba						I ele	phone N	amu	ar			
DCA	Cancellation				ITY INFO	RMAT	ION							4300000		\dashv
Name of Facility Where	Abatement is Taking	Place (3)		IAGIL	1111111	CIND CT		Туре о	f Facility (4	1)						
Private Residence									chool (K-12							
Street Address									ubchapter of ther (i.e. pr				buildi	ngs, h	nomes	s,
452 Riverside Drive	9							L e	tc.)					100000		-
City (5)								Square	e Feet	# 01	Floors		BIG	ig. Ag	je	
Wayne (6)				County C	ode (7)			Curren	nt Use (Prio	or if bei	na demol	lished	4)			-
County (6) Passaic					SE ONLY)	2		Ourier	11 030 (1 110	i ii boi	ig doine	10110	-,			
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	No.		Name	of Abate	ement Con	tractor	(9)	1000 1100				\neg
N/A							Delfa	a Cont	racting L	LC.						
Street Address							-	Address	500							
								7th St.	1000000							
City, State, Zip Code				4,000			000000000000000000000000000000000000000	State, Zip		7						
									NJ 0708	1	License	N N I O				\dashv
Project Manager for Mon	nitoring Firm			Telephor	ne No.		201	none No 216-96	303		01206					
Start Date (10)		Scheduled		pletion [Date (11)		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		A Monitor racting L	1.0						
08-25-15		08-26-1						Addres		LO						
Occupancy Status Durin				140000			100000000000000000000000000000000000000	7th St.								
	cated During Entire P ned Outside of Norm							State, Zi		-						\dashv
Other – Describe:						_	100000000000000000000000000000000000000		NJ 0708	37						
Scope of Work (Check A	All That Apply)															
23 sf or ≥3 lf		Re	enova	tion				Full	Containme	ent with	Negativ	e Pre	essur	е		
≥160 sf or ≥260 lf		■ De	emoliti	on			-		i-Enclosure vebag Prod							
									n-Exempted		d Non-Fr	riable				
		ls l	ocati	on										Abate Ty	ment pe	
Locatio	0.01 (5.00)		ormall Sole				escription		(4.014)			ŀ				
Asbestos-Containing TO BE AB		Mair	ntenar	nce/			ntaining l al system				mount Specify		Re	ת	Enc	9
In Fac	ility	Custo	dial 8 (12)	staff?	,	surf	acing, VA	AT, or		S	For LF)		Removal	Repair	Encapsulate	Enclosure
(13))			Τ		Outer	miscena	ileous)					/al	=	late	ге
		Yes	No	N/A			0: !:			41	.00.05	-				
Exter	rior		Х				Siding	1		15	500 SF		X			
													1			
					- 4											
Name of Registered Wa	aste Hauler						c Yards aste		Name of							
Delfa Contracting L	LC		Hauler ID No. 35240						Tullyto		esource	Re	COVE	ery F	acili	ty
City, State Union City NJ 0708	37		1				osal Date 27-15	е	City, Stat		Α					
Completed by		Title	ATE			<u> </u>	Signatur	re /	1			Dat				
Jaime Delgado		Proj. l	Mana	ager.				18				08-	15-	15		

State of New Jersey - Notification of Asbestos Abatement

Date of Notification (1) August 17,2015							uilding Owner/Opera	tor (2)	7-1				
		T NI=	46-41-57	F		Street Add	CONTRACTOR CONTRACTOR CONTRACTOR		7			-	
Agencies Notified		INO	tification		antina		manufacture .						
X EPA		1_	☑ Initia			777 Valle							
DCA		200 10	Amende		encologica and Selection	City, State,							
x DOL			Emerge	ency (ir	ncluding	Clifton,	NJ 07013-10	64					
			justifica	ation)		Name of C	ontact		Telep	hone Num	ber		
X DEP			Cancel			Rebeca R	uiz-Uloa						
xxDOH					FACILITY INFO	ORMATION							$\overline{}$
Name of Facility Where Abate	mont is To	king [Place (3)		TAGILITINI	Type of Fac	rility (4)						
St. John The Babtist-				ř		School (
St. John The Babtist-	Chape	ı Da	Sement					N.					
Street Address							ter 8 (other than K-12				- \		
357-371 Main Street							er (i.e. private & comn						.
				_		Sq. Feet:	Unknown # o	of Floor	s: 2 <u>E</u>	slag. Age	100	years	s
City (5)	County (Code (7)								
Paterson	Passa	ic		(State C	Jse Only)	Current Us	e (prior if being dem	iolished)	:				
									75				
Name of Monitoring Firm Hire	d by Bldg.	Owne	er (8)	ASCM I	No.	Name of Co	ntractor (9)						
EnviroVision Cons	ultants	inc		0007	9								- 1
Zii ii o i ision cons	ARTHUR TO						VOOD ABATEM	ENT CO	DNSU	LTANTS	, INC.		
Street Address	PU VALENCESA OF	150-0 1-07				Street Addr	ess						
20-21 Wagaraw Road	, Bldg ;	# 34	<u>A</u>										
	ity, State, Zip Code						N STREET						
City, State, Zip Code					City State,								
Fairlawn, NJ 07410			Butler, N										
Project Manager for Monitorin	g Firm		lephone N			Telephone	Number		Licens	se Number			
Fred Larson		9	73-636-	9145	7.				000				
						973-492-			0084	10			
Scheduled Start Date (10)		_			n Date (11)	Name of O	SHA Monitor						
August 27, 2015		A	ugust 3	0, 201	5 .	EMCI :-	_						
						EMSL in							
Occupancy Status During A						Street Addr	ess						
Facility Closed/Vacate						10E6 St	elton Road						
Abatement Performed	d Outside	of No	rmal Faci	lity Hour	S -	City, State,							-
Describe	d . 1 c.					City, State,	Zip Code						
Other - Describe: 2 ⁿ	sniπ					Piscata	way, NJ 08854			. The contract of the contract			
						1 ISGULA	way, 140 00004						
				2									
Source of Work (Check all that	t apply)						P22000						
100000000000000000000000000000000000000										vith Negati	ve Press	sure	
≥ 3 sf or ≥ 3 l	f				Renovation		X	Mini-En	closure	Э			
□≥ 160 sf or ≥ 2	260				Demolition			lovebag					
										and Non-F		roced	ure
Location of Asbestos-Contain			on Normal		Description of Ast			Amoun		Abateme	nt Type		
Material (ACM) in Facility (13)	(6)		/ Maint./Cu	istodial			sulation, surfacing,	(Specif	y SF	Remove	Repair En	cap E	nclose
	YE	ff? (1:	NO NO	NA	VAT, or other mise	ceii.)		or LF)					
D	1.	-0	110		TOI			33 LF		X			
Basement				X	TSI			33 LF					
		1	IDES		ID.#	0.11.17	I= =£\\\I==+=:		Nie	of Registe	rod!	len	
Name of Reg. Waste Hauler	0		JDEP Was		1U#	Cubic Yard	ds of Waste:			dowfill La		11111	
See Hauler Below # 1 &	2	1 26	ee Below	01	20		2		20000000000000		Hulli		
										O.W.S	Ohic		
							Diseased Date			erva Ent. (JIIIO		
Hauler #1) Greenwood				ants, In	c. – Butler, NJ 0	7405	Disposal Date	4.5	City, S	2, Box 68			
NJ DEP # 12							August 30, 20	15		eport, WVA		42-27	84
Hauler #2) Newark Cart	ing, Inc	- Nev	wark, NJ	04509, 1	NJ DEP # 19551				29				
Completed by (Print or Type)		Title				Signature		129 1	Date		2022200		
Marin Graure		SEI	NIOR PI	ROJEC	T	2111	- Consum		Aug	ust 17,	2015		
		MA	NAGER	2		rreare	a Graure		1000				

NO CK

Date of Notification (1) 7/28/15		ing Owner / Operator		Artif or -			
Agencies Notified Type Notification	Street Address		Ludduloli	No.			
EPA "		e Administration E	Bldg, County	Route 516			
☐ DEP ☐ Initial	City, State & Z						
□ DOL							
□ DOH □ Emergency □ DCA □ Cancellation	Name of Cont Mr. Frank Fr				Telephon	e Nun	nber
Cancellation				o:	8		
		INFORMATION					
Name of Facility Where Abatement is Taking P	ace (3)	Type of Facilit School (kg					
John H Glenn Junior School Street Address			ter 8 (Other tha	n K 12\			
185 Cindy Street			e. private & con		nae home	e etc	1
100 Ollidy Street		Square Feet	# of Floo		Bldg. Age		.,
City (5) County (6)	County Code (7)			1	100	+06	
Old Bridge Middlesex			Prior if being d	emolished)			
old Bridge		School	, mer m demig e				
Name of Monitoring Firm Hired by Building Own	ner (8) ASCM		ement Contrac	tor (9)			
Environmental Connection	.,		ronmental, li				
Street Address	•	Street Addres					
120 North Warren Street		1123 Beave					
City, State & Zip Code		City, State & Z					
Trenton, NJ 08010 Project Manager for Monitoring Firm	Telephone Numbe	Bristol, PA		License I	Number		
Roland C Jones	609-392-4200	(215)788-60		00509	Number		
	npletion Date (11)	Name of OSH		100000			
8/17/15	8/21/15		ronmental In	ic.			
Occupancy Status During Abatement (Check o		Street Addres	S				
Facility Closed/Vacated During Entire F		1123 Beave					
Abatement Performed Outside of Norm	al Hours - 7am to 3						
Describe:		Bristol, PA	19007				
Scope of Work (Check all that apply)	AIVI to 3:30 PIVI						
Scope of work (offect all that apply)			Full Con	tainment with I	Negative I	Pressu	ıre
≥3 sf or ≥3 lf	□ Renovation		Mini-End				
≥160 sf ≥260 lf	Demolition		Glove B	ag Procedures			
	_		☐ Non-Exe	empted and No			
Location of	Is Location	Description		Amount	Abat	emen	t Type
Asbestos-Containing Material (ACM)	Normally Used Solely by	Asbestos-Cont Material (AC		(Specify SF or LF)			т
TO BE ABATED	Maintenance or	(i.e., thermal sy		Of Of Elf)	Re	ZD.	Enclsoure
in Facility	Custodial Staff?	insulation, surfac	ing, VAT		Remova	Repair	Isou
(13)	(12)	or other miscella	aneous)		<u> </u>	-	late
D.". D	Yes No N/A	D. II. D. I	•	50.0F			-
Boiler Room 1		Boiler Pack		50 SF		HH	
Boiler Room 1		Boiler Ro	pe	40 SF		러냠	414
	岩님님				ᅥH	HH	ᅱ片
	++++			7.5	ᅥᆔ	Hi	ĦĦ
	러님님				ᅥቨ	Hi	fiff
Name of Registered Waste Hauler	NJDEP W	aste Cubic Yards	Name of Regi	stered Landfill			
	Hauler ID I			72202			
Service Transport Inc.	20990	2 Cu Yd	Minerva Lar	ndfill			
City, State		Disposal Date	City, State	- 011			
New Castle, DE							
0	7.0	8/21/15	Waynesburg	у, Оп	Data		
Completed By (Print or Type) Gino Pizzigoni	Title Project	Signature Hino Per		,	Date 7/28/	15	

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

Initial Notification Check #: 6398

									751				_	-	3
Date of Notification			Name	of i	Buil	ding (Owner/Open	rator	(2)						200
0 8 / 1	4 1/1 1 5	-1	1			c Sch	ools				·	1 - 2 - 7		nner	
Agencies Notified	Type Notifica	TOLI	Stre	et A	ddre	SS					,-	Grani		H	
[X]EPA	(National)		2 Ce	dar	Stree	et									
[X] DEP	[X] Initial Notifica	tion	City	. St	ate,	Zip	Code								
X]DQL	[]Amended		New	rark,	NJ 0	7102									_0
(X1DOH	Notifica	1	Name	of	Cont	act				releph	one Number				
[]DCA	[]Cancella	tion	Dou	nlas	Rlar	nd B	us. Admin.		1						
			1000				FORMATION								
Name of Facility W	here Abatement	is Ta	king l					11	Type of Fa	cilit	y (4)				-
Name of ractifity "	11000 11000		0.50						X) Sc	hool	(K-12) ter 8 (Oth	ar th	an K-	12)	
East Side High Scho	ool														
Street Address								1)	ci Square Fee	al bu	ildings, h	Bld	g. Ag	e	-
238 Van Buren Stre	et					10	tu Cada (- 11	FEOOD	14	1	80			_
City (5)		County	(6)			(STA	ty Code (LY)	Current Us	se (Pr	ior if bei	ng de	molis	hed.)
Newark, NJ 07105		Essex							School	2020	791				-
Name of Monitoring	Firm Hired b	y Build	ing	ASCM	No.		Name of A	batem	ent Contra	ac cor	(3)				
Owner (8)				0011	0		Four Stro	ng Bu	ilders, Inc.						_
Whitman Companie	s, inc.			0011	0	-	Street Ac	dress							
116 Tippe Lane Un	Tices Lane, Unit B-1 Ey. State. Zip Code						180 Sarge	eant A	venue						_
City. State. Zip	Code						City. Sta	ite, 2	Lip Code						
East Brunswick, NJ	08816						Clifton, N	J 070	13-1935		Hice	ase N	mner		
Project Manager f	or Monitoring	Firm !	releph	one	Numb	oer	Telephone	e Numl	per		1				
Kevin Lovely		17	732-39	90-58	358		973-614-	0377	W	-	0800				-
Scheduled Start D		ed.Com					Name of	USHA I	MOUITOL						
0 8 / 1 7 /	1 5 1 0	8 / .	1 1 7	1/17	Year	1	Four Stro	ng Bu	uilders, Inc.						_
Month / Day / Occupancy Status	During Abateme	ent (Ch	eck of	nly o	one)	_	Street A	ddres	S						
[]Facility Clo						1	180 Sarg	eant /	Avenue					_	_
Minhatement Pe	rformed Outsi	de of N	ormal	Fac	ilit	Y	City, St	ate,	Zip Code						
[]Other - Desc	ribe: evening shill ribe: Occupied					_	Clifton, N	IJ 070	13						
Scope of Work (Ch	neck all that	apply)			•					ent wi	th Negativ	re Pre	ssur	e	
[]Demoli			X1	Reno	vati	.on	F	lMini	-Enclosur	e	•				
1 1>3 sf	or >3 1f sf or >260 1f						D	()Non-	-Friable P	rocedi	ite				
			Т -	Is								Aba	emen	t T	Z D E
¥ 0 20				mall			Desci	riptio	on of			R	R	N	N
Asbesto	ation of s-Containing		t	Jsed olely	ē ,		Asbesto: Mater:	ial (ACM)		Amount (Specify	M	E	C A P	1
TO B	ial (ACM) E ABATED		by	Mair	1-	,	(i.e., the	SUL	facing, VA	T.	SF or · LF)	V	P	S	
	acility (13)		Cus	todi	ial	1	or othe	r mis	cellaneous	;)		A	R	L	
	of 1800 1200			No							200 05	1	-	ŀ	1
Room 204				X		VAT	& Mastic				260 SF	1	-	-	+
												-	-	-	+
													-	_	1
			1												
Name of Register	ed Waste Haul	er		JDEP			Cubic Ya	rds	Name of	Regis	tered Land	fill			
			4	2609		No.	or waste	0	G.R.O.V	V.S Ir	nc.				
Four Strong Build	lers, Inc.		11	2008			Disposal	Date		tate					
orri. State	3								Tullytow	n PΔ					
Clifton, NJ		1862					TSic	natur		m, 1 /		- 11	Date		_
Completed By (Pr	rint or Type)	Title						PS	De	1		7	0/4 4/	15	
Bilyana Kulakovs	ka	Office	Admir	nistra	ator			4				10	3/14/	13	

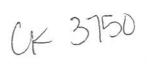
CK2010

Date of Notification (1)		Nar	me of	Building Owner(C	operator	(2) Q () (20		AUG	4	LUI	D	
Agencies Notified Type Notification	201	Stre	eet Ad	dress / ~	1	200							
□ EPA □ Initial			7	055.6	doll	nere	20	(
DEP Amended		City	, Stat	e, Zip Code	31	1 9	777	1					
DOL Amendment #_ Emergency (in	cluding		M	MUNUST	IN.	7	0 (1	111					
DOH justification)	Glading	1000000		Contact				Tele	ephone Nun	nber			
DCA Cancellation		20000		ackis ITY INFORMATI	ON								
Name of Facility Where Abatement is Taking I	Place (3)		FACIL	ITT INFORMATI	ON	Туре о	f Facility ((4)					
, , , , , , , , , , , , , , , , , , , ,	(-)					_	chool (K-1						
Street Address C	1 - 0 -		1			☐ S	ubchapter	8 (Othe	er than K-12 commercia	!)	inaa	homo	
10000	JRK IV	ILIE	_ \	Dr.			itner (i.e. p tc.)	onvaie o	Commercia	ai bullu	iiigs,	nome	δ,
City (5)	0					Square	Feet	# of	Floors	В	dg. A	99	
County (6)				code (7) SE ONLY)		Сипер	10	or if bein	ng demolish	ied)			
Name of Monitoring Firm Hired by Building Ov	vner (8)	1	ASCM	No.	Name	of Abate	ement Cor	-	(9)				
	2.5				Brick	Indus	stries Inc	.					
Street Address						Address Box 9							
City, State, Zip Code					City, S	state, Zip	Code					100000	
, 6.5,, 6.6.6, 2,7					Brick	, New	Jersey	08723					grane -
Project Manager for Monitoring Firm		Tel	ephor	ne No.	\$7000000000000000000000000000000000000	one No)899-7			License N 01196	0.			
Start Date (10)	Scheduled (Comple	etion	Date (11)	Name	of OSH	A Monitor						
Occupancy Status During Abatement (Check	Only One))	. >		Street	Address	S						
Facility Closed/Vacated During Entire Pe		atemen	ıt										
Abatement Performed Outside of Norma	Facility Ho	ours			City, S	state, Zip	o Code						
Other – Describe:				destruction s							Çarinten e		
Scope of Work (Check All That Apply)	./					6							
≥3 sf or ≥3 lf		ovatio			Δ		Containm i-Enclosur		Negative F	ressu	re		
≥160 sf or ≥260 lf	L Den	nolition				Glov	vebag Pro	cedure					
					_	_ Non	-Exempte	d (*) an	d Non-Friab	le Pro		e ment	
	100000000000000000000000000000000000000	cation mally										ре	8
Location of Asbestos-Containing Material (ACM)	Used S	Solely b		De Asbestos Con	escription		(ACM)	A	mount			т	
TO BE ABATED	Mainte Custod	enance		(i.e. therma	system	s insula			Specify or LF)	Rer	Re	ncal	Encl
In Facility (13)		12)		other i	acing, VA miscellar	neous)		Si	OI LF)	Remova	Repair	Encapsulate	Enclosure
	Yes I	No	N/A							=		ate	œ.
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			0	HISDE ITVI	FIRE	naint		100	JUF_	0			
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								10 1					
Name of Registered Waste Hauler			EP Wiler ID		Yards aste	i o	100000000000000000000000000000000000000	4000	ered Landfil	i.			
Brick Industries Inc.		216				٦	GROV	9093 0008			-		
City, State Brick, New Jersey				Dispo	Sal Date	-	City, Sta	ite					
Completed by	Title		_	101	Signature	e C			Da	ate,	1.	7/:	_
Eric Plackis	Preside	ent				2	110	/		X	/ (11 1	5

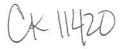
State of New Jersey

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

Agencies Type Notification Street Address: County (G): County	Date of No 08/17/201	otification (1):				ding Ow	/ner/Operator (2)								
DAR	Agencies	Type Notifica	tion	Street .	Addres	s:	10						-	5	
BDOH DCA Classediation Mr. Benjamin Olagadeyo Senderity Quitman Street School Typa of Feelity (4): School (K-12) School (K-	□ DEP	☐ Amended Amendment#		City, S Newar	tate, Zi k, NJ 0	p Code: 7102			Telephone	Numh	er:				
Start Date (10) Scheduled Completion Date (11): Name of Manitoring Firm: Telephone No.: 732-90-5858 Cyrib (27): 100 Cyrib (27):	□ DOH	(including justification	n)				leyo								
School (K-12) School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12)							FACILITY INFO	RMAT	ION						
County (6)	Name of I	Facility Quitm	an Stree	t Schoo	1			35.5		8 (05)					
Newark Sexex Square Feet: # of Floors: Bldg. Age Current Use: School	21 Quitma	an Street						□ Sub	chapter 8 (Other than K-	-12)					
Name of Monitoring Firm Hired by Building Owner: WHITMAN Street Address: 17 Pleasant Hill Road City, State, Zip Code: Cranbury, NJ 08512 Project Manager for Monitoring Firm: Telephone No.: 732-390-8858 (988 418-2737 City, State, Zip Code: Union, NJ 07083 Telephone No.: 10 Elephone No.: 10	1127.57		\$100 Barrers				y Code (7):	□ Oth	er (i.e., private & comm	ercial bu	uildings, ho	mes, et	c.)		
Current Use: School	Newark		Essex			0/103		Squa	re Feet:		# of Floor	s:			
Street Address: 17 Pleasant Hill Road City, State, Zip Code: Cranbury, NJ 08512 Project Manager for Monitoring Firm: Kevin Lovely Start Date (10): Scheduled Completion Date (11): Start Date (10): Scheduled Completion Date (11): Start Date (10): Scheduled Completion Date (11): Start Date (10): Start Date (10): Scheduled Completion Date (11): Start Date (10): Start Date (10): Scheduled Completion Date (11): Start Date (10): Start Date (10): Scheduled Completion Date (11): Start Date (10): Sta															
Street Address: 17 Pleasant Hill Road 2717 Linwood Road City, State, Zip Code: Cranbury, NJ 08512 Project Manager for Monitoring Firm: Revin Lovely Project Manager for Monitoring Firm: Place Manager for Monitoring Monitoring Street Address: Place Manager for Monitoring Firm: Place Manager for Monitoring		NAMED AND A STATE OF THE PARTY	rm Hire	d by Bu	ilding ()wner:		Nam	e of Abatement Contr	actor (9	9):				
Tope Project Manager for Monitoring Firm: Telephone No.: Gleghone No.	WHITM	AN					00110	Opti	mum Environmen	tal So	lutions, l	LLC			
City, State, Zip Code: Cranbury, NJ 08512 Project Manager for Monitoring Firm: Kevin Lovely Start Date (10): 08/28/15 Start Date (10): 09/28/15 Start Date (10): 00/28/15 Start Date (10):	011001110							Stree	t Address:						
Cranbury, NJ 08512	17 Pleasa	ant Hill Road	1					271	7 Linwood Roa	d					
Project Manager for Monitoring Firm: Kevin Lovely Start Date (10): Scheduled Completion Date (11): Occupancy Status During Abatement (Check only one) □ Facility Closed/vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours Describe: □ Other □ Describe: □ Other □ Describe: □ Other □ Describe: □ Cotation of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) ■ Cotation of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) ■ KITCHEN AND X PIPE INSULATION INCLUDING STOREROOMS Name of Registered Waste Hauler: ■ Disposal Date: ■ Cubic Yards of Waynesburg, OH 44688 ■ Cuty State: ■ Cuty State: ■ Cubic Yards of Waynesburg, OH 44688	City, State	e, Zip Code:				2		City,	State, Zip Code:						
Start Date (10): Scheduled Completion Date (11): Name of OSHA Monitor: EMSL Analytical, Inc.	Cranbury	y, NJ 08512						_							
Start Date (10): 08/28/15 Start Date (10): 9/3/15 Occupancy Status During Abatement (Check only one) □ Facility Closed/vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours □ Scope of Work (Check all that apply): □ ≥ 3 sf or ≥ 3 lf □ 26 lof sf or ≥ 260 lf □ Location of Asbestos-Containing Material (ACM) □ TO BE ABATED □ IN Facility (13) Ves No N/A KITCHEN AND STOREROOMS Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC. Name of Registered Individual Part of Manual Pacific Procedure Name of Registered Individual Pacific Procedure Procedure Procedure Pacific Procedure			onitoring	g Firm:				200000000							
Occupancy Status During Abatement (Check only one) □ Facility Closed/vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours □ Closeribe: Scope of Work (Check all that apply): □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf □ Demolition Location of Abatement (ACM) TO BE ABATED IN Facility (13) KITCHEN AND STOREROOMS Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC. New Street Address: 307 West 38th Street City, State: Demolition □ Full Containment with Negative Pressure □ Mini-Enclosure □ Mini-Enclosure □ Mini-Enclosure □ Mini-Enclosure □ Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Amount (Specify SF or LF) Enclosure □ Mon-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement T				Cabadul	ad Cam	nlation			the best of the last of the la	0122	27				
Scope of Work (Check all that apply):		(10):	1 22		ed Com	pietion	Date (11).	0.00 (E) C-10 (E) C-1					3		
□ Abatement Performed Outside of Normal Facility Hours Describe: City, State, Zip Code: New York, New York, 10018	·	L					t								
Describe: Scope of Work (Check all that apply): Scope of Work (Check all that a	□ Abateme						•			0018					
S S S S S S S S S S		%	=												
□≥ 3 sf or ≥ 3 lf □≥ 160 sf or ≥ 260 lf □ Demolition □ D	Scope of V	Vork (Check all	that app	ly):	- 1011110	/			🗗 Full C	Contain	ment with	Negat	ive Pr	essure	
Is Location Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial/ Staff? (12) Yes No N/A	□≥3 sf o □≥160 s					☐ Reno ☐ Demo	vation olition		□-Glove	bag Pr	ocedure	lon-Fr	iable P	rocedi	ıre
Asbestos-Containing Material (ACM) (ACM) TO BE ABATED IN Facility (13) KITCHEN AND STOREROOMS Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC. Lised Solely by Maintenance/ Custodial/ Staff? (12) Yes No N/A PIPE INSULATION INCLUDING ELBOWS AND JOINTS PIPE INSULATION INCLUDING ELBOWS AND JOINTS * Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC. Disposal Date: Disposal Date: Washestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Amoun							De	ecrinti		T			Abate	ement	
Maintenance Custodial Staff? (12) Yes No N/A			faterial				Ashestos Cont	aining	Material (ACM)						
Yes No N/A	VII. 1 A. 147 (Line) MARKET CO. 1	(ACM)					surfa	cing, \	/AT, or	1 500		Ren	Re	inca	Encl
Yes No N/A)		Staff?		other	miscel	laneous)			OV	pair	psu	ııso
KITCHEN AND X PIPE INSULATION INCLUDING ELBOWS AND JOINTS 400 LF * Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC. Disposal Date: Disposal Date: Waynesburg, OH 44688		(13)		Yes		T N/A				31	OI LF)	1		lat	re
Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC. City, State: Bronx, NY 10474 * NJDEP Waste Hauler ID No.: Cubic Yards of Waste: 30 MINERVA ENTERPRISES, INC. City, State: Waynesburg, OH 44688			AND							400	LF	*			
TRI-STATE TRANSFER ASSOC., INC. City, State: Bronx, NY 10474 Of Waste: 30 MINERVA ENTERPRISES, INC. City, State: Waynesburg, OH 44688	STORE	ROOMS					ELBOWS AND	JOIN	(15			*			
TRI-STATE TRANSFER ASSOC., INC. City, State: Bronx, NY 10474 Of Waste: 30 MINERVA ENTERPRISES, INC. City, State: Waynesburg, OH 44688	-			-	-										
TRI-STATE TRANSFER ASSOC., INC. City, State: Bronx, NY 10474 Of Waste: 30 MINERVA ENTERPRISES, INC. City, State: Waynesburg, OH 44688	-	33-1105													
TRI-STATE TRANSFER ASSOC., INC. City, State: Bronx, NY 10474 Of Waste: 30 MINERVA ENTERPRISES, INC. City, State: Waynesburg, OH 44688	Name of	Registered W	aste Ha	ıler:		NJDE	EP Waste Hauler ID	No.:							
Bronx, NY 10474 Waynesburg, OH 44688	TRI-STA	TE TRANSF				neal Det			155 SECTION 150	MI	VERVA E	NTER	PRISE	ES, IN	C.
					Dispo	osai Dat	е.			4688					
Completed By: Title: Signature: Date: 08/17/2015	Complete	ed By:						Signa	iture:		Date: 08/17/20	15			



Date of Notification (1)			of Building)	AUG	2 1	-	JI5		100
Agencies Notified Type Notifi	cation		Address Illey Roa	d	- (4/10-000-0)			-				
	dment #	City, St	ate, Zip Co clair,NJ,0	ode								
	gency (including cation) ellation		of Contact ard Sapo	nara			Telephone	Numbe	r			
Name of Facility Where Abatement is	Taking Place (3)	FAC	ILITY INFO	ORMATIO		ype of Facility (4)					
Montclair High School					1 -	School (K-12	8					
Street Address 100 Chestnut Street							(Other than I ivate & comm		uildi	ngs,	homo	os,
City (5) Montclair, New Jersey, 07042	2				S	Square Feet	# of Floors		Blo	dg. A	ge	
County (6) Essex			Code (7) USE ONLY)	_	Current Use (Prio	r if being dem	olished)				
Name of Monitoring Firm Hired by Bo DETAIL	uilding Owner (8)	ASC	M No.			Abatement Cont						
Street Address 300 Grand Avenue					Street Ad 606 Md	ddress cBride Avenu	e				00.00%	
City, State, Zip Code Englewood, NJ,07631						te, Zip Code and Park, NJ	07424					
Project Manager for Monitoring Firm Stephen Jaraczewski	#: /s		one No. 669-6708		Telephor 973-22	ne No. 25-8400	Licens	se No.				
Start Date (10) 08/18/15	Scheduled (08/19/15	Completion	Date (11)			OSHA Monitor NVIRONMEN	TAL LABO	RATO	RIE	ES	g	
Occupancy Status During Abatemen	t (Check Only One)				Street Ad							
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	of Normal Facility Ho				City, Sta	Route 22 Wes	t					
Scope of Work (Check All That Apply					Union,	NJ, 07083						
≥3 sf or ≥3 If ≥160 sf or ≥260 If	× Ren	ovation nolition			×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				9	
	1s Lo	cation			-	TTOTI Exempted	() una reon r	Tidolo (Abate	ment	t
Location of Asbestos-Containing Material (Adams	CM) Used S Mainte Custodi	mally Solely by enance/ ial Staff? 12)		tos Conta thermal s surfaci		terial (ACM) nsulation, or	Amount (Specify SF or LF)	No.	Domovo	Repair	e Encapsulate	Enclosure
\\	Yes N	No N/A						-			ate	6
Hallway ceiling outside Boy's	ockeri	х	rer	noval T	SI of 7	elbows	, 7 lf	x				
							e		+			
									\forall			
Name of Registered Waste Hauler		NJDEP I		Cubic Y			Registered Lar	ndfill				
Lilich Corporation		18724	J 140.		9	GROWS						
City, State Woodland Park,NJ				Disposa	al Date	City, State Morrisvi						
Completed by Momo Glavatovic	Title Vice Pre	esident	\$6 50	Sig	gnature (Date 08/17	7/2	015		



Date of Notification (1) 8/15/15 - Amended	Completion De	to	1000		Building Ow Dany Troy				triot			N.E.			
Agencies Notified	Type Notification	ie .		treet Ad		1 11113	30110	וטו טוטו	uici	- (1)	0.31.3	745			_
	Type Nouncation		100		rsippany	Road	1								
EPA DEP	Initial Amended				e, Zip Code							-			-
X DOL	Amendment :	<u>#1</u>	10.00		pany, NJ		4								
	Emergency (i	ncluding			Contact					Tele	phone Num	ber			
DOH DCA	justification) Cancellation				aveglio					1					
					ITY INFOR	MATIC	ON			1		- 20			
Name of Facility Where	Abatement is Taking	Place (3)						Туре	of Facility (4	4)					
Littleton Elementary	y School							× s	School (K-12	2)					
Street Address								5	Subchapter	8 (Othe	er than K-12				
51 Brooklawn Drive	9							1	Other (i.e. pi etc.)	rivate 8	k commercia	il build	ings,	home	s,
City (5)									e Feet	# of	Floors	В	dg. A	ge	
Morris Plains								20,0	00	1		5	0		
County (6)				County C			3±	Curre	nt Use (Pric	r if bei	ng demolish	ed)			
Morris			(STATE U	SE ONLY)	_	-	Scho	ool						
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM	No.		Name	of Abat	tement Con	tractor	(9)				
Whitman				0110			Pow	RSav	е						
Street Address	~						Street	Addres	SS						
7 Pleasant Hill Roa	id						27 V	Vest S	treet						
City, State, Zip Code	Olevens						1 1000 g 1000		p Code						
Cranbury, NJ 0851	12						Bloc	mfield	I, NJ 070	003					
Project Manager for Mor	nitoring Firm		- 4	Telephor				hone No			License N	э.			
Kevin Lovely					4-5418		973-	-680-0	088		357				
Start Date (10)		Scheduled	Com	pletion [Date (11)				A Monitor						
7/27/15		9/4/15					sam								
Occupancy Status Durin	g Abatement (Chec	k Only One					Street	t Addres	SS						
Facility Closed/Vac	ated During Entire I	Period of Ab	atem	ent			011	=							
Abatement Perform Other – Describe:	ned Outside of Norm	nal Facility F	lours				City, S	State, Z	ip Code						
						_									
Scope of Work (Check A	All That Apply)	_					F								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Assessment .	novat moliti				-		I Containme		Negative F	ressu	re		
≥ 160 Si 0i ≥200 li			HOIL	On					vebag Prod						
							12	× No	n-Exempted	d (*) an	d Non-Friat	le Pro	100000000000	150 100 100 100	
		35.70	ocatio	33.60										ement ⁄pe	
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Asbestos-Containing TO BE AB	Material (ACM)	Main		E. 1150	Asbesto			Materia ns insula			mount Specify	77		田田	m
In Faci		Custo		Staff?	(1.e. u		cing, V		auon,		F or LF)	Remova	Repair	cap	nclo
(13)			(12)			other r	niscella	neous)				ova	air	Encapsulate	Enclosure
		Yes	No	N/A										te	
Windo	NAC		Χ		1	Ninda	ow Ca	ulking		1	,500lf	Х			
VVIIIdo		-					00	2.7.119			,	-			
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									V.						
Name of Registered Wa	ste Hauler		1772	JDEP W	F1071(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(Yards		Name of	Regist	ered Landfil	ı		-	
ProGreen Manager	ment		1233	lauler ID	No.	of Wa	ste		Grand	Centr	al				
			12	2051		Dien-	cal Det	· ^						-1172	
City, State East Brunswick, NJ	E					Disbo	sal Dat	E	City, Stat		Α				
Completed by	Marian de la companya della companya della companya de la companya de la companya della companya	Title				1	Signaty		D	991, [ate			
Kevin Stack		VP				1	Jighalu	~ (7		1000	ale /15/1	5		
		1		- 12			1	JX		_					

Date of Notification (1)			-0.0		Name	of Building	Owner/Ope	rator (2)	15 (20)	201	(4)(4)		
7 / _	16 /	15	-		Gaia	Regenc	y, LLC		/ Job	#1507-1997	Chk.	#404	4	
Agencies Notified	Type Notificati	ion			Street	Address				MUG		Civ		-
⊠ EPA					152	West 57 ^t	h Street							
⊠ DOLWD		42			City, S	tate, Zip C	ode					- 0		
□ DHSS	Amendmer Emergency		dina		New	York, N	Y 10019							
DCA (NJAC 5:23-8)	justification		lullig	İ	Name	of Contact				Telephone Num	ber			
,	☐ Cancellatio	on			Ron	nish Gup	ota							
					FAC	ILITY IN	FORMATIC	ON						
Name of Facility Where A	Abatement is Ta	king P	lace (3)					Type of Facility (4)				
Prospect Pointe Ap	partment Hom	nes - l	Unit !	9A					School (K-12)					
Street Address	-								☐ Subchapter 8	(Other than K-12 ivate and comme	2) rcial bui	lding		
330 South New Pro	spect Road								homes, etc.)	ivate and comme	Tolal ba	iuiig.	-,	
City (5)									Square Feet	# of Floors	Blo	lg. Ag	е	
Jackson									3350	2	8	4		
County (6)					Coun	ty Code (7))(STATE USE (ONLY)	Current Use (Pri	or if being demoli	shed)			
Mercer									Vacant					
Name of Monitoring Firm	Hired by Buildi	ng Ow	ner (8	3)	ASCM I	No.	Name of Al	bateme	nt Contractor (9)					
Horizon Environme	ental						Asbesto	os and	Mold Service	s, Corp.				
Street Address							Street Add	ress						
PO Box 316							3859 Sy	lon B	oulevard					
City, State, Zip Code							City, State,	Zip Co	ode					
THorofare, NJ 0808	36						Haines	port, N	IJ 08036					
Project Manager for Mon	nitoring Firm			Tele	phone I	No.	Telephone	No.		License No.				
Steve Flanigan					6-848		609-702	2-0400		00862				
Start Date (10)					tion Dat		Name of O	SHA M	onitor					
_ 8 / _ 27 /	15	8	_ /	28	_ / _	15_	EMSL A	nalyti	cal, Inc.					
Occupancy Status Durin			8				Street Add	ress						
☐ Facility Closed/Vacate							200 U.S	. Rou	te 130 North					
Abatement Performed Time of Abatement:							City, State,		ode , NJ 08077					
Scope of Work (Check a	Il that apply)								23					
☐ >3 sf or >3 lf			Rer	novati	on			ull Cont ini-Enc	ainment with Neg losure	gative Pressure				
≥160 sf or ≥260 lf			Der				G	lovebag	Procedure					
							□ N	on-Exe	mpted (*) and No	n-Friable Procedi				
Lasstian				Locat orma			Danas	iption o	_		Ab	ateme		
Location Asbestos-Containing		6	Used	d Sole	ely by	Asbe			terial (ACM)	Amount	Rer	Repair	Enc	Enclosure
TO BE AB	ATED			ntena	nce/ Staff?	(i.e	., thermal sy			(Specify	Removal	air	aps	losu
IN Facil			0.000	(12)			surfacing other mis			SF or LF)	<u> </u>		Encapsulate	le
, ,		,	Yes	No	N/A								Ф	
Ceiling		[\boxtimes	Popcor	n Ceiling			210 SF	\boxtimes			
		[
		[5											
			5											
Name of Registered Was	ste Hauler		700	N	JDEP \		Cubic Yard	is of	Name of Regis	stered Landfill			-	
Freehold Cartage,				Н	02265		Waste 5		GROWS L	andfill				
City, State							Disposal D		City, State					
Freehold, NJ							8/29/15	21	Morrisville	, PA 19067				
Completed By (Print or T		Title					Signa	ture			ate		_	
Kimberly A. Trumb	etti	Off	ice C	oord	dinato	r		XI	}	-	8-1	8-11	2	

ASB-41 MAY 11

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

the Tom Voorhus Chh # 4042 Will apply Levelt in account) 8-12-15

Date of Notification (1)					Name	of Building	a Ow	ner/Operator (2)	Clarent in	(ACCE)	11/1+)	8-12-
8/	18 /	15						of Property		Job #1507-1993	Chl	c. #N	A T	ζ.
Agencies Notified EPA	Type Notifica	ation				Address S Parkwa	av A	venue		<u> </u>	2.1	111		
□ DOLWD	☐ Amended					State, Zip 0								_
□ DHSS	Amendme					nton, NJ								
DCA (NJAC 5:23-8)	☐ Emergen justification		uding			of Contac				Telephone Nu	ımher			
(140/10/0.20-0)	☐ Cancellat				11000000	n Sohn								
							EOF	RMATION		-				Commence
Name of Facility Where A	Abatament is T	Takina [Dlace	/31	FA	CILITYIN	IFUr	RIVIATION	Tune of Facili	b. (4)				
Garage Roof	Abatement is i	aking i	lace	(3)					Type of Facili					
Street Address										er 8 (Other than K-	12)			
56 Kent Place Blvd	./Morris Ave	nue B	Bridg	е					Other (i.e. homes, et	, private and comm c.)	nercial bu	uilding	IS,	
City (5)									Square Feet	# of Floors	BI	dg. A	ge	
Summit														
County (6)					Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (Prior if being dem	olished)			
Union									Vacant					
Name of Monitoring Firm	Hired by Build	ding Ov	vner (8)	ASCM	No.	Na	me of Abateme	ent Contractor	(9)				
Horizon Environme	ental						A	Asbestos and	d Mold Servi	ces, Corp.				
Street Address							Str	eet Address		•				
PO Box 316							3	859 Sylon B	oulevard					
City, State, Zip Code			-				City	y, State, Zip Co	ode					
Thorofare, NJ 0808	6						H	lainesport, N	NJ 08036					
Project Manager for Mon	itoring Firm		- 12.00	Tele	ephone	No.	Tel	ephone No.		License No.				
Dave Flanigan				8	56-848	-0800	6	09-702-0400		00862				7/1
Start Date (10)	5	Schedu	led C	omple	etion Da	ite (11)	Nai	me of OSHA M	lonitor					
8 /31 /	15	_ 9	/	1	/	15	E	MSL Analyt	ical, Inc.					
Occupancy Status During	Abatement (Check of	only o	ne)			Stre	eet Address						
☐ Facility Closed/Vacate							2	00 U.S. Rou	te 130 North					
Abatement Performed	Outside of No	ormal F	acility	/ Hou	rs - Des	scribe	City	, State, Zip Co	ode					-
Time of Abatement: _	AM	PM/		_PM		AM	C	innaminson	, NJ 08077					
Scope of Work (Check al	I that apply)				8			П г.:!! C		la safi a Dassassas				
≥3 sf or ≥3 If			⊠ Rei	novat	ion			☐ Mini-Enc		legative Pressure				
☐ ≥160 sf or ≥260 lf] Der	moliti	on			☐ Glovebag	g Procedure					
			I-	Loca	rt a a				mpted (*) and	Non-Friable Proce				
Location	of .			loca	700000000000000000000000000000000000000			Description o	£		10000	atem		
Asbestos-Containing	Material (ACM	1)			ely by	Asbe	stos	Containing Ma	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABA					ance/ Staff?	(i.e		ermal systems		(Specify	nov	air	aps	losi
(13)	Ly			(12)				surfacing, VAT, her miscellane		SF or LF)	<u> =</u>		Encapsulate	Гe
(A) W)		2.9	Yes	No	N/A				01.05.69 4 .0				Ф	
Garage Gable		[Tar Sea	lant			100 SF				
]									. 🗆			
	8	[
		[
Name of Registered Was	te Hauler			985	JDEP \		1.00	oic Yards of	Name of Re	gistered Landfill				
Freehold Cartage, I	nc.			F	lauler II 02265		Wa:	207	GROWS	Landfill				
City, State				- W				posal Date	City, State					
Freehold, NJ							9.	/1/15	Morrisvi	lle, PA 19067				
Completed By (Print or Ty	ype)	Title						Signature			Date		77	
Kimberly A. Trumbe	etti	Off	ice C	oor	dinato	r		1 X			8-13	8-2	015	

Date of Notification (1)				Name	of Buildin	ng Owner/Operator (2)	Total Control				
	15	_		NR	EF 111 2	25 DeForest Own	er, LLC /	Job #1507-20	007	Chk.	#40	39
Agencies Notified Type Noti	fication			Stree	t Address					-71		
☐ EPA ☐ Initial				53	Maple A	venue						
☑ DOLWD ☑ Amend				City,	State, Zip	Code		41				
	ment #2	T(0)				, NJ 07960						
DCA Emerg (NJAC 5:23-8) Image is pustific		ciuain	g	and the second	of Contac			Telephone No	ımher			
Cance				001747117456	eg Trapp	72			umber			
				FA	CILITY II	NFORMATION						
Name of Facility Where Abatement i	s Taking	Place	(3)				Type of Facility	(4)				
Commercial Property							School (K-12					
Street Address							Subchapter	8 (Other than K-	-12)			
25 DeForest Avenue							Other (i.e., p homes, etc.)		mercial b	uildin	gs,	
City (5)							Square Feet	# of Floors	E	Bldg. A	\ge	
Summit							130,000	3		61		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	olished)			
Essex							Office Build	ling				
Name of Monitoring Firm Hired by B	uilding C	wner	(8)	ASCM	No.	Name of Abateme						
Horizon Environmental							d Mold Service					
Street Address						Street Address		ю, согр.				_
PO Box 316						3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip Co	20.000					
Thorofare, NJ 08086						Hainesport, N						
Project Manager for Monitoring Firm			Tel	ephone	No	Telephone No.	40 00000	License No.				
Dave Flanigan				56-848		609-702-0400	(it	00862				
Start Date (10)	Sched	uled C			ate (11)	Name of OSHA M		00062				
_8 / _8 / _15					15=	EMSL Analyt	100 N 1 SO 707					
Occupancy Status During Abatemen						Street Address						
□ Facility Closed/Vacated During En	ntire Per	iod of	Abate	ement		200 U.S. Rou	te 130 North					
Abatement Performed Outside of	Normal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	ode					
Time of Abatement:AM	PN	Λ/	PM		AM	Cinnaminson						
Scope of Work (Check all that apply)												
≥3 sf or ≥3 If		⊠ Re	novat	ion			ainment with Neg	gative Pressure				
☐ ≥160 sf or ≥260 lf			moliti			☐ Glovebag	g Procedure					
						☐ Non-Exe	mpted (*) and No	n-Friable Proce	dure			
Transport of			Loca Norma			March Milliand Williams	watt		A	batem	ent T	уре
Location of Asbestos-Containing Material (AC	(M)			ely by	Asha	Description o estos Containing Ma		Amount	Re	Re	四四	T.
TO BE ABATED	,			ance/		e., thermal systems		Amount (Specify	Remova	Repair	Icar	ICIO
IN Facility (13)		Cus	todiai (12)	Staff?		surfacing, VAT,		SF or LF)	va		Encapsulate	Enclosure
(13)		Yes	No	N/A	1	other miscellane	ous)				ate	(D
3 rd Floor Space			10000	1 CH2563	Floor T	"ila 9 Mandin		0.050.05		+-	-	-
o Floor Space		=			FIOOF	ile & Mastic		3,350 SF				\perp
											Ш	
Name of Registered Waste Hauler			172	NJDEP \		Cubic Yards of	Name of Regis	tered Landfill		ed-		
Freehold Cartage, Inc.				dauler II 02265		Waste 5	GROWS La	andfill				
City, State						Disposal Date	City, State					
Freehold, NJ						8/18/15	Morrisville	, PA 19067				
Completed By (Print or Type)	Title					Signature		T	Date			
Kimberly A. Trumbetti	Of	fice (Coor	dinato	r	DA				-14=	15	÷

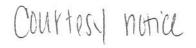
ASB-41 MAY 11

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



end= of Jeptember

	29 /	15				ng Owner/Operator	130.50	175				
	/		5		ou Meulle	er	/ Job #1506	-1986 Chk.	#TBD)		
Agencies Notified EPA	Type Notification	on		100000	et Address				-		-	
□ DOLWD						akeview Drive						
☑ DHSS	Amendment			10000	, State, Zip							
DCA (NJAC 5:23-8)	☐ Emergency justification)	(includ	ing		ne of Conta	NJ 08026						
(☐ Cancellation							Telephone Nu	mber			
					r. Randy							
Name of Facility Where	Ahatement is Tak	ing Die	22 (2)	F.	ACILITY II	NFORMATION						
Residential Proper	tv	ing Fla	CE (3)				Type of Facility					
Street Address	-7						School (K-1	2) 8 (Other than K-1				
27 North Exter Ave	nue						Other (i.e.,	o (Other than K-1	(2) ercial l	buildi	nae	
City (5)							nomes, etc.)	0.0101	Dullul	ngs,	
Margate							Square Feet	# of Floors	1	Bldg.	Age	
County (6)			-	Col	inty Code /	7\/07475 / 105 011116	1140	1		196	30	
Atlantic				000	inty Code (7)(STATE USE ONLY)	The state of the s	rior if being demo	lished))		_
Name of Monitoring Firm	Hired by Building	Owne	r (8)	ASCN	/ No	Nome of Alice	Vacant					
Horizon Environme	ntal		(0)	AGGIN	i NO.	Name of Abatem						
Street Address							d Mold Service	es, Corp.				
PO Box 316						Street Address						
City, State, Zip Code			- 1			3859 Sylon B						
Thorofare, NJ 08086	ŝ					City, State, Zip Co						
Project Manager for Monit	toring Firm		Tel	ephone	No	Hainesport, No.	NJ 08036					
Dave Flanigan					3-0800	609-702-0400		License No.				
Start Date (10)	Sche	duled			ate (11)	Name of OSHA M		00862				
8 /	15	9	/3	0 /	15.0	EMSL Analyti						2.5
Occupancy Status During	Abatement (Cher	k only	one)	-		Street Address	cai, iric.					
□ Facility Closed/Vacated	d During Entire Pe	eriod of	Ahate	ment		200 U.S. Rout	- 400 N					
						200 U.S. KOUT						
Abatement Performed (Outside of Norma	I Facili	ty Hou	rs - Des	scribe							
Time of Abatement:	Outside of NormaAMP	I Facili	ty Hou PM	rs - Des 	AM	City, State, Zip Co	de					
Time of Abatement:	Outside of NormaAMP	I Facili	ty Hou PM	rs - Des	AM		de					
Time of Abatement: Scope of Work (Check all to) 3 sf or >3 If	Outside of NormaAMP	l Facili	PM		AM	City, State, Zip Co Cinnaminson	de , NJ 08077	ative Pressure				
Time of Abatement: Scope of Work (Check all to) 3 sf or >3 If	Outside of NormaAMP	I Facili	PM	ion	AM	City, State, Zip Co Cinnaminson Full Conta Mini-Encl	de , NJ 08077 ainment with Neg	ative Pressure				
Time of Abatement: Scope of Work (Check all to) 3 sf or >3 If	Outside of NormaAMP	I Facili	PM	ion	AM	City, State, Zip Co Cinnaminson Full Conta Mini-Encl	de , NJ 08077 ainment with Negosure Procedure		ro			
Time of Abatement: Scope of Work (Check all forms of Scope of Work) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Outside of NormaAMP that apply)	I Facili	PM	ion on	AM	City, State, Zip Co Cinnaminson Full Conta Mini-Encl	de , NJ 08077 ainment with Negosure Procedure	ative Pressure n-Friable Procedu	_	astom	ont T	
Abatement Performed of Time of Abatement: Scope of Work (Check all to 23 sf or ≥3 lf 2160 sf or ≥260 lf Location of Asbestos-Containing M	Outside of NormaAMP that apply) of laterial (ACM)	I Facilii M/	enovatemolitical Locate Norma	ion on ion illy	AM	City, State, Zip Co Cinnaminson Full Conta Mini-Encl Glovebag Non-Exen	ainment with Negosure Procedure npted (*) and Nor		Ab		ent T	T
Abatement Performed of Time of Abatement: Scope of Work (Check all to the second seco	Outside of NormaAMP that apply) of laterial (ACM)	I Facilii M/ Re	enovatemolitical Superior Supe	ion ion lly ely by nce/	AM	City, State, Zip Co Cinnaminson Full Conta Mini-Encla Glovebag Non-Exen Description of tos Containing Mats	ainment with Negosure Procedure npted (*) and Nor	n-Friable Procedu	Ab			T
Abatement Performed of Time of Abatement: Scope of Work (Check all to the state of the s	Outside of NormaAMP that apply) of laterial (ACM)	I Facilii M/ Re	enovat emolitic Locat Norma ed Sole intena	ion ion lly ely by nce/	AM	City, State, Zip Co Cinnaminson. Full Conta Mini-Encl. Glovebag Non-Exen Description of tos Containing Mate thermal systems ir surfacing, VAT.	ainment with Negosure Procedure npted (*) and Nor erial (ACM) insulation, or	Amount (Specify	Ab	Patem		T
Abatement Performed of Time of Abatement: Scope of Work (Check all to	Outside of NormaAMP that apply) of laterial (ACM)	I Facilii M/ Re	enovate Locate Norma ed Sole intena todial (12)	ion lly lly by nce/ Staff?	AM	City, State, Zip Co Cinnaminson Full Conta Mini-Encla Glovebag Non-Exen Description of tos Containing Mate thermal systems in	ainment with Negosure Procedure npted (*) and Nor erial (ACM) insulation, or	n-Friable Procedu	_			T
Abatement Performed of Time of Abatement: Scope of Work (Check all formation of Scope of Sco	Outside of NormaAMP that apply) of laterial (ACM)	I Facilities II	enovatemolitics Locate Norma ed Sole intena todial (12) No	ion lly ely by nce/ Staff?	Asbes (i.e.,	City, State, Zip Co Cinnaminson Full Conta Mini-Encl Glovebag Non-Exen Description of tos Containing Mate thermal systems ir surfacing, VAT, other miscellaneo	ainment with Negosure Procedure npted (*) and Nor erial (ACM) insulation, or	Amount (Specify	Ab		nt Encapsulate	T
Abatement Performed of Time of Abatement: Scope of Work (Check all to the state of the	Outside of NormaAMP that apply) of laterial (ACM)	I Facilities Recorded In Inc.	enovate Superior Supe	ion liv liv by nce/ Staff?	Asbes (i.e.,	City, State, Zip Co Cinnaminson Full Conta Mini-Encla Glovebag Non-Exen Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneo	ainment with Negosure Procedure npted (*) and Nor erial (ACM) insulation, or	Amount (Specify	Ab			T
Abatement Performed of Time of Abatement:	Outside of NormaAMP that apply) of laterial (ACM)	I Facilities II	enovatemolitics Locate Norma ed Sole intena todial (12)	ion liy lly by nce/ Staff?	Asbes (i.e.,	City, State, Zip Co Cinnaminson. Full Conta Mini-Encl. Glovebag Non-Exen Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneo Siding	ainment with Negosure Procedure npted (*) and Nor erial (ACM) insulation, or	Amount (Specify SF or LF)	Removal			T
Abatement Performed of Time of Abatement:	Outside of NormaAMP that apply) of laterial (ACM)	I Facilities Recorded In Inc. I See Inc. I S	enovate Superior Supe	ion liy lly by nce/ Staff?	Asbes (i.e.,	City, State, Zip Co Cinnaminson Full Conta Mini-Encle Glovebag Non-Exen Description of tos Containing Mate thermal systems ir surfacing, VAT, other miscellaneo Siding ulk	ainment with Negosure Procedure npted (*) and Nor erial (ACM) insulation, or	Amount (Specify SF or LF)	A Removal			T
Time of Abatement: Scope of Work (Check all forms of Abatement: 23 sf or ≥3 if 2160 sf or ≥260 if 24 section of Abatement Location of Abatement Loc	Outside of NormaAMP that apply) of laterial (ACM)	I Facilities Recorded In Inc.	PM enovat emolitic s Locat Norma ed Sole intena todial s (12) No	ion lion liy liy by nce/ Staff?	Asbes (i.e., Transite Door Cau Linoleum Joint Con	City, State, Zip Co Cinnaminson. Full Conta Mini-Encl. Glovebag Non-Exen Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneo Siding ulk n mpound	ainment with Negosure Procedure Inpted (*) and Nor erial (ACM) Insulation, In	Amount (Specify SF or LF) 1250 SF 20 LF 220 SF 618 SF	A Removal			T
Time of Abatement: Scope of Work (Check all to the state of th	Outside of NormaAMP that apply) If laterial (ACM) ED Hauler	I Facilities Recorded In Inc. I See Inc. I S	PM enovat emolitic s Locat Norma ed Sole intena todial (12) No	ion lion liy liy by nce/ Staff? N/A	Asbes (i.e., Transite Door Cau Linoleum Joint Con	City, State, Zip Co Cinnaminson. Full Conta Mini-Encl. Glovebag Non-Exen Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneo Siding ulk mpound Cubic Yards of	ainment with Negosure Procedure Inpted (*) and Nor erial (ACM) Insulation, or us) Name of Registe	Amount (Specify SF or LF) 1250 SF 20 LF 220 SF 618 SF	A Removal			T
Time of Abatement: Scope of Work (Check all to Scope of Work (Check all to ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location or	Outside of NormaAMP that apply) If laterial (ACM) ED Hauler	I Facilities Recorded In Inc. I See Inc. I S	PM enovat emolitic s Locat Norma ed Sole intena todial (12) No	ion lion liy liy by nce/ Staff?	Asbes (i.e., Transite Door Cau Linoleum Joint Con	City, State, Zip Co Cinnaminson. Full Conta Mini-Encl. Glovebag Non-Exen Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneo Siding ulk n mpound	ainment with Negosure Procedure Inpted (*) and Nor erial (ACM) Insulation, In	Amount (Specify SF or LF) 1250 SF 20 LF 220 SF 618 SF	A Removal			T
Time of Abatement: Scope of Work (Check all formed of Abatement: Scope of Work (Check all formed of Abatement: Location of Asbestos-Containing M TO BE ABAT IN Facility (13) Exterior arage aundry Room athrooms (2) ame of Registered Waste Freehold Cartage, Inc. by, State	Outside of NormaAMP that apply) If laterial (ACM) ED Hauler	I Facilities Recorded In Inc. I See Inc. I S	PM enovat emolitic s Locat Norma ed Sole intena todial (12) No	ion liv liy by nce/ Staff? N/A DEP Wauler ID	Asbes (i.e., Transite Door Cat Linoleum Joint Cot /aste No.	City, State, Zip Co Cinnaminson. Full Conta Mini-Encla Glovebag Non-Exen Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneo Siding ulk mpound Cubic Yards of Waste 5 Disposal Date	ainment with Negosure Procedure Inpted (*) and Nor erial (ACM) Insulation, or us) Name of Registe	Amount (Specify SF or LF) 1250 SF 20 LF 220 SF 618 SF	A Removal			Ť
Time of Abatement: Scope of Work (Check all to 23 sf or ≥3 if	Outside of NormaAMP that apply) If laterial (ACM) ED Hauler	I Facilities Recorded	PM enovat emolitic s Locat Norma ed Sole intena todial (12) No	ion liv liy by nce/ Staff? N/A DEP Wauler ID	Asbes (i.e., Transite Door Cat Linoleum Joint Cot /aste No.	City, State, Zip Co Cinnaminson. Full Conta Mini-Encle Glovebag Non-Exen Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneo Siding ulk mpound Cubic Yards of Naste 5	ainment with Negosure Procedure Inpted (*) and Nor Prival (ACM) Insulation, I	Amount (Specify SF or LF) 1250 SF 20 LF 220 SF 618 SF ered Landfill	A Removal			T
Time of Abatement: Scope of Work (Check all formed of Abatement: Scope of Work (Check all formed of Abatement: Location of Asbestos-Containing M TO BE ABAT IN Facility (13) Exterior arage aundry Room athrooms (2) ame of Registered Waste Freehold Cartage, Inc. by, State	Outside of NormaAMP that apply) If laterial (ACM) ED Hauler	I Facilities Recorded	PM enovat enovat enovat s Locat Norma ed Sole intena todial (12) No	ion ion illy illy by nce/ Staff? N/A DEP Wauler ID 02265	Asbes (i.e., Transite Door Cat Linoleum Joint Cot /aste No.	City, State, Zip Co Cinnaminson. Full Conta Mini-Encla Glovebag Non-Exen Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneo Siding ulk mpound Cubic Yards of Waste 5 Disposal Date	ainment with Negosure Procedure Inpted (*) and Nor erial (ACM) Isulation, or us) Name of Registe GROWS Lar	Amount (Specify SF or LF) 1250 SF 20 LF 220 SF 618 SF ered Landfill	A Removal			УР С



Date of Notification (1)				Name	of Building	Owner/Operator (2	2)					
8/7	/15	5		Stat	te of NJ		/ Job #1507-	1998 Chk. #	NA.			
Agencies Notified Typ	e Notification			Street	Address							
10.00	Initial			1 St	ate Hom	e Rd./P.O. Box 5	500					
	Amended	Š.		City, S	tate, Zip C	Code						-
[7] The second s	Amendment #	_		Mor	roe, NJ						50	
	Emergency (in justification)	nciuaing		Name	of Contac	t		Telephone Num	ber			
	Cancellation			Mr.	Anthony	Mazzella		1 .				
				FAC	CILITY IN	FORMATION						
Name of Facility Where Abate	ement is Takin	g Place	(3)		3002400 10 6765		Type of Facility	(4)				
NJ Training School							☐ School (K-12					
Street Address								B (Other than K-12 rivate and commer		ildina		
1 State Home Rd., P.O.	Box 500						homes, etc.)		ciai bu	liding	5,	
City (5)							Square Feet	# of Floors	Blo	ig. Ag	je	
Monroe, NJ							2000	2	8	30 Yr	s.	
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)			
Middlesex						94	Vacant					
Name of Monitoring Firm Hire	d by Building	Owner (3)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Brinkerhoff Environme	ntal					Asbestos and	d Mold Service	es, Corp.				
Street Address						Street Address						
1805 Atlantic Ave.						3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip Co	ode					
Manasquan, NJ 08736						Hainesport, N	J 08036					
Project Manager for Monitorin	g Firm		Tele	phone	No.	Telephone No.		License No.				
Jason Hooper			(7	32)223	3-2225	609-702-0400		00862				
Start Date (10)	Sche	duled Co	mple	tion Da	te (11)	Name of OSHA M	lonitor					
8 / _17_ / _1	5	9 /	4	/ _	15	EMSL Analyti	ical, Inc.					
Occupancy Status During Aba	atement (Chec	ck only o	ne)			Street Address						
☐ Facility Closed/Vacated Du						200 U.S. Rou	te 130 North					
Abatement Performed Outs	side of Norma	I Facility	Hour	s - Des	cribe	City, State, Zip Co	ode					
Time of Abatement:	_AMP	'IVI/	_PM-		AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all that	apply)					☐ Full Cont	ainment with Neg	native Dressure				
≥3 sf or ≥3 lf		⊠ Rer	ovati	on		☐ Mini-Enc	losure	gative Flessule				
☐ ≥160 sf or ≥260 lf		☐ Der	nolitic	n		☐ Glovebag		n-Friable Procedu				
		le	Locat	ion		□ Non-Exe	mpted (*) and No	n-Friable Procedu				
Location of			orma			Description o	f			ateme	_	
Asbestos-Containing Mate			Sole			stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABATED IN Facility		12/0/22/11/25	ntena odial s	Staff?	(i.e	., thermal systems i		(Specify	VOL	air	aps	losu
(13)			(12)			surfacing, VAT, other miscellane		SF or LF)	<u>m</u>		Encapsulate	IГе
# W		Yes	No	N/A							Ф	
Throughout					0 & M	Orilling Holes in	ACM Plaster	<3 SF	\boxtimes			
										П	П	
			_	_								
		Ш	Ш							Ц	Ш	Ш
						<u> </u>						
Name of Registered Waste Ha	auler		11000	JDEP V		Cubic Yards of	Name of Regis					
Freehold Cartage, Inc.			"	auler ID 02265		Waste 5	GROWS L	andfill				
City, State						Disposal Date	City, State					
Freehold, NJ						9/4/15	Morrisville	, PA 19067				
Completed By (Print or Type)	Titl	е				Signature	\	Da	ite			-
Joann Mullarkey	C	Office C	oord	inator		000		47 E	8-1	4-1	5	
ACD 41						1 1			V '		-	

ASB-41 MAY 11

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

mo 22740899444

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

Date of Notification (1)				_	Nome	of Duilding		20102010111	2)			-7-2			
Date of Notification (1)	18 /	15				or Building	e	ner/Operator (2 ond	2)	AUG	2 1	9	.15		
Agencies Notified	Type Notifica	ition			Street	Address			10.10.00						
⊠ EPA					650	Liberty /	Aver	nue							
☑ DOLWD	☐ Amended				City, S	tate, Zip C	ode								
Ø DOH	Amendme				Uni	on, NJ 0	7083	3							
DCA (NJAC 5:23-8)			ııng		Alama	of Contact				Talanhana M	ımhai	-			
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cancellat				Joh	n Purcel	9								
					FAC	CILITY IN	FOR	MATION							
Name of Facility Where	Abatement is T	aking Pla	ace ((3)					Type of Facility	(4)					
Former Coffee Dist	tributing Cor	p.							School (K-12		40)				
Street Address									☐ Subchapter 8 ☐ Other (i.e., p			al bu	ildina	S	
685 Liberty Avenue	9								homes, etc.)		moroid	AI DU	iiuii ig	٥,	
City (5)									Square Feet	# of Floors		Blo	ig. Aç	ge	
Union, NJ 07083															
County (6)					Coun	ty Code (7)(STA	TE USE ONLY)	Current Use (Pr	ior if being dem	olishe	ed)			
Union															
Name of Monitoring Firm	Hired by Build	ling Own	er (8	3)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9)						-
Bio Terra Solutions	s						U	NIPRO INC		1184					
Street Address							Stre	eet Address							
P.O. Box 1224							1	73 Karkus A	venue						
City, State, Zip Code							City	, State, Zip Co	ode						
Union, NJ							1 2	loodbridge,							
Project Manager for Mon	itoring Firm	-		Tele	phone	No.		ephone No.		License No				-	-
Rick Eustaguio	·				3-494		1 32	32-726-3111		615					
Start Date (10)	Is	Schedule	d Co					ne of OSHA M							_
8/19/							NAME OF STREET	NIPRO INC.	ormor						
Occupancy Status During							0.70	eet Address							-
☐ Facility Closed/Vacate					mont			73 Karkus A	Vonus						
☐ Abatement Performed						cribe	100								
Time of Abatement:								, State, Zip Co loodbridge,							
Scope of Work (Check a	II that apply\						V	rooubriage,	NJ 07095					37.3	
Scope of Work (Offeck a	п пасарру							☐ Full Cont	ainment with Neg	gative Pressure					
≥3 sf or ≥3 lf				novati nolitic				☐ Mini-Enc	losure						
≥160 sf or ≥260 lf		П	Den	понис	m			☐ Glovebag Non-Exe	mpted (*) and No	n-Friable Proce	edure				
			Is	Locat	ion							Aba	ateme	ent T	vpe
Location				orma	lly ely by			Description o			ŀ	70	æ	m	m
Asbestos-Containing TO BE ABA	CONTRACTOR OF STREET			ntena				Containing Ma mal systems i		Amount (Specify		Remova	Repair	Encapsulate	Enclosure
IN Facil		0	Custo		Staff?	(1.0		urfacing, VAT,		SF or LF)		lavo	=	psu	Sun
(13)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	z T	(12)	LAUA	-	oth	ner miscellane	ous)			0.00		ate	
			es	No	N/A						_				
Roof]			Roofing	y Ma	terial		35,000 SI	F	\boxtimes			
]									\boxtimes			
			1	П											
			-	$\overline{\Box}$											
Name of Registered Was	ste Hauler			IN	JDEP \		Cut	oic Yards of	Name of Regis	stered Landfill					
Yannuzzi Group, In				Н	lauler II		Wa		IESI						
City, State					17467		-	oposal Date	City, State						
Kinnelon, NJ							Т	BD	Bethlehem	ı, PA					
Completed By (Print or T	'vne)	Title						Signature			Date				
David Tolchin	1001	Pres	ide	nt				David 7	Polchia				8/20	15	
								J 10000 1							

Page 1 of 1 Check #1592

Date of Notification (1) 8-11-15							Operator		nia		-				
Agencies Notified	Type Notification			Street A	ddress ort Lee F	Rd				É	Us 2 °	201	0		
EPA DEP X DOL	!nitial Amended Amendment #				ite, Zip Co a, New J		7 07605				18				
X DOH X DCA	Emergency (ir justification) Cancellation	ncluding			f Contact Given					Tel	ephone Nu	mber			
				FAC!	LITY INFO	ORMA	TION			-					
Name of Facility Where The Presbyterian C		Place (3	3)				6		School (K-1	2)	45 1/ 4	0)			
181 Fort Lee Rd								×	Subchapter Other (i.e. p etc.)	rivate (& commerc	ial bui	0.50	S-	ies,
City (5) Leonia								10,0	are Feet 000 +	1	f Floors	3	31dg. 30÷	Age	
County (6) Bergen	1				Code (7) USE ONLY				ent Use (Prid /care	or if bei	ng demolis	hed)			
Name of Monitoring Firm Detail Associates	n Hired by Building O	wner (8)		ASCN 0001					atement Con	tractor	(9)				
Street Address 300 Grand Avenue							Street 140		ess burg Tpke	į.					
City, State, Zip Code Englewood, NJ 076	531								Zip Code dale, NJ 0	7403					
Project Manager for Mor Anthony Valentine	nitoring Firm			Telepho 201-56	ne No. 69-6708		Teleph	none N			License N 01084	10.			
Start Date (10) 8-24-15		Schedule 8-29-1		npletion	Date (11)				HA Monitor						
Occupancy Status Durin	g Abatement (Check	Only Or	ne)				Street		V. V 1 (1) (1) (1) (1)						
Facility Closed/Vac	ated During Entire Pe	eriod of A	Abatem	ent			140	Haml	burg Tpke						
Abatement Perform Other – Describe:	ned Outside of Norma								Zip Code dale, NJ 0	7403					
Scope of Work (Check A	II That Apply)					7				(T-1)					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		MINE STATES	Renova Demolit				×	Mi GI	ull Containme ini-Enclosure ovebag Proc on-Exempted	edure	- Teese			ra	
		lo	Locati	on					JII EXCITIPATO	() () ()	a reon i na	1	7.120.50.55	temen	t
Location	n of	1	Vormal	У		Г	escription	of					Т	ype	
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED lity	Ma Cust	d Sole intenar todial S (12)	nce/ staff?		tos Co therm sur	ntaining Nal systems facing, VA miscellar	/lateria s insul .T, or	ation,	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-	_	-	
Crawl Sp		X					ipe Fittir				30 If	X			
Basem		Х					ipe Fittir				00 LF	X	_	-	
Crawl sp	1	X					stos deb				10 sf	-			
Basement storage r		X				1.000	stos deb	ris cl			00 sf				
Name of Registered Was GL Group, Inc	ste Hauler		17 (2005)	JDEP W auler ID		of W	c Yards aste				red Landfil	l).			
	***	1	00	33034		TBD			GROWS						
City, State Bloomingdale, NJ	- FI					TBD	-		City, State Morrisvi						
Completed by Elena Solakov		Title Presi	dent				Signature	3_	lem St	ulla) Di	ate -11-2	015		

EDS15-204

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

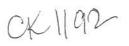
Page 1 of 1

Check # 1520

Date of Notification (1) 8-12-2015					Building (Orange E				1		-115	1				
Agencies Notified	Type Notification		100	Street Ad 179 Ea	ddress agle Roc	k Aver	nue					2				
EPA DEP DOL	Initial Amended Amendment	#1	100		te, Zip Coo Orange,)52									
ĭ DOH I DCA	Emergency justification) Cancellation				Contact				-	Tele	phone	Num	ber			
					LITY INFO	RMATI	ON		-				277	_		
Name of Facility Where A Thomas A. Edison (5)					×	of Facility (4 School (K-12	2)						
Street Address 75 William Street								IT .	Subchapter of Other (i.e. propertion)	8 (Otherivate 8	comme	(-12) ercia	build	lings,	home	es,
City (5) West Orange									re Feet 00 ÷	# of 2	Floors		1/2/19	dg. A)+	ge	
County (6) Essex				County C	Code (7) JSE ONLY)			Curre	ent Use (Prio ool	r if beir	ng demo	olishe	ed)			
Name of Monitoring Firm Ahera Consultants I		Owner (8)		ASCM 0057				of Aba Group	tement Con	tractor	(9)					
Street Address PO Box 385							1717071	Addre:	ss ourg Tpke							
City, State, Zip Code Oceanville, NJ 0823	1-0385								ip Code dale, NJ 0	7403						
Project Manager for Moni John Smoyer	toring Firm			Telephor	ne No. 352-1833	3	Telep	none N)710-	0.		Licens 01084					
Start Date (10) 8-14-2015 at 1pm		Schedule 8-17-2	ed Con	. Service	Date (11)		Name		HA Monitor							
Occupancy Status During	Abatement (Chec	k Only Or	ne)					Addre								
Facility Closed/Vaca Abatement Performe	ed Outside of Norn								ourg Tpke ip Code							
Other – Describe: _						_	Bloc	ming	dale, NJ 0	7403		_ 0				
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	I That Apply)	-	Renova Demolit				2	Mir Glo	II Containme ni-Enclosure ovebag Proc n-Exempted	edure					9	
			Locati											Abate Ty	ement	
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED ty	Use Ma Cus	Normal ed Sole intenar todial S (12)	ly by nce/ Staff?		tos Cont thermal surfac		Materia s insula AT, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		Dino	Insula	ation		2	5 LF	200000	X		2100	
Stage Stro	orage	+^				Pipe	IIISUI	111011		3	3 LF		Δ			
1.		-				-						-				
	1	-														
Name of Registered Was	te Hauler	1	H	JDEP W lauler ID 033034	No.	Cubic of Was TBD	Yards ste		Name of F		red Lan	dfill				
City, State Bloomingdale, NJ						Dispos TBD	sal Date)	City, State Morrisvi		Д					
Completed by Elena Solakov	in the second	Title Pres	ident			S	ignatur	e 6	long St	ulla	ا ز	Dat 8-1	e 2-20)15		

CK# 6493

Date of Notification (1)		1	me of E SEG	Building Ov	vner/O	perator	(2)			E3=					
Agencies Notified Type Notification		340	eet Ad	dress ADLEY F	ROAL)			i	4UG 2 1					
EPA Initial Amended Amendment #_				e, Zip Code I PLAINF), NJ (7080			=					
Emergency (inc justification) DCA Cancellation	luding		me of	Contact	4N L	DUR	LAND		Telep	ohone Numl	oer	-			
			FACIL	ITY INFOR	ITAM	ON	I -	f E - ille - / A	1)					_	
Name of Facility Where Abatement is Taking P PSE&G	lace (3)						□ s	f Facility (4 chool (K-12	2)	r than K-12)					
Street Address 996 KLEMM 1	AVE.						⊠ o et	ther (i.e. pr	rivate &	commercia	buildi			S,	
996 KLEMM 1 City (5) GLOUCESTER							1 6	200		Floors	A	dg. Ag	50 y	IRS	
County (6) GloucesTER				ode (7) SE ONLY)			Curren	Sun,	or if bein	g demolishe	ed)	Ti	ا مد)	
Name of Monitoring Firm Hired by Building Ow ENVIRONMENTAL TACTICS	ner (8)		ASCM 0045	No.				ement Con	tractor (9) MERICA					
Street Address 64 BROAD STREET					,	1000000	t Address	s EHEAD A	AVE.						
City, State, Zip Code MATAWAN, NJ 07747						100000000000000000000000000000000000000	State, Zip	Code VER, NJ	08882	2					
Project Manager for Monitoring Firm TOM GEIGER		100	lephor	ne No. 2-2217		Telep	hone No -432-83			License No).				
	cheduled C					Name	e of OSH	A Monitor	S OF A	AMERICA					
Occupancy Status During Abatement (Check C	Only One)	4	//	5		Stree	t Addres	S							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	Facility Ho	urs				City,	State, Zip								
Other - Describe: Mesessaly	ques	Us.	00	ally .	_	so	UTH RI	IVER, NJ	0888	2					
Scope of Work (Check All That Apply)							Full Containment with Negative Pressure								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation nolition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proce									
			-			- 2	Nor	n-Exempted	d (*) and	Non-Friad		Abate			
	100000000000000000000000000000000000000	Is Location Normally											ре		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custodi (1	olely nanc al Sta	by e/		os Cor therma surfa	al systemacing, \	Material ms insula /AT, or aneous)		(8	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
8	Yes N	10	N/A										w		
CONTROL ROOM	>	2		TRA	NS.	TE	Floor	PANUS	2.	50 SF	×				
		_													
		-					-		#1		-				
Name of Registered Waste Hauler		1000000	DEP V			c Yards	3	Name of	Registe	ered Landfill		1			
WASTE MANAGEMENT		112	uler ID 25	No.		4 /		GROW		RTH	1				
City, State ELIZABETH, NJ					Disposal Date City, State MORRISVILLE, PA										
Completed by CAROL RAIMO	Title OFFICE	E MC	GR.		Signature Date Date					5//	19/15-				



Date of Notification (1)			Name	of Buildin	g Owner/Operator (2	2)		-			
8/19/	15		Sai	nt Lukes	Episcopal		111- 5 3 -55				
Agencies Notified Type Notifica	ation		Street	Address			1.2				
☑ EPA ☑ Initial			17	Oak Ave	nue						
☑ DOLWD ☐ Amended			City, S	State, Zip C	Code						
☑ DOH Amendment ☐ DCA ☐ Emergen	A	_	Met	tuchen, N	NJ 08840						
DCA Emergen (NJAC 5:23-8) Emergen justification		ig	Name	of Contac	:t		Telephone Numb	er		-	
☐ Cancellate			Bill	Noble							
			FA	CILITY IN	FORMATION		*				
Name of Facility Where Abatement is 1	aking Plac	e (3)				Type of Facility					
Residential House						School (K-12					
Street Address							3 (Other than K-12) rivate and commerc		ilding	15	
18 Oak Avenue						homes, etc.)		nai be		,0,	
City (5)						Square Feet	# of Floors	BI	dg. A	ge	
Metuchen, NJ 08840											
County (6)			Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)			
Middlesex											
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme						
Bio Terra Solutions					ALL PRO MA	NAGEMENT L	LC				
Street Address					Street Address						
P.O. Box 1224					27 Outwater	Lane					
City, State, Zip Code					City, State, Zip Co	ode					
Union, NJ					Garfield, NJ	07026					
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.	1			
Rick Eustaquio			73-494		973-928-4888	l.	1188				
The state of the s	Scheduled	100 mm.			Name of OSHA M	lonitor					
8/29/15	09		/ -	15_	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During Abatement (Street Address						
☐ Facility Closed/Vacated During Entil					27 Outwater I	Lane					
Abatement Performed Outside of No Time of Abatement:AM					City, State, Zip Co						
Scope of Work (Check all that apply)					Garfield, NJ	07026					
Scope of Work (Check all that apply)					☐ Full Cont	tainment with Neg	ative Pressure				
☐ ≥3 sf or ≥3 lf		enovat			☐ Mini-Enc	losure					
≥160 sf or ≥260 lf	⊠ D	emoliti	on		☐ Glovebag	g Procedure moted (*) and No	n-Friable Procedure	2			
		s Loca	tion		Z NON EXC	Inplod () dild ito	THE HADIO T TOOCGAN	1	atem	ont T	VDO
Location of		Norma			Description o	f			_		
Asbestos-Containing Material (ACN TO BE ABATED		ed Sol			stos Containing Ma		Amount	Remova	Repair	nca	Enclosure
IN Facility	C. C	stodial	Staff?	(1.6	e., thermal systems surfacing, VAT,		(Specify SF or LF)	ova	₩.	psu	nso
(13)		(12)		-	other miscellane			-		Encapsulate	re
	Yes		N/A					_	_		_
Basement	ᆜᆜ	10			ompound		5 SF				
Basement				Pipe W			100 LF				
Basement				Heat Sh	nield		120 SF				
Basement				VAT	1		800 SF				
Name of Registered Waste Hauler		1.83	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regis					
All Pro Management LLC		l'	00348		As Needed	IESI Landf	ill				
City, State					Disposal Date	City, State					
Garfield, NJ					TBD	Bethlehem	A DECEMBER				
Completed By (Print or Type)	Title	201210			Signature	1 _	Dat	e [4	2/1	1	
Allen Monchik	Projec	t Man	ager		I WILL	$\gamma \nu$	8	110	7/1	(

C47597

Date of Notification (1) 08/17/2015		Name of Building Owner/Operator (2) The State of NJ Division of Property Management and Construction												
Agencies Notified - Type Notification		S	Street A											
EPA Initial Amended Amendment #		C	City, Sta Trento	ite, Zip Co on, NJ 08	de 3625									
DOH Emergency (in justification) Cancellation	cluding	1		Contact	ca a				Tek	ephone Nu	mber			
			FACI	LITY INFO	RMATI	ON								
Name of Facility Where Abatement is Taking Edna Mahan Correctional Facility Street Address	Place (3)					restablished and as a particular of the particul	Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)							
30 Route 513							7	Subchapter Other (i.e. p etc.)				dings.	home	es, _,
City (5) Clinton							Squar 1200	e Feet 00	#0	Floors	- 1	Bldg. A	vge	
County (6) Hunterdon				Code (7) USE ONLY)			Curren	nt Use (Prid ectional	or if bei Facilit	ng demolis Y	shed)			
Name of Monitoring Firm Hired by Building On USA Environmental Management In	wner (8) IC.		ASCN 0011		tone pr	Name Bako	of Abat	ement Con struction	tractor & Re	(9) storation	, Inc			
Street Address 344 West State Street							Addres A Rout	is te 46 Sui	te 3D					
City, State, Zip Code Trenton, NJ 08618						City, S Toto	state, Zi wa, N	p Code J 07512						
Project Manager for Monitoring Firm Willliam Weisgarber, Jr.			elephoi 609-6	ne No. 56-8101			one No 256-7			License I 0666	No.			
	Scheduled 08/28/20		oletion l	Date (11)				IA Monitor struction	& Res	storation	. Inc			
Occupancy Status During Abatement (Check	Only One)						Addres							
Facility Closed/Vacated During Entire Pe	8 8	teme	ent					te 46 Sui	te 3D					
Abatement Performed Outside of Norma Other – Describe:	l Facility H	ours			_		tate, Zij wa, N	p Code J 07512						
Scope of Work (Check All That Apply)	W. Corre													-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(Second	ovatio	70000				Min	Containme i-Enclosure vebag Proc i-Exempted	edure					
	ls I o	catio	n					Lacinpac	1 () 611	2 14011-1 118	I I	Same Same	emeni	
Location of	Nor	mally			De	scription	of				_	_	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod	enand	ce/		os Cont thermal surfa	taining M systems cing, VA niscellan	faterial s insulat T, or		(8	mount Specify or LF)	Remova	O Repair	Encapsulate	Enclosure
	Yes 1	No	N/A										ate	.0
1st Floor Entrance to the Elevator		X				Insula			9) LF	X			
Elevator entrance, Rooms 101,103		X	0:	H Repa		Insula 491149			5	0 LF		Х		
											1			
Name of Registered Waste Hauler		NI	DEP W	acto	Cubic	Vorde		Name of	Doniet-	1 been				
Bako Construction & Restoration, Inc	:	Ha	uler ID 889		of Was			G.R.O.		red Landfi	11.			
City, State Totowa, NJ		•			Dispos TBD	sal Date		City, State Morrisv		A				
Completed by Damir Valjevac	Title Project	Mar	nager		S	ignature	~ /	Who	-		ate)8/17/	2015	}	



Date of Notification (1)		4.5				_	Owner/Operator (2		I-b #4507 20	07	- lale	#NA	
	30 / _	15			NKE	F 111 25	DeForest Own	er, LLC /	Job #1507-20		∍⊓K.	#NA	
Agencies Notified EPA	Type Notificat Initial	ion				Address laple Ave	enue		AUG	4 / 2	115		
□ DOLWD		or control the		-		ate, Zip C							
□ DHSS	Amendme	The state of the s					NJ 07960						
☐ DCA (NJAC 5:23-8)	☐ Emergenci justification		ding			of Contact			Telephone Nu	mber			
(140/10/03.25-0)	☐ Cancellation				Greg	Trapp							
							FORMATION						
Name of Facility Where A	Abatement is Ta	akina P	lace ((3)	1710	12111111	O TOTAL TOTAL	Type of Facility	(4)				-
Commercial Proper								School (K-12					
Street Address								Subchapter 8	3 (Other than K-	12)	حناماني		
25 DeForest Avenu	е							Other (i.e., p					
City (5)								Square Feet	# of Floors	B	ldg. A	ge	
Summit								130,000	3		61		
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	A 177	olished)			
Essex								Office Build	•	90.00			
Name of Monitoring Firm	power than	ing Ow	ner (8	3)	ASCM I	No.	Name of Abatem						
Horizon Environme	ental							d Mold Service	es, Corp.				
Street Address							Street Address						
PO Box 316							3859 Sylon E						
City, State, Zip Code							City, State, Zip C						
Thorofare, NJ 0808							Hainesport,	NJ 08036					
Project Manager for Mon	itoring Firm				phone I		Telephone No.		License No.				
Dave Flanigan				- 177	6-848		609-702-0400		00862				
Start Date (10)8 /8 /					tion Dat		Name of OSHA N EMSL Analyt						
Occupancy Status During	g Abatement (C	Check o	nly o	ne)			Street Address						8
□ Facility Closed/Vacate	ed During Entire	e Perio	d of A	Abater	ment		200 U.S. Rou	te 130 North					
							City, State, Zip C						
Scope of Work (Check al	ll that apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Rer Der				☐ Mini-End☐ Gloveba	tainment with Ne closure ig Procedure empted (*) and No					
			le	Locat	ion		☐ 14011-EX	impled () and No	Jii-i Habie i 100e		hater	nent T	vne
Location	of		N	lorma	lly		Description	of				_	i i
Asbestos-Containing)		d Sole ntena	ely by		stos Containing Ma		Amount	Kemova	Repair	Encapsulate	Enclosure
TO BE ABA				odial	Staff?	(I.e	., thermal systems surfacing, VAT		(Specify SF or LF)	ova	=	nsd	osur
(13)	178			(12)	1		other miscellane					late	e
			Yes	No	N/A						1		
3 rd Floor Space					\boxtimes	Floor T	ile & Mastic		3,000 SF				
		[
		[
Name of Registered Was	ste Hauler			N	JDEP \		Cubic Yards of	Name of Regi	stered Landfill				
Freehold Cartage,	Inc.			H	lauler II 02265		Waste 5	GROWS L	andfill.				
City, State							Disposal Date	City, State	52763 MARKET				
Freehold, NJ							8/15/15	Morrisville	e, PA 19067				
Completed By (Print or T		Title					Signature	Λ		Date			
Kimberly A. Trumb	etti	Off	ice C	coord	dinato	r	CEX	V	1	- X-	2-	5	

ASB-41 MAY 11

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

/ 15 polification II nded ndment #2 rgency (in fication) pellation at is Taking s. 2 & 4 Building (1 cluding	(8)	Street 745 City 3 Ely Name Roi	Address Leo Bull State. Zip C ria, OH 4- of Contact n Smolsk CILITY IN	ASSESTING ASSEST	Type of Facility School (K-12 Subchapter Other (i.e., phomes, etc.) Square Feet 190K/60K Current Use (Privacant ent Contractor (9) d Mold Service	# of Floors 2 Fls.& 1 Fl.	cial bu	dg. A	gs,	1
nded nded ndment #j rgency (in fication) cellation at is Taking s. 2 & 4	g Place	(8)	745 City 5 Ely Name Roi	Leo Bull State. Zip C ria, OH 4- of Contact in Smolsk CILITY IN	Asbestos and	School (K-12 Subchapter Other (i.e., phomes, etc.) Square Feet 190K/60K Current Use (Privacant ent Contractor (9) d Mold Service	(4) 2) 8 (Other than K-12) rivate and commerce # of Floors 2 Fls.& 1 Fl.	cial bu	dg. A	ge	n
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rgency (infication) cellation it is Taking s. 2 & 4	g Place	(8)	Name Roi FA	of Contact n Smolsk CILITY IN	T)(STATE USE ONLY) Name of Abateme Asbestos and Street Address	School (K-12 Subchapter Other (i.e., phomes, etc.) Square Feet 190K/60K Current Use (Privacant ent Contractor (9) d Mold Service	(4) 2) 8 (Other than K-12) rivate and commerce # of Floors 2 Fls.& 1 Fl.	cial bu	dg. A	ge	h
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Building (100	Name of Abateme Asbestos and Street Address	Other (i.e., phomes, etc.) Square Feet 190K/60K Current Use (Privacant ent Contractor (9) d Mold Service	# of Floors 2 Fls.& 1 Fl.	Blo	dg. A	ge	n
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m	Dwner			100	Name of Abateme Asbestos and Street Address	Vacant ent Contractor (9) d Mold Service)	ieu)			
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		Tels									
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		Tele			3859 Sylon B						
		Tele			City. State, Zip Co						
		leis			Hainesport, I	NJ 08036					
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of Normal					City, State, Zip Co	ode					
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(((ACM)	(ACM) Re Ma Cus Yes Title Office	(ACM) Renovat Demoliti Is Loca Norma Used Sol Maintena Custodial (12) Yes No	Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A NJDEP Hauler II 0226:	Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A See Att NJDEP Waste Hauler ID No. 02265 Title Office Coordinator	Renovation Mini-End Glovebar Non-Exe Non-Exe	Renovation Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Note Non-Exempted (*) and Non-E	Renovation Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedum Normally Used Solely by Maintenance / Custodial Staff? (12) Yes No N/A Non-Exempted (*) N/A See Attached Custodial Staff? (12) See Attached See Attached See Attached Custodial Staff? (12) See Attached See Attached Custodial Staff? (13) See Attached See Attached Custodial Staff? (14) See Attached See Attached Custodial Staff? (15) See Attached See Attached See Attached Custodial Staff? (15) See Attached See A	Renovation Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abbased Solely by Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) Amount (Specify SF or LF) Non-Exempted (*) and Non-Friable Procedure Abbased Solely by Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Non-Exempted (*) and Non-Friable Procedure Abbased Solely by Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Non-Exempted (*) and Non-Friable Procedure Abbased Solely by Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Non-Exempted (*) and Non-Friable Procedure Abbased Solely by Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Non-Exempted (*) and Non-Friable Procedure Abbased Solely by Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Non-Exempted (*) and Non-Friable Procedure Abbased Solely by Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Non-Exempted (*) and Non-Friable Procedure Abbased Solely by Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Non-Exempted (*) and Non-Friable Procedure Abbased Solely by Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Non-Exempted (*) and Non-Friable Procedure Abbased Solely by Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Non-Exempted (*) and Non-Exempt	Renovation Mini-Enclosure Mani-Enclosure Mani-Enclosure Mani-Enclosure Mini-Enclosure Mani-Enclosure Mani-Enc	Renovation Mini-Enclosure Manu-Enclosure Manu-Enclosure Manu-Enclosure Mini-Enclosure Manu-Enclosure Manu-Enclosure Manu-Enclosure Mini-Enclosure Manu-Enclosure Manu-Enclosure Mini-Enclosure Manu-Enclosure Manu-Enc