CHECKA

2014 AUG

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

Date of Notification (1)					EARTIT	IECE	LOIS (TO)	MINCAC	ING
	ype Notification		S	reel Addre		T. 5	o .	5 4.1),
] œ [[Jinnial Amended		-	ky, State, Zi	p Code				2 - 2 -
	Amendment #_ Emergency (inc	mibul	_		-REEN !	PIEL	DM		3230
D 00H	justification)	27011120	K	ame of Con	laci	C. 1.A.	7.0	Telephone Ni	mbei
	Cancellation				UCE BR	EONA	10		
•				FACILITY	HEORHATION	7	of Facility (4		
same of Facility Where Ab		Place (3)			U.S. 15070	ch∞ (K-12)	٠.	
RES 17						- In su	8 reloarbdu	Other than K	(+12) ordal buildings
Street Address 2929	-31 (EN	I	iai A	VH.	l no	omes, etc.)	# of Floors	Bldg A∞
(5) A	JEAN C	7 ,4	21				0 O	· 2	40+
() (_	Caran Cad	B (T) (STATE			r if being den	nolished)
County (6)	DOG MA	V		USE ONLY)				DNT	
carre of Marvioring Firm H			7	CM No.	Name of Abai	ement Co	xivador (9)	2/	
8)	1				_				
Street Adoress					369	5.5	SPRUC	E AVE	,
		===			Cry. State, Zi	p Code			0835 -
City State Zip C∞de						PLZ	SHAD	License No	
Project Manager for Monito	xing Firm	1.	Telep	none No	Telephone No). 779 -	0472	(Ta)(Sa)	444
	352			0000/111	Name of OSh	LA Monto	4		
Stan Date (10)		/ //	TOTAL	on Date (11)	JOSE	E PKB	11.619	M	
Occupancy Status During	Abalaman (Chec	k only or	ne)		Sueet Addre	\$5	1	1= .	
Transconditional	numa Entre Per	u∞ or w	المامل	ient				= 1 UE .	
Abaiement Performed (Dutside of Normal	Facility	Hours		City, State, A	io C∞de	SHADE	= N. 3	5,06052
Oner - Describe									D 3
Scope of Work (Check all	that apply)				□ Full	Containm Enclosur	eni win Nei	pative Pressu	· = ;
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2160 st or 2260 II		-	calion		1110			-	N
	-	Nor	Thely		Description	on of		Ĭ.	7
Location of		Used S Maint	Soley	z/ A	basios Containno	Malena	(ACM)	(Specify	F P
Aspesios Containing Ma	D (ACM)	Cus	si∞ial iä#?		(i e . Normai syste	VA1.01		SF & LF	Removal
וא דאטערץ	_		12)		other myscell	laneous)			Cyc. 2 Prom
(13)		Yes	НО	N/A				4	
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5 11), Ni							1	
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	Linua of		1	West D No.	01 Mas16				A CONTRACTOR FOR THE PARTY
Name of Registered Was	TAC,			17707			CITY State		
KLÉMCO	INC.			7904	Disposal O	ate	1111-	DRINE	\cdot , $\mathcal{N} \cdot \mathcal{D} \cdot$
KLÉMCO CIN SIBLE	INC.	5,00			_		Woo	DBINE	Date on 10
KLÉMCO	INC.	(a	80:		Signal		Woo LISE	DB/NE	Date 8/1/9

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

Pale of Hongration (A	1.9/14		Name of Bulk	ding Owner/Operator	((2) CN/WC=5		
Agencies Nouned	Type Notification Substitute Initial		Sveel Addre	25 FR	SEM OUT	Acti	
8 9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Amended Amendment # Emergency (including justification) Cancellation	ing .	Cay, State, Zi	Code WUDDBI	UE, N.J.		. С. (5
	1.			HF ORWATIO'N			
	Abaiement is Yaking Pla DENCE - 76 Tix				Type of Facility (School (K-12) Subchapter 8 Other (I.s., pringers, etc.)		l buildings
2 1/1	, , , , , , , , , , , , , , , , , , , ,				Square Feet	FOI Floors	8100 A ≈ 40 T
AVOL			County Code USE ONLY)	e (7) (STATE		or It being demoks	
Name of Movioring Firm	Hired by Building Own	e/	ASCH No.	Name of Abate	meni Convegor (9)		
Street Address	<u>/</u>	l		-		· · · · · · · · · · · · · · · · · · ·	
City, State Zip Code				Ciry State, Zip		-	1805
Praeci Manager la Mor	vioning Firm	. Yel	ephone No.	Telephone No.	79-0.472	License No	14
S:an Date (10)	Schedule	d Compl	elion Date (11)	JOSE	PKALEM		
Occupancy Status Dung	ng Abalement (Check o	nly one)	ement	Sveel Address	Spruce	=1 UE.	
Abatement Performe Other - Describe:	d Outside of Normal Fa	cality Ho	urs	Ciry. State, Ago	Code SHAD	E, N, 3,	08052
Scope of Work (Check)		Renova Demoi	ation .	□ Min-I	epag Procedure Enclosure Enclosure Exempled (*) and N	:	ùre
Location Aspesios - Containing TO BE ASM IN Facility (13)	o! Matenal (ACM) ITED	Is Loca Norma Jsed Sol Mainten Custo Stati (12	tion sty lety by ance/ As dial (?)	Description spesies Containing (i.e., thermal system surfacing, V other myscella	n of Material (ACM) ns insulation. AT, of	amouni (Specify SF & LF)	Horran A
		YES H	NIA O	TRINS	ITE	1800 4	X
2,	> 16x C		-			+	-
Name of Registered Y	aste Hauler		NOEP Wass	e · Cubic Yards	Name of Re	opistered Landfill	U. B.
KiEMC	o Enci		17904	06 per 109	CIN State		N.J.
MAPLE SIA	Tipe	,08		Signatu		Dat	(19):4
TOSEPH K	LEMM _	0 W.	NER		\		

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are of Motification (1)		Name	of Buildin	Owner/Operator (2)	
8/19/14			<u>E</u>	ARTITE	CHAMICON	autracting 6
gencies Notified Type Notification	on .	Stree	I Address	55 RT.	50	
B∀ Developed □ Values		City.	State Zip (ಯe		
DOL Amendment Emergency			6-	REEN E	ELD M	5-08130
DOH Justification)	Name	od Contac	C DDC	11417.0	Telephone Humber
Caroleton		<u> </u>		CE BRE	OVALLE	
		FA	CITTA IN	ORMATION	Type of Facility (4	1
ame of Facility Where Abatement is Yak	ing Place (1)				☐ Sch∞l (K-12)	A No.
PESIDENCE TEN CE		,			Subchapter 8	(Other than K+12)
2536 CENT	MAC X	WO.			homes, etc.)	# of Floors Blog Ace
OCEAN CIT	- ^/				1000	. 2 40+
		Cou	nry Code (T) (STATE	Current Use (Prio	r il being demoisned)
DUNIY 161 CARE M	M	USE	ONLY)			DNT.
and of Marrioning Firm Hired by Building		ASCH	No.	Name of Abatem	eni Convagor (9)	: /
N/A		L====				1
reet Adoress				369 9	. SPRUC	E AVE.
To Code				City. State. Zip Co	∞e 2 (E NJ 08:52
y State Zo C∞e				Telephone No.	CC ZHAD	License No
gect Manager for Monitoring Firm	1.70	elephone	140	856-77	19-0472	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
T Cou	mod com	Velpn 0	ale (11)	Name of OSHA	yours!	
an Date 10;	9/11	114	. 50		OKHLEM	<u>M</u>
- 200 Status Droop Abatement (Ct	neck only one	e)		Sueel Address	, SPILUCE	10502
control company acated Dunno Entire	Penoo of Acc	sterior.				Description of the Control of the Co
Abatement Performed Outside of North	nal Facility Hi	ours		M DP	E SHADE	:N. J506052
Other - Describe:						paove Pressure P
cope of Work (Check all that apply)	Renov	(3UC)		MM.En	closure	
) 23 51 01 23 11] 21 60 51 01 2260 11	Ø 0euto	e diam		Glove D	ag Procedure	n-Friedle Procedure
J 2 1 80 \$1 81 2 C C C C	Is Loc	ation				13 20 series
	North Used Sc	uly		Description	01	Anauni a
. Location of Aspessos Containing Material (ACM)	Mainter	nance/	As De	sios Containing Ma	insulation.	
TO BE ABATED	Sta	цγ		surlations, VAT	, 01	Specify Renewal
(13)	(1)		-	••••	88	
	Y⇔	HO NI			45	25000
510106		>	×	nous 12	<u>x</u>	
3/9/						+
	=					
				T Cubic Yards	Name of Rec	pistered Landfill
vame of Registered Waste Hauler		Haute	b Mæde	Cubic Yards of Waste	Name of Rec	pistered Landfill , C , M , U , A ,
Name of Registered Waste Hauler KLEMCO INC.		17	904	Cubic Yards of Waste Osposal Date	CIN State	, C, M.U.A.
CIN State	T. 08	17	904	01 Waste	CIN State	C, M.U.R.
KLÉMCO INC.	J, 08	17	907	01 Waste	C, M Ciry. Siale Woo	, C, M.U.A.

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) August 19, 2014		Name of Building		ator (2)	v ×	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	i G-				
Agencies Notified Type of Notificat [X] EPA [] Initial	ion Notifica	ation ification		Street Address	49 Lin		4 AUG 22 A	11 2:	l Vá	11	
[x] DOL Amer	idment # gency (ir			City, State, Zip Co		a, NJ 08051				8 1000 12-22	
I DOM	cation) ellation			Name of Contact Nick		Te	elephone Number	-	٠.		
			FAC	CILITY INFORM	IATION						
Name of Facility Where Abatement is Taking Residence	Place (3))				Type of Facility (4)	School (k-12) Subchapter 8 (oth	or than	L 12\		
Street Address 306 3 rd Avenue						[x]	Other (i.e., privat homes, etc.)		1.5	al build	ings,
City	Count			County Code (7) (STATE USE ONL	Y)	Square feet 1000 sf	# of Floors	Bldg	. Age 6	0	
Ortley Beach	Ocea	ın			40	Current Use (Prior if Residen					ा
Name of Monitoring Firm Hired by Building (N/A	Owner (8	3)		ASCM No.	Name of	Abatement Contractor (Inc.			
Street Address					Street Ac	ldress	oute 9, Unit 61				
ity, State, Zip Code					City, Star	te, Zip Code	N Y	007	EE 10	71	
Project Manager for Monitoring Firm Telephone Numb					Telephon 732-34	e Number	License N 00624		33-12	2/1	
Scheduled Start Date (10) 8/20/14		Scheduled 8/22/1		ion Date (11)		OSHA Monitor	. Analytical			7-1	
Occupancy Status During Abatement (Check of X) Facility Closed/Vacated Abatement Performed (During	Entire Perio			Street Ac		elton Road				
Other – Describe		1115-111					vay, New Jerse	y 088:	54		
Scope of Work (Check all that apply)					[]	Full Containment v Mini-Enclosure	with Negative Pres	sure			
$\begin{bmatrix} & & >3 \text{ sf or } \ge 3 \text{ lf} \\ & & \geq 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix}$		[x]	Renova Demoli		[] [x]	Glovebag Procedur Non-Exempted (*)		rocedu	re		
			12	T				Abate	ement 7	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A			sed	Asi i (i.e ins	Description pestos-Con Material (A ., thermal ulation, su VAT, controlled viscolled	ntaining LCM) systems rfacing, 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		X	Т	Asbestos sidir	ng		600 sf	Х			
		+			3	VIII - W. S. III VIII - VI		**			
N											
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State		NJDEP Wast 2	0223	3	ards of Wast	T.R.R.F.	ed Landfill				
Toms River, New Jersey			8/25/	sal Date /14	City, Sta Tullyt	own, Pennsylvania	1				
				Signature	Mot		//	Date 8/19	/14		

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name	of Building (Owner/Oper	rator	(2)			· · ·		
	August 19, 201	4					Rich-N	Mark	c Contracting,	Inc. 4	- 20	19.	70	
Agencies Notified [X] EPA [] DEP [X] DOL	Ame	ition I Notificate Inded Note Inded Note Inded Hergency (in	ification			Address tate, Zip Coo	de	-0.027 A	(2) k Contracting, 24 er, NJ 08754	4 -10.1.		2: (ु	
X DOH DCA	justif	fication)	iciuumg		Name	of Contact				elephone Number				
	[] Cano	ellation				Mark	Tucker			•				
[]				FAC	CILITY	INFORM	IATION					Y211 - 11 11 12 12 12 12 12 12 12 12 12 12 12		
Name of Facility Where Al	sidence	Place (3))					Ту	pe of Facility (4)	School (k-12)				
Street Address									į į	Subchapter 8 (o	ther tha	n k-12)		
261	Coolidge Ave	nue							[x]	Other (i.e., priv homes, etc.)	ate & co	mmerc	ial build	lings,
City		County	y (6)			Code (7) USE ONL	Y)	Sq	uare feet 1000 sf	# of Floors	Bld	g. Age	50	
Ortley Beacl	n	Ocea	n				**************************************	Cu	rrent Use (Prior if		1)			
Name of Monitoring Firm		Owner (8)		ASCM	No.	Name of	Abat	Resider tement Contractor	(9)	##************************************			
N/A Street Address	1						Street Ad	ldress		an Contracting	, Inc.			
							Street Ac	idiess		oute 9, Unit 6	I			
City, State, Zip Code						-	City, Stat	te, Zij		liver, New Jer	sev 08	755-1	271	
Project Manager for Monitoring Firm Telephone Numb							Telephon		mber	License			2/1	
Scheduled Start Date (10) 8/20/14			Scheduled		ion Date (11)	732-34 Name of		IA Monitor	00624		illes	35459 - 20	
Occupancy Status During A							Street Ad	dress		L. Analytical		eVON N. 1000		
	lity Closed/Vacated								1056 St	telton Road				
	tement Performed er – Describe	Outside o	i Normai r	acility Ho	ours		City, Stat	te, Zip		way Navy Iona	ar. 000	051		
Scope of Work (Check all t	hat annly)						r 1			way, New Jers				
ocope of Work (Check an i	пат арргу)						[]		Full Containment Mini-Enclosure	with Negative Pre	ssure			
1 1	for≥3 lf		[]	Renova			[]		Glovebag Procedu					
[] 2160) sf or ≥260 lf		[x]	Demoli	ition		[x]		Non-Exempted (*)) and Non-Friable	Procedi	ıre		
			T . T								Aba	tement	Туре	
Location of			Is Location formally u				Descriptionestos-Con			Amount	R E	R E	E	E
Asbestos-Containing M TO BE ABA		Maint	Solely by enance/C				Material (A			(Specify SF	M	P	N C	N C
in facility		IVIAIIII	Staff	usiouiai			, thermal s			or LF)	0	A I	A P	L
(13)			(12)			-21	VAT, o				V	R	S	S
		YES	NO	N/A		otne	er miscella	aneou	us)		A L		L	U R
Exterior			X	_	Ashe	stos sidin	σ			950 sf	X	-	Е	Е
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											1-			\vdash
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler 20223				ID No.	Cubic Ya	rds of Wast	e	Name of Register T.R.R.F.	red Landfill					
City, State Dispos				sal Date		City, Sta								
Toms River, Completed by (Print or Type		Title		8/25/	14 Signat	hure^	Tullyto	own,	, Pennsylvânia		TE			
Nicholas Ferr		100000000000000000000000000000000000000	ct Manag	er	Signat	7/1	John.	+			8/19	9/2014	4	
*Do not use this for				n for asb	estos licen	sure exem	pted	activities.						

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Check #: 6026

Initial Notification

			Name	of Buil	ding	Owner/G	perator	(2)						
Date of Notification		. 11						*			g 2	* * *		
Agencies Notified			,	ark Publ		10015			76	SE EUR O				
· ·	Tipe Notice		200	edar Stre	ot.					114 AUG 22	? HA		53	240
[X]EPA	[X]Initial Notifica	tion		, State,		Code								
(X) DEP	(]Amended	1		ark, NJ						V2		1.,		
(X) DOL	Notific	ation		of Cont					releph	one Number		7	•	-
(X) DOH	[]Cancell	ation				A di	min	1	6					
[X]DCA			Dou	iglas Bla				i						<u></u>
Name of Facility W	here Abatemen	t is Tak	ting E			FORMAT	ION	Type of Fa						
Mount Vernon Elem	entary School						- 11	r 10.	hahani	(K-12) ter 8 (Oth	er the	n K-	12)	
Street Address	entary concor							[]0	her (i.e., priv	omes.	etc.)	_
440 MM Marray Dios								Square Fee	t #	of Floors	80	J. AG	je	
142 Mt. Vernon Plac	ce	County	(6)		Cour	ty Cod	e (7)	45000	e (Pr	ior if bei		nolis	hed	<u> </u>
A-1010 - 10 - 2000-1010-1010-1010-1010-10		-			(STA	ATĒ USE	UNLI	School		55E)				
Newark, NJ 07106	Firm Hired	Essex by Build	ing	ASCM No.	1-1	Name o	f Abater	ment Contr	actor	(9)				
Owner (8)	,	•				E C	Strong Ri	ilders, Inc.						
TTI Environmental, Street Address	Inc.			00003	-	Street	Addres	5						_
1253 North Church	Street					180 S	argeant .	Avenue						
City. State. Zip	Code							Zip Code						
Moorestown, NJ 08	Firm [1	Teleph	one Num	ber	Cliftor	n, NJ 070	13-1935 ber		Lice	nse Nu	mber	8	_	
	Project Manager for Monitoring Fire					973-6	14-0377			0080	7			
Jim Guillardi Scheduled Start D		hed.Com	oletic			Name	of OSHA	Monitor						
0 8 / 2 0 / Day / Occupancy Status	1 4 1 Year	0 8 / 1	2 6	/ 1 4 / Year	.1	Four	Strong B	uilders, Inc	<u>. </u>					
Occupancy Status []Facility Clo	During Abatem	uring E	ntire	Period			Sargeant							
of Abatement []Abatement Fe					v	City.	State.	Zip Code						200
Abatement re Hours - Desc X Other - Desc	er he.			****	_		n, NJ 07							
Scope of Work (Ch				<u> </u>		Tomto				th Negativ	e Pre	SSUF	e	
[]Demoli		•••	(X)	Renovati	Lon		[X]Min	i-Enclosur vebag Proc -Friable P	e edure			-		
			_	Is							Abat	emen	t Ty	pe E
I oc	ation of			mally		De	escripti	on of		Amount	RE		N C A	N C
Asbesto	s-Containing isl (ACM)			sed olely		Ma	stos-Con terial (ACM)		(Specify		R E P	A P	1
TO B	E ABATED acility			Main-	l i	nsulat	ion, sur	systems facing. V	T.	LF)	V	A	S	5
	(13)		Sta	stodial		or o	ther mis	cellaneous	.,		L	R	L	F
			Yes	No N/A	Floor	uin a Ma	atorial			1,000 SF	X	-	·	-
Gymnasium			-	Δ	1	ring Ma				275 SF	X	-	-	\vdash
Auditorium Stage	•		-			ring Ma		ssociated f	ittinge	120 LF	X	-	-	+
Hallway				X	Pipe	Insula	tion w/ a	SSOCIALEUT	ittiiigs	120 21	-	-	-	+
					1	Tebbie	Yards	Name of	Regis	tered Land	Fill		L	1
Name of Register	er	H	JDEP Was auler II	No.	of Wa									
Four Strong Build	<u> </u>	1	2609		01000	neal Dat	G.R.O.V		nc.				_	
City. State						nrabo	nagt nac							
Clifton, NJ							Tullytov	vn, PA		——————————————————————————————————————	ate		_	
Completed By (Pr	rint or Type)	Title					Signatu	-						
Bilyana Kulakovs	ska	Office	Admii	nistrator			Du	(QU			8	3/19/	14	
ASB-41	ــــــــــــــــــــــــــــــــــــــ	-11											e	
JUN 95												G4	66	

NO CK

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

Check #_9010---

Date of Notification (1)	2014		f Building King Roa		r / Operator	(2)								
	July 30, 2014 Type Notifica			Street A		u LLO			0	Siste Otto ac	\	a 02	-	
□EPA	. ypo rrotinos	idon.			nklin Str	eet, Sı	uite 620		Ĺ	VIN AUG 22	? I.,	1 2:) -,	
□DEP ☑DOL	☐ Initia			City Ct	ate & Zip	Codo			• •			<u>.</u>	•	
MDOF				100 CO 10								2-1		
⊠doh	Ame Ame	naea ndment # <u>2</u>	,	Boston	, MA 021	10								
DCA		cellation	- //	Name o	of Contact					Tele	ephon	A Ni	-har	
										1			•	
	11.4 40-40-27-20-27			FAC	ILITY II	NFOF	RMATION							
Name of Facility When		is Taking F	Place (3)				Type of Fac							
Spectra Laboratories			700				School	ol (K-12)						
Street Address							Subch	apter 8 (Other than	1 K-12)					
East Building – 8 Kin	g Road						Other	(i.e., private & c	ommer				c.)	
							Square Fee	et # of Flo	ors	Bldg	. Age			
City (5)							200,	N. C.	2			70		
Rockleigh							Current Use Medical La	e (Prior if being der aboratories	nolished	i)				
County (6) Bergen			ounty Code	(7)										
Name of Monitoring Fi	rm Hired by E	Building Ow	ner (8)		ASCM N	2001.1		patement Contracto	or (9)					
Arcadis U.S., Inc. Street Address					J		Synatech, Street Addr							_
35 Columbia Road							829 Radio	(A) (B) (B)						
City, State & Zip Code								& Zip Code						_
Branchburg, NJ 0887	76						Little Egg	Harbor, NJ 08087						
Project Manager for M	onitoring Firm	1		lephone N 8-526-100			Telephone 609-296-69			License Numb	oer 0081	7		
Alex Hernandez Scheduled Start Date (10) Scheduled Con								SHA Monitor			0001			
August 20, 2				ber 31, 20	14		Synatech,							
Occupancy Status Dur Facility Vacat				ont			Street Addr 829 Radio	13.55						
Abatement Pe											- 50-	-		
							City, State							
Other – Desc			utside of w	iork areas			Little Egg	Harbor, NJ 08087						
Scope of Work (Check	all that apply	1)												
								Full Containmer	nt with N	legative Press	ure			
≥3 sf or ≥ 50 lf			\boxtimes	Renovatio	n			Mini-Enclosure						
≥160 sf or ≥260) If			Demolition	1			Glovebag Proce	dure					
								Non-Exempted	(*) and N	Non-Friable Pro	ocedu	re		
	ation of ning Material (AC	M)		Normally Use ce or Custodia				ription of s-Containing	Amount	(Specify SF or LF)		ateme	ent T	уре
	ABATED Facility							ial (ACM) mal systems	100,100 100					
	(13)		Yes	No	N/A			surfacing, VAT iiscellaneous)	1		Remo val	Repair	Encap sulate	nck
							or onler m	iscellarieous)			Ů	=	σъ	žš
1 st Flr AA Lab, Hemato	ology, Specim	nen												
Handling, Lab Hallway	, Lab Adminis	stration,			X	Adhe	sive associa	ated with Blue Cove		4,230 SF	V			
Chemical Lab, IT Office Hallway and Logistics.	es, Southwes	h Office			^	Autic		ase		1,200 01	X			
Area, Accounting and	Conference F	Room												
1 st Flr Corridors; 2 nd Fl					X		Floor Tile	and Mastic	1	6,000 SF	Х			
Northeast Stairwell; E	Lab				1090									
Beneath Flooring in E					X			CM Mastic	_	9,700 SF	X			
2 nd Fir Throughout (ex	cept SW Office	ces)			X	_		Carpet Mastic	_	25,000 SF	Х			
North Stairwell					Х	Yellov	w/Black Rub	ber Flooring Masti	С	150 SF	X			1
MER 5					Х			te Wall Panels		650 SF	Х			
Name of Registered W	/aste Hauler		NJDEP \		Cubic Y	ards of	Waste	Name of Regis		andfill				
Synatech, Inc. City, State			Hauler II) #27429	160 Disposa	I Data		Grows Landfill City, State	11			ANTENO.		
Little Egg Harbor, NJ	08087				Septem		. 2014	Morrisville, PA	A					
Completed By		Title			Signatur		- 01	1		Amended Aug	ust 1	8, 201	4	
Diane Aloia		Executiv	ve Admini	strator			ne al	-	July 30					

to NJAC 8:60 and 12:120) 265-NJ-14

Date of Notification (of Build		wner/Op	erator (2)										
Agencies Notified	08/06/2 Notification	n Type			Street	t Addres	SS	nd St								
() EPA () DEP	(x) Initial () Amen Amen				City, S	State, Z	ip Code	<u></u> е		ing AUS g	22	Lal Z		Ž7		
(x) DOL (x) DOH () DCA		cation)		ing	Name	of Con	ntact	***************************************	*			Tel.	√um	ber		
	() Cance	ellation			#2500 E-1000	ITY INF		TION			1					/
Name of Facility Whe	ere Abateme	ent is 7	Taking	Place (iii nwr	OKIAIN	TION	Type of F	acility (4)					-	
Vacant House			3.70		X 30				() School	ol (K-12)						
Street Address 53 S Woodland Av	е								(x) Other	napter 8 (of (i.e. private es, etc.	ther to e & co	han K omme	-12) ercia	l build	lings	•
City (5) Englewood							***		Square F		of F	loors		Bldg.	Age	
County (6) Bergen						ty Code ONLY)	(7) (S	TATE	Current U	Jse (Prior in	f bein	g den	nolis	hed)		
Name of Monitoring I ABS Environmental S		y Bldg	g. Own	er (8)	ASCN	ЛNo.			of Contracto Sons, LLC				2-2-3			
Street Address PO Box 483					-			Street A	Address ver Drive							
City, State, Zip Code Glenwood, NJ 074									ate, Zip Coo d, NJ 0702							
Project Manager for Monitoring Firm Scott Higgins Telephor (973)76									one Numbe 85-9791	r		Licer 0119		Numb A"	er	
Scheduled Start Date (10) Scheduled					ompletio 0/01/20		11)	Name of Testor	of OSHA Mo	onitor						
Occupancy Status D	uring Abate	ment (Check	only or	ne)			Street A	Address Jackson A	venue						
(x) Facility Closed/Va () Abatement Perfor () Other – Describe:	rmed Outsid					ent		City, St	ate, Zip Co sland City,	de	1			<u></u>		
Source of Work (Che	ck all that a	apply)				***										277701
(x) ≥ 3 sf or ≥ 3 lf (x) ≥ 160 sf or ≥ 260	If			tenovati Demolitic				() Mii (x) Glo	II Containm ni-Enclosur ove bag Pro n-Exempte	re ocedure	National to				e	
			lo	Locati	on	Ι		(x) 140	II-Exempte	d () and i	0111			teme		pe
Locatior Asbestos-Contair (ACM TO BE AB in Facil (13)	ning Materia) <u>ATED</u>	al	Nor Ka Cus	rmally L Solely b aintenar todial S (12)	Jsed y nce/ staff?	Conta	aining N rmal sy urfacing		(ACM) (i.e. esulation, or other	Amo (Spe SF or	cify		Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A	ļ								-		
Roof					X	Roof				100			X	-		
Kitchen NE Hall		- 1			X	10000000	Materia		-	100			X			
	NE Storage Entrance				X	10.000	Materia			50 8			X X		-	
Basement Center				X		Insulati	on		140						-	
Basement Boiler			X	Boiler		o Vardo	of Waste	2 S Name of F			X					
Name of Reg. Waste Hauler Cid & Sons, LLC NJDEP Waste					11D#	Cubi	TBD		G.R.O.W				anag	eme	nt	
City, State Garfield, NJ					*		Dispo	osal Date TBD		City, State Morrisvill		Α				
Completed by Roque Schipilliti J	eted by Title					Sign	ature	Bar	Allen	WM		Date		06/20)14	

MO 59138977887

Date of Notification (1)		lame of Building (Owner/Operator				L.		
08/18/14		lohn Lee		21	18/1 /1100				
Agencies Notified Type Notification EA EPA Initial	100	treet Address 622 Parker A	ve		IN AUG ZZ	HA E	, (j. j		
✗ DEP ✗ DOL Amended Amendment #_	F	city, State, Zip Co Fort Lee	de						
□ Emergency (incl justification) □ DCA □ Cancellation	, N	lame of Contact			Tolenhone M	، بنداد و			
DCA Cancellation	J	lohn Lee			1. ,				
Name of Facility Where Abatement is Taking Pl	lace (3)	FACILITY INFO	RMATION	Type of Facility (4)				
John Lee	300 23 6			School (K-1	: ••				
Street Address				Subchapter	8 (Other than K-				
1622 Parker Ave				Other (i.e. p etc.)	rivate & commer	ciai buile	aings,	nome	es,
City (5) Fort Lee		%		Square Feet	# of Floors	В	Bldg. A	ge	
County (6)	10	County Code (7)		Current Use (Pric	or if boing domoi	ichod\			
Bergen		STATE USE ONLY)			_	isned)			
Name of Monitoring Firm Hired by Building Own	ner (8)	ASCM No.		of Abatement Cor Abatement	tractor (9)				
Street Address	·	(A-X-1)		Address 87th St Suite	A4				
City, State, Zip Code				State, Zip Code n Bergen , NJ (7047				
Project Manager for Monitoring Firm	Т	elephone No.	Teleph	none No. 293-6305	License 01223	No.			
Start Date (10)	heduled Comp	oletion Date (11)		of OSHA Monitor	01220				
	9/17/14		HILN	MAMM CONSU	LTING LLC				
Occupancy Status During Abatement (Check O	only One)			Address	OUTE 407				
Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal F	iod of Abateme	ent		ROUTE EAS	SUITE 107				
Other – Describe:	r acility riours			state, Zip Code ON NJ 07083					
Scope of Work (Check All That Apply)	_			1					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition			Mini-Enclosure Glovebag Prod				0	14
	Is Location	.		1 Non-Exempled	() and Non-File	able FIO	Abate		t
Location of	Normally		Description	of			Ту	ре	
Asbestos-Containing Material (ACM)	Used Solely Maintenand	ASDEST	os Containing N	Material (ACM)	Amount			ш	m
TO BE ABATED In Facility	Custodial Sta (12)	aff?	thermal system surfacing, VA	T, or	(Specify SF or LF)	Remova	Repair	cap	Enclosure
(13)	(12)		other miscellar	neous)		oval	air	Encapsulate	sure
	Yes No	N/A						Ф	
Exterior		Х	Siding		2,400	x			
Interior		х	Wall		1,600	x ·			
Name of Registered Waste Hauler	I NI II	DEP Waste	Cubic Yards	Name of I	Registered Land	Fill			
SAN TON SERVICES	Ha	uler ID No. 430	of Waste		VLANCHES (ISIO	N	
City, State KENILWORTH , NJ			Disposal Date	City, State					
	Title		Signature		1	Date			
Bryan Parra	Project Mar	nager		25		08/18/1	14	Carry Harman	

(K 1291

Date of Notification (1) 8/19/14				f Building Owner arkey Properit		(2)	14 AUG 22	2 /11		å (.;	
Agencies Notified	Type Notification	, W	Street A	ddress Springfield Av	 е							
EPA DEP DOL	Initial Amended Amendment #		City, Sta	ate, Zip Code nall Rd 07083			*** *** 	₁ [.,		
DOH DCA	Emergency (in justification) Cancellation		54.00.00.00.00	f Contact			Telephone	Numbe	er			
			FAC	ILITY INFORMA	TION							
Name of Facility Where N/A	Abatement is Taking	Place (3)				Type of Facility (4						
Street Address 1925-1927 Vauxha	II Rd						:) 8 (Other than ivate & comm		uild	lings,	home	es,
City (5)						etc.) Square Feet	# of Floors		ВІ	ldg. A	ae	
Union								V-Nati			J.,	
County (6)				Code (7) USE ONLY)		Current Use (Prio Residence	r if being dem	olished)		156116.90560	
Name of Monitoring Firm Divine environment		wner (8)	ASCI	M No.		of Abatement Contra		oration	1			
Street Address 358 Broadway			- 1			Address Serkeley Terrace	·					
City, State, Zip Code Newark NJ					City, S	State, Zip Code gton NJ 07111		10744 - 00				
Project Manager for Mor Chinyelu Oraegbur			Telepho	one No. 83-9788	Telep	hone No. 372-2177	Licens 4433	se No.				
Start Date (10)		Scheduled C				of OSHA Monitor	4433	1	_			
8/29/14		9/2/14				Environmental,	Inc					
Occupancy Status Durin	65		DATE OF THE PART C			: Address VEST 25TH Stre	eet					
	ated During Entire Poned Outside of Norma			9	City, S	State, Zip Code	×		-0.0			
Scope of Work (Check A					NYC	C, NY 10007						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		× Reno	vation			Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				6	
		Is Loc	ation			14011-Exchipted	() and Hon-i	TIGDIC I		Abate	emen	t
Location		Norm Used So	nally		escription			H		Ту	pe	
Asbestos-Containing TO BE AB	ATED	Mainter	nance/	(i.e. therm	al system	Material (ACM) is insulation,	Amount (Specify		Re	D	Enca	En
In Faci (13)	- f	(12			acing, VA miscella		SF or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes N	o N/A						=		ate	9
Basem	ent	×		Pip	e Insula	ation	90LF	×				
									200			
			NIDED		V. 1-	1 1 1 1 1 1		. ICII				
Name of Registered Wa Newark Carter Inc	ste Hauler		NJDEP V Hauler ID 4506	STATE OF THE STATE	c Yards aste		Registered Lar n Refacility					
City, State Newark NJ 07102				Disp	osal Date	City, State Tully to						
Completed by		Title			Signatur	e /	200	Date				
Emeka Okeke		Presider	nt		4	yeta ((b)	Qe'	8/19	/14			

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

Date of Notification	(1)		Name of Build	ing Owner/Operator	(2)	1			
8-19-14			Marc Wil	liams		* *			
Agencies Notified	Type Notifica	ation	Street Addres	3					
[]EPA	[X]Initial		431 Moun	t Pleasant A	Avenue	2814 AUG 22) i.4	Ja - N	
[]DEP	Notific	ation	City, State,	Zip Code			- 1411	1. 1. 1.	
[X]DOL	[]Amended Notific	ation	West Ora	nge, NJ, 07052	2 .			6.30	
[X] DOH	NOTIFIE	ation	Name of Contac	at	Telephon	e Number			
[]DCA	[]EMERGENC	Y	Marc Wil	liams		7	- ',' -	*	
S 198	[]Cancella	tion	3. 343.						
None of Desilites Who		2 - M-1-2-		TY INFORMATION	Th	: (4)			
Name of Facility Whe Same as above	re Apatement	is Takir	ig Place (3)		Type of Facil	(K-12)			
Street Addres					10 15 5 5 mm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ter 8 (Othe i.e., priva			
						uildings, h			
0.11		la .	7.7.	E	Square Feet	# of Floo	rs Blo	78	9
City (5		County	(b) Essex	County Code (7) (STATE USE ONLY)	1600	2		78	
					Current Use (Prior ii be	ing dem	.olisne	a)
Name of Monitoring F Owner (8)	irm hired by	Building	ASCM No.		ment Contracto		-		
N/A Street Address				Street Addres		,			
Street Address					stopher St				
City, State, Zip Cod				City, State,		.•			
oreg, bauce, mip doe					ir, NJ 070	42			
Project Manager for	Monitoring Fi	rm Tel	Lephone Number	Telephone Num (973) 744		Į.	icense		
Scheduled Start Date	(10) Sche		etion Date (1						
8 28 201	The second secon		2014	N/A	MONITOL				
			ay Year						
Occupancy Status Dur [X]Facility Clos of Abatemen	sed/Vacated D			Street Addres	s				
[]Abatement Per	rformed Outsi		[인하] [1] [인하] (10 - 10 10 10 10 10 10 10 10 10 10 10 10 10	City, State,	Zip Code				
[]other - Desc									
Scope of Work (Check	all that app	oly)							
[X]>3 sf or	>3 1f	Γ:	X]Renovation		Containment wi -Enclosure	th Negative	Pressu	ire	
[]≥160 sf o		870]Demolition		ebag Procedure				
			Is	[x]Non-H	Friable Procedu	re	Aba	tement	Tyme
Location			ocation ormally	Description			R	E	E
Asbestos-Con Material			Used Solely	Asbestos-Con Material		Amount (Specify	E	E A	C
TO BE AB	ATED	В	y Main- enance/	(i.e., therma	l systems	SF or	0 7	P P A S	0
In Facil	ity	Ct	stodial aff (12)	insulation, surf		LF)	A	RU	U
		Yes	No N/A				0.000		E
Basement				Pipe insulat	ion	65LF	X		4
Basement			X :	Floor tile		85SF	X		
Name of Registered W AZTECH MANAG		C Ha	DEP Waste Tuler ID No. 7040	Cubic Yards of Waste 1.5	Name of Regi G.R.O.W.		TIII		
City, State			-	Disposal Date	City, State	_ /			
Montclair, NJ	07042			8-30-14	Morrisvi	lfle, PA	1906	7	
Completed By (Print	or Type) Tit	tle		Signature		/	Date		
Constantine V	State of the state	eside	ent		1.1.11	5.	8-19-	-14	
			-	l er	vice al				
					•				

			(Pi	ursuant	to NJAC 8	3:60 and 12:	:120)	2014	Allo			٠		
Date of Notification (1) 8/19/14					f Building (athers	Owner/Opera	ator	(2)		AUG Z	2 4	1	. 5),>	
	ype Notification			Street A 23 Blis	ddress ss Avenu	ie				410,_		1.			
DEP DOL	Amended Amendment				ate, Zip Co y NJ 0						2724	7	•	·. · · ·	
D DOH DCA	Emergency (i justification) Cancellation	ncluding			f Contact a Paladir	10			Tele	ephone !	Numbe				
Name of Facility Man. Al.				FACI	LITY INFO	RMATION									
Name of Facility Where Ab N/A Street Address	atement is Taking	Place (3)					Type of Facility (4	· 2)						
23 Bliss Avenue								Subchapter Other (i.e. p				ildir	gs,	home	es,
City (5) Tenafly								Square Feet 5600	# of	Floors		Bld 68	g. A	ge	
County (6) Bergen					Code (7) USE ONLY)		.	Current Use (Prio Church	r if beir	ng demo	lished)				
Name of Monitoring Firm H Divine environmental	ired by Building C	wner (8)		ASCN	I No.			of Abatement Con ngpoint Contra			ration				
Street Address 358 Broadway						11 11 11 11 11		Address erkeley Terrace							
City, State, Zip Code Newark NJ		1133-11-11-					tate, Zip Code iton NJ 07111								
Project Manager for Monito Chinyelu Oraegbunar		- 1	Telephor 201-48	ne No. 33-9788	1.0		one No. 372-2177		License 44331						
Start Date (10) 8/30/14	100	Schedul 9/2/14	ed Com	pletion I	Date (11)	100		of OSHA Monitor Environmental,	Inc						
Occupancy Status During A						Str	reet /	Address EST 25TH Stre							
Facility Closed/Vacate Abatement Performed Other – Describe:								ate, Zip Code NY 10007							
Scope of Work (Check All T	hat Apply)											25100		N.S.	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoliti				×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure	-			dure	1	
		ls	Locati	on									ate	ment	
Location of Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM) ED	Use Ma	Normall d Solel intenar todial S (12)	ly by nce/		Descrip os Containin thermal syst surfacing, other misce	ng M tems	aterial (ACM) insulation, I, or	(S	mount pecify or LF)	Removal		Tyr	<u>E</u> ncapsulate	Enclosure
	,	Yes	No	N/A		5						+	4	ш	
Basemen	it .		X			Pipe Ins	ulat	tion	1	4LF	x	+	+		
Name of Registered Waste	l NI	JDEP W	laste	Cubic Yard	de	Name of F	Penisto	red Land	460						
Newark Carter Inc	H	auler ID 506		of Waste	us	Tullytow			J1111						
City, State Newark NJ 07102				Disposal D	ate	City, State Tully tov									
Completed by Emeka Okeke	dent			Signa	ture	The	-Ŝ.		Date 8/19/	4	2000				

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STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)			5 - Add 800		Name of Building O110 wner/Operator (2)											
08/15/2014			0													
					Ami Rosenburg											
Agencies Notified		Notification 7	ype		Street Address											
(X)EPA		(X) Initia	al Notific	ation	607 Bloomfield Street 2014 AUG 22 1.1 2:27											
(X) NJDEP		() Ame	nded Ce	ertification	City, State, Zip Code											
(X) NJ DOL			celled			**										
(X)DOH		` '			Hoboken, N	96.2 (
() DCA					Name of Conta	Name of Contact Dominic De Cesar										
· /						e Cesai										
Name of Facility Where Abatem	ont is To	king Place (3	1	FACILITY	INFORMATION Type of Facility	(4)	-									
Name of Facility Where Abatem	ient is 1 a	KING Flace (S	() School (K-12)													
Residence			() Subchapter	8 (other than K-12) orivate & commercia	al bidge bor	nos etc										
Street Address			ACCOUNT OF THE PARTY OF THE PAR		(A) Other (i.e. p	invate & commercia	ai biugs., rioi	1163, 616.								
(10.7)					Sq. Feet:50	00_# of Floors	3 Bldg.	. 60								
619 Bloomfield Street		55 1	Carratic	ada (7)	Current Use /p	rior if being demolis	had) Anartn	nent Ruile	lina							
<u>City (5)</u>	County (6	<u>5)</u>	County C (State Us		Current Ose (pi	nor it being demons	neu)_Apartii	Herit Duik	ing							
Hoboken	HUDS	ON														
Name of Monitoring Firm Hired		Mark Control of the C	ASCM No	<u>).</u>	Name of Contra											
N/A					Industrial S	afety and Env	ironment	al Solu	tions,	Inc						
Street Address				Ans.	Street Address											
N/A	3300 Hudson Avenue															
City, State, Zip Code	City State, ZipCode															
N/A					Union City	. NJ 07087										
Project Manager for Monitoring Firm Telephone Number					Telephone Nun		Licen	se Numb	<u>er</u>							
N/A					(201) 325-0	0055	011	24								
Scheduled Start Date (10)		Scheduled C	Completion	Date (11)	Name of OSHA	A Monitor										
08/25/2014		08/27/20	14		ISES, Inc,											
Occupancy Status During Abate (X) Facility Closed/Vacated D					Street Address											
() Abatement Performed Ou	itside of	Normal Facili	ty Hours -	Let	3300 Hudson Avenue											
Describe:					City, State, Zip											
Other:				46	Union City	, NJ 07087										
Source of Work (Check all that	apply)															
) Reno			()()	OMALL D	/ - OF -400 OF		26015	V CV V)							
		r > 260 LF		(X)	SMALL Project	(>25 < 160 SF	- Or > 10 <	200 LF	ACIVI)							
() Minor Proj. (< 2 (X) Full Containment w		r < 10 LF A		()	Mini-Enclosure	() Glove	bag Proce	edure								
Location of Asbestos-		ation Normally			of ACM (i.e.	Amount (Specify			ment Ty	<u>pe</u>						
Containing Material (ACM) in		by Maint./Cus	stodial		tems insulation,	2000000 100										
Facility (13)	Staff? ((12) NO	NA	miscnous.)	AT, or other	10		Rem.	Rep.	Encap	Enclose					
1 St Floor	_ ,		X		or Tile / Mastic	126SF		X								
											1					
Name of Dec Wester Heat		NIDED W	ata Haulas	ID# T	Cubic Varda of Ma	ste	Name of D	eq Land	fill							
					2	Cumberland County Land					fill .					
1 to that Carting					Disp. Date		City, State		o dility							
369 Raymond Blvd, N	ewark	NJ 07105			08/27/2014	1	Newbur	g, PA	1/242							
Completed by (Print or Type)		<u>Title</u>		(3)	Signature	nth	<u>Date</u>		19							
David Camacho		General	Managa	,	Dune	(/	08/15/2	014								
David Camacilo		General	141diidg0	•	00/13/2017											
				-			W-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-									

Check # 9069

Date of Notification (1)			Name of Building Owner / Operator (2)											
CALL THE RESERVE THE PROPERTY OF THE PARTY O	ugust 18, 2013		JP Morgan Chase & Co.											
Agencies Notified	Type Notification		Street Address 2014 AUG 22 1.11 2: 53											
□EPA	EMERGENCY		148 Ma	rket Stre	et				ن ا					
DEP			140 1816	ii ket ou e	C.		٠.							
DOL			City St	ate & Zip	Code		** ~ (\(\dots \)_{\dots \)_{\dots \}_{\dots \}_{\dot	- 						
MDOL	Initial Amended						· 							
⊠doh	Amendment	#	Paters	on, NJ 0	7 303						1			
DCA	Cancellation	L. C. V. Const.	Name o	of Contact	t	Te	elephone	e Nui	nber	r				
			Rande	e Carcan	0									
					NFORMATION									
			FAC	JILII Y I										
Name of Facility When JP Morgan Chase Ba		ng Place (3)			Type of Facili									
	III.			-		- K 40)								
Street Address						oter 8 (Other tha								
148 Market Street					Other (i			ial buildings, home, etc.)						
					raconverge process	Bldg. Age								
City (5)					2 +	71								
Paterson					Current Use (Bank	Prior if being de	molished)							
County (6) Passaic		County Code	(7)											
Name of Monitoring Fi	rm Hired by Building	Owner (8)		ASCM N		or (9)								
Arcadis US Inc.						Synatech, Inc.								
Street Address		Street Address												
35 Columbia Road						829 Radio Road								
City, State & Zip Code Branchburg, NJ 0887				City, State & Zip Code Little Egg Harbor, NJ 08087										
Project Manager for M		ITe	ephone N	lumber		Telephone Number License Number								
William Mener		609-296-6916 00817												
Scheduled Start Date	Name of OSH	Name of OSHA Monitor												
August 19, 2		Augus	st 29, 201	4	Synatech, In	Synatech, Inc.								
Occupancy Status Dui				100		Street Address								
Facility Close	d/Vacated During En	itire Period of	Abatemen	nt	829 Radio Ro	829 Radio Road								
Abatement Po	erformed Outside of	Normal Hours			City, State &	City, State & Zip Code								
Other - Desc	ribe:				Little Egg Harbor, NJ 08087									
Facility Occup	pied During Abateme	ent												
Scope of Work (Check	all that apply)										110000000000000000000000000000000000000			
					Ц		ent with Negative Press	sure						
≥3 sf or ≥ 50 lf		=	Renovation			Mini-Enclosure								
≥160 sf or ≥260) If		Demolitio	n		Glovebag Proc								
					\boxtimes	Non-Exempted	d(*) and Non-Friable P	Procedure						
	ation of		on Norma		Descript				atem	ent T	Гуре			
	ning Material (ACM)		y Mainten		Asbestos-C		Amount (Specify							
	ABATED Facility	Custo	dial Staff	(12)	Material ((i.e., therma		SF or LF)	-			_			
	13)				insulation, sur			_		n n	т			
,	,			- 1	or other misc			Removal	Repair	car	Enclosure			
								1 0	pai	usc	SC			
		Yes	No	N/A				<u>a</u>	_	Encapsulate	ē			
Exterior Sidewalk				x	Waterproofing	Application	1,120 SF	X		H	 			
Exterior oldewalk					ratorprooming	7.000.000	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	⊣ ^ I						
Name of Registered Waste Hauler NJDEP Waste					ards of Waste	Name of Pegi	stered Landfill	\perp						
Traine of Negistered V	vaste Haulel	Hauler II		Cubic 1	alus UI VVASIC	Traine or Negr	Stored Landilli							
Synatech, Inc.			429	35		Grows Landf	ill							
City, State				Disposa	al Date	City, State								
Little Egg Harbor, NJ				Cianakt	nber 2, 2014									
Completed By	Title			Signatu	1	_	Date							
Diane Aloia Executive Administrator					Were all	ani ala August 19, 2014								

Check # 9069

Date of Notification (Name of Building Owner / Operator (2) JP Morgan Chase & Co.														
Agencies Notified	Type Notificat	tion		Street Address 2014 AUG 22 4.11											
EPA DEP	EMERGENO	CY		148 M	arket Stre	eet	.,	cc H	1 2))					
DOL	☐ Initial			City, S	tate & Zip	Code			1	٠	*				
⊠рон	Amer			Paters	on, NJ 0	7505									
DCA	The second secon	ndment # <u>1</u> ellation	_	Name	of Contac					Telephone Number					
				Rande	e Carcan	10									
				FA	CILITY	INFORMATI	ON								
Name of Facility Wh JP Morgan Chase B		s Taking P	lace (3)				Facility (4) chool (K-12)								
Street Address						-12)									
148 Market Street						ate & com		l buildings, home, etc.)							
City (5)				(X-1/1-2	Square Feet # of Floors						Bldg. Age				
Paterson					Use (Prior if b	L eing demol	2 ÷ lished)		71						
County (6) Passaic	(8)	US	unty Cod												
Name of Monitoring PM Environmental	Firm Hired by B	uilding Owr	ner (8)	icelliteas IIIIeu	ASCM	NASAR	of Abatement C	9)							
Street Address							Synatech, Inc. Street Address								
170 Changebridge	Road, Bldg. C5	-4					829 Radio Road								
City, State & Zip Coo Montville, NJ 0704							City, State & Zip Code Little Egg Harbor, NJ 08087								
Project Manager for William Mener			(A)	elephone I		Telepho	Telephone Number License Number 609-296-6916 00817								
Scheduled Start Date	e (10)	Scheduled		7-884-67 ion Date (of OSHA Monit	or		0081	1	-			
August 19,	2014		Augu	st 29, 20		Synate	Synatech, Inc.								
Occupancy Status D Facility Clos	uring Abatemen sed/Vacated Dur			Abateme	nt	(77) 78 TEST (5.1)	Street Address 829 Radio Road								
	Performed Outs	ide of Norn	nal Hours	S			City, State & Zip Code								
Other – Des	scribe: upied During Ab	atement				Little E	gg Harbor, N.	08087							
Scope of Work (Che	ck all that apply)														
≥3 sf or ≥ 50 lf	;		П	Renovati	on			itainment w closure	vith Negative Pre	essure					
≥160 sf or ≥26	60 If			Demolitio	7.73										
43.0.00								☐ Glovebag Procedure ☐ Non-Exempted(*) and Non-Friable							
	cation of aining Material (/	A C N A)		ion Norma			scription of		A		atem	ent T	ype		
	E ABATED	ACIVI)		y Mainter odial Staff			tos-Containing terial (ACM)	Amount (Specification SF or LF)							
IN	Facility						ermal systems	11 35			ш				
0	(13)						n, surfacing, V miscellaneous			Rer	R	nca	Enc		
			Yes	No	N/A			9		Removal	Repair	Encapsulate	Enclosure		
Exterior Sidewalk			163	NO		14/040	A		4 400 05			ē	_		
Exterior Sidewark					X	vvalerpro	oofing Applicati	on	1,120 SF	_ x					
		-								-					
Name of Registered	Waste Hauler		NJDEP I Hauler II		Cubic Y	ards of Waste	Name	of Register	ed Landfill						
Synatech, Inc.			1 222	429	35		Grows Landfill						17		
City, State					Disposa	al Date	City, S	ate							
Little Egg Harbor, N	IJ 08087				Septem	nber 2, 2014	Morris	ville, PA							
Completed By		Title			Signatu) 1	Da							
Diane Aloia	strator					Amended August 18, 2014									

CK 2283

Date of Notification (1) 08/19/2014					Name of Building Owner/Operator (2) Ocean State Jobbers, Inc											
Agencies Notified	Notification T															
(X) EPA	() Initial Not			Street Address 360 Callahan Road City, State, Zip Code												
() DEP (X) DOL	(X) Amended Amendm			North Kingston, RI 02852												
(X) DOL (X) DOH	70 70 00 00															
() DCA	() Emergen justification		ading		Name of Contact Tel. Number											
() DCA	() Cancellat			Robert Corrente 40												
					ITY INFORMA											
Name of Facility Whe	re Abatement	is lakir	ig Place	(3)			() Sch	Facility (4) ool (K-12)								
Street Address 60 Sparta Ave	35112				() Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial by homes, etc.							ouildings,				
City (5) Sparta							Square	Feet	# of F	f Floors Bldg. Age						
County (6)					/ Code (7) (ST	ATE	Current	Use (Prior	if bein	g demol	ished)					
Sussex				USE C	NLY)											
Name of Monitoring F	irm Hired by E	Bldg. Ov	vner	ASCM	No.	Name	of Contra	ctor (9)								
(8)						CID &	SONS, L	LC								
Street Address						Street	Address				W					
					365 River Drive											
City, State, Zip Code				tate, Zip Code ld, NJ 07026												
Project Manager for N	Monitoring Firm	n Tele	ephone !	Number		Telephone Number				License Number						
						(973)6				01191 "A"						
Scheduled Start Date	(10)	Sch	eduled (Completi	on Date (11)	Name	ne of OSHA Monitor									
08/21/20				0/21/20	14	Tech										
Occupancy Status Du	uring Abateme	nt (Che	ck only o	one)	ne) Street Address 10-59 Jackson Aver											
(X) Facility Closed/Va					Abatement											
() Abatement Perfor		f Norma	al Facilit	71,000.0			tate, Zip (Code								
() Other – Describe:						Long is	sland City	, NY 1110	1							
Source of Work (Che	ck all that appi	y)				. .										
() > 0 -f > 0 if		7.5	D	41				ment with	Negativ	ve Press	ure					
() ≥ 3 sf or ≥ 3 if		()	Renova			ni-Enclosi										
$(x) \ge 160 \text{ sf or } \ge 260 \text{ l}$	T	()	Demolit	ion	on () Glove bag Procedure (X) Non-Exempted (*) and N						on-Friable Procedure					
					1	(//) 140	II-LXCIIIP	ica () and	140111	Abatement Type						
Location of	of	Is Loc	ation No	ormally	i					Abatement Type						
Asbestos-Containin	g Material		ed Solel		Descript			s Amount		1		Ш	m			
(ACM)			aintenan		Containing N			2	ecify	Re	R	33	, Z			
TO BE ABAT		Custo	dial Staf	f? (12)	thermal sy				or LF)	l B	Repair	sdi	100			
in Facility	'			,	surfacing				/	Removal	≌.	Encapsulate	Enclosure			
(13)		Yes	No	N/A	misc	cellaneou	is)					l e	(D			
Ground Floor				X	Floor	Tile & Ma	astic	29,240 SF		X						
Roof Area			Х	Trans	ite Shing	gles	2,800 SF		X							
Front of Structure					Wind	ow Caulk	king	80	0 LF	X						
Name of Reg. Waste Hauler NJDEP Waste Cid & Sons, LLC # 329					r ID Cubic \	Yards of Y		Name of R G.R.O.W.S			gemer	nt				
City, State Garfield, NJ					Dispos	al Date TBD		City, State Morrisville,								
Completed by	pleted by Title					ST. 12	1/2/	A1/18	2	Date	8/19/20	114				
Roque Schipilliti Jr.	Manager			100	111111111111111111111111111111111111111			U	0/ 13/20	, 14						