110 106198394526 STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)					Name of Buildi			_			
08/14/2014					wner/Operator	(2)	1. %	los o to	1 5 14	الدا	
00/14/2014					1355 Inwo	od LLC					
Agencies Notified	7	Notification '	Type		Street Address		2014 A	UG 26	kif.	2: 652	
(X) EPA		(X) Initia	al Notific	ation	101 E. Bros	adway			*		
(X) NJDEP				ertificatio				•		NUL	
(X) NJ DOL		. ,	celled			NIT OF COA	CE	LICE	YOING	1.02	
(X)DOH		, ,			Hackensac		l Tel N	umbor			
() DCA					Robert Dor		1 ter w	I I I I I I I I I I I I I I I I I I I			
				EACILITY	INFORMATION						
Name of Facility Where Abaten	nent is Ta	aking Place (3	3)	FACILITY	Type of Facility	(4)					
			_		() School (K-1	2)					
Street Address						8 (other than K-12 private & commercia		nes, etc.			
3.550771841855											
215 Union Street					Sq. Feet: 500	00_# of Floors 2	Bldg. Age 7	<u>0</u>			
<u>City (5)</u>	County (<u>5)</u>	County C (State Us		Current Use (p	rior if being demolis	shed) Apartm	ent Build	lina		
Hackensack	Berge	n	NJ	C OIIIY)		ed building, S					
Name of Monitoring Firm Hired	by Bldg.	Owner (8)	ASCM No	<u>).</u>	Name of Contra						
Divine Environmenta	I, INC	<u>.</u>			A Davis						
Street Address					Street Address	elopment, INC					
358 Broadway					658 Rutge	C) 10/00/2019					
City, State, Zip Code					City State, Zip						
N. 1 N. 05104						05/50					
Newark, NJ 07104	F	T.()	tb		Paramus, N			a Mirrada			
Project Manager for Monitoring Nkiruka Onwukaife	Firm	Telephone ! 201-206-			Telephone Nur (201)954-63		0121	e Numb	<u>er</u>		
Scheduled Start Date (10)		Scheduled (The second secon	Date (11)	Name of OSH		10121				
08/25/2014		09/15/20	14		Apex Develo	pment, INC,					
Occupancy Status During Abat (X) Facility Closed/Vacated Di					Street Address						
() Abatement Performed Ou					658 Rutger	s Place					
Describe:					City, State, Zip						
Other: Set for demolitie	on				Paramus, N	NJ. 07652					
Source of Work (Check all that	apply)							-			
(V) Damalitian ()	D	-4:									
(X) Demolition () (X) Large Proj. (>160 S			`M)	7) SMALL Project	+ (>25 <160 S	F or >10 <	260 I F	ACM)		
() Minor Proj. (< 25 S				() GIVIALL Project	st. (>25 < 100 G	1 01 - 10 4	200 11	AOIVI)		
() Tent & Glove bag			-Enclosu	re () Glove bag Pro	ocedure					
Location of Asbestos-		tion Normally			of ACM (i.e.	Amount (Specify	SF or LF)	Abater	ment Typ	<u>ie</u>	
Containing Material (ACM) in Facility (13)	Staff?	by Maint./Cus (12)	stodiai		stems insulation, VAT, or other						
	YES	NO	NA	miscnous.)				Rem.	Rep.	Encap E	Enclose
Basement,			Х	Floor Ti		3000 SF		X			
1 st Floor,			X	Floor T		1000SF		X			
2 nd Floor			X	Floor T		500 SF		X			
Roof	L	<u> </u>	X	Roof FI		700 SF		X			
Name of Reg. Waste Hauler Vision Transport		NJDEP Was 22393	ste Hauler I	<u>D#</u>	Cubic Yards of Wa 20	<u>ste</u>	Name of Re Cumberl			I andf	511
City, State		22393			20		City. State	and C	Junty	Сапи	.111
								100000000000000000000000000000000000000			
2 Fish House Road, Ke	earny,						Newburg	g, PA 1	17242		
Completed by (Print or Type)		<u>Title</u>			Signa/Ore	5	<u>Date</u>				
Edgar Bastidas		PM			1/150)	08/14/20	14			
					81/16	/					

MO 10619839 4489 STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)					Name of Buildi					_	
06/30/2014					wner/Operator		1812				
00/30/2011					150-170 N	Main Street H	ackensa	ck, LL	<u>C.</u>		
Agencies Notified		Notification	Туре		Street Address		2014 AUG	26 F	iff Z:	V/	
(X)EPA		(X) Initia	al Notific	ation	P.O.BOX.	1056			7"		5
(X) NJDEP				ertification			HULLY	ICERS	1110	(UL	
(X) NJ DOL			celled				će L	ILEM:	DINU		
(X) DOH					Alpine, NJ						
() DCA					Name of Conta Shergho A		Tel. N	umber			
				EACH ITY	INFORMATION	ikilalii					
Name of Facility Where Abater	ment is Ta	aking Place (3)	TAGILITY	Type of Facility	y (4)				- 17 - 17 - 17	
			_		() School (K-1		١				
Street Address					(X) Other (i.e.	r 8 (other than K-12) private & commercia) al bidgs., hom	nes, etc.			
170 Main Street					Sq. Feet: 24	000_# of Floors 3	Bldg. Age	80			
<u>City (5)</u>	County (<u>6)</u>	County C (State Us		Current Use (p	orior if being demolis	shed)_Apartm	ent Buik	ding		
Hackensak	Berge	n	NJ	9.9	Unoccupi	ed building, S	Set for De	emoliti	on		
Name of Monitoring Firm Hired	by Bldg.	Owner (8)	ASCM No	<u>).</u>	Name of Contr	actor (9)					
Divine Environmenta	al, INC	4			Anox Dov	elopment, INC					
Street Address			L		Street Address		<u></u>			70000	
358 Broadway					658 Rodg	7)					
City, State, Zip Code					City State, Zip						
NT 1 NT 07104					D	II 07650					
Newark, NJ 07104 Project Manager for Monitoring	a Eirm	Telephone	Number		Paramus, 1		Licens	se Numb	er		
Nkiruka Onwukaife	y FIIIII	201-206			(201)954-6		0121		<u></u>		
Scheduled Start Date (10)		Scheduled		Date (11)	Name of OSH						-
7/14/2014		7/30/201	4		Apex Develo	opment, INC,					
Occupancy Status During Aba					Street Address						
(X) Facility Closed/Vacated E () Abatement Performed O					658 Rodge	ers Place					
Describe:					City, State, Zir						
Other: Set for demoliti	ion				Paramus, 1	NJ. 07652					
Source of Work (Check all that	t apply)		M/200		- 1					W.S.	
(V) D E C ()	\ D										
(X) Demolition (X) Large Proj. (>160			CM)	()5	SMALL Project	(>25 <160 SF o	or >10 <26	OLFA	CM)		
() Minor Proj. (< 25				()	olen (EE 1 Tojoot.	(- 25 - 100 01 0	31 - 10 - 20	J	····,		
(X) Full Containment v				()	Mini-Enclosure		bag Proce				
Location of Asbestos-		ation Normall			of ACM (i.e. stems insulation,	Amount (Specify	SF or LF)	Abate	ment Ty	pe	
Containing Material (ACM) in Facility (13)	Staff?	by Maint./Cu (12)	Stoulai		/AT, or other	į.		_	27	-	
	YES	NO	NA NA	miscnous.)		9600 SF		Rem.	Rep.	Encap	T
Basement, 1 st FL, 2 nd FL, 3 rd FL			×	VAT		3000 SF					
Basement			X	Pipe Ins	ulation	180 LF		Х			
1 st Fl, 2 nd FL.			Х	Pipe Ins	sulation	210 LF		Х			
1 st Fl.				Plaster		200 SF		X			
Name of Reg. Waste Hauler		NJDEP Wa	ste Hauler	ID#	Cubic Yards of Wa	aste	Name of Re			т 1	C-11
Vision Transport		22393			4		Cumber	land C	ounty	Land	Ш
City, State							City, State				
2 Fish House Road, K	earny.	NJ 07032					Newbur	g, PA	17242		
Completed by (Print or Type)		Title			Signature /	1	Date				
Edgar Dagtidas		PM			110		6/30/14				
Edgar Bastidas							0/30/14				
					1110						

100 198394478 STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)					Name of Build					- 23.7	
08/08/2014					wner/Operato		l white her so				
Agencies Notified		Notification	Type		150-170 Street Addres	Main Street F	lackensa 14 AUG 26				- 2000000000000000000000000000000000000
(X)EPA		(X) Initia		ration	P.O.BOX.		11 AUG 20	ווח כ	C . Q . I		
(X) NJDEP				ertification			V: 107	-	TKOL		
(X) NJ DOL		() Can	celled		Alpine, N.	I 07620	às LIC	HICH	li .		11
(X)DOH ()DCA					Name of Cont	tact	Tel. N	lumber			
() box				ELOUET/	Shergho A	Alkilani					
Name of Facility Where Abaten	nent is Ta	aking Place (3	3)	FACILITY	INFORMATION Type of Facilit						
					() School (K- () Subchapte	-12) er 8 (other than K-12	·)				
Street Address						private & commerci		nes, etc.			
166-168 Main Street					Sq. Feet: 38	800 # of Floors 2	Bldg. Age _7	70			
<u>City (5)</u>	County (<u>5)</u>	County C (State Us		Current Use (prior if being demoli	shed) Apartn	nent Buik	ding		
Hackensack	Berge	n	NJ	io Omy	1.022 30	ied building, S					
Name of Monitoring Firm Hired	127 - Walter B. 17 (2) 17 (10) 0 (4)	Company of the Compan	ASCM N	<u>o.</u>	Name of Cont	ractor (9)					
Divine Environmenta	i, iivo	=				elopment, INC	<u>),</u>				
Street Address 358 Broadway					Street Addres	s ers Place					
City, State, Zip Code					City State, Zin				***************************************		
Newark, NJ 07104					Paramus,	NI 07652					
Project Manager for Monitoring	Firm	Telephone I			Telephone Nu	ımber		se Numb	er		
Nkiruka Onwukaife		201-206		D-t- (44)	(201)954- Name of OSH		012	15			
Scheduled Start Date (10) 08/23/2014		Scheduled 0 09/02/20		Date (11)		opment, INC,					
Occupancy Status During Abat (X) Facility Closed/Vacated Di	ement (Curing Ent	heck only on ire Period of	e) Abatement		Street Addres 658 Rutge						
() Abatement Performed Ou Describe:	utside of	Normal Facili	ty Hours -		City, State, Zi						
Other: Set for demolitie	on				Paramus,						
Source of Work (Check all that	apply)							-			
(X) Demolition ()	Renov	ation									
() Large Proj. (>160 S	SF or >	260 LF AC		(X) SMALL Proj	ect. (>25 <160	SF or >10	<260 L	FACN	ſi)	
() Minor Proj. (< 25 S () Tent & Glove bag	SF or <		√l) -Enclosu	re (Y) Glove bag F	Procedure					
Location of Asbestos-		ition Normally	Used	Description	of ACM (i.e.	Amount (Specify	SF or LF)	Abater	ment Ty	ре	
Containing Material (ACM) in Facility (13)	Solely Staff?		stodial	surfacing, V	tems insulation, 'AT, or other						
Basement,	YES	NO	NA X	Pipe Inst	lation	100 LF		Rem.	Rep.	Encap f	nciose
				Tipe Inse							
								-		-	
Name of Reg. Waste Hauler		NJDEP Was	ste Hauler	D#	Cubic Yards of W	aste	Name of R	eg. Landi	<u> </u> fill		
Vision Transport		22393			3		Cumber			Landf	ill
City, State							City, State				
2 Fish House Road, Ke	earny,				2		Newbur	g, PA	17242		
Completed by (Print or Type)		Title			Signature	X	<u>Date</u>				
Edgar Bastidas		PM	*		415	10	08/08/20	014			

MO 100198394490 STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)				Name of Buildi wner/Operator	(2)		14	E 6,1 E.	i o e	
08/08/2014				150-170 N	Main Street Ha	ackensa	ck, LL	.C.		- 250
Agencies Notified	Notification	Туре		Street Address			CU19 A	106 26	Alt	2:61
(X)EPA	(X) Initia	al Notific	ation	P.O.BOX.	1056		ىد			
(X)NJDEP	The second state of the second		ertification				ون رسو	LICE	L1 < 1 ± 11	HAGE
(X) NJ DOL	() Can	celled		A1.: NIT	07620		3.	LICE	49 4	u
(X)DOH				Alpine, NJ Name of Conta		I Tel N	lumber			
() DCA				Shergho A		101.14	uniber			
			FACILITY	INFORMATION						
Name of Facility Where Abatement is T	aking Place (3)		Type of Facility						
					8 (other than K-12)					
Street Address				(X) Other (i.e.	private & commercia	l bldgs., hor	nes, etc.			
160 Main Street				Sq. Feet: 180	00_# of Floors 2 E	Bldg. Age _6	<u>50</u>			
City (5) County (<u>6)</u>	County C (State Us		Current Use (p	rior if being demolish	ned)_Apartn	nent Buile	ding		
Hackensack Berge	n	NJ		Unoccupie	ed building, Se	et for De	emoliti	ion		
Name of Monitoring Firm Hired by Bldg	Owner (8)	ASCM No	<u>).</u>	Name of Contra	actor (9)					
Divine Environmental, INC	<u>.</u>			Anex Deve	elopment, INC					
Street Address				Street Address						
358 Broadway				658 Rutge						
City, State, Zip Code				City State, Zipo	Code					
Newark, NJ 07104				Paramus, N	JJ. 07652	20				
Project Manager for Monitoring Firm	Telephone I			Telephone Nur		Licen	se Numb	er		
Nkiruka Onwukaife	201-206			(201)954-6		012	15			
Scheduled Start Date (10) 08/20/2014	Scheduled 0 09/02/20	14	Date (11)	Name of OSHA Apex Develo	A Monitor opment, INC,					
Occupancy Status During Abatement (C (X) Facility Closed/Vacated During En				Street Address	7/1					
() Abatement Performed Outside of				658 Rutger						
Describe: Other: Set for demolition				City, State, Zip	20 CO C					
				Paramus, N	NJ. 07032					
Source of Work (Check all that apply)										
(X) Demolition () Renov	ation									
() Large Proj. (>160 SF or >	260 LF AC		(X) SMALL Proje	ect. (>25 <160 S	F or >10	<260 L	F ACM)	
() Minor Proj. (< 25 SF or <					**					
() Tent & Glove bag Location of Asbestos- Is Location	() Mini	-Enclosu		() Glove bag P of ACM (i.e.	Amount (Specify S	For LF)	Ahate	ment Typ	10	
Containing Material (ACM) in Solely	by Maint./Cus		thermal sys	stems insulation,	. silvani (opeony o	/				
Facility (13) Staff? YES	(12) NO	NA	surfacing, \	/AT, or other			Rem.	Rep.	Encap E	Enclose
Basement,		X	Pipe Ins	ulation	120 LF		X			
Roof		X	Roof Fla	shing	400 S F		X			
Name of Day Wests Having	L NUDED W.	-t- 1111	D# 1	Cubia Vanda of Ma		Name of Re	00 1 000	<u></u>		
Name of Reg. Waste Hauler Vision Transport	NJDEP Was 22393	ste riautei i	<u>U#</u>	Cubic Yards of Wa		Cumber	AND THE PROPERTY OF THE PARTY O		Landf	ill
City, State	22075					City, State				
2 Figh Harris Band War	NII OZOZO					Namb	α D A	17242		
2 Fish House Road, Kearny, Completed by (Print or Type)	NJ 07032 Title			Signatyre		Newbur Date	g, PA	1/242		
				1/10	$\langle I \rangle$					
Edgar Bastidas	<u>PM</u>			1/15	1	08/08/20	014			

M6 106 198394500 STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)					Name of Buildi		4 2				
08/08/2014					wner/Operator	(2)	in him to a	¥ 1	- 44		
00/00/2014					150-170 N	Main Street Ha	ackensa	ck II	C		
Agencies Notified		Notification	Туре		Street Address	26	14 AUG Z	5 AM	2: 07		
(W) EDA		/ V) 1-30	-I M-CC-		D O DOM	1056	-				
(X) EPA			al Notific		P.O.BOX.		¥		THUE		
(X) NJDEP				ertificatio	City, State, Zip	Code	ce LIU	ENSIN	G		
(X) NJ DOL		() Can	celled		Alpine, NJ	. 07620			700 - 10		
(X)DOH ()DCA					Name of Conta		Tel. N	umber			
() DCA					Shergho A	lkilani					
				FACILITY	INFORMATION						
Name of Facility Where Abater	ment is Ta	aking Place (3)		Type of Facility						
,0					() School (K-1 () Subchapter	· 8 (other than K-12))				
Street Address						private & commercia		nes, etc.			
15036: 04					244	00 2.					
156 Main Street	C	2/	0	-d- (7)	Sq. Feet: <u>241</u>	00_# of Floors <u>2</u> I	Bldg. Age <u>8</u>	<u>0</u>			
<u>City (5)</u>	County (<u>o)</u>	County C (State Us		Current Use (p	rior if being demolis	hed)_Apartm	ent Build	ding		
Hackensack	Berge	n	NJ	<u> </u>	10000	ed building, S					
Name of Monitoring Firm Hired			Market Co.	<u>).</u>	Name of Contri	actor (9)					
Divine Environmenta	al, INC					1 1010					
Ctroot Addrson					PARTICIPATE CONTRACTOR SERVICES	DOMESTIC STREET AND STREET SHEET SHE	2				
Street Address 358 Broadway						H 500500m					
City, State, Zip Code											
<u> </u>					3.17 5.11.15						
Newark, NJ 07104										37	_
Project Manager for Monitoring	Firm					0.00 (TAX 0.00 V.V.)	V	ECC SALE TO THE CONTRACTOR	<u>er</u>		
Nkiruka Onwukaife							0121	15			
Scheduled Start Date (10)		Francisco de la Companya de la Compa		Date (11)							
08/19/2014	tement (C					•					
(X) Facility Closed/Vacated D					Control of the Contro	3) (8)(m)					
() Abatement Performed O Describe:	utside of	Normal Facili	ty Hours -								
Other: Set for demoliti	on					THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS					
					ratainus, r	NJ. 07032					
Source of Work (Check all that	apply)										
(X) Demolition ()	Panav	ation									
			:M)	(X) SMALL Proje	ect (>25 <160.5	SF or >10	<260	F ACM)	
				()) ON KEET TOJO	.o (· 20 · 100 c	51 01 - 10	-200 L	71011	,	
() Tent & Glove bag				re (X	() Glove bag P	rocedure					
Location of Asbestos-				Description	of ACM (i.e.		SF or LF)	Abater	ment Typ	<u>e</u>	
Containing Material (ACM) in Facility (13)			stodial								
r domey (10)	YES	NO NO	NA	miscnous.)				Rem.	Rep.	Encap (Enclose
Basement,			Х	Pipe Ins	ulation	110 LF					
Basement			Х	Boiler		80 S F		X			
Name of Reg. Waste Hauler			ste Hauler I	D#		ste		ATT TO STATE OF THE PARTY OF TH	70000		
Vision Transport		22393			3			and C	ounty	Landf	ill
City, State			- Ar				City, State				
2 Fish House Road, Ke	earny	NII 07032					Newhur	τ PA ·	17242		
Completed by (Print or Type)	carny,	Name of Contractor (9) Apex Development, INC.									
- Single Control () ()					175	X					
Edgar Bastidas		<u>PM</u>			XIT	1)	08/08/20)14			
					0//						

MO 100198394511 STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)				-	Name of Build wner/Operator		in to be 1 s	ار نا ا			
08/08/2014					150 170 1				C		
Agencies Notified		Notification	Туре		Street Address	Main Street H	AUG ZO A	III 4.º V	- U		
(X)EPA		(X) Initi	al Notific	cation	P.O.BOX.	1056		Tis	ĹŧĬ		
(X) NJDEP		() Ame	ended C	ertificatio	n City, State, Zip	Code	LICENS	HNG	32.34		
(X) NJ DOL (X) DOH		() Can	celled		Alpine, NJ						
() DCA					Name of Conta		Tel N	lumber			139-0
				FACILITY	YINFORMATION						
Name of Facility Where Abate	ment is T	aking Place (<u>3)</u>		Type of Facility () School (K-						
Street Address						r 8 (other than K-12 private & commerci		nes, etc.			
154 Main Street											
City (5)	County (6)	County C	ode (7)		00_# of Floors 2			9950		
Hackensack	Berge	n	(State Us	se Only)		orior if being demolised building, S					
Name of Monitoring Firm Hired	by Bldg.	Owner (8)	ASCM N	<u>o.</u>	Name of Contr						
Divine Environmenta	al, INC	<u> -</u>			Apex Dev	elopment, INC	С,				
Street Address					Street Address	3					
358 Broadway City, State, Zip Code				i suta del de	658 Rutge City State, Zip	Name and Address of the Owner, where the Owner, which is					
Newark, NJ 07104					Paramus, 1	MI 07652					
Project Manager for Monitoring	g Firm	Telephone	Number		Telephone Nu		Licen	se Numb	er		
Nkiruka Onwukaife		201-206			(201)954-6		012	15			
Scheduled Start Date (10) 08/18/2014		Scheduled 8/30/201		Date (11)	Apex Develo	A Monitor opment, INC,					
Occupancy Status During Aba (X) Facility Closed/Vacated D	During En	tire Period of	Abatement		Street Address 658 Rutger	- 6					
() Abatement Performed O Describe:		Normal Facili	ty Hours -		City, State, Zip	Code					
Other: Set for demolit	ion				Paramus, 1	NJ. 07652					
Source of Work (Check all tha	t apply)										
) Renov										
() Large Proj. (>160 () Minor Proj. (< 25				(X) SMALL Proje	ect. (>25 <160	SF or >10	<260 L	F ACN	1)	
() Tent & Glove bag	01 01 \		i-Enclosu	re ()	() Glovebag P						
Location of Asbestos- Containing Material (ACM) in		ation Normally by Maint./Cus			n of ACM (i.e. stems insulation,	Amount (Specify	SF or LF)	Abate	ment Ty	pe	
Facility (13)	Staff? YES		NA		VAT, or other			Rem.	Rep.	Encap I	Enclose
Basement,	1.720	1	X	Pipe Ins		120 LF		Х			
2 nd Floor			X	VAT		550 S F		X			
	-	-						-	-	-	-
Name of Reg. Waste Hauler	1	NJDEP Wa	ste Hauler	ID#	Cubic Yards of Wa	l este	Name of Re	ea. Land	fill		
Vision Transport		22393			3		Cumber			Landf	ill
City, State							City, State				
2 Fish House Road, K	earny,	NJ 07032	Ž	1	/		Newbur	g, PA	17242		
Completed by (Print or Type)		<u>Title</u>			Signature	7	<u>Date</u>				
Edgar Bastidas	20. 20.	<u>PM</u>	1 0/2	10	818	V	08/08/20)14			



Caxto

Date of Notification (1) 8/21/14					Building Colte Priv			(2)		30						
Charles Charles and San	Type Notification			treet Ad		ale	One									
7-20-0	× Initial		1	044 ld	laho Av				AUG	2 (5 20	14				
DEP	Amended				e, Zip Co										=0/ic=n	
	Amendment #				/lay NJ (08204	-									
DOH DCA	justification) Cancellation		1000	ohn	Contact					l ele	phone	Num	per			
				FACIL	ITY INFO	RMAT	ION			-					//	
Name of Facility Where Al John Bolte Private H		Place (3)						Type o	of Facility (4)							
Street Address	ome								chool (K-12) ubchapter 8		r than	K-12\				
1044 Idaho Av								×	ther (i.e. pri					lings,	home	es,
City (5)								Square	tc.) e Feet	# of	Floors		В	ldg. A	ge	
Cape May NJ 08204				ii.				1000	+	1.5			3	5+	- TER	
County (6) Cape May		7.			Code (7) ISE ONLY)			Currer	nt Use (Prior e	if beir	ng dem	olishe	ed)			
Name of Monitoring Firm I N/A	Hired by Building O	wner (8)		ASCM	l No.			of Abate	ement Contr	ractor	(9)					
Street Address		www.co.line					The section is a section of the section of the section is a section of the sectio	Address	SENS.							
City, State, Zip Code							1	30x 32								
100000000000000000000000000000000000000						20	A 100 ST	tate, Zip t Berlir	o Code n NJ 0809	1						
Project Manager for Monit	oring Firm		T	elephor	ne No.			none No 753-98			Licen 0072					
Start Date (10) 9/2/14		Scheduled 9/8/14	Comp	oletion [Date (11)		Name Same	OW THE THE	A Monitor							
Occupancy Status During	Abatement (Check	Only One))		_		Street	Address	5		-					
Facility Closed/Vacat Abatement Performe	ted During Entire Pe d Outside of Norma	eriod of Ab Il Facility H	ateme lours	ent			City, S	tate, Zir	Code		+					
Other - Describe:	T					-		- 11								
Scope of Work (Check All ≥3 sf or ≥3 lf	rnat Apply)	П.					_	1								
≥160 sf or ≥260 lf		Processor .	novatio molitio				100	Mini	Containmer -Enclosure		Negat	ive Pr	essu	e		
							×	Glov	ebag Proce -Exempted	dure (*) and	i Non-	Friable	Pro	edur		
		ls L	ocatio	n						. /				Abate	ement	
Location		No Used	rmally				escription							Ту	ре	r —
Asbestos-Containing N TO BE ABA	TED		tenand	ce/			taining M I systems				mount pecify		R	-	Enc	g
In Facility (13)	У		(12)	alle		surfa	cing, VA miscellan	T, or			or LF)		Remova	Repair	Encapsulate	Enclosure
**************************************		Yes	No	N/A		0.1.01	moodian	icous					<u>a</u>	=	ılate	ure
Exterior Si	dina		-	x		Exte	erior Sic	dina		14	00 SF	-	x			
	3			-			71101 010	an 19		17	50 01		^			
			+				-	-			_	-				
		-	-									-				
Name of Registered Waste	e Hauler		N.II	DEP W	aste	Cubic	Yards		Name of R	egiste	red La	ndfill				
United Containers	over a next (PA) TO SATE 5		Ha	uler ID I 459		of Wa			G.R.O.W		ou La	-Willi				
City, State Elm NJ						Dispo 9/8/1	sal Date		City, State Morrisvill		1906	57				
Completed by		Title					Signature	<u> </u>			- 1000	Date			2.0049902	
Anthony T Perna		Preside	ent				-	1			-	100000000000000000000000000000000000000	1/14			

CH# 0779.

Date of Notification (1)					Building Own		(2)	1 7				20,020		+	
8-22-2014	-1-	NI-664'-			treet Add								1 A			-
Agencies Notified		Notification		1 2		ller Lane				A	NG 2	6 20	14			
EPA EPA	×	Initial			E WINDS	e, Zip Code										
DEP DOL		Amended Amendment:	#	74 533		ster, NJ 0	7921									
		Emergency (including		lame of (Tele	phone Nu	ımber				
DOH DCA		justification) Cancellation			iaine or v	5011401				10.000.00						
					FACIL	ITY INFORM	IATION		= 740						100	
Name of Facility Whe		ment is Taking	Place (3)					Type of	Facility (4))						
Residential Prop	erty			10252				Sc.	hool (K-12)	- than V	12\				
Street Address								Ot Ot	ibchapter 8 her (i.e. pri	vate &	commerc	cial build	ding	s, ho	mes	,
725 Route 206						000740404 10-224000		eto	2.)							
City (5)	1000-20-1-1		- 12					Square	Feet	# of	Floors	A4 68		Age	1	
Bedminster					52			ni Caraca					60+			
County (6)					County C				Use (Prior	if beir	ng demolis	shed)				
Somerset				(STATE U	SE ONLY) _			doned							
Name of Monitoring F	irm Hire	by Building	Owner (8)		ASCM	No.	111111111111111111111111111111111111111		ment Cont		5005					
						*			nageme	nt Go	orp		_		30,000	
Street Address								Address								
			50					roy La					-			
City, State, Zip Code							-	State, Zip								
									k, NJ 07	035						
Project Manager for I	Monitorin	g Firm		7	Telephor	ie No.	E	hone No.			License					
								-706-79			01193					
Start Date (10)			Schedule		pletion D	Date (11)			A Monitor	0-						
9-2-2014			9-5-20						anageme	ent Go	orp			_		_
Occupancy Status D	uring Aba	tement (Che	ck Only On	e)				t Address								
Facility Closed/	Vacated I	During Entire	Period of A	batem	ent		100	Troy La								
Abatement Perf	formed O	utside of Non	nal Facility	Hours	-		1	State, Zip								
Other - Describ	e: 9am -	4bm					Line	coln Pa	rk, NJ 07	035						
Scope of Work (Che	ck All Tha	at Apply)														
23 sf or ≥3 lf			☐ R	enova	tion				Containme		n Negative	e Pressi	ıre			
≥160 sf or ≥260	If		× D	emoliti	ion		ŀ	117.5	-Enclosure rebag Proc							
									-Exempted		d Non-Fri	able Pr	oceo	ure		
			lo	Locati	on								Ab		nent	
			100	lormal	100		Descriptio	n of				_	_	Тур	e	,
Asbestos-Contai	ation of ning Mat	erial (ACM)		d Sole		Asbestos	Containing		(ACM)	A	Amount			18	ш	ш
TO BE	ABATE		1	intenai todial S	100000000000000000000000000000000000000		ermal system		tion,		Specify F or LF)	Ren	1 8	0	cap	ncle
22230	Facility (13)			(12)			surfacing, V ther miscella			O.	0, 2,	Remova	- Apan	2	Encapsulate	Enclosure
'	(13)		Ves	Na	N/A			35				<u>m</u>			ate	Ф
			Yes	No	100000		raniste Sh	ningles		2	300 SF	x	+	+		
	terior		-		X				ion		50 LF		+	+		_
Bas	sement				X	ASDE	stos Pipe		IOH			X	+	+		-
Bas	sement				Х		Elbow	S		16	Elbows	X	+	+		
					LIDED	L	Ouble Veste		Nome of	Dagic	ered Land	Hfill .	, la			
Name of Registered	Waste F	lauler		11.553	JDEP Waller ID		Cubic Yards of Waste	3								
Loznica Manage	ement (Corp			03313		TBD		GROW	IS LA	NDFILL					
City, State							Disposal Da	te	City, Stat							
Lincoln Park, N.	07035						TBD ·		Morris	ville, l	PA 1906					
Completed by			Title				Signatu		4	29		Date	00			
E. Cirovic			Sec	retary	1		2.1	IN	our	٠		8-22-	20.	4		



Date of Notification (1)			of Building O		ator (2)	-	ALIC	2 C	001	,		117
8/2//14			SEY	<u>G</u>			AUG	2 6	201	4		
Agencies Notified F Type Notification		-150	Address	-		. , ,	ρ.			<i>^</i>		
EPA D Initial	62	20	200_	FRA	911	KE.	KOD	GE	es	R	LI	<u>'</u> \\\
DEP Amended Amendment #	· #	City, St	ate, Zip Cod	е								
Emergency (ii	ncluding	17	TRKI	SON,	10	150				-		
DOH justification) DCA Cancellation		-	of Contact	F:1	11.	1AN	Telepho	one Nur	nber		3	
Cancellation			OHN	T / A	-LI	TAN						-
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILIT INFOR	RIMATION	Ty	pe of Facility	(4)					-
PSE-G	* *				اصا	School (K-						
Street Address	Λ				ᅥ片	Subchapte		an K-12	2)			
TREMELY POINT	T R	Λ				Other (i.e.)				dings	hom	es,
City (5) ,	- 1 ~	-,	-		Sa	etc.) uare Feet	# of Flo	ors	I F	Bldg. /	\ne	
LINDEN						N/A	א טוויט וו	1/4	- 1 -	N		
County (6)		County	Code (7)		Cu	rrent Use (Pri	or if being d	emolish	ned)	1	.1	
UNION			USE ONLY)			L'P	17.	AN	-			
Name of Monitoring Firm Hired by Building O	wner (8)	ASCI	M No.	Na	me of A	batement Co		,,,-				
ENVIRONMENTAL TACTICS		00	45	U	NIQUE	SYSTEM	S OF AM	ERICA	A			
Street Address					eet Add		57					
64 BROAD STREET	s.		\$0.	39	96 WH	ITEHEAD .	AVE.					
City, State, Zip Code						Zip Code						
MATAWAN, NJ 07747						RIVER, N.	08882					
Project Manager for Monitoring Firm TOM GEIGER		Telepho			ephone		Lic	ense N			2-2-1	
			92-2217		32-432			0111	1			
Start Date (10)	Scheduled.Co	mpletion	Date (11)			SHA Monitor	005 444	-510				
7/38/14	0 2000	114	- A			SYSTEM	5 OF AIVI	ERICA	+			
Occupancy Status During Abatement (Check				1,00	eet Add	ress ITEHEAD /	^ \/⊏					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	eriod of Abate	ment					AVE.					
Other - Describe: CUT DOG R	S	is				Zip Code RIVER, N.	1 00000					
Scope of Work (Check All That Apply)				- 30	JUIH	KIVEK, N	00002			,		
	F578				П							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demo					full Containm Mini-Enclosure		gative P	ressu	re		
	L. Donno	10011				Slovebag Pro	cedure					
			γ		M	Von-Exempte	d (*) and No	n-Friab	le Pro	cedur	e	
	Is Loca									Abate	ement pe	
Location of	Norma Used Sol			Descript					-	۱,	pe	$\overline{}$
Asbestos-Containing Material (ACM) TO BE ABATED	Maintena	ance/		s Containing ermal syste			Amou (Speci	100	20		Ē	
In Facility	Custodial (12)			surfacing,	VAT, or		SF or L		Removal	Repair	cap	ndo
(13)	(.2)		(other misce	llaneous	5)			oval	a r	Encapsulate	Enclosure
	Yes No	N/A									6	
OUTSIDE PRODAME TANK FARM	X		Acm F	:PEDP	of It	C	9262	55	X			
The Transfer of the Transfer o		1					1000	0,	1	1		
		+	-	INSC	(11)	1010			-		-	
		-										
Name of Registered Waste Hauler		NJDEP W Hauler ID	960 (400 minute)	Cubic Yards of Waste	s	Name of	Registered I	andfill				
WASTE MANAGEMENT	1	1125	1.00.0		150	GROW	S NORTH	I				
City, State				Disposal Da		City, State	9	-				-
ELIZABETH, NJ				TBI	\	MORRI	SVILLE, I					
Completed by	Title			Signati	ure /				e ,	,	1	\neg
CAROL RAIMO	OFFICE N	IGR.		1 6	-ar	al K	aine	1 8	e/6	11/	14	1

Date of Notification (1)	1		Building Owner/G		2)		T.					
Agencies Notified Type Notification	-	Street Ad								_		\exists
		-	00 F	PAL	1K A	E. 4	20 DE	ER	ς	BI	11/	5_
EPA Initial Amended	(e, Zip Code		A 1 -		-221	7				
DOL Amendment #_	uding	HA	RKI SO	W.	101	0	1007	N le smala				_
DOH justification)	duling	Vame of	Contact		MAR	- 1	Telephone	Numb	er	2.4		1
DCA Cancellation			HW F	TION TION	WAR	<u> </u>	-	-225			- ,	\vdash
Name of Facility Where Abatement is Taking P	lace (3)	PACIL	III IIII OIGIIA		Type of Fa	acility (4)						
PSE-G					Scho	ol (K-12)		14.40)				
Street Address	. D a				Subo	:hapter 8 r (i.e. priv	(Other than rate & comm	K-12) nercial	buildi	ngs, t	nomes	s,
TREMETY YOUNT	_ KD				etc.)		# of Floors			ig. Ag		\dashv
City (5)					Square Fe	11	# 01 F1001S	4	1	N/		
LINDEN	Т	County C	ode (7)		-/	se (Prior	if being den	nolishe		- (.,	
County (6) $U \wedge U \wedge O N$			ISE ONLY)		1	- P	11 :	N				
Name of Monitoring Firm Hired by Building Ow	ner (8)	ASCM			of Abateme			DIC A				
ENVIRONMENTAL TACTICS		004			Address	I EIVIS	OF AMER	TICA				
Street Address 64 BROAD STREET				- 1	MHITEH	EAD A\	Æ.					
City, State, Zip Code					tate, Zip C							
MATAWAN, NJ 07747					TH RIVE	R, NJ (aa Na				
Project Manager for Monitoring Firm TOM GEIGER			2-2217	732-	none No. 432-8350			11111				
Start Date (10) S	cheduled.Cor	npletion I)ate (11)		of OSHA N QUE SYS		OF AME	RICA			0.000	
Occupancy Status During Abatement (Check C	Only One)				Address		, –				3812	
Facility Closed/Vacated During Entire Per	riod of Abater	nent		100071740000	WHITEH		VE.				_	-
Abatement Performed Outside of Normal Other – Describe: CAT DC 6 R	Facility Hour	S			State, Zip C JTH RIVE		08882					
				1 300	7111100						-	
Scope of Work (Check All That Apply)	D Donou	ation] Full Co	ntainmer	nt with Nega	itive Pr	essur	e		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli				Mini-E	nclosure						
				×		pag Proce xempted	edure (*) and Non	-Friable	e Prod	cedur	е	
	Is Local	lion					-			Abate	ement	į.
Location of	Norma	illy	1	Description	n of				-	I y	ре	
Asbestos-Containing Material (ACM)	Used Sole Maintena		Asbestos Co		Material (Ad		Amoun (Specifi		R	_	En	ф
TO BE ABATED In Facility	Custodial		su	rfacing, VA	AT, or	1	SF or LF		Removal	Repair	aps	Enclosure
(13)	(12)		othe	er miscella	neous)				val	#	Encapsulate	ure
	Yes No	N/A							. /			
OUTSIDE PRODANCE TANK FARM	X		ACM Fix				9262	5%	X		_	
			工	NSU	IATIC	(AC						-
												_
Name of Registered Waste Hauler	-	NJDEP V		bic Yards Naste			Registered L					
WASTE MANAGEMENT		Hauler ID 1125			so C	SROWS	NORTH					
City, State ELIZABETH, NJ			Dis	posal Date	e C	City, State	SVILLE, F	PA				
Completed by	Title			Signatur	re/j	//	1.	Da	te /	/	1.	/
CAROL RAIMO	OFFICE	MGR.		<	akal	2/10	umo		///	01	19.	r.

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

B & G proj. #: 2014-144

*** EMERGENY *** Sub Chapter 8 ***

Check # 6709

	*								1					
Date of Notification	n (1)	Name	of Building	Owner/	Operator (2)									
0 18 1/12 11	1/114	Rah	nway Pub	lic Sch	nools									
Agencies Notified		Street	Address				AUG 2 6	2014						
⋉ EPA	Initial	113	38 Kline P	lace	T.		A00 2 0							
DEP	_	City, S	State, Zip Co	ode				#1)						
X DOL	Amendmen		ahway, NJ	0706	5				elenhor	e Number		-		_
₩ DOH	_	11	of Contact						Cicpitot					
□ DCA	Cancellatio	n R	ay Candilo	oro							=	_		=
	L		-	FACIL	ITY INFORMA	TION								
		nking place /	(3)				- T	Type of		(4)				
	rhere abatement is to		(3)					X	11.30362.0523	ol (K - 12)		n K 1	21	
Grover Cleve	eland Elementar	y School						-		napter 8 (C (Private/C			2)	
Street Address									Bldgs	./Homes,	etc.			
486 East Mil	ton Avenue							Square	Feet	# of Floo	rs	Bldg	j. Ag€	ž.
City (5)		County (6)				nty Code (7)			Prior if being		lichac	1)	_
		Union	38			(Stat	e use only)	school		Prior it bei	ig demo	Mariec	',	
Rahway, N.					ASCM No.	-11	Name of Abatement							
Name of Monitor	ing Firm Hired by Blo	dg. Owner (8	5)		00120		B & G Restora							
	vironmental Sen	/ices					Street Address	21011, 1110.						
Street Address	Ctront						105 Ryerson I	Road						
280 Huyler City, State, Zip Co						-	City, State, Zip Code					*		
Hackensac	k, NJ 07606						Lincoln Park,	NJ 070	35					
	for Monitoring Firm		Phone	Numbe	er		Telephone Number (973)696-686	80		100 CONTRACTOR (100 CONTRACTOR)	e Numb 0378	er		
, rojour managa			201-4	89-87	00		Name of OSHA Mo				00.0	_		
Scheduled Start I	Date (10)	Sched. C	ompletion D	ate (11)		B & G Restora							
08/25/2014		08/30/	2014				Street Address							
	s During Abatement					_	105 Ryerson I	Road						
T Facility clos	sed/vacated during 6	entire period	of abatemen	nt.			City, State, Zip Code	е						
Abatement	performed outside	of normal fac	ility hours-				1 in a la Dorle A	110702	=					
Describe:_ Other-Des	cribe: unoccupied					=	LincolnPark, N	NJ 0703				==		-
	(check all that apply)						2				ebag pr	a a a di	ro	
☐ Demolition	11.2	Renovation					Full Containment w/n	egative pr	essure	-	ebag pi -friable			
>3 sf or >3	3 If 🔀 3	≥160 sf or ≥2	260 If				Mini-enclosure			LI NOIL	R	R	E	_
Location		Is location r	normally use	d solely					Amount	12	e	е	п	E
asbestos-	containing	staff(12)	ance/custodi	ıaı	Descripti material		asbestos-containing		(Specif		m o	p	c a	C
material to abated in	facility (13)	Yes	No	N/A	material	(, , , , , , ,			LF)		v e	i	р	L
				×	1 inculation	mater	ial under boiler jac	ket 2	60 sf		X			
Boiler room						mater	a dido bollo jao							
				===	 									ļΕ
					1									1
					1									
Registered Was	te Hauler	NJDE	P Hauler ID#	T	Cubic Yards of	Waste	Name of Register Tullytow	ed Landfill	irce &	Recove	rv Cer	ter		
B & G Resto	oration, Inc.		9563 IDii	sposal	A Date	-	City, State	1111000	,, 00 a		,			
City, State Lincoln Par	k N.I		Dis	08/2	5/14 - 09/02	2/14	Tullytow	n, PA						<u></u>
Completed by (Title			Signature		Gordana Luni			Date	e /21/20	14		
Gordana Li			y/Treasure	er			Jordana Luni			0	12 1/20	17	-	

ate of Notifica	1-14				E./		IVAn MPh	tal Service	Ó.
kgency Notified 3 EPA J. DEP 3 DEP 3 DER	Ame	otification			50	Address 2 DPACHAM State, Zip Code Wett MA 00	treet	AUG 2 6 2014	
2 17 Л 3 ДОН 2 ПСА	U Eme iusti	rgency (includi fication) cellation	ing		Name M	ike Geci		Telephone Number	ODIA
					FAC	ILITY INFORMATION			
ame of Facilit F <u>DR me /</u> treat Address L. NW N		nt is Taking Pla		2	m	fg.Plant		2) 8 (Other than K-12) rivate & commercial buil	dings.
12151 Enr		and the CAMerican Service Confidence (MCC	ad don to all a land			an magazini da	Square Feet 2,250	the second secon	da Ace
Sumivités Hudsk				The second	Count	y Code (7) (STATE USE		Prior if being demolished	1
	oring Firm Hired by	Building Own	er	ASCN	No.		nent Contractor (
net Address	nspetua	rch nolas	45		era to takitan	Terra C Street Address	1 /	y Dervice,	lel
z State Zipy		0 <u>6072</u> UA 1191	10 19			G187 State, Zip	Code	0009	
ject Manage	Amotor Lor Monitoring Fire	$H \rightarrow H$	Te		ne No	Carlone No.		License No	
rt Date (10)	-11ams +9-8-14	Scheduled Co	ampleli	on Da	150° In (11)	921/269-375- Neme of OSHA ANALATICA	Monitor	+ Corsulting	
cuparity Stat	lus During Abétem	ent (Check on	y one)	and ever		Street Atidress	oster Ro	, /	
	d/Vacaled During erformed Outside : cibe					City, State, Zip (Code	116AN 49/8	 10
ope of Work i Sent or a 1 ii 160 of or a		ly)				Full overtion D Mini-	Containment with Enclosure ebea Procedure	Negative Pressure	
	Location of Containing Material O BE ABATED IN Facility (13)	(ACM)	User Mai	Locati format d Sole ntenar ustodi Staff? (12)	ly ly by nce/ al	Description Asbestos Containing M (i.e., thermal systems surfacing, VAI other miscelland	of eterial (ACM) insulation,	Amount (Specify SE (x LF)	Abater Renaval
		İ	Yes	No	N/A				
ANK #	99	un autor propins representation account	X	The second second		TANK COETIN	9	2,250SF	Χ
	ered Waste Hauler		JUN I		/aste F	Waste	Name of Regis		
Sigle.	Environme	the Gray	-	16	6	30 Disposel Date	1+19h /	Acres Land	
AAGID	Ny	Title.	-lane and of	0/		9/36/14 Signature	Fair po	H, NY Dale	8-22-1
gory H	The K)INELOZ.	OX P	s form	for as	Destos licensure exempted	A. 7V	100 8=	17-11

CIL 5214

Date of Notification (1)	P	Name of	Building Owner/Operato						
8/21/14 Agency Notified Type Notification		Street A	IR. DONO					_	-
	1	A	95 HIGH	ST	AUG ?	R 2014			
□ DEP □ Amended	1	City, Sta	te, Zip Code		4. N. T. C. C.				
D Emergency (including	_	20	DSTER , NT	7.016					_
DOH justification)			DONOU AN	S=30	Telephone Num	nper			
U DCA U Cambalation			TY INFORMATION		1-2		10.00		
Name of Facility Where Abatement is Taking Place (:	3)	PAGIL	ITY INFORMATION	Type of Facility	(4)				-
MR. DONOUAN	~	~		☐ School (K-12					
Street Address		 -	:	☐ Subchapter	8 (Other than K-12	2)			
495 HIGH ST	r		**************************************	homes, etc.	rivate & commerci)	an Dumungs,			
City (5)	97.			Square Feet	# of Floors	Bidg. Age	20	١.	٠.
CLOSTER			34	. Z000	2	194	12		
CLOSTER COUNTY (5) BERGEN		County	Code (7) (STATE USE	Current Use (P	Tior if being demol	ished)			
Name of Monitoring Firm Hired by Building Owner	ASCM		Name of Ahatas	ment Contractor (
(8)	7.50	NO.	20	emoval I					
Street Address	ــــــــــــــــــــــــــــــــــــــ		Street Address	· · ·	.nc				
1		*	450 S.	River St					15
City, State, Zip Code			City, State, Zip	Code	T 07601				
	¥.1	- N-	Hacker Telephone No.		J. 07601				_
Project Manager for Monitoring Firm	Telephon	e No.	201-329-		00388	85			
Start Date (19)y Scheduled Comp	letion Dat	e, (11)	Name of OSHA	Monitor	1				
Start Date (10) Scheduled Compi	19	C		vironmen	ital Inc				
Occupancy Status During Abatement (Check only on	ne)		Street Address 280 Huy	ler St					
D Facility Closed/Vacated During Entire Period of At	batement		City, State, Zip						-
□ Abatement Performed Cutside of Normal Facility F □ Other - Describe: 7 LM TO SV 1	nours				k, N.J.	07606			
Scope of Work (Check all that apply)					Negative Pressur			- 20	
D23sfor23F		Reno	vation Q Mini	-Enclosure	regaute Pressu				
_22 ≤ 160 sf or ≥ 260 lf	1	□ Demo	olition 🛚 Glov	vebag Proceduse -Exempted (*) an	d Non-Friable Pro	cedure			
· · ·	Is Location	on I					bate Typ		nt
Location of	Normali Ised Solel	y	Description	of	20.000		Ü	1	
Asbestos-Containing Material (ACM)	Maintenan	ice/	Asbestos Containing M	laterial (ACM)	Amount (Specify	2	_	Eno	5
TO BE ABATED IN Facility	Custodia Custodia		surfacing, VA	T, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	(12)		other miscellan	eous)	,	2	-	late	8
Ye	s No	N/A				# - 15		4	
BASENONT		9	VAT		484	中年次	Н	_	_
			•				Н	4	_
						-+	1	-	
	N IDPO		auther Cubic Yards of	Mama of Doci	stered Landfill		Ш		_
	NJDEP W ID No.	vaste rt	Waste ,						
Best Removal Inc	1710	9	2/207		a Enterpr	ises			_
City, State Hackensack, N.J. 07	7601	80 8	Disposal Date 9/3/14	Waynes	burg , Oh	1			
Completed by Title	001	-	Signature /	9			7		
J. Maiorano Estimat	cor		Va	a snow	3	Data / 2	1	4	

ASB-41

* Do not use this form for asbestos licensure exempted activities

Date of Notification (1)					Name	of Building	Owner/Operato	. /2	,	DC	1	N	YAC	
08/	22 /	14				abeth BC		0.00	4 \$200 Peter All		_			7
Agencies Notified EPA	Type Notificati	ion				Address North B	road Street	+		AU			014	+
☑ DOLWD	☐ Amended			ŀ		tate, Zip C		_	AUG 2 b	2014	SH	M	_	+
☑ DHSS □ DCA	Amendmer Emergency		ding		Eliz	abeth, N	ew Jersey 072	208			DAD	100	014	=
(NJAC 5:23-8)	justification		ang			of Contact				WAIVE	A.A.	PK	UV	1
	☐ Cancellation	an n		}	Har	old Kenn	edy			THE.		10,415-		
			<i>y</i> a		FAC	ILITY IN	FORMATION				-			
Name of Facility Where	Abatement is Ta	king Pi	ate (3)				٦	Type of Facility (4))				
School No. 20									School (K-12)					
Street Address									Subchapter 8 (Other than K-1	2) ercial hu	lidina	e	
521 Magolla Aveni	ne					_			homes, etc.)	ato one commi	diciel pp	HOINING	٥,	
City (5) Elizabeth, New Je	orsey 07208								Square Feet 20,000	# of Floors 2	1	ig. A	e	
County (8) Union	1				Coun	ly Code (7)(STATE USE ONL	N	Current Use (Prior	if being demo	lished)			
Name of Monitoring Fire	n Hirad by Rulldi	ייאר) חם	ner /g		ASCM	Ma	Names of Sheet		ant Contractor (9)					
Detail Associates.		g	101 (0	' '	- SONI	νο.	Lilich Corp							
Street Address							Street Address		W 81 O 1 1					
300 Grand Avenue	e .						505 McBrid		Avenue					
City, State, Zip Code							City, State, Zip							
Englewood, New	Jersey 07631								irk, New Jersey	07424				
Project Manager for Mo	nitoring Firm			Tele	phone i	No.	Telephone No.			License No.				
							973-225-54	100		D1101				
Start Date (10)		chedula					Name of OSH	M	onitor					
08 / 23	/ 14	08	_ ′ .	23	_ / _	14_	J&S Envi	ror	nemental Labora	itories				
Occupancy Status Durin				2202			Street Address							
☐ Facility Closed/Vaca							2333 Route	2	2 West					
Abatement Performs Time of Abatement:						cribe	City, State, Zip	Co	ode		1			
	Maria Maria						Union, Nev	n J	lersey					
Scope of Work (Check and December 23 af or ≥3 if 22 ≥160 af or ≥260 if	all that apply)	<u> </u>	Ren				☐ Mini-B	Enç	tainment with Nega lipaure g Procedure	tive Pressure				26
							□ Non-E	ΧĐ	mpted (*) and Non-	Friable Proces	ture			
Locatio	- 01			ocei			Dennik				Ab	atem	ent T	/pe
Asbestos-Containing TO BE AB IN Fac (13)	g Material (ACM) AATED Alify		Used Mair	Sole	ily by	Asbe (i.e	Description stos Containing stos Containing stores, their surfacing, V ather miscelles	EM em	iterial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	40 1 1	-	res	No	NA						4	_	_	
Parking Lot in Back	of School		-			Roofing	g Debris Clea	n L	JÞ.	3000 8F		12	무	
			_					_						
			=+		-									
Name de la company						1		,						
Name of Registered Wa					IJDEP 1 lavker II		Cubic Yards of	1	Name of Registr	Samon and Addition of the				
Lilich Corporation	· · · · · · · · · · · · · · · · · · ·	<u> </u>		Ĺ	17876		3		G.R.O.W.S.	Landfill				
City, State Woodland Park, N	law lames						Disposal Date		City, State	Danmardin		10/12/1908		
		TW-					08/25/14	_	MOTHEVIILE.	Penneylvan			1,72	
Completed By (Print or Momo Glavatovic	5.50 50	Title	e Pro	side	rnt		Signature	(The second		Date 3/	22.	114	
A58-41 MAY 11		* Do	not i	189 11	nis form	for ashes	tos licansure exe	יתפ	niad activities		0/0	1	1	_

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#1976 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 08 23 14 Maura Gottstein Agencies Notified Type Notification Street Address ☐ EPA AUG 2 6 2014 X Initial 89 East Clinton Avenue X DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment # DCA Tenafly, NJ 07670 Emergency (including (NJAC 5:23-8) justification) Name of Contact elephone Number Cancellation Maura Gottstein FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private home School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings. 89 East Clinton Avenue homes, etc.) City (5) Square Feet # of Floors Blda, Aae Tenafly, NJ 07670 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No License No 973-638-1777 01127 Stari Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03 / 14 Envirovision Consultants.Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35 E Absternant Performed Cutside of Normal Facility Hours - Describe Time of Abatement. ____AM-____PM/___PM___AM City, State, Zip Code Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure ≥3 sf or >3 If Renovation Mini-Enclosure ≥ 160 sf or >260 If Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Remova Encapsulate Amount. Maintenance/ TO BE ABATED (i.e., thermal systems insulation, Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12) (13)other miscellaneous) N/A Yes No Basement X Pipe insulation X 155 LF Crawl Space X Pipe insulation 80 LF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste) Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic

Do not use this form for ashestos licensure exempled activities.

08/23/2014

Owner

ASB-41 MAY 11



Date of Notification (1) Aug. 22, 2014			Name of Building Owner/Operator (2) Borough of Fairview											
Aug. 22, 2014 Agencies Notified	Type Notification			Street A		W	, i			_				-9-
			191		derson Ave				AUG :	2 5	20	1.4		
EPA DEP	Initial Amended		-	City, Sta	te, Zip Code				AUG 4	4 0	ΔV	14		
□ DOL	Amendment # Emergency (ir		_	Boroug	gh of Fairvie	w, New	Jersey 07022							
ĭ DOH	justification)	cluding			Contact			Tel	ephone	Numh	pr			
DCA	Cancellation				Testa, Mun		erk							
Name of Facility Where	Abatement is Taking	Place (3	3)	FACI	LITY INFORM	ATION	Type of Facility (4)		-				
House							School (K-1							
Street Address	*:						Subchapter	8 (Oth			مالدينا	linas	ham	
51 Anderson Avenu	ie						Other (i.e. petc.)			erciai				es,
City (5) Fairview							Square Feet 2,000	2	f Floors		B	ldg. A	ge	
County (6)				County (ode (7)		Current Use (Pri	1.500	ing dome	olicho				
Bergen					JSE ONLY)		home	oi ii be	ing demo	JIISHE	4)			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCN	l No.	Name	of Abatement Cor	tractor	(9)					
Sky Environmental	Services	10000				Acad	demy Construc	tion, I	nc.					
Street Address 140 Boulevard						1	Address	4.4				- 12 2 2 2 2		
City, State, Zip Code	-						Rt 46W, Suite	14		_				
Mountain Lakes, N	ew Jersey 07046	3					wa, NJ 07512							
	roject Manager for Monitoring Firm eonid Shereshevsky					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	none No. 832-4244		Licens 01155					
Start Date (10)		Schedule	ed Con	npletion [Date (11)	Name	of OSHA Monitor			1				-
Sept. 5, 2015		Oct. 15		5		Acad	demy Construc	tion, I	nc.					
Occupancy Status Durin	g Abatement (Check	Only Or	ne)	77.5	19	Street	Address				13)			
	ated During Entire Pe led Outside of Norma					City	State, Zip Code			ļ.				
Other - Describe:		ii Facility	nouis	,		City, S	state, Zip Code							
Scope of Work (Check A	Il That Apply)												CELUIUS CT	
× ≥3 sf or ≥3 lf			Renova	tion		>	Full Containme	ent with	n Negativ	ve Pre	ssui	e		
≥160 sf or ≥260 lf		×	Demolit	ion	a		Mini-Enclosure Glovebag Prod							
		,				>	Non-Exempted	d (*) an	d Non-F	riable	Pro	cedur	е	II)
			Locati	100 Dec 1									emen pe	t
Location			Normal d Sole			Description				-		1 9	PC	
Asbestos-Containing TO BE AB	ATED	Ma	intenar todial S	nce/			Material (ACM) s insulation,	0.000	mount Specify		Re	70	Enc	Ē
In Facil	ity	Cus	(12)	otair		ırfacing, VA er miscellar		SI	or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u>a</u>	-	late	ıre
Basement Boiler F	Room - ceiling			х		transite		2	00 sf	1	ς			
Basement Boiler R	toom- chimney			х	f	lue packi	ng		2 sf	7	ς .	19		
1st Flo	оог			х	floor	tile & lin	oleum	8	25 sf	2	<	20.		
2nd Flo	oor			x	floor	tile & lin	oleum	2	30 sf	2	ζ.			
Name of Registered Was	ste Hauler		2000	JDEP W		bic Yards	Name of	100000000000000000000000000000000000000					2	
Newark Carting, Inc.	39		1000	4509	30	Naste	Waste		gemen	t				
City, State Newark, New Jerse	y				100000000000000000000000000000000000000	posal Date t 15, 201			A					
Completed by	· · · · · · · · · · · · · · · · · · ·	Title				Signature				Date				
Frank Marino		VP o	t Ope	rations		deces 8/22/14								

Location of Asbestos- Containing Material (ACM) in Facility (13)		by Maint./	nally Used Custodial	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type					
	YES	NO	NA			Rem.	Encap	Enclose			
2 nd Floor			x	Mirror Glue	95 sf	х					
Roof			x	Roofing membrane & flashing	1,700	×		Ī			
Garage Roof			×	Roofing membrane & flashing	600 sf	Х					
Roof			x	Roofing membrane & flashing	1,700	x					

Title: VP of Operations	Signature:	<u>Date</u> 8//22/14
	L	1

AUG 2 6 2014

J~ 1194

Date of Notification (1) Aug. 22, 2014			Name of Building Owner/Operator (2) Borough of Fairview												
Agencies Notified	Type Notification		-	Street Add		•				AUG	2 6	2014			
			13.00		erson Ave										
EPA DEP DOL	Amended Amendment #		. E	city, State Borougl	e, Zip Code h of Fairv	riew,	New Je	ersey	07022			.0			
	Emergency (in justification)	ncluding	300	lame of (Tele	phone N	umber	Ve e	ol .	
DOH DCA	Cancellation] [and the contract of the	esta, Mu			K	-				_		
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	ITY INFOR	MATIC		Type of	Facility (4)					
House	, toutonion to Tuning	000 (0)					- 5	_	chool (K-12						
Street Address								Su	bchapter 8 ther (i.e. pr	(Othe			inac	nome	
53 Anderson Avenu	ue				Water states a			et	c.)						٥,
City (5) Fairview		7 (A						Square 2,000		# of	Floors	BI	dg. A	ge	
County (6)			Т	County C	ode (7)		1		t Use (Prio	1000	ng demoli	shed)	4.7		
Bergen					SE ONLY)		- 1	home							
Name of Monitoring Firm		wner (8)		ASCM	No.				ement Cont Construct						
Sky Environmental Street Address	Services			L			Street A			1011, 11	10.	-			-
140 Boulevard									/, Suite 1	4					
City, State, Zip Code Mountain Lakes, N	Mountain Lakes, New Jersey 07046					Totow	State, Zip Code owa, NJ 07512								
	Project Manager for Monitoring Firm Leonid Shereshevsky				ne No. 8-4821		Telepho 973-8				License 01155	No.			
Start Date (10) Sept. 5, 2015	-	Scheduled Oct. 15,							A Monitor Construct	ion, I	nc.				
Occupancy Status Durin	ng Abatement (Check	(Only One)					Street A	Address	3						
Facility Closed/Vac Abatement Perforr Other – Describe:	cated During Entire F med Outside of Norm	Period of Ab al Facility H	atem lours	ent		_	City, Sta	ate, Zip	Code						
Scope of Work (Check	All That Apply)						X								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti				×	Glov	Containme -Enclosure /ebag Prod -Exempted	edure				a	
								NON	-Exemple	() ai	u Non-Fi	able FTO	Abate		
		1000000	ocation			De	scription	of					Ту	ре	
Asbestos-Containin TO BE AI In Fac (13	g Material (ACM) BATED cility	Used Main Custo	tenar	nce <i>i</i>	(i.e. th	s Cont nermal surfa	taining M I systems icing, VA miscellan	aterial insulat T, or	(ACM) tion,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		11100								"	_
Basement N	Main Area			X			loor Tile				880 sf	x			
Baser	nent			х		V. 1-0-1-0-0-0	lation 8		ngs		60 sf	x	_		
Basement E	Boiler Rom			x		Boile	er Insula	ation			50 sf	х			
1st Floor				х	flo		le & lind	oleum	200		195 sf	x			
Name of Registered Waste Hauler				IJDEP W lauler ID		Cubic of Wa	Yards aste		Name of	220					
Newark Carting, Inc.			10 10 10 10 10	4509		30			Waste		gemen				
City, State Newark, New Jersey			Disposal Date Oct 15, 201												
Completed by Frank Marino	mpleted by Title							Signature Date 8/22/14							

53 Anderson Avenue, Fairview, NJ Is Location Normally Used Solely by Maint./Custodial Staff? (12) Location of Asbestos-Description of ACM (i.e. Amount (Specify SF or LF) Abatement Type Containing Material (ACM) in Facility (13) thermal systems insulation, surfacing, VAT, or other miscell.) YES NO NA Rem. Encap Enclose Roof X Roofing membrane & 1,350 sf X flashing Exterior Facade X Door & Window 260 If X Caulking

tle: VP of Operations	Signature:	Date
	shark Marion	8//22/14

AUG 2 6 2014

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building Owner/Operator (2)								
August 22, 2	014		Anchor Marine Con	struction, LLC	250	07				
[] DEP	ication itial Notification mended Notification mendment # mergency (including stification)	Street Address City, State, Zip Co	1889 Route 9, Suite de Toms River, NJ 087		2014					
I I DCA	ancellation	Larry	Koos	Telephone dvangoer	20 0111					
	FA	CILITY INFORM	IATION							
Name of Facility Where Abatement is Tak Former Residen	ing Place (3)		Type of Facility] School (k-12)						
Street Address 47 Halsey Aver	nue		L [Subchapter 8 (oth Other (i.e., privat homes, etc.)			lings,			
City	County (6)	County Code (7) (STATE USE ONL	Square feet Y) N/A	# of Floors N/A	Bldg. Ag	e N/A				
Brick	Ocean		Current Use (P	rior if being demolished) mer Residence						
Name of Monitoring Firm Hired by Build	ng Owner (8)	ASCM No.	Name of Abatement Contr		Inc					
N/A Street Address			Street Address		IIIC.					
City, State, Zip Code			City, State, Zip Code	39 Route 9, Unit 61		20020020030				
Project Manager for Monitoring Firm	Telephone Numbe	r	To Telephone Number 732-349-9932	ms River, New Jers License N 00624		1271				
Scheduled Start Date (10) 8/23/14	Scheduled Comple 8/25/14	etion Date (11)	Name of OSHA Monitor	M.S.L. Analytical						
Occupancy Status During Abatement (Ch			Street Address 10. City, State, Zip Code	56 Stelton Road	ey 08854					
Scope of Work (Check all that apply) $ \begin{bmatrix}] & >3 \text{ sf or } \ge 3 \text{ lf} \\ [x] & \ge 160 \text{ sf or } \ge 260 \text{ lf} $	L 1	vation olition	[] Mini-Enclos							
					Abatemen	nt Type				
Location of Asbestos-Containing Material (ACN <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A	al (i. ins	Description of bestos-Containing Material (ACM) e., thermal systems sulation, surfacing, VAT, or her miscellaneous)	Amount (Specify SF or LF)	R R E E M A O I V R A L	E N C A P S U L E	E N C L O S U R E			
Exterior	X	Asbestos deb	ris (floor tile)	40 yards	X					
			19							
Name of Registered Waste Hauler Guardian Contracting, I		40	T.R.R.	egistered Landfill F.						
City, State		oosal Date	City, State	(onic)						
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	6/14 Signature	Tullytown, Pennsyl	vaina /	Date 8/22/20)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)

						11 1 11		
Date of Notification (1) August 22, 201	4	Name of Building		rator (2) Shore University	y Medical Center	. 2:	501	0
	ation al Notification ended Notification	Street Address		Route 33	AUG 2 6	2014		
[x] DOL Ame	endment #	City, State, Zip Co		ne, New Jersey 0	AGENTINESS.			
	fication) cellation	Name of Contact Lisa F	ritz		Telephone Number			
	FA	CILITY INFORM	IATION					
ACCIONAL CONTROL OF THE CONTROL OF T	g Place (3) versity Medical Center			Type of Facility (4	School (k-12) Subchapter 8 (oth	har than k 12	\	
Street Address 1945 Route 33				[x]	Other (i.e., privat homes, etc.)			dings,
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 750,000	# of Floors 7		60	1)
Neptune	Monmouth		9 S 7	Current Use (Prior Hospi	if being demolished) ital	Ď.		
Name of Monitoring Firm Hired by Building Environmental Ta		ASCM No.	Name of	Abatement Contractor Guard	or (9) lian Contracting,	Inc.		
Street Address 64 Broad Street			Street Ac	100 435	Route 9, Unit 61			
City, State, Zip Code Matawan, NJ 077	747		City, Sta	te, Zip Code	River, New Jers	1	1271	
Project Manager for Monitoring Firm Tom Geiger	Telephone Number 732-290-2217	r		ne Number 9-9932	License N 00624			
Scheduled Start Date (10) 8/22/14	Scheduled Comple 8/25/14	etion Date (11)	Name of	OSHA Monitor E.M.S	S.L. Analytical			
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate	only one) ed During Entire Period of Ab	patement	Street Ac	ldress	Stelton Road			
	Outside of Normal Facility H		City, Star	te, Zip Code				
			<u> </u>		taway, New Jerse	y 08854		
Scope of Work (Check all that apply)			[x]	Encapsulation Mini-Enclosure				
[X] >3 sf or ≥3 lf [] ≥160 sf or ≥260 lf	[X] Renov		[]	Glovebag Proce Non-Exempted	dure (*) and Non-Friable I	Procedure		
	T	T			T	Abatement	Trmo	
*	Is Location		Description	on of			7	T_
Location of	Normally used	Asl	bestos-Cor	ntaining	Amount	R R E E	E N	E
Asbestos-Containing Material (ACM) TO BE ABATED	Solely by Maintenance/Custodia		Material (A		(Specify SF	M P	С	С
in facility	Staff		., thermal ulation, su		or LF)	O A	A P	L
(13)	(12)		VAT, o			VR	S	S
× 1			er miscella	aneous)		A	U	U R
	YES NO N/A					L	E	E
Boiler Room	X	Asbestos boile	er insulati	ion	16 SF	X		
Boiler room	X	Gasket			5 sf	X	-	-
		-			+	 	+	+
Name of Registered Waste Hauler	NJDEP Waste Haule	A CONTRACTOR OF THE PARTY OF TH	ards of Wast		stered Landfill			
Guardian Contracting, Inc.		osal Date	City, Sta	T.R.R.F.				
Toms River, New Jersey	8/26	6/14	Tullyt	own, Pennsylvan	ia /	,		
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	da	1 te	1	Date 8/22/201	14	

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

CK#3414

		Nar	ne of Br	ilding Ov	ner/Operator	(2)							
Date of Notification (1)		1,42,			n Ros		ce						. 1
Agencies Notified Type Notification		Stre	eet Addr	ess		^ -			AUG 2	6	2014		
					eas F	the	1						
DEP Amended		City	, State,	Zip Code		1 100	. 1000						
DOL Amendment #_ Emergency (inc	duding	N.	5	ea!	right,	Ma	7 10 -	Telent	none Nun	nber	_		
DOH justification)			me of C		BREWE	. >		TOID P					
DCA Cancellation					RMATION						£01 7.01		
Name of Facility Where Abatement is Taking F	Place (3)		MOIL	P) Hei O.		Туре о	f Facility (4)						
Brenner Res	: desc	2				☐ s	chool (K-12))					
Street Address						S	ubchapter 8 ther (i.e. pri	(Other vate & c	than K-12 commercia	2) al bui	dings	home	s,
910 prom	na	رموه	. 2525			l e	tc.)						
City (5)	1					Square	Feet	# of F	Section 1		31dg. A		
City (5) Sea Br County (6) monnouth	ui.						nt Use (Prior	O C		(boc	6	-	1000
County (6)			unty Co	de (7) E ONLY)		Currer	it Use (Prior	It being	es/se	20	0,		
promiseca	(0)		ASCM N		Name	e of Abat	ement Cont	/ /					
Name of Monitoring Firm Hired by Building Ov	wner (8)		ASCIVIT	NO.			tion Co.,		•				
					Stree	et Addres	s				***************************************		
Street Address					95	Montro:	se Road						
City, State, Zip Code						State, Zi							
City, State, 24 Code					Col	ts Necl	k, N.J. 077						
Project Manager for Monitoring Firm		Te	elephone	No.	A 1000000000000000000000000000000000000	phone No		175.0	License N 00029	10.			
				_	25-24	2-294-1			00029				
Start Date (1p)	Scheduled	Comp	letion D	ate (11)	Nam	e of OSF	IA Monitor						
9/2/19	2//	4/	19		Strei	et Addres	ss			- 5211			
Occupancy Status During Abatement (Check					0.00	O() (Bailor							
Facility Closed/Vacated During Entire Pontage Abatement Performed Outside of Normal	eriod of Aba	iteme ours	nt		City,	State, Z	ip Code						
Other - Describe: 7	1219				-								
Scope of Work (Check All That Apply)													
☐ ≥8°sf or ≥3 If	☐ Ren	ovatio	on				I Containme		Negative	Press	sure		
≥160 sf or ≥260 lf	Den	nolitio	חי			I Gir	ni-Enclosure ovebag Proc	edure					
						H No	n-Exempted	(*) and	Non-Fria	ble P			
	Is Lo	catio	n									atemer Type	IL
Location of		mally			Descripti	ion of					T	T_	T
Asbestos-Containing Material (ACM)	Used S Maint			Asbes	tos Containing thermal syste	g Materia ems insul	ation.		nount pecify	1 2	9 2	Encapsulate	Enclosure
TO BE ABATED In Facility	Custod	lial St 12)	aff?	(1.01	surfacing,	VAT, or	. 1	SF	or LF)	Noniova	Repair	nsde	Sost
(13)	1	12)			other miscel	liarieous)				2	1 7	late	le
	Yes	No	N/A						. 00	1	-	+-	+
outpoors			-	(10/16			26	3804	3	-		_
	1												
	+-+												T
A Decistored Marte Hauler		N.	JDEP W	aste	Cubic Yard	ls	Name of	Registe	red Land	fill			_
Name of Registered Waste Hauler		H	auler ID		of Waste	4	I.E.S.I	8595					
Ace Insulation Co., Inc.		12	2086		Dispersion	/	City, Sta	te					-
City, State	-08% T				Disposal D	1161	Faston	PA					
Colts Neck, New Jersey	Title				1/9 Signa	ture	Lake of	,	, 1	Date			
Completed by George Wuest	Presid	ent			Oigna	Q.	Loge A	urs	1	8	-8	3-1	14
George Watest	1			-		9	00				-		

CK 8748

Date of Notification (1) 08/21/2014			Name of Building Owner/Operator (2) 1500 TEANECK ROAD, LLC											
Agencies Notified EFPA DEP DEP DOL	Type Notification Initial Amended Amendment #	aludia a	City, Stat		AZA NORT e 07024	'H	AUG	2 6 20	14					
☑ DOH ☑ DCA	☐ Emergency (in justification) ☐ Cancellation	cidality	Name of JOSHUZ	Contact A SLEPIA	/N		Tele	enhone Num	ber					
		2000	FACIL	LITY INFO	RMATION									
Name of Facility Where A Street Address 1500 TEANECK ROAI		Place (3)			-					lings,	home	es,		
City (5) TEANECK						Square Fee	# of	Floors	В	ldg. A 50+	ge			
County (6) BERGEN			County C	Code (7) ISE ONLY)	NJ	Current Use VACANT		(1) 프린스 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		L)				
Name of Monitoring Firm VERTEX	Hired by Building Ov	wner (8)	ASCM	l No.		me of Abatemen		3 50 I						
Street Address 3322 ROUTE 22 WE	ST SUITE 907		1		200	eet Address -02 QUEENS	PLAZA S	DUTH						
City, State, Zip Code BRANCHBURG, NJ 0	8876					y, State, Zip Cod NG ISLAND (11101						
Project Manager for Mon JOSEPH J.C. DULTZ			Telephor 908-4	ne No. 48-2627		ephone No. 8-349-0900		License No 00853	ο.					
Start Date (10) 09/16/2014		Scheduled 0 12/16/20		Date (11)		me of OSHA Mo RTIN MCREA	nitor							
Occupancy Status During	Abatement (Check	Only One)				eet Address						- 3		
☐ Facility Closed/Vaca☐ Abatement Performe☐ Other – Describe:	ated During Entire Pe ed Outside of Norma				City	4 KENNEDY E y, State, Zip Cod YONNE, NJ 0	e		t		- 2000			
Scope of Work (Check A	II That Apply)								-					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	п тпас Арріу)		ovation olition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	TRANSPORT		r		- X-		1		Ī	Abate				
Location Asbestos-Containing <u>TO BE AB/</u> In Facili (13)	Material (ACM) ATED	Nom Used S Mainte Custodi	cation mally olely by mance/ al Staff? 2)			ng Material (ACM erns insulation, VAT, or	(5	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure		
SEE ATTACHED LI	'ST	Yes N	lo N/A			<u> </u>					Φ			
SEE ATTACHED BY	.01					N	_		-					
						0								
Name of Registered Was	ste Hauler		NJDEP W		Cubic Yard	is Nam	ne of Registe	ered Landfill						
ATC/TST		Ang a	Hauler ID 24310/:		of Waste		NERVA EN	TERPRISE	s					
City, State SHIRLEY, NY 1196	7/BRONX, NY 1	attivities convenient			Disposal D 9/20/20	14 /A	, State YNESBURG	ži.						
Completed by ANN ALI		Title ADMINIS								Pate 3/21/2014				

CK 5222

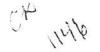
D.A 5 11 - 65 - 45 - 40		I Maria are	1 de la companya de l	- (2)				
Date of Notification (1) 8/22/14	2	1 /	STEVE		EL	700.00.00		
Agency Notified Type Notification	n ·	Street Ad	tress		AUG 26	2014		
		24	PACK S	37	F(00			
DEP DEP D Amended		City, State	, Zip Code .					
200L Amendment 12 Emergency (i		. 1	ONTCLAIR	· Ch .	97042		2002500	i
Z DOH · justification)	rauding	Name of 0	Contact .		Telephone Numb	er 	- ^	
DCA Cancellation	25110	M	e. HOLZEL		L.			
		FACILIT	Y INFORMATION					
Name of Facility Where Absternent is Taki		·	•	Type of Facility	(4)			
MR-S. HOL	250	- <u>-</u>		School (K-12				
Street Address		-,,	:		(Other than K-12) wate & commercial			
26 PARIC	Sτ		•	homes, etc.)				
City (5)				Square Feet		Bldg. Age		
MONTCIA.	e e	¢)		20,000	Control of the Contro	700	16	5/W
County (6)		County C	ode (7) (STATE USE	A Commence of the Commence of	for if being demolis	• • • • • • • • • • • • • • • • • • • •		
ESSEP					06 APT	. 2		
Name of Monitoring Firm Hired by Building (8)	Owner AS	CM No.		ment Contractor (9	T .			
••				emoval I	nc			
Street Address	*	-	Street Address	D				
,			City, State, Zip	River St				
City, State, Zip Code	356			usack, N.	T 07601			
Project Manager for Monitoring Firm	Tolon	hone No.	Telephone No.		License No.			
Project manager on morning ram	Temp	indic ito.		-7444		•		
Start Dallo (10) , School	aled Completion	Dafte (11)	Name of OSHA	Monitor				-
9/9/14		114	Omega Er	vironmen	tal Inc			
Occupancy Status During Abatement (Cho	eck only one)		Street Address			A de la constanta de la consta		
D-Facility Closed/Vacated During Entire P	eriod of Albatom	ant	280 Huy	ler St	_			
☐ Abatement Performed Outside of Norma	al Facility Hours		City, State, Zip (
Di Other - Describe: 744 TO 54	'М		South E	Iackensac	k, N.J. 0	7606		
Scope of Work (Check all that apply)			ZI Full	Containment with	Negative Pressure			
2 ≥3≤0r≥3 f		E Renova	ation 2 Mini	-Enclosure		20		
□ ≥ 160 sf or ≥ 260 lf		☐ Demoli		rebag Procedure -Exempted (*) and	i Non-Friable Proce	dure		
	1 1010	ation		1		Abs	ateme	
	21	nally			W.	<u> </u>	Type	T-
Location of Asbestos-Containing Material (ACM)		olely by	Description Ashestos Containing M		Amount		m	
TO BE ABATED	Cust	odial	(Le., thermal systems	s insulation,	(Specify SF or LF)	Removal	Encapsulate	nol
(13)	75070	2)	sunticing, VA other miscellan		SF G LF)	OVO		. Is
			- T. T. T. C. S.	1			9	
	Yes N	b N/A			100	FX	+	+
BOILER ROOM			HERMAL INSU	LATION	1904		+	+
						-++	+	+
The state of the s						$\rightarrow +$	4	+
<u> </u>								1
Name of Registered Waste Hauler	1 000000	P Waste Hau	der Cubic Yards of Waste	Name of Regis	tered Landfill			
Best Removal Inc	1D No.		404	Minerva	Enterpri	ises		
City, State	1 1/1		Disposal Date	City State			_	-
Hackensack, N.	J. 07601	L	9/11/14	Waynesh	ourg , Oh			
Completed by Title			Signature /	7		Date	1.	d
	timator		1 10	سمع داه	3	8/22	11	4
ASB-41 *	Do not use this f	orm for asbe	stos licensure exempte	adivities.				10000

CK# 5215

Date of Notification (1)	114		N	Name of Building Owner/Operator (2) MS. CONSTANTINO									
Agency Notified	Type Notification		S	Street Address									-
D EPA	-8 Initial			711	E	ELM ST			MIC 2 C	nns	ŕ		
DEP LET DOL	☐ Amended		C	ily, State	, Zip (Code .			100 L 0	2.01	7		
TELDOF	Amendment # □ Emergency (includ	-		· Re	Se	eue, N	5. 07	203	114				
A DOH .	justification)	-9	N	Name of Contact MS - CON ST KNTINO									
D DCA	D Cancellation			MS	CO	NSTANTIA	<i>30.</i> ,	<u> </u>			_		_
				FACILIT	YIMF	ORMATION						10.5	
Name of Facility Where							Type of Facility	(4)					
	CONSTANTIO	10		☐ School (K-12)									
Street Address	ELM ST					:	Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.)						
City (5) To Se							Square Feet	# of Fit		Age			
1 To Se	ue		•		(3)	ii ii	2200	2	1 1	3-4	5		
County (o)					ode (7)	(STATE USE	Current Use (F						
phion			. 0	NLY)		4	Re	ESID	en ce				
Name of Monitoring Firm	Hired by Building Own	er A	SCM N	lo.		Name of Abatem	nent Contractor (9)					
(8)			* -				emoval I	nc				_	
Street Address						Street Address							
1							River St	:					_
City, Statte, Zip Code						City, State, Zip C	sack, N.	T 0	7601				1
Project Manager for Mor	illuring Firm	Tak	phone	Mo		Telephone No.		Licens				_	\dashv
r rojou manager for mor	mare of 1 att.	1.6%	Sperourc	NO.	'	201-329-							
Start Date (10)	Scheduled C	ompletio	n Date	(11)		Name of OSHA		0 -					\dashv
9/3/14	9/	5/1	4	1		Omega En	vironmen	tal	Inc				
Occupancy Status Durin					-	Street Address 280 Huy	ler St						
☐ Facility Closed/Vacate ☐ Abatement Performed				200	. 1	City, State, Zio C				13			\dashv
Z Other - Describe: 7	MTOSEM	mily 1104	•				ackensac	k. N	.J. 0760	6			
Scope of Work (Check a													\dashv
D≥3.sfor≥31f			Ð	renova	noite		Containment with Enclosure	Negative	Pressure				
22 ≥ 160 sf or ≥ 260 lf				Demoli	tion	☐ Glove	ebag Procedure	4 80 to 600	-bl- Dresdon				
						. U Non-	Exempted (*) an	d Non-Fra	able Procedure	At	ate	mer	rt
			ocation rmally	,			1			L.	Typ	æ	4
. Location Asbestos-Containin	TOTAL CONTROL OF THE PARTY OF T	Used	Solely		Anhar	Description of the Containing Ma			Amount				
TO BE A	BATED	Cu	tenanc stodial			, thermal systems	insulation.		Specify	8	Repair	1000	Enclosure
/IN Fas			14.00		*	surfacing, VAT		Ş	For LF)	Removal	Balr	ž l	9
,,,		·	(12)			Caron Instrument				-		8	3
<u> </u>		Yes	No	N/A					0 ===	+	-	4	\dashv
BASELLE	シナ				\/	AT 1 M	25-11C		800 SF	X	+	4	\dashv
										$\vdash \vdash$	4	4	4
						*				$\vdash \vdash$	7	4	4
									- LAM		\perp	_	4
Name of Registered Was		NJD ID N		iste Hau	ier	Cubic Yards of Waste	Name of Regis	stered Lar					
Best Removal Inc 17109 3/2 Mi							Minerva	Ent	erprises	3			
City. State Hackensack, N.J. 07601						Disposal Date 9/5/14	City, State Waynesh	ourg	, Oh				
Completed by Title						Signature) 		Date	1	1		T
J. Maiorano Estimator						VM	صنه ما وذه	3	8	1/2	1	14	
ASSA1	* Do no	Sorm (inr achor	etes Er	ensure exampled	activities			2000		550010	, c==7(i	

CK 5521

			T N:	CB	A	<u>m</u>					-
Date of Notification (1)	122/14				Owner/Operator		c	8	1 18 W		
Agency Notified	Type Notification		Ofman A A	Address	7						
Agency Ivolated	1		1	410	NEW Y	OKK AU	E 11	10 0 0			
D EPA	El Initial El Amended		City, St	ate, Zip C	ode .	7 //	Δ,1	//a // 6	2014		
-EI DOL	Amendment #				UTY						
	CI Emergency (including	ng		of Contact			Telepho	ne Numbe	er .		
D DCA	justification)			KAT							
= 50A	1 - 0 - 1 - 1				RMATION				· ·		
	e Abatement is Taking Pla	/2h	PAGE	JIT MIT	PRIMATION	Type of Facility	(4)				
			11 -				*				
D.	C. REALTY	H.	رري	G 598		☐ School (K-12 ☐ Subchapter 8		on K-12\	*		
Street Address			030	_	:	Other (i.e. pr	ivate & co	numercial b	uildings	,	
441	O YEN AC	sec	AUE	5		homes, etc.)					
City (5)	0 . 0	,				Square Feet			Bidg. Ag	Strain	1.
UN	lion city					30,000			19	33	7
County (6)					(STATE USE	Current Use (P	made or entransmine		11000000		
Hu	IDSON .		ONLY			, Bro) G	APT.	S .		
Name of Monitoring Fr	m Hired by Building Owns	er ASC	M No.		Name of Abatem	nent Contractor (S	9)				
(8)	-	-			Best R	emoval I	nc				
Street Address					Street Address						
1.				.	450 S.	River St					
City, State, Zip Code					City, State, Zip C	Code					
					Hacken	sack, N.	J. 07	7601			
Project Manager for M	onitoring Firm	Telepi	hone No.	-,	Telephone No.		License				
			7.		201-329-	7444 -	003	388			
Start Dalle (10),	Scheduled C	ompletion l	Date (11)		Name of OSHA	Monitor -					
9/8/14	9/9	114			Omega En	vironmen	tal 1	nc			
Occupancy Status Dui	ing Abatement (Check on	y one)			Street Address						
A STATE OF THE STA					280 Huy	ler St					
☐ Facility Closed/Vac	ated During Entire Period of ed Outside of Normal Faci	or Adelesine Billy Hours	an		City, State, Zip C						
	PDM TO JOM		72		South H	ackensac	k, N.	J. 0	7606		
Scope of Work (Check	(all that apply)	7				Containment with					
Z ≥3 stor≥3 #			12 Ren	noitero		Concentration was Enclosure	reegaave	Plessule			
□ ≥ 160 sf or ≥ 260 F			☐ Dem	notition	2 Glov	ebag Procedure					
					□ Non	Exempted (*) an	d Non-Fria	ble Proces	zere	Abate	ennen:
		Is Loc	ation		• •				Ľ	Ту	
Loca	ntion of	Nom	nally olely by		Description	of .	- 1	8			
Asbestos-Contain	ning Material (ACM)	Mainte	nance/		tos Containing M		786	smount Specify	2	Repair	8
	ABATED acity	-	odial 672	H.e.	. thermal systems surfacing, VAT			For LF)	BACIMBN	9	90
	(13)		2)		other miscellan		Ī	1	I BY	=	ncapsulate
				4	- 6						
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BoiLER	ROOM			THER	ul system	Ma the receiv	9	O LF	-+	+-	H
					*					+	\vdash
							. *-			4	Ц
						1 1					
Name of Registered V	Vaste Hauler	NJĐE	P Waste F	lauler	Cubic Yards of	Name of Regi	stered Lan	dfill			
Best Remov		ID No.			Waste /	N =	. E-+	ornri	C D C		
Rest Kemov	ar Inc	171	.09		11/207	1	1 PHC	erbrī	363		
City, State		07/07		3	Disposal Date	City, State Waynes	hure	. Oh			
Hacke	ensack, N.J.	07601		W.	9/9/14	waynes	Durg				
Completed by	Title		204-2		Signature 0)	_	1 5	8/2	21	11
J. Maiorano	S 14					عسم دن	2		0/2	-	19
ASB-41	* Do no	t use this t	orm for as	sbestos li	ensure exempted	adivides.					



Date of Notification (1) 8/21/2014			Name of Building Owner/Operator (2) Ogden & Zabriskie JC										
Agencies Notified	Type Notification		Street A 1 Univ		aza STE 3	312		AUG 2	6 20)14			
EPA DEP DOL	Initial Amended Amendment			ite, Zip Co nsack N	^{de} ew Jersey	y 0760)1		la v				
DOH DCA	Emergency justification) Cancellation			f Contact Licastro				Telepi	none Nu	mber			
		×	FACI	LITY INFO	RMATION			1	+				
Name of Facility Where	Abatement is Takin	g Place (3)				Ту	pe of Facility (4	10					
Street Address 437 Ogden Avenue	9		7.			×	Subchapter Other (i.e. pretc.)				dings,	home	es,
City (5) Jersey City	E						quare Feet 000	# of F	loors	1	ldg. A	ge	
County (6) Hudson County				Code (7) USE ONLY)		. Cı	urrent Use (Prio	r if being	demolis	hed)			
Name of Monitoring Firm Industrial Hygiene		Owner (8)	ASCN	Л No.			Abatement Con						
Street Address 605 Bloomfield Ave	enue suite 5				1,000	reet Ad	dress RO ROAD				***************************************		
City, State, Zip Code Montclair NJ 07042	2				Cit	ty, State	e, Zip Code	072				V4	
Project Manager for Mor	7.00		Telepho	ne No. 09-3320	Te	elephon		I	icense N	lo.			
Start Date (10) 9/1/2014 (1)9/3/20	1/1	Scheduled 0 12/31/201	Completion		Na		OSHA Monitor						
	58		т				drass		-				_
Occupancy Status Durin		-				reet Ad	aress RO ROAD						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr				Cir	ty, State	e, Zip Code STADT NEW	IERSE	Y 070	72			
Scope of Work (Check A	All That Apply)					/ II VLC	TABLA	ULITOL	1 070				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation solition			×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				e	
		la La	cation				1011 231011-1010	() =				ement	1
Locatio	n of	1000000000	mally		Descri	otion of					Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) BATED liity	; Mainte Custodi	olely by enance/ al Staff? 2)		tos Containi thermal sys surfacing other misc	ng Mate tems in , VAT,	erial (ACM) sulation, or	(Spe	ount ecify r LF)	Removal	Repair	Encapsulate	Enclosure
		Yes N	lo N/A					- V.				Ф	
BASEM	ENT)	<		PIPE INS	ULAT	ION	120	LF	X			
Name of Registered Wa ASBESTOS TRANS			NJDEP V Hauler ID		Cubic Yar of Waste 285	ds	Name of I			I			
City, State SHIRLEY, NEW YC	PRK	B			Disposal 0 5/30/201		City, State		IJ				
Completed by KAREN LOPEZ	Signature			Date 8/21/2014									
						$-\mathcal{F}$	111	-	-	_			-

VIA U.S HAIL Ch# 1694

		(Pursuant to NJA	C 9100 and 12.			
CRI NE ME M	1 2 2 2		ing Owner/Operator	The same of the sa	Ca	, .
Date of Notification (0100117	690 Street Address	Many	right M	. :	i -1
Agency Notified	Type Nothingsion	131	North Mi	chican Av	(e)	
KEPA .	Di Initial	City, State, Zi	p Code /	150 0703	4UG 26 2014	
ODEP ADOL	Amendment #	g Name of Con	WEYTHAIL	130 0703	elephone Number	
XDOH	(Sectification)	Warne or Can		ms		
1 DGA	C) Cancellation	FACILITY	FORMATION .			
	ere Abatament is Taking Pisa			Type of Facility (4)		
SHIP OF PERSON VALLE				C School (K-12) CLSubchapter 8 (C	ther than K-12) à & commercial buildi	ngs.
ikeet Address	o. Michiga	"1 0175		homes, etc.)		, Age
135 N	6. 1911 CM GA	N. AUC	•	1 cultures	of Floors Bidg	20
Ay (5)	worth	C,C,		20,000	If being demolished)	30
KCIOT	UNION	County Code ONLY)	(7) (STATE USE	BU)	
• • •			Name of Abate	ement Contractor (9)		•
lance of Mindoling	Firm Hired by Building Own		NOVAI	ECH INC	 	
itreet Address			Street Address	0x 214		··
	*.•		City, State, Zit	Code	NO. 01	8857
illy, State, Zip Cot	le .		010	30,0GE	License No.	
Periors Manager 10	e Namionag Fam-	Telephone No.	Telephone N	138x7560	00800	<u></u>
:		oppolation Date (11)	Name of OS	A Ricentes	×	*
Start Date (30)	111 1 9	12.3114	Street Addings	1	<u> </u>	
Deremancy Status	During Abatament (Check or	y one)	100.13	SOX BIT		
1 1	Married Daniel		City, State, Z	50.06E	280 CU	257
Abetement Peri Other - Describ		nag • • • • • • • • • • • • • • • • • • •	OID K	J.L. V		*
Scope of Work (C)	ieck all केले कामेंग)	- ARenova	- D'N	ul Containment with I		**
m>3 of m 23 f		O Demoi	m . 201	Hovebag Procedure Ion-Exempted (*) and	Non-Prickle Procedu	Abateme
D≥160 stor≥26	81	is Location .		. [-	Type
•		D. Lawrence Hart	Descript Refrestos Containin	m Barrison (PSC-101)	Amount	. 20 mg
	Location of Intelling Material (ACM)	Maintenance/ Custodial	(i.e., triennal syst suifacing.		(Specify SF or LF)	Repair Removal
	IN FACETY	Staff? (12)	other misca	(lancous)		B 86
	(13)	1 200	• •			
		165 1.0	2° A 1238 (Tarica I	(65 L/F	X
	DOD FRONT C	1:5/	PIPE 1N50	LAIICE	<u> </u>	
MAIN H	00 K 11200					
BLO		NJDEP Waste Hau	er Cubic Yard:	of Name of Regi	stered Landini	
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Date of Notification (1) 8/22/2014					wner/Operator ool District	(2)					
Agencies Notified	Type Notification		Street A	ddress /alnut Stre	et	165	AUG 2	6 2014	7.5		-
DEP DOL	Initial Amended Amendment			ate, Zip Code n, NJ 0807					,		
DOH DCA	Emergency (i justification)	ncluding	Company of the Company	f Contact			Telephone	Number			F
DCA	Cancellation				Program Of	ficer	!				
Name of Facility Where	Abstament in Taking	Place (2)	FAC	ILITY INFOR	RMATION	Type of Facility (4)	-			
Salem Middle Sch		Place (3)									
Street Address						School (K-1 Subchapter	8 (Other than	K-12)			
51 New Market Str	eet					Other (i.e. p	rivate & comn		dings,	home	es,
City (5)				<u> </u>		etc.) Square Feet	# of Floors	F	Bldg. A	ne.	
Salem						35,500	3	2.55	94	90	
County (6)			County	Code (7)		Current Use (Pric	or if being dem	nolished)			
Salem				USE ONLY)		School/ Educ					
Name of Monitoring Fire	m Hired by Building (Owner (8)	1000 TO 1000 T	M No.		of Abatement Cor					
N/A			N/A			ber Environme	ntal Service	es, Inc.			
Street Address N/A					000.	Address Ridge Road					
City, State, Zip Code N/A						State, Zip Code enixville, PA 19	9460				
Project Manager for Mo	nitoring Firm		Telepho N/A	one No.		hone No. 933-4332	Licen 0083	ise No. 36		1.0000	
Start Date (10) 9/9/2014		Scheduled 9/23/2014		Date (11)		of OSHA Monitor Conte- Schoo	ol Developm	nent Auth	nority	Safe	ety
Occupancy Status Duri	ng Abatement (Chec	k Only One)			Street	Address					
Facility Closed/Va	cated During Entire F	Period of Aba	tement		32 E	Front Street	: 5				
Abatement Perform Other – Describe:	med Outside of Norm	al Facility Ho	ours			State, Zip Code nton, NJ 08625					
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City, State Freehold, NJ					Disposal Date 9/2014	City, Stat					ie.
Completed by		Title			Signatur	ę		Date	250,000		
Jeffrey A. LaRiviere		V.P.			4	+		8/22/2	014		

ŀ	Date of Notification (1)	8-22	-14	Name of	Sulding Gwner/Oper	-1870		
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-	Project Manager for Monito	dag Fara · .	Telepho	ne No.	Telephone No.	: 1	License No.	:
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1	8-22	-14	Name of B	uilding Owned Opera	itor (2) // (-	
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Management			FACILITY	INFORMATION			
Name of Fediny Where	Abatement is Tal	ding Place (3)			Type of Facility (4)		
Street Address	Bldg	g			C School (K-12)	2	
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Name of Monitoring Firm (6)	Hired by Building	Carner ASCA	No.	Name of Abatem	ant Contractor (9)	7 :	
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City, State, Zip Corie				/2/2 City, State, Zip Co	0000	निर्माद]
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Project Menager for Month	oring Farm	Telephon	e No.	Telephone No.	Lions		27
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Scope of Work (Check all th	at apply)						
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98-23-' 97 95:31 Phuti-State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 9:60 and 12:120)

Date of Notification (1) 8-2	2-14	Name of E				+ /10
Agency Notified Type Noti	Harten			<u>)</u> مُسروم وسندين المان	oben En	WALL STREET
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State of New Jersey NOTIFICATION OF ASSESTED ARATEI

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Name of Monitoring Firm Hired by Building Carre				WE	rehouse	·
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City, State, Zip Code				· B 1		A.
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State of NJ

B & G proj. #:

2014-147

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

······Check-# 6715

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Date of Notification					er/Operator (2)			1.					
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☐ DCA	Cancella		Adrienne	e Chibba	aro								
	***************************************			FACI	LITY INFORM	ATION							
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Adrienne Chi	hha s								(K - 12)			40)	
	bbar C		-					Subcha	apter 8 (Oth Private/Cor			12)	
Street Address	4							Bldgs./	Homes, etc).).	J		
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City (5)		Count	y (6)				nty Code (7)		100.00		- II - I	41)	
Maplewood,	NJ 07040	Esse	ex			(Sta	te use only)	Current Use (Pr residential	for it being	aem	olisne	a)	
Name of Monitorii	ng Firm Hired by E	Bldg. Owner	(8)	 -	ASCM No.		Name of Abatement Co						
	74						B & G Restoration	n, Inc.					
Street Address						-	Street Address						
							105 Ryerson Roa	ad					
City, State, Zip Coo	de						City, State, Zip Code			11	÷		
							Lincoln Park, N.	J 07035					
Project Manager for	or Monitoring Firm		Pho	one Numb	рег		Telephone Number (973)696-6869		License N		er		
							Name of OSHA Monitor						-
Scheduled Start D	ate (10)	Sched.	Completio	n Date (1	1)		B & G Restoration						
09/05/2014		09/0	6/2014				Street Address						
Occupancy Status	During Abatemen	t (Check on	ly one)				105 Ryerson Roa	ad					
	ed/vacated during						City, State, Zip Code						
Abatement p Describe:	performed outside	of normal fa	acility nour	s-		_	LincolnPark, NJ (77035					
Other-Descr	ribe:					_	Lincollinate, No C	37033					
	theck all that apply	')				-			_				
☐ Demolition	X	Renovation	l			· =	ull Containment w/negat	tive pressure	Gloveba				
	lf 🔲	≥160 sf or ≥					Mini-enclosure	,	Non-fria				
Location of			normally unance/cust					Amount	-	e e	R e	E n	E
asbestos-co material to b		staff(12)			Descripti material		sbestos-containing	(Specify S	SF or	m o	p a	C	C
abated in fa		Yes	No	N/A	material	() (0111)		LF)		v	i	a p	L
T				X] pipe i	neulat	ion	24 lf		e X	ń	П	th
basement boile				X		insul		32 sf		X		F	愩
				X		insula		27 lf		X	一		10
gas meter area				X		insula		10 lf		X			
and motor dice					1								
Registered Waste			P Hauler I	D# (Cubic Yards of	Waste		andfill					
B & G Restora		11	9563		11/4			esource & R	ecovery (Jen	er		
City, State Lincoln Park,	N.I			Disposal I	Date /08/2014		City, State Tullytown, P	Α					
		Title			Signature				Date	_		_	-
	Completed by (Print or Type) Gordana Luna Title Secretary/Treasure						Gordana Luna	luna 08/22/2014					

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

B & G proj. #:

2014-142

Check # 6714

Date of Notification	(1)	N	ame of Build	ding Own	er/Operator (2)								
10 18 1/12 12	1/114		Krista A F	ehrenb	ach	= 1							
Agencies Notified	Type Notificati	on Si	reet Addres	s				7					
☐ EPA	X Initial		5 1st Stre	eet			AUG 2 5 201	<u>A</u>				s	
DEP	_		ity, State, Zi	p Code									
X DOL	Amenda	nent	Pequann	ock, N.	J 07440								
X DOH			me of Cont	act				Telepho	ne Number				
☐ DCA	☐ Cancella	tion	Colleen	McMah	on/Realtor			. Č					
				FAC	ILITY INFORMA	ATION							
Name of facility wi	nere abatement is	s taking pla	ce (3)				T	ype of Facility	(4) ol (K - 12)	7			
Krista A Fehr	enbach							=	napter 8 (O	ther th	an K	-12)	
Street Address			- Contraction					X Other	(Private/Co	omme		00.00 .0 0	
5 1st Street								Bldgs Square Feet	/Homes, e		Blo	ig. Ag	je
City (5)		Coun	ty (6)			Cou	nty Code (7)						
Pequannock		Мо	rris			(Sta		Current Use (F residential	rior if bein	g dem	olishe	ed)	_
Name of Monitorin	g Firm Hired by I	3ldg. Owne	r (8)		ASCM No.	7	Name of Abatement Cor						
	70						B & G Restoration	, Inc.					
Street Address							Street Address						
							105 Ryerson Roa	ıd					
City, State, Zip Coo	le						City, State, Zip Code Lincoln Park, NJ	07025					
	W 7 2 F		I Di-	a a Missasia		_	Telephone Number	07033	License	Numb	er.		
Project Manager fo	r Monitoring Firm		Pho	ne Numb	er		(973)696-6869		Harry Control of the	378	C1		
Scheduled Start Da	ata (10)	ISchad	. Completion	n Date (1	11	_	Name of OSHA Monitor						
	ite (10)			Date (1	1)		B & G Restoration	, Inc.					
09/04/2014)4/2014				Street Address						
Occupancy Status							105 Ryerson Roa	a					
	d/vacated during erformed outside						City, State, Zip Code						
Describe: Other-Descri	hai					-	LincolnPark, NJ 0	7035					
Scope of Work (ch) — — — — — — — — — — — — — — — — — — —					L						
Demolition	reck all that apply	Renovatio	n			ПЕ	Full Containment w/negati	ve pressure	✗ Glove	ag pr	ocedu	ıre	
>3 sf or >3 lf	_	>160 sf or				-	Mini-enclosure	6	☐ Non-fr	30.000			
			normally u	sed solely	vi -	<u> </u>				R	R	E	
Location of asbestos-cor	ntaining	by mainte	nance/custo		1	on of a	sbestos-containing	Amount	10	e m	e	n	E n
material to b	е	staff(12)		Γ	material ((Specify LF)	SF or	0	a	c a	C
abated in fac	inty (13)	Yes	No	N/A						v e	i r	р	-
gas meter room				X	pipe			50 lf				X.	
basement				×	pipe in	sulat	ion	1/2 lf		X		\Box .	
										Ш	Ц		닏
						A7 1.		- ICII			Ц	Ц,	Ш
Registered Waste I B & G Restora			P Hauler II 19563		Cubic Yards of V	vaste	Tullytown Re		ecovery	Cent	er		
City, State Lincoln Park,	NJ			Disposal Dis	Date 05/2014		City, State Tullytown, PA	\					S
Completed by (Prin		Title			Signature		Gordana Luna		Date	2/00			
Gordana Luna	<u> </u>	Secreta	ry/Treasu	rer			Zoraana Luna		08/22	2/201	4		

2014-146 B & G proj. #:

Clate Of No Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 6713 Date of Notification (1) Name of Building Owner/Operator (2) 0 | 8 | / |2 |2 | / |1 |4 | Hanan Jacobs Agencies Notified Type Notification Street Address ☐ EPA Initial 75 Whittoesey Avenue DEP City, State, Zip Code X DOL Amendment West Orange, NJ 07052 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Hanan Jacobs FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Hanan Jacobs Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial 75 Whittoesey Avenue Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) West Orange, NJ 07052 Current Use (Prior if being demolished) Essex residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number -(973)696-6869 00378 Scheduled Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. 09/03/2014 09/04/2014 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: LincolnPark, NJ 07035 Scope of Work (check all that apply) Demolition X Renovation ☐ Full Containment w/negative pressure Glovebag procedure >3 sf or >3 If ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of E by maintenance/custodial asbestos-containing E Description of asbestos-containing staff(12) Amount n material to be m n p material (ACM) (Specify SF or C abated in facility (13) Yes No N/A a a p basement e pipe 60 If X Registered Waste Hauler NJDEP Hauler ID# 19563 Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. Tullytown Resource & Recovery Center City, State Disposal Date City, State Lincoln Park, NJ 09/04/2014 Tullytown, PA Completed by (Print or Type) Title Signature Gordana Luna Date Gordana Luna Secretary/Treasurer 08/22/2014

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

B & G proj. #:

2014-137

Data of Notice in								Che	eck # 67°	12			
Date of Notification			Name (of Building O	wner/Operator (2	2)		19 19 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	- %				
10 18 1/12 12			Lou	Senerchia									
Agencies Notified EPA	Type Not	tification	Street A	Address									
DEP	🗶 Ini	itial		Central Av			AUG 2 6 20)14					
X DOL	☐ Am	nendment		ate, Zip Code lison, NJ 0									
ĭ DOH	Π.		Name of	Contact				Telen	hone Num	her			11-
DCA	☐ Car	ncellation	Lou	Senerchia	1			.		 			
				FA	CILITY INFORM	MATION				- =			
Name of facility who		ent is takir	ng place (3)					Type of Facili	ty (4)				
Lou Senerchia	ı								nool (K - 1	2)			
Street Address								Sub	chapter 8	(Other	than	K-12	2)
132 Central Av	venue								er (Private gs./Homes,	/Comn etc.	nercia	ıl	
City (5)			County (6)			Coup	ty Code (7)	Square Feet	# of Flo	ors		Bldg.	Age
Madison			Morris				use only)	Current Use	Prior if be	ing de	molis	hed)	
Name of Monitoring	Firm Hired	by Bldg. C	Owner (8)		ASCM No.		Name of Abatement (residential					
					7.0001110.	- 11		225					
Street Address							B & G Restoration	on, Inc.					
							105 Ryerson R	oad					
City, State, Zip Code						c	ity, State, Zip Code						
							Lincoln Park, N	J 07035					
Project Manager for M	Nonitoring F	irm		Phone Numb	per		elephone Number (973)696-6869		License	e Num 0378	ber	-	_
Scheduled Start Date	(10)	ISc	hed. Compl	etion Date (1	11	- 1	ame of OSHA Monito	and the second second		0376	-	_	
09/03/2014			9/04/2014		'/		B & G Restoration						
Occupancy Status Du	ring Abatem			T		S	treet Address				_		===
Facility closed/v	acated duri	na entire r	neriod of ab	tement			105 Ryerson Ro	ad					
Abatement perfo	ormed outsi	de of norn	nal facility ho	ours-		Ci	ty, State, Zip Code				-		
Describe: Other-Describe:						-11	LincolnPark, NJ	07035					
Scope of Work (check		ply)					Zinodini dik, 145	07033					
☐ Demolition	[X	_	ation		1		0-1-1			8.11-1520-			
>3 sf or >3 If	7	_	or >260 lf		ı		Containment w/nega	tive pressure	✗ Glovei				
Location of				y used solely		NIIII	-enclosure		☐ Non-fr	riable p	госе	dure	
asbestos-contair	ning	by mai	intenance/cu	istodial				A	20	R	R	E	E
material to be abated in facility	(13)	staff(12	()	т	material (A	CM)	stos-containing	Amount (Specify S	SF or	m	р	n c	n
	(/	Yes	No	N/A				LF)		o v	a i	a p	L
asement				X	pipe insi	ulation		111 If		e	-		
oiler room, laundry room, & fan	mily room)										片	<u> </u>	1-
										H	爿	井	片
										H	H	井	H
egistered VJaste Haule										H	=	금	+
& G Restoration	, Inc.	NJ	DEP Hauler 19563	ID# Cu	bic Yards of Wa 1½	aste Na	ame of Registered La Tullytown Re	ndfill	coven	Cent	<u>-</u> 니	ر ل	ш_
ty, State Lincoln Park, NJ				Disposal Da 09/0	ite 4/2014	C	ity, State Tullytown, PA		JOVETY (Jone	-1		
ompleted by (Print or	Гуре)	Title			Signature	<u> </u>			Date			Y-	
Gordana Luna		Secret	ary/Treas	urer		Go	rdana Luna		08/22	/2014	1		

State of NJ

B & G proj. #: 2014-121

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

Date of Notification (1)	1						Che	ck # 671	1			
10 18 1/12 12 1/	114		1 1	Building O han Lai	wner/Operator (2)						
Agencies Notified T	ype Notific	ation	Street Ad	dress								
	X Initial		31 Pe	ase Ave	nue	AUG 2 6	0014					
				e, Zip Code		700 2 6	2014			-		
X DOL	Amen	dment		na, NJ 07			84	0				
▼ DOH	٦.		Name of 0	Contact			Teleph	one Numb				
□ DCA □	Cance	llation	Jona	than Lai			- Telephi	i	er			
				FA	CILITY INFORM	MATION			-	=		
Name of facility where	abatement	is taking	place (3)				TE (5 10)					
Jonathan Lai							Type of Facility School	/ (4) pol (K - 12	2)			
Street Address							☐ Subc	hapter 8 (Other	than	K-12	2)
31 Pease Avenue	9						X Other	r (Private/os./Homes,	Comm	ercia	al	
City (5)		C	ounty (6)			Court Court	Square Feet	# of Floo		Τ	Bldg.	Age
Verona			50.03045			County Code (7) (State use only)				_		
50 00 00 00 00 00 00 00 00 00 00 00 00 0	-11: 11		ssex			(Time and dilly)	Current Use (F	orior if bei	ng der	nolis	hed)	
Name of Monitoring Fire	n Hired by	Bldg. Ov	vner (8)		ASCM No.	Name of Abatement	Contractor (9)					
Street Address						B & G Restorat	ion, Inc.					
ou out / ladiess						Street Address				_		
City, State, Zip Code						105 Ryerson R	Road				*	
						City, State, Zip Code	NII 07005					
Project Manager for Moni	itoring Firm		TP	hone Numb	ner.	Lincoln Park, I	NJ 07035			CHICA A		
				none mann	JC1	Telephone Number (973)696-6869	9	License	Numb 0378	per		
Scheduled Start Date (10)	Sche	ed. Complet	on Date (1	1)	Name of OSHA Monit		1			_	
09/02/2014		1	/03/2014		25 2	B & G Restorati	on, Inc.					
Occupancy Status During	Abatemen					Street Address						
Facility closed/vacar	ted during	entire pe	riod of abate	ment		105 Ryerson Ro	pad					
Abatement performe	ed outside	of norma	I facility hou	rs-		City, State, Zip Code						
Describe: Other-Describe:						LincolnPark, NJ	07025					
Scope of Work (check all	that apply)					- Ellicolli alk, NJ	07035					_
☐ Demolition		Renovati	on		,	7		1				
>3 sf or >3 If		160 sf or			L	Full Containment w/nega	ative pressure	Gloveb	ag pro	cedi	ıre	
			on normally i	tood salahi		Mini-enclosure		Non-fri	able p	госе	dure	
Location of asbestos-containing		by maint	enance/cust	odial		C2(1) 25 20 20 20 20 20 20 20 20 20 20 20 20 20			R	R	Е	-
material to be abated in facility (13)		staff(12)			Description material (A)	of asbestos-containing	Amount (Specify SF		e m	e p	n	E n
abated in facility (13	,	Yes	No	N/A	material (At	Sivij	LF)	· or	0	a	a	C
asement & bsmt craw	space F			X	ni 1- m	Tari -	1		v e	r	р	1.
					pipe insi	ulation	135 lf		X [
		==	-								\square	
	F											
			-									
egistered Waste Hauler & G Restoration, In	C		EP Hauler II 19563)# Cul	bic Yards of Was	The standard Control Control	andfill]		
ty, State	-			isnoed Da	1½	Tullytown R	esource & Rec	overy C	ente	r	4	
incoln Park, NJ				isposal Da 09/03	te 3/2014	City, State Tullytown, PA						
ompleted by (Print or Type		itle			Signature		1	<u></u>			75	
Gordana Luna	S	ecretar	y/Treasur	er		Gordana Luna		Date 08/22/3	2014			

State of NJ Notification of Asbestos Abatement

B & G proj. #:

2014-120

(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #:	2011 120	_		, arcaar				Check	# 6710				_
Date of Notification	_/ <u> 1. 4</u>		Name of Bui		er/Operator (2))	a i				i.		
Agencies Notified EPA DEP	Type Notification	on S	treet Addre 73 New		enue	3 11	AUG 26	2014					
X DOL	Amendn		City, State, 2 Bayonn	Zip Code e, NJ 07	7002			0.					
▼ DOH	☐ Cancella	11	lame of Cor					- Telephone	e Number				
DCA			Loretta		U TV INFORM	AATION				_			
		- t-1/	(2)	FAC	ILITY INFORM	IATION		Type of Facility (4)				
Name of facility wi		s taking pi	ace (3)						(K - 12)				
Loretta Rukat									apter 8 (Ot			12)	
Street Address	A								Private/Co Homes, et		ciai		
73 Newman	Avenue							Square Feet	# of Floors	5	Blo	ig. Ag	jе
City (5)	3.02	Cou	nty (6)			1	nty Code (7) e use only)	Current Use (Pr	rior if being	dem	olishe	(d)	
Bayonne		Hu	ıdson			(0.0.		residential	nor ir boing	,		-/-	
Name of Monitorin	ng Firm Hired by I	Bldg. Own	er (8)		ASCM No.	1	Name of Abatement (Contractor (9)					
	2						B & G Restorati	on, Inc.					
Street Address							Street Address 105 Ryerson R	oad					
City, State, Zip Coo	de						City, State, Zip Code Lincoln Park, I	NJ 07035			4,		
Project Manager fo	or Monitoring Firm	i	Pi	none Num	ber		Telephone Number (973)696-6869	9	License 00	Numb	er		
	1 (10)	ICaba	d. Completi	on Data (1	1		Name of OSHA Moni	tor					
Scheduled Start Da				on Date (11)		B & G Restorati	on, Inc.					
09/02/2014		_	/03/2014			_	Street Address 105 Ryerson Re	nad					
Abatement p	ed/vacated during performed outside	entire per	riod of abate	ement. rs-			City, State, Zip Code						
Describe: Other-Descr	ribe:					_	LincolnPark, N.	J 07035					1.1
Scope of Work (c	heck all that apply	y) Renovati	ion			□F	ull Containment w/neg	pative pressure	⋉ Gloveb				
>3 sf or >3 l	f 🗌	≥160 sf o				× N	lini-enclosure		Non-fr	Iable		_	
Location of asbestos-co material to b	oe -	ls location by main staff(12)	on normally tenance/cus	used sole stodial			sbestos-containing	Amount (Specify S LF)	SF or	e m o	Repa	Enca	E n c
abated in fa	cility (13)	Yes	No	N/A						v e	<u></u>	р	-
basement				X	pipe i	insulat	ion	72 lf		X	부	무	뷰
				4				_		₩	片	H	뷰
					-					H	片	片	남
		-	#==	#-	1	***************************************				旨	宣	同	后
Registered Waste B & G Restora	Hauler ation, Inc.	NJE	DEP Hauler 19563	ID#	Cubic Yards of	Waste	Name of Registered Tullytown	Landfill Resource & R	ecovery	Cen	ter		
City, State Lincoln Park,				Disposal 09	Date 9/03/2014	2	City, State Tullytown,						v.
Completed by (Pri	nt or Type)	Title Secret	ary/Treas	urer	Signature		Gordana Luna		Date 08/22	2/201	14		

CK 006328

D&S Proj. #: 2014-344

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

Date of Notification (1		IIN	ame of Bu	ilding Own	er/Operator (2)							
$\frac{0}{8} / \frac{2}{2}$	/ <u> 1 4 </u>		JAY LOI	MBARDO)				1				
	Type Notificati	on S	treet Addre	ess			INC	2 6 2014					
	Initial Amended		436 EAS	T 36TH S	TREET		AUG	2 5 2017	•				
	Amendment #:	Ho	ity, State,										
M DOI 1-	Emergency	-11	20	SON, NJ (07503				· .				
☑ DOH	(including	N:	ame of Co	A STATE OF THE PARTY OF THE PAR	77303			Telephor	ne Number	-	-41		
☐ DCA ☐	justification)		TA3/TC	NATI A DID	0			9					
	Cancellation		JAY LC	MBARD	0								
				FACI	LITY INFORM	NOITAN		*					
Name of facility wher	re abatement is	s taking pla	ice (3)					Type of Facility	(4) bl (K - 12)				
JAY LOMBARD	0							1 =	apter 8 (Othe	r th	on K	10)	
Street Address									(Private/Com			12)	
ou out rudiood								Bldgs.	/Homes, etc.				
436 EAST 36TH	STREET							Square Feet	# of Floors		Blo	lg. Ag	je
City (5)		Cour	nty (6)			The state of the s	nty Code (7)			_L			
PATERSON		DAG	SSAIC			Stat	e use only)	Current Use (P	rior it being d	em	olishe	d)	
Name of Monitoring I	Firm Hired by E	_			ASCM No.		Name of Abatement	t Contractor (9)					
· ····································		g	. (-)		Aloom No.		D & S RESTOR	0.3005					
Street Address							Street Address	CATION, INC.		_		_	
Oli cet Address							20 California A	ve					
City, State, Zip Code							City, State, Zip Code			_			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					,		Paterson, NJ 0						
Project Manager for M	Monitoring Firm		PI	none Numb	er		Telephone Number	7.505	License Nu	mb	er	-	
							973-345-8020)	011	69			
Start Date (10)		ISched	Completi	on Date (1	1)		Name of OSHA Mor	nitor					
2 5: 			20.00		,		D & S Restorat	ion, Inc.					
08/23/14	-i Al1	09/10	- territorio				Street Address						
Occupancy Status Du Facility closed/v	3578	77		ment			20 California A	200000000000000000000000000000000000000					
Abatement perfe							City, State, Zip Code	9					
Describe: Other-Describe	NORMAL H	OURS				11	Paterson, NJ 0	7503					
Scope of Work (chec						$=$ \sqcup	Taterson, 143 0	Full Containment	w/nogative pr	000	ıro		
>3 sf or >3 lf		힣	_				-	Mini-enclosure	wriegative pr	255	ile.		
		Renovatio					☒	Glovebag procedu	ıre				
≥160 sf or ≥260) If L	Demolition						Non-Exempted (*)		ble			
Location of	tataa		n normally enance/cus	used solely stodial	1			Amount		S .	R e	E n	E
asbestos-conta material (acm)		staff(12)			Descript material		sbestos-containing	(Specify	SF or	n	p	С	n c
abated in facility	y (13)	Yes	No	N/A	- material	(, , , , , , ,		LF)	1	3 I	a i	a p	L
DAGENGENIE DOL	T ED				DIDE INCI	TI A TI	ON	65 L FT	F	$\overline{}$	r		
BASEMENT BOI	LEK		LX.		PIPE INSU	JLAII	ON	OSLFI	- L	引	屵	믐	片
			L	-				_		믞	屵	믐	片
				-	-				L	븪	屵	믐	H
				4	ļ					빆	屵	믐	片
Registered Waste Hau	uler	INID	EP Hauler	ID# 17	ubic Yards of	Waste	Name of Registere	d Landfill			Ш		
D & S RESTORA		135			YD	774315		, RESOURCE R	ECOVERY				
City, State				Disposal D	ate	-	City, State				-		
PATERSON, NJ	07503			08/24/1	4		TULLYTOWN	I, PA					
Completed by (Print o	#0.00 US	Title			Signature				Date			63	
BOGDAN JOLDZ		PRESID		-					08/22/20)14			
ASB-41		Do not us	e this form	for asbest	os licensure e	xempted	activities.						

K 6/032%		Notifica	tion of Asbest	os shalem	6. 41	14 03.03011	APPROVE		-	7
DV 9 D&S Proj. #: 2014-344		(Pursua	nt to NJAC 8:	30 and 12:1	20)	N.L.Dept.o	f Health & Se	nior Ser	vices	-
				A COLUMN			(signature)	-		
Date of Notification (1)	Name of	Building Owner	Operator (2)			Date: O	21/14im	01	52	-
0 8 /(2 2 / 1 4 Agencies Notified Type Notified	materia material	OMBARDO					The state of the	0:	36	1
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DOL Amendmen		e, Zip Cada)				
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DCA Justificații	on)	OMBARDO	I			Telephone	Number		8	
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Name of facility where abateme	nt is taking place (3)			-	1 1	e of Faoility (4	1	-		
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Street Address		N.S. I		7 .			pter 8 (Other		12)	
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	Oscilly (6)			unty Code (7) late use only)	5 10		- 11 to - 1 - 1	1	1	
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Name of Monitoring Firm Hired to	y Bldg. Owner (8)	:41 111	SCM No.	Name of A	tement Contr	aotor (9)		11.	1	+
Street Address		191			STORATIO	N, INC.		· ·	K 1	
Check Vadioss	· ·	: #1		Street Addre	5 1	***************************************				
City, State, Zip Code		-11 1		20 Calif	irnia Ave,			-		-
					is 11	98				1,5-1,5
Project Manager for Monitoring Fi	rm F	hone Number		Telephone N	NJ 07503	·	License Num	hor	-	-
		(a) i	1	973-34	5-8020		01.169			1.7
Start Date (10)	Soned, Comple	tion Date (11)		Name of OS						
08/23/14	09/10/14	Bi to the		D&S.R Street Addre	estoration, Ir	ic.	-			
Occupancy Status During Abatem	ent (Check only one)			1 3 7	mia Avenue					
Facility closed/vacated during Abatement performed outside	ng entire period of abai	tement.		City, State, Z	Contract of the last of the la	, , , , , , , , , , , , , , , , , , ,	A STATE OF THE PARTY OF THE PAR		-	_
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Scope of Work (check all that ap	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO			Paterson	NJ 07503		terbilde sta			
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asbestos-containing material (acm) to be	by maintenance/cu staff(12)	stodial	Description of a	sbestos con	ning	Amount	e	e		E
abated in facility (13)	Yes No	N/A	material (ACM)			(Specify SF LF)	or o		c	n o
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DAGENERY BUILTR	X		PE INSULAT	ON	排 65	LP)	<u> </u>			丁
				THE RESERVE TO SERVE THE PARTY OF THE PARTY		***				
				Commence of the later of the la	10	- 10				
			1			-	216		11	#
legistered Waste Hauler D & S RESTORATION, INC	NJDEP Hauler 13506	ID# Cubic	Yards of Waste	Name of Re	Istered Landfi	ii —	<u></u>		1	
City, State	13300	Disposal Date	J	TULLYT	WN, RESO	URCE REC	OVERY			
PATERSON, NJ 07503		08/24/14		City, State	DWN, PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title	The second name of the second	gnature	A STATE OF THE PARTY OF THE PAR	DWN, PA	T	Date		<u> </u>	-
ASB-41	PRESIDENT	15:		图 1	i. i.		08/22/2014	,		
N RESIDENT MATERIA	* Do not use this form	ior asbestos lic	ensure exempte	d activities.					-	application.

D&S Proj. #: 2014-345

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

			- 75 11		10 1 (0)						_		
Date of Notification					r/Operator (2)								
10 5 / 2 1	500 DOM: 1000 PM			CI YAMZ	IKI								
Agencies Notified EPA	I ype Notificatio	Stre	et Addres	SS				UG 2 6 2014					
☐ DEP	Amended			ELEY AV	ENUE			U 2017					
_	Amendment #:_	City	State, Z	ip Code					20				
☑ DOL	Emergency			EW, NJ 0	7022					-			_
▼ DOH	(including justification)	Nam	e of Con	tact				Lelephon	e Number	į			
☐ DCA	Cancellation	2	OSHIA	KI YAM	ZIKI		Al Maria de la Carta de la Car						
				FACIL	LITY INFORM	ATION				510001			
Name of facility w	here abatement is	taking place	(3)					Type of Facility					
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YOSHIAKI YA	AMZIKI							Total Control of the	apter 8 (O (Private/C			12)	
Street Address								Bldgs.	/Homes, e	tc.			
706 GREELE	Y AVENUE							Square Feet	# of Floor	s	Blo	g. Ag	je
City (5)		County	(6)	***	-		ty Code (7)			<u> </u>	11 1	-11	
		DED(TENI			(State	e use only)	Current Use (F	rior if bein	g demo	olisne	a)	
FAIRVIEW	ng Firm Hired by B	BERC			ASCM No.	11	Name of Abatement	Contractor (9)					
Name of Monton	ng i iiii i iiica by b	nag. Owner	٥,		AOOM NO.		D & S RESTOR		22				
Street Address							Street Address	Tillor, ire.	-				
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City, State, Zip Co	de					-	City, State, Zip Code						
ony, ondio, 2.p oo							Paterson, NJ 0	7503					
Project Manager fo	or Monitoring Firm		Ph	one Numb	er		Telephone Number		License	Numb	er		
. , -,	3						973-345-8020		0	1169			
Start Date (10)		ISched (Completic	on Date (11)	[Name of OSHA Mor						
			s orea sou e province vinc		,		D & S Restorat	ion, Inc.					
08/26/14		09/10/1			national designation of the second		Street Address						
Occupancy Status	During Abatemen ed/vacated during			ment			20 California A City, State, Zip Code				_	_	
Abatement of	performed outside	of normal fa	cility hou	rs-			Jity, State, Zip Code						
Describe:	ribe: NORMAL H					-	Paterson, NJ 0	7503					
						$= \coprod$		Full Containment	w/negative	press	ure		
>3 sf or >3 l	theck all that apply) Renovation					፟፟፟፟፟	Mini-enclosure					
1.00	K-74							Glovebag proced				14	
≥160 sf or ≥	260 lf	Demolition						Non-Exempted (*) and Non-	-friable	Proc	E	1
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asbestos-co material (ac		staff(12)			material		sbestos-containing	(Specify	SF or	m o	p a	c	С
abated in fa	cility (13)	Yes	No	N/A		18 18		LF)		v e	i	p	L
BASEMENT I	OUL ED		$\overline{}$	1	BOILER I	NSIII.	ATION	35 SQ FT		Ň	T		
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-50.00				#	1				1				
Registered Waste	Hauler	NJDE	Hauler	ID# C	Cubic Yards of	Waste	Name of Registere	d Landfill					
D & S RESTO		1350			3 YDS			, RESOURCE R	ECOVE	RY			
City, State				Disposal D			City, State	T DA					
PATERSON,				08/27/1			TULLYTOW	N, PA	Date	-			
Completed by (Pri BOGDAN JO		Title PRESIDE	NT		Signature				08/21	/14			
ASP 41				for asbest	os licensure e	xempted	d activities.						

D&S Proj. #: 2014-345	Notific (Pursu	pation of Asbe	stos Abatem 8:60 and 120	Aug 21 2014 (APPROV 1.1 Dept. of Health &	Senior Servin	pes			
	- (1	Date: 621/64	Time:			_	
Date of Notification (1)	Name of Building Own	and the second s			Date: DALLA	- Illie		1		
O 15 1/12 11 1/11 14 1 Agencies Notified Type Notification	Street Address	IZILAA	Committee Committee on the Committee of	11	1			1		at the
EPA Initial	706 GREELEY	AVENUE	1 .1	111			1		-	1
DEP Amended Amendment #:	City, State, Zip Code				ĭ					ì
☑ DOL ☐ Emergency	FAIRVIEW, NI	07022			Telephone Nun	Aber				
DOH (including justification)	Name of Contact									F.
DCA Cancellation	YOSHIAKI YA			图 性						
	F	CILITY INFORM	IATION	TIN TO	pe of Facility (4)		-			
Name of facility where abatement is tak	ng place (3)		1 1		1 admindi /	- 12)	n K-1	21		
					KA Other /Privs	r 6 (Other than ate/Commerc	lal			
YOSHIAKI YAMZIKI					Bldgs,/Hom	ies, eic.	1	g. Ag	6	-
Street Address	·		1 1		Square Feet # of	Floors				
706 GREELEY AVENUE	County (6)		County Cod		Current Use (Prior	if being demo	lishe	d)	And and a second	rs.:
City (5)	i i	İ	(State use o	和从		1	W-1	-	, 1	M.
FAIRVIEW	BERGEN	ASCM No.	Name	of Abatement Co	ontractor (9)	200				
Name of Monitoring Firm Filred by Bid]. Cowner (e)		D&	S RESTORA'	rion, inc.	· ·	-	1		=-
Street Address	¥. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		20	California Ave			7,7	-	+-	-
City; State, Zip Code			Pa	terse a NJ 075	03	License Num	nar	1	ا	
		Number	Telep	none Number 273-345-8020		01169				
Project Manager for Monitoring Firm	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Jaj II	Nam	e of CSHA Monit	tor		yperson.			
Start Date (10)	Sched. Completion D	210 (11)	Site	& S Restoration Addigss	in, zho.					
08/26/14	09/10/14		20	California Av	venue		-			Name of Street,
Occupancy Status During Abatement Facility closed/wacated during of Abatement performed outside		nt.		State, Zip Code					15	
Describe: NOPMAL H	OURS			Paterson, NJ 0	Full Containment w	/negative pre	essur	9	-	
Scope of Work (check all that appl))	,	, [Mini-englosure					
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Location of	is location normally us by maintenance/custo	gial De	scription of asbe	stos-containing	Amount (Specify	SF or	m	pa	G A	c
asbestos-containing material (acm) to be	staff(12)	ma	aterial (ACM)		Lift)		v B	1	P	h.
abated in facility (13)	Yes No	N/A	- TOWN A		35 SQ FT		図	口		L
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	13				and (andfill		1	land 	1	ــــــــــــــــــــــــــــــــــــــ
Registered Waste Hauler	NJDEP Hauter I	Cubic Y		Name of Rules	N, RESOURCE	RECOVER	Y			
D & S RESTORATION, INC	13506	Disposal Date		Olty, States						, a
City, State	42 1664 CA	08/27/14		TULLYTON	VN, PA	Date				TOTAL
PATERSON, NJ 07503 Completed by (Print or Type)	Title	Sign	nature			08/21/	/14			
BOGDAN JOLDZIC	PRESIDENT	for aspestos flos	ansure exempted		י. האתה 1					



JK 9592

Date of Notification (1) 8/21/14				owner/Opera		LLC	AUG 2	c 20	14		Ü	
Agencies Notified Type Notification		Street	Address	ue, 11th F	•		AUG /	<u>h</u> 20	1 1			7
EPA Initial Amended Amendment #		City, St	ate, Zip Coo York, NY	de	1001							ar
DOH justification Cancellation		Name	of Contact Morton		(1111155		Telephon	e Numb	er	10-242-00		
		FAC	ILITY INFO	RMATION				+				
Name of Facility Where Abatement is Taking Former K-Mart Plaza	Place (3)					of Facility (4) School (K-12)		- 14 40)				
Street Address 1817 Mount Holley Road					×	Subchapter 8 Other (i.e. pri etc.)			build	ings,	home	es,
City (5) Burlington, NJ 08016					Squa 90,0	re Feet 00÷	# of Floor	rs	BI 45	dg. A	ge	
County (6) Burlington			Code (7) USE ONLY)		Curre	ent Use (Prior ail	if being de	molishe	d)			
Name of Monitoring Firm Hired by Building O	wner (8)	ASC NA	M No.			tement Contr nvironmen		ms, In	о.			
Street Address 700 Turner Way				1 - 1.	eet Addre	ss Jnion Stree	et					and a line
City, State, Zip Code Aston, PA 19014					y, State, Z	ip Code ster, PA 19	9382					
Project Manager for Monitoring Firm Don Heim			ione No. 558-8902	Te	lephone N	0.		ense No.				
Start Date (10)	Scheduled (Na		HA Monitor	1000	,00				
Occupancy Status During Abatement (Check				37 (3	eet Addre	ss					0 7355	
Facility Closed/Vacated During Entire Po	(F) 15	tement		110		nell Road						
Abatement Performed Outside of Norma Other – Describe: 7:00 AM to 3:30 PM					ty, State, Z ledia, PA							
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation nolition			Mi GI	II Containmer ni-Enclosure ovebag Proce n-Exempted	edure					
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Location of	Non	mally Solely by		Descrip	tion of					Ту	ре	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi (1	enance/ ial Staff? 12)	(i.e.	tos Containii thermal sys surfacing other misc	tems insul , VAT, or	ation,	Amour (Specif SF or L	fy	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		NJDEP	Waste	Cubic Yar		Name of R	egistered L	3.0	-			
J.P. Fidler		Hauler 16204		of Waste 950			ve Recla		n Co	mpa	ny	
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Completed by Senya D. Isayeff	Title Operati	ons		Signa	ature/	64		Date 8/2	1/14			

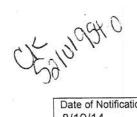
State of New Jersey - Notification of Asbestos Abatement Check # 2766 (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)	<u></u>				755		_			GAC Project # 2014
Agencies Notified	<u> </u>			itor (2)			3-10-10-1-10-1-10-1			
□ EPA □ DCA □ DCA □ DCA □ DOL □ Memorated Notification □ Amended Notification □ Amended Notification □ Memorated Notification □ Memorated Notification □ Memorated Notification □ Size Dep-No Longer REQUIRED □ DOH □ DOH □ DOH □ DOH □ Cancelled □ DOH Fice Zip Code □ Cancelled □ DOH				1	HILLYER RESIDENCE					
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Size Address Size Address				18	WASHINGTON, NJ 0884	ncluding	ency (i	☐ Emerg		
MR. BOB HILLYER MR. BOB HILLYER MR. BOB HILLYER		nber -	Telephone Nu	Τe		J			A TOTAL CONTRACTOR OF THE PARTY	District Control of the Control of t
EXIDOH				1	MR. BOB HILLYER					
Name of Facility Where Abatement is Taking Place (3) HILLYER RESIDENCE								- 041100	ОН	⊠ DOH
Street Address County (6) WASHINGTON WARREN County Code (7) (State Use Only) Current Use (prior if being demolished): RESIDENCE Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. 0090 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address AST Address City State. Zip Code PHILLIPSBURG, NJ 08865 Project Manager for Monitoring Firm JON GILBERT Scheduled Start Date (10) 90/3/14 Scheduled Start Date (10) 90/3/14 Scheduled Start Date (10) 90/3/14 ENVIROYSION, INC. Street Address S						FACILITY IN				
Street Address T5 GRAND AVENUE Size Address County (6) Sq. Feet: ~2,000SF # of Floors; 2 Bidg. Age; ~60+ years Sq. Feet								king Place (3)		
Site of Annion State St				g.					TER RESIDENCE	HILLTER RESIDEN
County (6)			71 - 51 51						Address	Street Address
County (5) WASHINGTON County (6) WARREN County Code (7) (State Use Only) Current Use (prior if being demolished): RESIDENCE	2570-01		s, homes, etc.	ial buildings	Other (i.e. private & commerci				RAND AVENUE	75 GRAND AVEN
Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. 0090 RESIDENCE	ars	e: ~60+ yea	≥ Blag. Ac	of Floors:	<u>5q. Feet:</u> ~2,0005F # 0	Codo (7)	County		E) Country	City (5)
RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC. Street Address 401 ST. JAMES AVENUE City. State. Zip Code PHILLIPSBURG, NJ 08865 Project Manager for Monitoring Firm JON GILBERT Scheduled Start Date (10) 09/3/14 Scheduled Start Date (10) 09/3/14 Scheduled Start Date (10) 09/3/14 Occupancy Status During Abatement (Check only one) IS Facility Closed/Vacated During Entire Period of Abatement (NOT SUB 8) Abatement Performed Outside of Normal Facility Hours Describe Facility Cocupied During Entire Period of Abatement (NOT SUB 8) Facility Cocupied During Entire Period			RESIDENCE	olished): F	Current Use (prior if being demo					
Street Address Str					Name of Contractor (9)	No.	ASCM	Owner (8)	of Monitoring Firm Hired by Bldg	Name of Monitoring Fire
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Zity. State, Zip Code		s, INC.	NSULTANT	ENT CON	GREENWOOD ABATEME			, INC.	IRONMENTAL ANALYSIS	ENVIRONMENTA
City, State, Zip Code			Ī		Street Address					
City, State, Zip Code PHILLIPSBURG, NJ 08865 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number 1 Telephone Number JON GILBERT 908-454-6316 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/02/14 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address Image: Abatement Performed Outside of Normal Facility Hours Street Address Describe Facility Occupied During Entire Period of Abatement City, State, Zip Code FAIRLAWN, NJ FAIRLAWN, NJ FAIRLAWN, NJ Full Containment with Negative Pressure Mini-Enclosure Mini-Encl					268 MAIN STREET				ST. JAMES AVENUE	401 ST. JAMES A
PHILLIPSBURG, NJ 08865 Project Manager for Monitoring Firm JON GILBERT Scheduled Start Date (10) 09/02/14 Scheduled Start Date (10) 09/02/14 Scheduled Completion Date (11) 09/3/14 Scheduled Completion Date (11) 09/3/14 ENVIROVISION, INC. Street Address Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure Supplement of Street Address										0:1 0:1 7: 0 1
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ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) ☑ Facility Closed/Vacated During Entire Period of Abatement (NOT SUB 8) □ Abatement Performed Outside of Normal Facility Hours Describe □ Facility Occupied During Entire Period of Abatement (NOT SUB 8) M-F 8AM - 5PM (24 Hours as needed) Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ☑ System 1 Address Image: Street Address 20-21 WARGARAW ROAD					Name of OSHA Monitor	n Date (11)	Completio	Scheduled (duled Start Date (10)	Scheduled Start Date (1
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement (NOT SUB 8) ☐ Abatement Performed Outside of Normal Facility Hours Describe ☐ Facility Occupied During Entire Period of Abatement (NOT SUB 8) M-F 8AM - 5PM (24 Hours as needed) Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Full Containment with Negative Pressure					ENVIROVISION, INC.			09/3/14	2/14	09/02/14
☑ Facility Closed/Vacated During Entire Period of Abatement (NOT SUB 8) 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code ☐ Facility Occupied During Entire Period of Abatement (NOT SUB 8) M-F 8AM - 5PM (24 Hours as needed) FAIRLAWN, NJ Full Containment with Negative Pressure Mini-Enclosure				10000000			ne)	Check only o	pancy Status During Abatemen	Occupancy Status Du
□ Abatement Performed Outside of Normal Facility Hours Describe □ Facility Occupied During Entire Period of Abatement (NOT SUB 8) M-F 8AM - 5PM (24 Hours as needed) Scope of Work (Check all that apply) □ Full Containment with Negative Pressure □ Full Containment with Negative Pressure						nt (NOT SUB 8)				
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(NOT SUB 8) M-F 8AM − 5PM (24 Hours as needed) Scope of Work (Check all that apply) Full Containment with Negative Pressure S≥ 3 sf or ≥ 3 lf Renovation					City, State, Zip Code					
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Scope of Work (Check all that apply) □ Full Containment with Negative Pressure □ Sope of Work (Check all that apply) □ Full Containment with Negative Pressure □ Mini-Enclosure					-		ient	riod of Abatem	cility Occupied During Entire Po	
Full Containment with Negative Pressure					FAIRLAWN, NJ	ded)				☐ Facility Occupied D
⊠≥ 3 sf or ≥ 3 lf ⊠ Renovation ⊠ Mini-Enclosure					FAIRLAWN, NJ	ded)			SUB 8) M-F 8AM - 5PM	☐ Facility Occupied D (NOT SUB 8) M-F 8
		ive Pressure	ont with Noga	Containmor		ded)			SUB 8) M-F 8AM - 5PM	☐ Facility Occupied D (NOT SUB 8) M-F 8
□≥ 160 sf or ≥ 260 lf □ Demolition □ Glovebag Procedure		ive Pressure			□ Full (SUB 8) M-F 8AM - 5PM e of Work (Check all that apply)	Facility Occupied D (NOT SUB 8) M-F 8 Scope of Work (Check a
Non-Exempted (*) and Non-Friable Procedure		ive Pressure	9	-Enclosure	☐ Full (区 Mini-	▼ Renovation			SUB 8) M-F 8AM - 5PM e of Work (Check all that apply) ☑≥ 3 sf or ≥ 3 lf	Facility Occupied D (NOT SUB 8) M-F 8 Scope of Work (Check a
	ire.		e edure	-Enclosure bag Proced	□ Full 0 ☑ Mini- ☑ Glovel				SUB 8) M-F 8AM - 5PM e of Work (Check all that apply)	Facility Occupied D (NOT SUB 8) M-F 8 Scope of Work (Check a
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	• AN (***) (***)	iable Procedu ent Type	edure (*) and Non-F Abatem	Enclosure bag Proced exempted (* Amount (Specify SF	Full (Renovation Demolition Description of As (ACM) (i.e. them	lly Used	24 Hours a	SUB 8) M-F 8AM - 5PM e of Work (Check all that apply) IN ≥ 3 sf or ≥ 3 lf IN ≥ 160 sf or ≥ 260 lf In on of Asbestos-Containing lated (ACM) in Facility (13) State Substitute Sub	□ Facility Occupied D (NOT SUB 8) M-F 8 Scope of Work (Check a □≥ 3 sf or □≥ 160 sf Location of Asbestos-Co
Basement PIPE INSULATION 150 LF	• All 1970 to 107 (2002)	iable Procedu ent Type	edure (*) and Non-F SF Remove	-Enclosure bag Proced Exempted (* Amount (Specify Sf or LF)	Full (Renovation Demolition Description of As (ACM) (i.e. therr VAT, or other missing the control of t	lly Used	ocation Norma bly by Maint./C f? (12) S NO	SUB 8) M-F 8AM - 5PM e of Work (Check all that apply) i ≥ 3 sf or ≥ 3 lf □≥ 160 sf or ≥ 260 lf ion of Asbestos-Containing ial (ACM) in Facility (13) St. Yt.	□ Facility Occupied D (NOT SUB 8) M-F 8 Scope of Work (Check a ☑≥ 3 sf or □≥ 160 sf Location of Asbestos-Ct Material (ACM) in Facility
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	Enclose	riable Procedu	e edure (*) and Non-F SF Abatem Remove	Enclosure bag Proced Exempted (* Amount (Specify Sf or LF) 150 LF	Full C Mini- Glovet Non-E Destos Containing Material al systems insulation, surfacing, cell.)	Description of As (ACM) (i.e. therr VAT, or other mis	lly Used ustodial NA	ocation Norma ely by Maint./Ci f? (12) S NO	SUB 8) M-F 8AM - 5PM e of Work (Check all that apply) Size 3 sf or ≥ 3 lf D≥ 160 sf or ≥ 260 lf ion of Asbestos-Containing ial (ACM) in Facility (13) Sizement of Reg. Waste Hauler ark Carting, Inc.	□ Facility Occupied □ (NOT SUB 8) M-F 8 Scope of Work (Check a □≥ 3 sf or □≥ 160 sf Location of Asbestos-Co Material (ACM) in Facility Basement Name of Reg. Waste Ha Newark Carting, I
100 Now Ford Mill F	Enclose	riable Procedu ent Type Repair Encap E ered Landfill	edure (*) and Non-F SF Abatem Remove Name of Regis G.R.O.W.S.	Enclosure bag Proced Exempted (* Amount (Specify Sf or LF) 150 LF	Full C Mini- Glovet Non-E Destos Containing Material al systems insulation, surfacing, cell.) ATION Cubic Yards of Waste: 5 CY	Description of As (ACM) (i.e. therr VAT, or other mis	lly Used ustodial NA	ocation Norma ely by Maint./Ci f? (12) S NO	SUB 8) M-F 8AM - 5PM e of Work (Check all that apply) Size 3 sf or ≥ 3 lf D≥ 160 sf or ≥ 260 lf ion of Asbestos-Containing ial (ACM) in Facility (13) Sizement of Reg. Waste Hauler ark Carting, Inc.	□ Facility Occupied D (NOT SUB 8) M-F 8 Scope of Work (Check a ☑≥ 3 sf or □≥ 160 sf Location of Asbestos-Communication (ACM) in Facility Basement Name of Reg. Waste Ha
Notes: None Morrisville, Pa 1906	Enclose	riable Procedu	edure (*) and Non-F Abatem Remove X	Enclosure bag Proced Exempted (* Amount (Specify Sf or LF) 150 LF Na G	Full C Mini- Glovet Non-E Destos Containing Material al systems insulation, surfacing, cell.) ATION Cubic Yards of Waste: 5 CY	Description of As (ACM) (i.e. therr VAT, or other mis	lly Used ustodial NA	ocation Norma ely by Maint./Ci f? (12) S NO	SUB 8) M-F 8AM - 5PM e of Work (Check all that apply) Size 3 sf or ≥ 3 lf D≥ 160 sf or ≥ 260 lf ion of Asbestos-Containing ial (ACM) in Facility (13) Sizement of Reg. Waste Hauler ark Carting, Inc. vark, NJ 04509	□ Facility Occupied □ (NOT SUB 8) M-F 8 Scope of Work (Check a □≥ 3 sf or □≥ 160 sf Location of Asbestos-Co Material (ACM) in Facility Basement Name of Reg. Waste Ha Newark Carting, I Newark, NJ 04509
215-736-1700	ill Mill Rd.	riable Procedu	e edure (*) and Non-F SF Abatem Remove Name of Regis G.R.O.W.S.	Enclosure bag Proced Exempted (* Amount (Specify Sf or LF) 150 LF Na G	Full C Mini- Glovet Non-E Destos Containing Material al systems insulation, surfacing, cell.) ATION Cubic Yards of Waste: 5 CY	Description of As (ACM) (i.e. therr VAT, or other mis	lly Used ustodial NA	ocation Norma ely by Maint./Ci f? (12) S NO	SUB 8) M-F 8AM - 5PM e of Work (Check all that apply) Size 3 sf or ≥ 3 lf D≥ 160 sf or ≥ 260 lf ion of Asbestos-Containing ial (ACM) in Facility (13) Sizement of Reg. Waste Hauler ark Carting, Inc. vark, NJ 04509	□ Facility Occupied □ (NOT SUB 8) M-F 8 Scope of Work (Check a □≥ 3 sf or □≥ 160 sf Location of Asbestos-Co Material (ACM) in Facility Basement Name of Reg. Waste Ha Newark Carting, I
Completed by (Print or Type) Title Signature Date	ill Mill Rd.	riable Procedu	e edure (*) and Non-F SF Abatem Remove IX Name of Regis G.R.O.W.S.	Enclosure bag Proced Exempted (* Amount (Specify Sf or LF) 150 LF Y Na G Osal Date 3/14	Full C Mini- Glovet Non-E Destos Containing Material al systems insulation, surfacing, cell.) ATION Cubic Yards of Waste: 5 CY	Description of As (ACM) (i.e. therr VAT, or other mis	lly Used ustodial NA	ocation Norma ely by Maint./Ci f? (12) S NO	SUB 8) M-F 8AM — 5PM e of Work (Check all that apply) S 2 3 5 7 2 3 1 D 160 5 0 2 260 1 Ion of Asbestos-Containing ial (ACM) in Facility (13) So Stay Perment Of Reg. Waste Hauler ark Carting, Inc. vark, NJ 04509 S: None	□ Facility Occupied □ (NOT SUB 8) M-F 8 Scope of Work (Check as ∑ ≥ 3 sf or □ ≥ 160 sf Location of Asbestos-Communication Location Location of Asbestos-Communication Location of Asbestos-Communication Location Lo
RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino August 21, 2014	ill Mill Rd.	riable Procedu	edure (*) and Non-F SF Abatem Remove Name of Regis G.R.O.W.S.	Enclosure bag Proced Exempted (* Amount (Specify Sf or LF) 150 LF Y Na G Osal Date 3/14	Full C Mini- Glovet Non-E Destos Containing Material al systems insulation, surfacing, cell.) ATION Cubic Yards of Waste: 5 CY Disposed 19/3	Renovation Demolition Description of As (ACM) (i.e. therr VAT, or other mister PIPE INSUL	lly Used ustodial NA ste Hauler # 4509	ocation Normally by Maint./Community by Maint./Community in NO NJDEP Was NJ DEP	SUB 8) M-F 8AM - 5PM e of Work (Check all that apply)	□ Facility Occupied □ (NOT SUB 8) M-F 8 Scope of Work (Check as ∑ ≥ 3 sf or □ ≥ 160 sf Location of Asbestos-Communication Location Lo

of Notification (1)			E	dgew	ood Pi	Owner/Operoperties	Hallor (2)			100	Λ.	-		\dashv	
13-14 encies Notified	Type Notifica	ation	1		Stelton		i	AU	G E 6	24	1			\dashv	
EPA DEP	Initial Amend	ted Iment#	_ C	ity, Sta Piscat	ite, Zip (away I	Code NJ 08854	1		l Te	elephor	e Number	1		\dashv	
DOL	Emerg	jency (including ation)		Adel P	f Contac	}								\exists	
DOH DCA	Cano	ellation		FAC	ILITY ID	FORMATIC	N	Type of Facilit	w (4)					1	
ame of Facility Whe Commercial Prop	re Abatement is perty	Taking Place	(3)				1	School (Subchat Other (i.	K-12)	other th	an K-12) nmercial b	uildings,	home	s,	
treet Address 180 Tabor Rd.								etc.) Square Feet		# of Flo		Bldg. A			
City (5) Morris Plain				Count	y Code	(7)		Current Use	(Prior if	being o	lemolished)			
County (6) Morris				(STAT	E USE O	NLY)	Name	of Abatemen	t Contra	ctor (9)	1				
Name of Monitoring	Firm Hired by I	Building Owner	(8)	AS	ON NO.			a Contraction	ng LLC	,. 	-				1
N/A Street Address							522	7th St.	do.						1
City, State, Zip Cox	ie						Uni	State, Zip Coo on City NJ	0787		icense No				1
Project Manager for		m		Tele	phone N	₩.	Tele 20	phone No. 1 216-9603			1206				
	y (wormoning	1 Sch	eduled (comple	tion Dat	e (11)	Nan	ne of OSHA M	ionitor ting LL	C					
Start Date (10) 08-14-14		08	-16-14				Stre	et Address 2 7th St			1				
Occupancy Status					t		City	y, State, Zip C nion City No	ode J 0808	7			lt.		
Facility Clos	Performed Outs	ide of Normal I	acility H	Guio			1 0	HOLL OLL							
Abatement Other - Des	cribe: 7:00 AM	- 5:00 PM	acility H					T Full Co	entainme	ent with	Negative	Pressure)		
Abatement of Other – Des	cribe: 7:00 AM	- 5:00 PM	□ Re	novatio	en .			Full Co	ontainm	ent with	Negative				_
Abatement of Other – Des	cribe: 7:00 AM	- 5:00 PM	Re	novatio molitio	en n		0	Full Ca	ontainm	ent with					
Abatement Other – Des Scope of Work (€ ≥3 sf or ≥3 ≥160 sf or ≥3	cribe: 7:00 AM Check All That / If Location of ontaining Mater O BE ABATED In Facility	Apply)	Re De	novatio	on n y by	(i.e. the	Descri Contain	Full Co	entainmenclosum inclosum bag Pro- exempte	ent with e cedure d (*) an			edure Abate		El Cicerio
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19202 19037

Date of Notification (1)		Na Isa	me of Buil abelle P	ding Owner attaro	r/Operator (2)					1			
Agencies Notified Type Notification		16		Greenwoo	od Road		AUG 2	9-6-7	014					
EPA Initial Amended Amendment		Cit	y, State, Z izabeth,	Zip Code , NJ 0720	08		7100							
DOH justification)			ame of Co abelle P					Telepl		Numb	er			
J BOX			FACILITY	YINFORMA	ATION	Type of	Facility (4)		-					7
Name of Facility Where Abatement is Takin House Street Address	ig Place (3)					Sch	nool (K-12) ochapter 8 ner (i.e. pri	Other	than	K-12) nercial	buildin	gs, ho	mes,	
168-170 Glennwood Road		8	<u> </u>			Square	.)	# of F			Bldg	g. Age		-
City (5) Elizabeth		1.0	ounty Cod	te (7)		N/A Current	Use (Prior	N/A if being	g den	nolishe	N/A	`		\dashv
County (6) Union		(S	STATE USE	ONLY) _		House								-
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM N	0.	D&5	Abater	nent, Inc		9)		(4)			
Street Address						t Address Rosengr	en Aven	ue						
City, State, Zip Code					City,	State, Zip owa, NJ	Code 07512							
Project Manager for Monitoring Firm		1	Telephone	No.	Tele	hone No.			Lice #00	nse No 675).	59		
Start Date (10)	Scheduled	Com	pletion Da	ate (11)	Nam	e of OSH		 C.	7			1006-50		
9/03/14 Occupancy Status During Abatement (Ch	9/04/14 eck Only One)				Stree	et Address	3							
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe: Occupied	e Period of Ab	atem	ent		City,	State, Zip	ren Aver Code J 07512	nue						
Scope of Work (Check All That Apply)						п		4	Nog	ative F	Oraesi ir	Δ.		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova molit				Min Cla	Containmi- i-Enclosure vebag Pro n-Exempte	e cedure					e	
	ls l	ocat	ion			LI NO	1-Exemple	u () an	I IVO	11110		Abate	ment pe	Ĭ.
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ntena	ely by ance/ Staff?	(i.e. th	Descript s Containin nermal syste surfacing, other misce	g Material ems insula VAT, or	ation,	(Amou Spec F or I	ify	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		- in a land	dotion			89 L	F	X			
basement		X			pipe ins				00 L					
								·					_	-
					0.1:: //	1.	Name o	of Regis	tered	Land	fill			
Name of Registered Waste Hauler D&S Abatement, Inc.			NJDEP W Hauler ID #20996	TO A STATE OF THE PARTY OF THE	Cubic Yard of Waste TBD		Waste	Man						
City, State Totowa, NJ					Disposal [TBD	Date	City, St		PA					
Completed by	Title		//anager	4	Sign	ture 1/1/1/1/	1 felle	.000 111	in		Date 8/19/1	4		



Date of Notification (1) 8/19/14		1000	lame of B lake Za	ndsra	ner/Opera	ator (2	2)	39						-
Agencies Notified Type Notifica	ation	10000	treet Add	ress ve Stree	t				ĄUG	2 6 29)14			
X EPA X Initial Amend Amend	ment #			, Zip Code ck, NJ 07							4.			
■ Emerge justifica	ency (including ation)	1.	lame of C						Tele	phone Nu	mber			
DCA Cancel			Jake Za					-						
			FACILI	TY INFOR	MATION		Tuno of	Facility (4	`		-			
Name of Facility Where Abatement is House Street Address	Taking Place (3)					_	Sc Su	hool (K-12 bchapter 8 her (i.e. pr	!) 3 (Othe	er than K-1	2) ial build	lings,	home	es,
127 Grove Street							Square	2.)		Floors		ldg. A		_
Waldwick				1			N/A		N/A		1	/A		
County (6) Bergen			County Co	ode (7) SE ONLY)		-	House				ihed)			
Name of Monitoring Firm Hired by Bui N/A	Iding Owner (8)		ASCM	No.	1			ment Cont ment, Inc		(9)	k.III			
Street Address			J.		0.000		Address osengr	en Aven	ue					1
City, State, Zip Code		=000000					tate, Zip wa, NJ	Code 07512						
Project Manager for Monitoring Firm	a v	T	Telephon	e No.	A 35107		one No.			License #00675			na.	
Start Date (10) 9/09/14	Scheduled 9/10/14	Com	pletion D	Date (11)	2.5			A Monitor ment, In	С.		=		10.00	
Occupancy Status During Abatement	A STATE OF THE PARTY OF THE PAR)			St	treet	Address	1						
Facility Closed/Vacated During B Abatement Performed Outside of Other – Describe: Occupied	Entire Period of Ab	atem	nent		Ci	ity, S	tate, Zip	code 07512	nue					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova molit		a.		×	Mini	Containme -Enclosure rebag Prod -Exempted	e cedure				ire	
							11011	ZXOIIIPIO	1/4				temer	nt
Location of Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	CM) Used Main Custo	itena	lly ely by nce/ Staff?	(i.e. t	Descri os Contain hermal sy surfacin other mis	ning N stem g, VA	Material is insula AT, or		(Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A			4 -	t:			EALE	- V	+	+	+
basement		X			pipe in	-				54 LF 18 LF	X	+	+	+
garage		X			pipe in	ISUIZ	ation			10 LF				
			LIBER !!	laste 1	Cubic Ya	ards		Namo of	Regist	ered Land	Ifill			
Name of Registered Waste Hauler D&S Abatement, Inc.		1	NJDEP W Hauler ID 120996		of Waste			88304570000000		agement		·		
City, State Totowa, NJ					Disposal TBD)	City, Sta Tullyto		Α				
Completed by Deanna Brkusanin	Title Projec	ct M	anager		Sig	natur	lau	Ru	leu		Date 8/19/	14		

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ite of Notification (1)			Eric	Bodak		perator (2	Z)							-	
gencies Notified	Type Notification			et Addres Welling	s ton Avenue	9	1	AUG	2 6	2014				-	
EPA DEP DOL	Initial Amended Amendment #		City	, State, Zi ort Hills	p Code , NJ 07078									-	
DOL DOH	Emergency (including justification) Cancellation	uding	FC	ne of Con					Telepho				-		
DCA	Cancellation		F	ACILITY	INFORMATI	ON		(4)						1	
louse treet Address	re Abatement is Taking Pl	ace (3)			1 4		Other (i	(K-12)	Other thate & co	nan K-12) ommercial l	ouilding	s, hoi	mes,		
00 Wellington Av	renue						etc.) Square Feet		# of Flo	pors	Bldg N/A	. Age			
Short Hills			Co	ounty Cod	e (7) ONLY)		Current Use House	(Prior i	if being	demolished	d)				
Essex	Firm Hired by Building Ow	ner (8)		ASCM No	CONTRACTOR OF THE PARTY OF THE	Name	of Abatemen	t Contra	actor (9))					
N/A Street Address	500 50000 0		D&S Abatement, In Street Address 11 Rosengren Ave							₩.					
City, State, Zip Cod	e					City,	State, Zip Coo	ie							
Project Manager for			Te	elephone	No.	Telephone No. License No. 973-345-8685 #00675									
Start Date (10)		Scheduled	d Completion Date (11)				e of OSHA Mo	onitor		7000.0					
9/11/14	During Abatement (Check	9/12/14 Only One)					D&S Abatement, Inc. Street Address 11 Rosengren Avenue								
Facility Closed	d/Vacated During Entire Poerformed Outside of Normaribe: Occupied	eriod of Ab	ateme	ent		City	, State, Zip Co towa, NJ 07	de	ue						
								388							
Scope of Work (Cr ≥3 sf or ≥3 lf ≥160 sf or ≥2	neck All That Apply) . 60 If		novat			Full Contains Mini-Enclosu Glovebag Pr			edure						
		T					Non-Ex	empted	d (*) and	d Non-Friat				re tement ype	
Location of Us Asbestos-Containing Material (ACM) M		Used Mair	ocati ormal Sole ntena odial S (12)	ly ely by nce/ Staff?	(i.e. the	rmal syst urfacing.	tion of ng Material (AC tems insulation , VAT, or ellaneous)	CM) n,	(5	mount Specify or LF)	Removal	Repair	Encapsulate		
× ×		Yes	No	N/A		nine ins	sulation		-	18 LF	X				
b	asement	-	X		1	Jipo IIIo								+	
												+		1	
			_	NJDEP V		Cubic Ya				tered Land		4			
	that san Herrian					of Waste	,	Waste	Mana	agement	of PA	·		_	
Name of Registe	ered Waste Hauler ent, Inc.			Hauler ID #20996	1	BD	-	City Ct	ate				7,752.5		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>			T	Disposal TBD	Date	City, Sta	ate own, F		Date			_	

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

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Date of Notification (1) 8/19/14			10000	ame of B lark Co	uilding Ov ovey	wner/Ope	rator (2	2)							
Agencies Notified	Type Notification		1	treet Add	lress hland A	venue			AUG	26	2014				
EPA DEP DOL	Initial Amended Amendment	#			, Zip Cod , NJ 071								1		
ĭ DOH	Emergency (including	100.00	ame of C						10000000	phone Nun	nber	.1	- 3	
DCA	Cancellation	9	N	Mark Co						34					_
		DI (0)	-307	FACILI	TY INFO	RMATION	1	Type of	Facility (4	1)					_
Name of Facility Where House Street Address	e Abatement is Takin	g Place (3)						Sc Su	hool (K-12	2) 8 (Oth	er than K-12	2)		9	
410 Highland Ave	nue							Ott etc	her (i.e. pr :.)	rivate 8	commerci Floors	al buildi	ngs, l		S,
City (5) Newark				-	1			N/A		N/A	A	N/		,,,	
County (6) Essex				County County County County	ode (7) SE ONLY)			Current		r if bei	ng demolish	ned)		0000	
Name of Monitoring Fi	rm Hired by Building	Owner (8)		ASCM	No.	E1 110			ment Con ment, In		(9)				
Street Address						1		Address	en Aver	ule.					
City, State, Zip Code						- (City, St	tate, Zip	Code		-		- 2.	1.	
Project Manager for M	Ionitoring Firm		Т	elephon	e No.			one No.	07512		License N	lo.			\dashv
		O-b-distant		nlotion F	oto (11)			345-86	85 Monitor		#00675				
Start Date (10) 9/10/14		Scheduled 9/11/14	Com	pietion L	ale (11)				ment, In	C.					
Occupancy Status Du								Address osengr	en Aver	nue					
Abatement Perfo	acated During Entire ormed Outside of Norr occupied	mal Facility H	ours		-			tate, Zip wa, NJ	Code 07512						
Scope of Work (Check			novat moliti				×	Mini-	Containme Enclosure	е	n Negative	Pressur	e		
						1000		Non	Exempte	d (*) ar	nd Non-Fria				
		Is Lo	ocatio	on										ement pe	L
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)				Solely by enance/ dial Staff? Asbestos Cor (i.e. therma surface)				escription of ntaining Material (ACM) al systems insulation, facing, VAT, or miscellaneous)			Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
storag	e room		X			pipe i	nsula	ation			75 LF	X			
															-
Name of Registered \	Waste Hauler		N	JDEP W	/aste	Cubic	/ards		Name of	Regis	tered Landf	ill		1	
D&S Abatement,				auler ID 20996	No.	of Was	te				agement	of PA			6
City, State Totowa, NJ						Dispos TBD	al Date		City, Sta Tullyto		*				
Completed by Deanna Brkusani	n	Title Projec	t Ma	anager		Si	gnatuf	1/200	wa f	le	walls	Date 3/19/1	4		

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



Date of Notification (1) 8/22/14			17/20/20/20/20/20/20/20		Owner/Operator or Joint Toll E		mmissio	on			-800			
Agencies Notified	Type Notification		Street	Address Wood Stre				IG 2	2 6	2014		1		
EPA DEP DOL	initial Amended Amendment			State, Zip Co isville, PA										
□ DOH	Emergency (i justification)	ncluding		of Contact				Tele	phone	Numb	er		4	
DCA	Cancellation		Jame	es Shelly,	District 2 Su	perintend	dent					01	1	
			FA	CILITY INFO	DRMATION									
Name of Facility Where Riverton-Belvidere						Sch	acility (4) ool (K-12)							
Street Address Span across the D	elaware River fro	m Riverto	n, PA to	o Belvider	e, NJ		chapter 8 er (i.e. priv)				ouild	ings,	home	es,
City (5) Belvidere				All the	3	Square F 5,100	eet	# of 1	Floors		1	dg. A 20 ye	7.0	
County (6) Warren				y Code (7) E USE ONLY			Jse (Prior nance G					lishe	ed)	
Name of Monitoring Fire	m Hired by Building C	Owner (8)	AS	CM No.		e of Abatem tiola Serv			(9)			95		
Street Address						t Address 2 B Lucor	n Road							
City, State, Zip Code						State, Zip Copack, PA								
Project Manager for Mo	onitoring Firm		Telep	hone No.		hone No. .539.563	4		Licens	se No.	7			
Start Date (10) 9/5/14		Scheduled (10/31/14	Completio	on Date (11)		Name of OSHA Monitor Mattiola Services, LLC								
Occupancy Status Duri	ng Abatement (Chec	k Only One)				t Address						-		
Facility Closed/Va	cated During Entire F	eriod of Aba				2 B Luco	see according to the					77		
Abatement Perform Other – Describe:	med Outside of Norm Vacant and schedule	al Facility Ho	ours ion			State, Zip Copack, PA								
Scope of Work (Check	All That Apply)					=								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Processor.	ovation nolition			Mini-E Glovel	ontainmen inclosure bag Proce exempted (dure	_				2	
		I led a			•		, and the contract of	7 4.110		1		7000	ment	t
1			cation mally		Description	n of						Ту	ре	
Asbestos-Containin TO BE A In Fac	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Nor Used S Mainte Custod				tos Containing thermal syster surfacing, V	Description of Containing Material (ACM) rmal systems insulation, urfacing, VAT, or ner miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes I	No N/				-	1	00.05	-				-
Maintenance (Garage Roof		X	Co	orrugated Ro	oof Panels	S	5,1	00 SF		X.			
Name of Registered W	aste Hauler		NJDEF	P Waste	Cubic Yards	l N	Name of R	egiste	red Lar	ndfill				1
Waste Managemer				ID No.	of Waste	N	Waste M				Э.			
City, State Keyport, NJ	10.				Disposal Dat		City, State Fullytown	n, PA	\					
Completed by Caroline M. Harper		Title Project	Manag	er	Signatu	oli []	Hur	eer		Date 8/2:		1	h	

telen

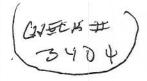
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)	2000				-	Owner/Operator (2					9			
	01 /	14		Merc	k Sharp	and Dohme Co	rporation A	UG 2 6	001/	Æ.	98			
Agencies Notified	Type Notification	on		Street A	Address			00 2 9	4V1					
⊠ EPA	☐ Initial			126	E. Lincol	n Avenue								
□ DOLWD		. nat		City, St	ate, Zip Co	ode				6				
☑ DHSS	Amendmen			Rahv	way, NJ 0	7065			- 52		į.			
DCA (NJAC 5:23-8)	Emergency justification		1	Name o	of Contact	200		Telephone	e Numb	ber				
(110/10 0.20 0)	☐ Cancellation			Gerr	y Stanko	vitz								
				FAC	ILITY INF	ORMATION								
Name of Facility Where A	hatement is Tal	king Place	(3)	1710	12111111		Type of Facility (4)			- 100			
Building 80Y	batomont io rai		(-)				School (K-12							
Street Address			-		_		Subchapter 8	(Other than	n K-12)				
126 E. Lincoln Aven	ue						Other (i.e., pr homes, etc.)	ivate and c	ommer	rciai buli	aings	£.		
City (5)							Square Feet	# of Floo	ors	Bldg	g. Ag	е		
Rahway							115000	4		50	0			
County (6)				Count	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being o	demolis	shed)				
Union							Vacant							
Name of Monitoring Firm	Hired by Buildir	ng Owner	(8)	ASCM N	No.	Name of Abateme	ent Contractor (9)							
EHI, Inc.						USA Environ	mental Manag	ement, Ind	c.					
Street Address	-					Street Address								
655 West Shore Tra	il					8436 Enterpr	ise Avenue							
City, State, Zip Code			-			City, State, Zip C	ode	- 57.50				23/2		
Sparta, NJ 07871						Philadelphia	, PA 19153							
Project Manager for Moni	toring Firm		Tele	phone N	No.	Telephone No.		License	No.					
Lisa Liloia			9	73-729-	-5649	215-365-5810)	1156						
Start Date (10)	Sc	heduled C	omple	tion Dat	te (11)	Name of OSHA N	Monitor							
5 / 26 /	14	11 /	_ 26	3_/_	14	USA Environ	mental Manag	ement, In	С					
Occupancy Status During	Abatement (Cl	neck only	one)			Street Address								
☑ Facility Closed/Vacate				ment		8436 Enterpr	rise Avenue							
☐ Abatement Performed					cribe	City, State, Zip C	ode							
Time of Abatement: 7	:00 AM-3:30P	M/	PM	AM		Philadelphia	, PA 19153							
Scope of Work (Check al	that apply)												- 8	
Control Vision and Control Con	1.1. 7.10					☐ Full Cor ☑ Mini-En	tainment with Ne	gative Press	sure					
 ≥3 sf or ≥3 lf ≥160 sf or >260 lf 			enovat emoliti			☐ Gloveba	a Procedure							
<u> </u>						☑ Non-Exe	empted (*) and No	n-Friable P	roced					
		1	s Loca							Aba	ateme	ent T	уре	
Location		Us	Norma	ally ely by	A-h-	Description stos Containing M		Amo	unt	Re	Re	En	E	
Asbestos-Containing TO BE ABA		M	ainten	ance/		, thermal systems		(Spe		Removal	Repair	cap	Enclosure	
IN Facil		Cu	stodial (12	Staff?		surfacing, VA	Γ, or	SF or	LF)	a l	in it	Encapsulate	ure	
(13)		Vos	1	1	-	other miscellan	eous)					te		
		Yes	1 000		Transit	e Table Tops ar	nd Fume	12,87	n e F	\boxtimes				
Laboratory Rooms					Hoods	c rable rope a	ia i amo		_	-				
2 nd and 3 rd Floors					Mastic	-		51,56						
All Floors				\boxtimes	Duct FI	ange Caulks		30,00	0 LF					
Roof				\boxtimes	Flashin	120		6,640						
Name of Registered Was	ste Hauler		- 1	NJDEP		Cubic Yards of	Name of Reg							
Freehold Cartage I	nc.			Hauler I 1593		Waste 1200	Lycoming	County F	RMS					
City, State				.000		Disposal Date	City, State							
Freehold, NJ						8/26/2014 Montgomery, PA								
Completed By (Print or 1	ype)	Title				Signature Date								
Dilip Kumar		Progr	am M	anagei	r									
		-												

ASB-41 MAY 11

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

NOTIFICATION OF ASBESTOS ADALL (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Antonio Mendez AUG 2 6 2014 Date of Notification (1) Street Address 25-27 Morristown Road Type Notification 8/20/14 City, State, Zip Code Telenhari Agencies Notified Elizabeth, NJ 07208 Initial Amended Name of Contact EPA Amendment # Emergency (including DEP Antonio Mendez Type of Facility (4) FACILITY INFORMATION DOL justification) X Cancellation Other (i.e. private & commercial buildings, homes, DOH Name of Facility Where Abatement is Taking Place (3) × # of Floors etc.) 60 Square Feet house Current Use (Prior if being demolished) 2200 Street Address 25-27 Morristown Road County Code (7) (STATE USE ONLY) Name of Abatement Contractor (9) ABS Environmental Services, LLC City (5) Elizabeth ASCM No. Name of Monitoring Firm Hired by Building Owner (8) County (6) Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code Glenwood, NJ 07418 License No. Street Address Telephone No. 703 973-583-8500 Telephone No. City, State, Zip Code Name of OSHA Monitor Project Manager for Monitoring Firm Scheduled Completion Date (11) Street Address 8/29/14 Start Date (10) Occupancy Status During Abatement (Check Only One) City, State, Zip Code Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Full Containment with Negative Pressure Mini-Enclosure Non-Exempted (*) and Non-Friable Procedure Other - Describe: Glovebag Procedure Scope of Work (Check All That Apply) X Abatement Renovation Demolition Type ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Amount Removal Description of Repair Asbestos Containing Material (ACM) Is Location (Specify (i.e. thermal systems insulation, SF or LF) Normally Used Solely by surfacing, VAT, or other miscellaneous) Maintenance/ Location of Asbestos-Containing Material (ACM) Custodial Staff? TO BE ABATED (12)x 10 LF In Facility pipe insulation NIA x 10 LF (13)No Yes pipe insulation x X 120 LF multiplans pipe insulation living room X Name of Registered Landfill X dining room Cubic Yards basement NJDEP Waste of Waste Hauler ID No. City, State Name of Registered Waste Hauler Disposal Date 15959 Date TBD 8/20/14 Freehold Cartage Signature * Do not use this form for asbestos licensure exempted City; State Freehold NJ Title President Completed by A. Scott Higgins



SIZE OF NEW JETZEY NOTHICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)	22/14		Name of 6	Building E K	Owner/Operator	CH CO	NTRACT IN	146					
Agencies Novined	Type Notification		Street Ad	dress	- PT	50			-				
□ ₽A	⊠ jinvaal			1)		. 50			-				
	Amended Amendment #_		City, State	GREEN FIELD N.J 08230									
_	Emergency (in	aiwin	Name of (acivi i	T	Telephone Number						
□ 00h	Justification) Cancellation			BRUCE BREUNIG									
	 		FACIL	TY INFO	HOITAHR								
Name of Facility Where	Abatement is Taking	Place (3)				Type of Facility (-	•						
RES	DENCE					School (K-12) Subchapter 8	(Other than A-14)						
Street Address	1	1	_			Doner (I.e., pri	Asia & commercial p						
1139	WESLE	4.110	7-			Square Feet	# of Floors	Bldg					
City (5)	ON CITY					1000	77						
- (6)			County (Code (7)	STATE		or if being demolished N	·					
CAR	OF MAY		ASCH No.		Name of Abaten	reni Convactor (9)							
Name of Maritoring Firm	n Hired by Building C	Amer /	ASCHINO THE										
(8)	//			+	Sueel Address	S. SPRUC	= Ave.						
Street Address		0.00.0406				5. 7.							
City State Zip C∞de					City. State, Zip C	OF CHAI	ie, NJO	825	<u></u>				
			110		Talannone No.		License No	1900					
Project Manager lor Mo	onitioning Firm	, Tele	phone No		856-7	79-0472	0044	<u> </u>					
	T Cabo	du'ed Comple	ion Date	(11)	Name of OSHA		M						
Start Date (10)	0	110/	14		JOSE	PKALEM							
Occupancy Status Du	one Abalement (Che	ck only one)			Sueel Address	SPILUC	EAUER						
- · Oursed 1/25	ared Durana Entre Pi	enco or were	meni		3695								
Abatement Perform	ed Outside of Noma	a Facility Hou	ırs		Cry. State, XID	SHAD	E, N, J, C	0805	12_				
Other - Describe.				=									
Scape of Work (Check	k all that apply)				Full C	ontainment with Ne nolosure	gative Pressure						
			lian				2002						
7 > 3 51 01 > 3 11		Renova	on			vamoled () Bou n	on-Friable Procedu	re					
23 \$1 01 23 II 2160 \$1 01 2260 II		Demoi à			□ Non- B	xempled () sen in	on-Friable Procedu	A.	alemen.				
23 \$1 01 23 II		Demotion Is Local Normal	ion hy				on-Friable Procedu	A.					
2160 st or 2260 II	on of	Is Local Normal Used Sole	ion by by by	Asbe:	Description	ol kalenal (ACM)	Amount		100				
Location	g Malenal (ACM)	Is Local Normal Used Sole Maintena Custod	ion by by by cost ial	Asbe:	Description sios Containing h	o((atenal (ACM) s insulation.			100				
Location Aspessos-Containing TO BE AB	g Malenal (ACM) BATED	Is Local Normal Used Sole Maintena Custod Staff	ion by by by by cost ial	Asbe:	Description	of (atenal (ACM) s insulation. (T, or	Amount (Specify	Remova					
Location	g Malenal (ACM) BATED Ziny	Is Local Normal Used Sole Maintena Custod Staff (12)	ion by bly by noe! ial	Asbe:	Description sios Containing b thormal system sudagno, VA	of (atenal (ACM) s insulation. (T, or	Amount (Specify		100				
Location Aspessos Containin TO BE AF	g Malenal (ACM) BATED Ziny	Is Local Normal Used Sole Maintena Custod Staff	ion by bly by noe! ial	Asbe:	Description sios Containing b thomal system surfacing, VA other myscollar	of Raterial (ACM) s insulation. IT, or neous)	Amount (Specify SF & LF;		100				
Location Aspessos-Containin TO BE AS IN Fac (13	g Malenal (ACM) BATED Willy	Is Local Normal Used Sole Maintena Custod Staff (12)	ion by bly by noe! ial	Aste: (i e	Description sios Containing b thormal system sudagno, VA	of Raterial (ACM) s insulation. IT, or neous)	Amount (Specify	Remova	100				
Location As Desios - Containin TO BE AF	g Malenal (ACM) BATED Willy	Is Local Normal Used Sole Maintena Custod Staff (12)	ion by bly by noe! ial	Asbe:	Description sios Containing b thomal system surfacing, VA other myscollar	of Raterial (ACM) s insulation. IT, or neous)	Amount (Specify SF & LF;	Remova	100				
Location Aspessos-Containin TO BE AS IN Fac (13	g Malenal (ACM) BATED Willy	Is Local Normal Used Sole Maintena Custod Staff (12)	ion by bly by noe! ial	Asbe:	Description sios Containing b thomal system surfacing, VA other myscollar	of Raterial (ACM) s insulation. IT, or neous)	Amount (Specify SF & LF;	Remova	100				
Location Aspessos-Containin TO BE AS IN Fac (13	g Malenal (ACM) BATED Willy	Is Local Normal Used Sole Maintena Custod Staff (12)	ion by by by nose! ial ?	(i e	Description stos Containing h . Hermal system surfacing, VA other myscellar	of fatenal (ACM) s insulation, IT, or neas)	Amount (Specify SF & LF;	Removal	En aprobato				
Location Aspesios-Containin TO BE AS IN Fac (13)	Masie Hauler	Is Local Normal Used Sole Maintena Custod Staff (12)	NIDEP	(i e	Description stos Containing h thermal system surfacing, VA other myscollar The WST	of fatenal (ACM) s insulation, IT, or neas)	Amount (Specify SF & LF)	Removal	En aprobato				
Location Aspesios-Containin TO BE AS IN Fac (13)	Masie Hauler	Is Local Normal Used Sole Maintena Custod Staff (12)	ion by by by nose! ial ?	/283e ·	Description stos Containing h thermal system surfacing. VA other myscellar The WST	Name of R	Amount (Specify SF & LF;	Removal	En apadato				
Location Aspestos Containon TO BE AF IN Fac (13) TA MAC Name of Registered K E M (Wasie Hauler	Is Local Normal Used Sole Maintena Custod Staff (12) Yes No	NIA	/283e ·	Description stos Containing h thermal system surfacing, VA other myscollar The WST	Name of R	Amount (Specify SF & LF;	Removal	En apadato				
Location Aspestos Containon TO BE AF IN Fac (13) TA MAC Name of Registered K E M (Wasie Hauler CO [NC.	Is Local Normal Used Sole Maintena Custod Staff (12)	NIA	/283e ·	Description stos Containing h thermal system surfacing. VA other myscellar The WST	Name of R City, State City, State Control Con	Amount (Specify SF & LF) 3000 Appendix Amount (Specify SF & LF) Property SF & LF) To Date	Removal	En Joseph				
Location Location Location Location TO BE AE IN Fac (13) The property of the property o	Wasie Hauler CO [NC.	Is Local Normal Used Sole Maintena Custod Staff (12) Yes No	NIA NIOEP ! Hauter D (79)	(i e	Oescaption sios Containing h themal system surfacing. VA other myscellar Cubic Yards of Waste Disposal Dat	Name of R City, State City, State Control Con	Amount (Specify SF & LF) 3000 Appendix Amount (Specify SF & LF) Property SF & LF) To Date	Removal	En Joseph				



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08 / 22 / 14			lancy		ner/Operator (2)	ŧ	AUG 26	CUPT				
		Str	eet Add	iress								
		1000000		gwood D	r							
I LEA		1		, Zip Code				9.0				
100000		100000	Appropriate Control Control	rd NJ. 08								
DHSS Amendment # DCA Emergency (incl	uding	1/2	-		7004		Telephone No	umber		1125- 50		
(NJAC 5:23-8) justification)		100000	ame of C				10.00	-				
☐ Cancellation	20	1	-	Urban					_			7
			FACIL	ITY INFO	RMATION	Type of Facility	<i>i</i> (4)					\dashv
ame of Facility Where Abatement is Taking	Place (3)					School (K-						
Urban Residence			1			Cubahanta	8 (Other than K	(-12)				
treet Address						Other (i.e.,	private and com	mercial i	Suliali	ngs,		
27 Longwood Dr.				19		homes, etc	# of Floors	1	Bldg.	Age		-
City (5)				4		Square Feet	0.000	1.	60+			
Stratford						1800	2			50 - 63 - 63	-	
		- 1	County	Code (7)(S	TATE USE ONLY)	Current Use (Prior if being der	nolished)			- 8
County (6)				7.55		None	10			111		
Camden	humor (8)	Δ	SCM No		lame of Abatem	ent Contractor	(9)					
Name of Monitoring Firm Hired by Building C	wher (o)	1	JOIN 140	,. I	Luzon, Inc.							
Environmental Management Inter	nationa	ll,			Street Address							
Street Address				13	8451 Execut	ivo Ave						
34 E Germantown Pike # 204									11/11/11		-0.0	
City, State, Zip Code				(City, State, Zip C							
E. Norriton, PA 19401					Philadelphia	, Pa. 19153	T. T. M.			_		
Project Manager for Monitoring Firm		Telep	hone No	0.	Telephone No.		License N	10.				
Raymond Giordano		610	277 0	405	267-284-105							_
	duled Cor	moleti	on Date	(11)	Name of OSHA	Monitor						
Otali Bate (1-)	8_/				Joseph Mar	onski						
				The second second	Street Address							
		-1										
Occupancy Status During Abatement (Chec	k only or	ie)				tive Avenue						
M Facility Closed/Vacated During Entire Pe	eriod of A	baten	nent		8451 Execu	tive Avenue						
☐ Facility Closed/Vacated During Entire Pe	eriod of A Il Facility	baten Hours	s - Desc		8451 Execu City, State, Zip	Code		-				
M Facility Closed/Vacated During Entire Pe	eriod of A Il Facility	baten Hours	s - Desc		8451 Execu City, State, Zip							
☑ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal Time of Abatement: 8:00AM-4:00PM/_	eriod of A Il Facility	baten Hours	s - Desc		8451 Execu City, State, Zip (Philadelphi	Code a, Pa. 19153	Negative Pressi	ure				
☐ Facility Closed/Vacated During Entire Pe	eriod of A Il Facility PM	batem Hours I	AM		8451 Execu City, State, Zip Philadelphi Full Co	Code a, Pa. 19153 Intainment with	Negative Pressu	ure				
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 ☑ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Norma Time of Abatement: 8:00AM-4:00PM/_ ☐ Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf ☐ Location of 	Rer ☐ Der	Hours Hours I novation nolition Locat Iorma	AM on ion illy ely by	ribe	8451 Execu City, State, Zip Philadelphi Full Co Mini-E Glovet Non-E	code a, Pa. 19153 entainment with nclosure pag Procedure exempted (*) and n of Material (ACM)	d Non-Friable Pr	ocedure	Aba			
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