Date of Notification (1)	0.0/		Name of	Building Owner	Operator (2)						_
2.63	B-96-1	4		Franchi	Demoli	tion	Inc				
Agencies Notified	Type Notification	18	Street A	ddroce	Box			8 8		-	
□ EPA □ DEP	☐ Amended		City, Sta	te, Zip Code		1000	00.19				
DOL	Amendment #		14 13	ما	mden	NF	.0813		vi.		
DOH .	justification)	•		Contact .	Ľ·	1 6 8 TAG 2 1/2	Telephone	Number			
DCA	☐ Cancellation		Ph	LITY INFORMAT							
Name of Facility Where				7	Тур	e of Facility (4)			,	
Stone fro	at Plus 1	Aparti	nent	(Vacan-	+) -	School (K-1	2)				
Street Address 45	South [Black	Hors	se Pike	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Subchapter Other (i.e. p etc.)	8 (Other than rivate & comm	K-12) ercial buil	dings,	home	9 5,
City (5) 21-01		NIT				are Feet	# of Floors	E	ldg. A	ge	
	Kwood	107	County	3012	Cur	rant Hea (Dri	or if being dem	oliched)	/() t	_
County (6)	cester	82		USE ONLY)		one fre		Aparti	Y)c/	d	
Name of Monitoring Firm	Hired by Building O	wner (8)	ASCN	No.		patement Cor		Mod-C1.			
EPCTE	chnele	sies		MA	EP	C TE	chnol	ogie:	<u>,</u>	In	20
Street Address	30x 33	57			Street Addr	Box	337	9			
City, State, Zip Code	tave	NZ	08	533	City State,	Zip Code	At N	20	85	13	3
Project Manager for Mo	e hen ken		Telepho	ne No. 758-3365	Telephone	No. 37	Licens	e No.	19	4	
Start Date (10)	A A A ARLA A BARBARA	Scheduled C			Name of OS	SHA Monitor	-				
Occupancy Status Durin	g Abatement (Check	Only One)	<u> </u>	17	Street Addr		hnologi	es L	nc	-	
Facility Closed/Vac			ement			Box	337	•			
Abatement Perform					City, State,	Zip Code		•			
☐ Other – Describe:		<u>.</u>			New	Egypt	TU	08	53	3	
Scope of Work (Check A	II That Apply)	•				- (1	,	5			
≥3 sf or ≥3 lf ≥160 sf or ≥260 if		Reno	vation olition			ull Containme	ent with Negati	ve Pressu	re		
2 2100 SI GI 2200 II		20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		□ G	Slovebag Prod	edure -				
		Γ			JE N	ion-Exempted	(*) and Non-F	nable Pro	000000000000000000000000000000000000000	ement	
	ĺ	Is Loc		_	V 2 12		Ç.	+		pe	
Location Asbestos-Containing		Used So	olely by		escription of staining Materi	al (ACM)	Amount			m ·	
TO BE AB	ATED	Mainter Custodia			l systems insu		(Specify	₽	R	Encapsulate	Enclosure
In Faci (13)		(12			cing, VAT, or miscellaneous		SF or LF)	Removal	Repair	psu	losu
(13)		Yes No	o N/A	00.0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	C	<u>a</u>	-	late	9.11
	(-1)	TES IN			0 (()			_	-		
Roof "A" Se	ction (Front)	-	7	Transite	Koot 21	ningles	400 5	SF X			
								_	-		
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				10.1	Vanda	N	Registered Lar	4611	<u></u>		
Name of Registered Wa	ste Hauler	•	NJDEP W Hauler ID		Yards aste				,	_	۸.۲
	hnologies		170		<u> </u>	City, Stat	e Manag	jenes	10	FK	M
City, State New E	avot 1	VJ.		9-	5-14		isville_	PA			
Completed by	211	Title	0 +		Signature	250		Date 8	<u>ک</u> لہ -	- 14	
Steve Sche	n nex	Presi	den		Charles .	عال	a Par			• 1	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) August 25, 2014		1	Name of Building O	wner/Opera Wood	ntor (2) Ridge Industrial	2	SC	18				
Agencies Notified Type of Notificati [x] EPA [] Initial			Street Address City, State, Zip Cod		uic Street (7.1)			: L ₃ . !				
[x] DOH [x] Emerg	dment # gency (including		eny, state, zip cou		Ridge, NJ 07075		. :					
[] DCA justific	cation) Ilation		Name of Contact Abe		Te	elephone Number 9						
00 W 100 M 1		FACII	LITY INFORM	ATION	Type of Facility (4)					\neg		
Name of Facility Where Abatement is Taking I Warehouse	Place (3)				[]	School (k-12) Subchapter 8 (other	er than	k-12)				
Street Address 1 Passaic Street					[x]	Other (i.e., private homes, etc.)			l buildii	ngs,		
City	County (6)		County Code (7) STATE USE ONLY	0	Square feet 100,000 sf	# of Floors	Bldg.	Age 60)			
Wood Ridge	Bergen		*		Current Use (Prior if Wareho							
Name of Monitoring Firm Hired by Building C N/A	Owner (8)	A	ASCM No.	Name of	Abatement Contractor Guardia	(9) an Contracting,	Inc.					
Street Address				Street Ac		oute 9, Unit 61						
City, State, Zip Code				City, Sta	e, Zip Code	liver, New Jerse	y 087	71				
Project Manager for Monitoring Firm	Telephone Nu	ımber			e Number 9-9932	License No 00624	umber					
Scheduled Start Date (10) 8/25/14	Scheduled Co 8/27/14	11000	n Date (11)	Name of	OSHA Monitor E.M.S.	L. Analytical	14					
Occupancy Status During Abatement (Check of X) Facility Closed/Vacated Abatement Performed (d During Entire Period			Street A		telton Road						
Other – Describe						way, New Jerse	y 088:	54				
Scope of Work (Check all that apply)	Th			[x		with Negative Pres	sure					
[x] >3 sf or ≥3 lf [] ≥160 sf or ≥260 lf	[]	Renovati Demoliti		[]	Glovebag Procedi	ure *) and Non-Friable I	Procedu	re				
							Abat	ement 1	уре			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally use Solely by Maintenance/Cus Staff (12) YES NO	d	(i.e	Description bestos-Co Material (A., thermal sulation, so VAT, her miscel	ntaining ACM) systems urfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Building 246 & 46 East		X	O & M encap	sulation		400 lf			Х			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste 20	223		ards of Wa	T.R.R.F.	ered Landfill						
City, State Toms River, New Jersey		Dispos 8/28/		City, S Tully	tate town, Pennsylvani	a	T =					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manage	r	Signature	ture Date 8/25/					014			

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

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CK#2356

Date of Notification (1)	1		Name	of Building Owne	=10====t=	- (0)	1-11					ISSIE
SAU	2/14		1	U Nielis	S+.	///	Fillians 2					
Agencies Notified Type Notification	on		Street	Address	<u> </u>	CCC						
EPA Initial			P		£ 53	33						
DEP Amended Amended Amendme	nt#			tate, Zip Code	4) -		7.00	,				
☐ Emergence	y (including			avesing.	, M.	5. 07.		J181				
DOH justificatio		- 1	/	of Contact			T	elephone N	umbe			
		1		ILITY INFORMA	TION							
Name of Facility Where Abatement is Tak	ing Place (3	3)			on	Type of Facili	ty (4)		-			_
Street Address						School (K-12)					
						Subchar	ter 8 (Ot	her than K-	12)			
City (5).						Other (i. etc.)	e. private	& commerc	cial bu	ilding	s, hon	nes,
Sea Bright						Square Feet	# 0	of Floors		Bldg.	Age	,
County (6)		Т	County	Code (7)		Current Use (Deine 16 h	d		0	0	t
Mormonth		- 1		USE ONLY)	}		1000		ihed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.	Name	of Abatement (Contracto	r (9)				
Ctt Add-					Acel	Insulation C	o., Inc.	, ,				
Street Address						Address						
City, State, Zip Code					4	ontrose Ro	ad					
any, state, 2.p oods						tate, Zip Code Neck, N.J.	07700		(1922)			
Project Manager for Monitoring Firm		7	Telepho	ne No.		one No.	01122	License N		7.		
<u> </u>						294-1757		00029	10.			
Start Date (10)	Schedule	d Con	pletion	Date (11)	Name o	of OSHA Monito	or	1	-			_
Occupancy Status During Abatement (Che	ck Only One	7	17		-							
Facility Closed/Vacated During Entire	eo accountagnina ante				Street A	Address						
Abatement Performed Outside of Norr	nal Eacility I	batem Hours	ent		City St	ato Zin Carla						
Other - Describe: +Am	- tpm				Oity, Sie	ate, Zip Code		; ,				
Scope of Work (Check All That Apply)									,	• •		
≥3 sf or ≥3 if √1) ≥160 sf or ≥260 if		novat				Full Contains	nent with	Negative P	ressii			
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						Non-Exempt	ed (*) and	Non-Friab	le Pro	cedu	re	
l		ocatio								Abat	ement	
Location of Asbestos-Containing Material (ACM)	Used	Solely	by	De Ashestes Con	scription o	of			-	1	ype	
TO BE ABATED In Facility	Main Custor	tenan	V. (17. 17. 17. 17. 17. 17. 17. 17. 17. 17.	Asbestos Con (i.e. therma	systems i	insulation.		nount pecify	R		5	m
(13)		(12)			cing, VAT, niscellane			or LF)	Removal	Repair	caps	Enclosure
	Yes	No	N/A	7 E.M. E.M.		000)			Val.	3	Encapsulate	eans
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ame of Registered Waste Hauler		Ni sr	DED W	oto lo i	· · · · · ·							
ce Insulation Co., Inc.		Hai	DEP Wa uler ID N		Yards ste _/	1		ed Landfill	200			
ty, State		120	086		- 1	Chrins						
olts Neck, New Jersey				Dispos	al Date	City, Sta						
					TOV 1	- Easton	, PA					
ompleted by	Title			S	gnature	1		Date				

X) Sunday X

K# 2424

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

,			Nai	me of Buil	ding Owner	r/Operator ((2)		t						
ate of Notification (1)					R.	sher!	r Lis	net	Τ	y					-
gencies Notified Type N	lotification		Str	eet Addre	iss <	WI 0	4 V	tor	(A.D.	AVE	2				
P EPA II	nitial mended		Cit	y, State, 2	Zip Code	() (c 191	Nec		ers	1	0	77	62	
死 1001	mendment # mergency (inclu	rding	1	-10	<u>JP</u>	- J C	Coc.	,,0 60	Teler	hone N	limbe	ř	da sekki		
D' 1 2011	ustification)	ding	Na	ame of Co	m. Re					28					
DCA DCA	Cancellation			FACILIT	YINFORM										-
	(2010	ب احتد					Sch	Facility (4) noo! (K-12) ochapter 8 ner (i.e. pri) (Otho	r than K comma	(-12) ercial t	ullding	ys, ho	ınes,	
504 B!	(ignto	n 7	+0				Square I	Feet	# of	Floors 2		Bldg	. Age		
County (6)	with		10	county Co	de (7) E ONLY)		Current	Use (Prior	eny		lished	i)			
Name of Monitoring Firm Hired	by Building Ow	ner (8)		ASCM	Vo.	Ace	e of Abater	on Co.,	iractor Inc.	(9)					
Street Address							et Address Montros				-7/	6	1		
						City,	State, Zip	Code					- 1	-30	
City, State, Zip Code							Its Neck,	N.J. 07	722	Licens	no No		-		
Project Manager for Monitoring	g Firm			Telephone	No.	73	phone No. 2-294-17			0002			1 TI		
Start Date (FO)	S			pletion D	ate (11)	Nam	ne of OSHA	A Monitor			·:				
914114	toment (Charic		1 1 1	1		Stre	et Address	3			- 5,				
Occupancy Status During Aba Facility Closed/Vacated Abatement Performed O	Ouring Entire Pe	rind of A	baten	nent		City	, State, Zip	Code				· · ·		· ·	
Other - Describe:	7 - me	my													
Scope of Work (Check All The ≥3 sf or ≥3 if ≥160 sf or ≥260 if			enova		.0		Mini Glov	Containm -Enclosure vebag Pro -Exempte	e cedure					ı	
		1					11011	LAGITIDA						ment	
Location of Asbestos-Containing Mat TO BE ABATE In Facility (13)	terial (ACM) <u>D</u>	Use Ma	Local Norma d Soli intena todial (12)	illy ely by ance/ Staff?	(i.e. ti	Descrip is Containir hermal syst surfacing, other misce	ng Material lems insula , VAT, or			Amount (Specify SF or LF	/	Removal	Repair	Encapsulate	THO COURT
(,-,		Yes	No	N/A		100 100 100 100 100 100 100 100 100 100					7	-			-
Outdoor	>			P	5,0	1:7			2	1001	1	X			
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		1	1	NJDEP V	Vaste	Cubic Yar	ds	Name o	f Regi	stered L	andfill		L	1	1
Name of Registered Waste Ace Insulation Co., Inc.			1	Hauler ID 12086	No.	of Waste	3	G.R.C		S.					
City, State Colts Neck, New Jerse						Disposal I	114	City, St.		PA	10	ate /			
Completed by		Title	retar	y Treas	urer		atùre Pul LV	J.				SI2	26	i	
Bree McGuire		000						0				-	20000000	,	

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

<u> </u>		Na	me of Bu	illding Owner	Operator (2	2)			- 1)
Date of Notification (1)			Ch	1:5++	the Ro	3 Ge	cher	ch-	-Ch				
Agencies Notified Type Notification		Str	eet Addr		m 13+		C						
Agendies House			101		n 10		10C						\dashv
EPA Initial Amended		Cit	y, State,	Zip Code	A 3/	14.5	1005	Sn >	NF8	35	ÿ		
DOL Amendment #		_	Mo	VUO' 116	1 100	-00	J4: 8	Telepho	ne Numb	ner			\dashv
DOHjustification)	cidaling	NE	ime of C	ontact				· respiro					1
DCA Cancellation					TION			1 0	· · v				-
	Di /2\		FACILI	TY INFORMA	THON	Type o	f Facility (4)	ľ					
Name of Facility Where Abatement is Taking Christ The Redeemer	Place (3)	h			1		chool (K-12)						
	Crr					F S	inchanter 8	(Other th	an K-12)	la a difeille	ren h	011000	
Street Address 101 North 13 th	A 0			93			ther (i.e. pri	vate & cor	nmerciai	Dundn	ıys, ı	ome	že:
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city (5) manyille					-		ZW	/			15	+	
			ounty Co				t Use (Prior	1944			80		
county & moret		(5	STATE US	SE ONLY)		(crege	- m Ch	WHAP	-Der	ty		
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.			ement Cont						
Name of Manager							tion Co.,	inc.					_
Street Address						Addres	s se Road						
					1	state, Zij							
City, State, Zip Code					555350		i, N.J. 07	722		155	Ų.		
		T	elephone	a No	1	none No			cense No),	-		
Project Manager for Monitoring Firm		1'	eichiioiii	5 140.	100000000000000000000000000000000000000	294-1			0029				
	Scheduled	Comi	olation D	ate (11)	Name	of OSH	A Monitor		1				
Start Date (10)		21		alo (11)									
Occupancy Status During Abatement (Chec	k Only One)	01	• 1		Street	Addres	5						
Clased Macated During Entire F	Period of Aba	ateme	ent							:			
Abatement Performed Outside of Norm Other – Describe:	al Facility H	ours			City, S	State, Zi	p Code			1			
7)===										_		
Scope of Work (Check All That Apply)	100 - 100 100 100 100 100 100 100 100 10				г	_			5				
≥3 sf or ≥3 lf	Rer	novati	ion		t		Containme		egative P	ressur	9		
≥160 sf or ≥260 lf	Der Der	nolitio	מס		Ţ	Glo	vebag Proc	edure					
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		ocatio					1			1	Ty		<i>A</i>
Location of	No Used	rmall Solel		Achaetae	Descriptio Containing	n of Material	(ACM)	Amo	unt			П	
Asbestos-Containing Material (ACM) TO BE ABATED	Main	tenan	ice/	(i.e. the	rmal systen	ns insula	ation,	(Spe	cify	Reg	20	Enca	End
In Facility	Custo	มลา 5 (12)	tail!		urfacing, V ner miscella			SF or	· LF)	Removal	Repair	capsulate	nclosure
(13)	-		1	0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					30		ale	6
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Name of Registered Waste Hauter			JDEP W		ubic Yards		Name of	Registere	d Landfill				
Ace Insulation Co., Inc.		1000	auler ID	No. o	f Waste	2	G.R.O.	W.S.					
		11	2086	-	isposal Dat	e	City, Stat	e				-	
City, State Colts Neck, New Jersey						٥(wn, PA					
	Title				Signatu		1		Da	ite;	. 1		,
Completed by Bree McGuire		tary	Treasu	ırer		ree	71.		18	1 20	ol	14	1
2.30							7			1			_

CK# 24623.

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

Date of Notification (1)	25/14		1	Vame	of Buildin	g Owner/Operator	(2) Lopez	O. I. P.			2	
Agencies Notified	Type Notification		- 5	Street	Address	20		A 1/0				
EPA	☐ Initial ☐ Amended		-	City St	tate, Zip C		07 Edmunds A	Ave.		1 1 1		_
⊠ DOL	Amendment #_ Emergency (in	cluding	1	oity, o	tate, Zip c		n Beach, NJ	07735	0.50	77		18
₩ DOH	justification)	ordan ig	T	Name	of Contac			Telephono Ni.	.,			
	Cancellation		_			ehudi Lopez						_
Name of Facility Where	Abatement is Taking	Place /	3)	FAC	ILITY INF	ORMATION	Type of Facility	(4)				
Name of Facility Where		dential			ii		School (K-12	2)				
Street Address	307 Edm	unds A	Ave					8 (Other than K- rivate & commer		dings	i	
City (5)	001 2011						Square Feet	# of Floors	В	ldg. A		
	Union I	Beach,	NJ				1500	2		60	+/-	
County (6) Mc	nmouth				ty Code (ONLY)	7) (STATE		ior if being demo Residence				
Name of Monitoring Firm		Owner	A	SCM I	Vo.		nent Contractor (9		coc I	20		
(8) Street Address	N/A		<u>-</u> L-			Street Address	ens Environr	nemai servi	ces, II	IC.		_
Street Address						Olicet Address	PO E	322 Sox				
City, State, Zip Code						City, State, Zip C		NI 00501				100000
			Talan	hone N	·le	Telephone No.	Allentow	n, NJ 08501				
Project Manager for Mo	nitoring Firm		reieb	none	NO.		59-9688	LICSTISC IVO.	0049	3		
Start Date (10)	Sched	duled Co	mpleti	on Dat	e (11)	Name of OSHA I		700				
8/26/14			28/1	4			M	ECS				
Occupancy Status Duri				nent		Street Address	PO E	341				
Abatement Performe	d Outside of Norma	I Facility				City, State, Zip C		NII 00515				
Other - Describe:							Crosswick	s, NJ 08515				
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ан тпат арруу)	Ren	ovatio nolition			☐ Mini-En ☐ Gloveb	ntainment with Ne closure ag Procedure empted (*) and No		dure			
			cation	1				63103233	1	Abate Typ		
Location		Used S	Solely		- COMPANION	Description o			-	1 1	Je	
Asbestos-Containing TO BE ABA			todial	e/		tos Containing Ma thermal systems i	nsulation,	Amount (Specify	Ren	Repair	Enc	Encl
IN Facilit (13)	у		aff? 12)			surfacing, VAT other miscellane		SF or LF)	Removal	air	Encapsulate	Enclosure
		Yes	No	N/A							late	(D
Exterior Flat I	Roof Rear			×		Roofing Mate	erials	275 sf	×			
			-						-	-		
			-	-		a				+-		-
Name of Registered Wa	ste Hauler			IDEP V		Cubic Yards	Name of Regi	stered Landfill		-		
Stevens E	nvironmental		Ha	uler ID 182	No. 192	of Waste 2 CU		GROWS L	andfil	1		
City, State	Allentown, I	VII.				Disposal Date 8/28/14	City, State	Morrisville	PA			
Completed By	Title					Signature/	1/1/	Date				_
Mahlon E. Ste	evens	Pro	ject	Man	ager	_1_4//			8/2:	3/14		_

ASB-41

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

(K 23318

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

Date of Notification (1) 08 /	18 /	14	FRE				Owner/Operator (2 and Dohme Co		A 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 140			
Agencies Notified	Type Notificati				Street A		n Avenue	7.	h. AUG E J	E	2*		
☑ EPA ☑ DOLWD	Amended											_	-
☑ DOLWD	Amendmen	nt #				ate, Zip Co				,	٠. ا		
□ DCA	☐ Emergency		ıding			vay, NJ (77000		Telephone Nur				-
(NJAC 5:23-8)	justification				ANATOM (GAN)	of Contact			relephone Nui	iibei			
	☐ Cancellatio	n				y Stanko							-
					FAC	ILITY INF	ORMATION						_
Name of Facility Where	Abatement is Ta	king P	Place (3)				Type of Facility (
Building 121/121E	& 123							☐ School (K-12 ☐ Subchapter 8		2)			
Street Address								Other (i.e., pr	ivate and comm	ercial buil	dings	i,	
126 E. Lincoln Ave	nue							homes, etc.)					
City (5)								Square Feet	# of Floors	Bld	g. Ag	е	
Rahway								115000	4		0	1.00	
County (6)			-		Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)			
Union								Vacant					
Name of Monitoring Firm	n Hired by Buildi	na Ow	vner (8	3)	ASCM N	10.	Name of Abateme	ent Contractor (9)					
EHI, Inc.		J	•				USA Environ	mental Manag	ement, Inc.				
Street Address			_			- 1	Street Address					11220	
655 West Shore Tr	ail						8436 Enterpr	ise Avenue					
City, State, Zip Code	an						City, State, Zip C					- 10	
							Philadelphia						
Sparta, NJ 07871	nitarina Firm			Tol	ephone N	do	Telephone No.	,	License No.				
Project Manager for Mor	nitoring Firm				73-729-		215-365-5810	n	1156				
Lisa Liloia	10	abadıı	lad Ca		etion Dat		Name of OSHA						-
Start Date (10)09 /02 /	1,1000							mental Manag	ement, Inc				
Occupancy Status Durin							Street Address						
☐ Facility Closed/Vacat					ment		8436 Enterp	rise Avenue					
☐ Abatement Performe	ed Outside of No	rmal F	acility	Hou	rs - Des	cribe	City, State, Zip C				115857	25-27-	_
Time of Abatement:	7:00 AM-3:30 F	PM/	P	M	AM		Philadelphia						
Scope of Work (Check a	all that apply			_		-	, maconpina						-
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	ан тас арргу)		☐ Rei ☑ Dei				Mini-End Gloveba	ntainment with Ne closure ag Procedure empted (*) and No		dure			
			Ic	Loca	tion	1					ateme	ent T	vpe
Locatio Asbestos-Containing TO BE AB IN Fac (13)	g Material (ACM) BATED illity)	Use Mai	lorm d So inten	ally lely by ance/ Staff?		Description stos Containing M ., thermal systems surfacing, VA other miscelland	aterial (ACM) s insulation, Γ, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	044		Yes	No	N/A								
See attached													
												Ш	Ш
		-											
Name of Registered Wa	acte Hauler			닉	NJDEP \		Cubic Yards of	Name of Regi	stered Landfill				
Freehold Cartage					Hauler II	O No.	Waste 1200		County RMS				
City, State		-			1000		Disposal Date	City, State					
Freehold, NJ							12/31/2014	Montgom	ery, PA				
Completed By (Print or	Type)	Title		-			Signature			Date ,	(198)	11200	
Dilip Kumar	.,,,,	100000		m M	anager		pa	Uphenor		8/18	7/1	4	

ASB-41 MAY 11

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

Location of Asbestos- Containing Material (ACM) in Facility (13)		tion Normal by Maint./Cu Staff? (12)	ustodial	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other	Amount (Specify SF or LF)	Abatemer	
	YES	NO	NA_	miscell.)			ep. Encap Enclos
Building 121			х	Pipe Fittings	4 EA	X	
Building 121			x	Pipe Wrap Cloth	10 LF	X	
Building 121			Х	Window Caulking	60 LF	x	
Building 121			Х	Transite Window Sill	54 SF	X	
Building 121			Х	Window Glazing	10 EA	x	
Building 121			Х	Window Sill Caulk	85 EA	x	
Building 121			Х	Door Caulk	200 LF	x	
Building 121			Х	Roof Coping Stone Caulk	150 LF	x	
Building 121			Х	Roofing Tar	24000 SF	x	
Building 121			X	Crawl Space	2000 SF	x	
Building 121E			Х	Pipe Fittings	5 EA	x	
Building 121E			X	Transite Table Top	15 SF	X	
Building 121E			Х	Water Proofing	400 SF	x	
Building 121E			Х	Window/Door Glazing Caulk	63 EA	x	
Building 121E			Х	Window Sill Caulk	90 EA	x	
Building 121E			X	Exterior Building Caulk	160 LF	x	
Building 121E			Х	Roof Flashing	800 SF	x	
Building 121E			Х	Roofing Tar	8200 SF	x	
Building 121E			Х	Coping Stone Caulk	130 LF	x	
Building 121E			Х	Mastic on Duct	20 SF	x	
Building 123			Х	Window Caulk	46 EA	х.	
Building 123			Х	Door Caulk	80 LF	x	
Building 123			Х	Roofing Tar	9500 SF	x	
Building 123			X	Coping Stone Caulk	300 LF	x	

(R 1602)

EMERGENCY LETTER ATTACHED

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

LETTER TH	INCHED			_	D. 11.22	Owner/Operator	(2)					
Date of Notification (1)	25-14		Nar	ne of	OLA	-R CAL	SITAL	die (US di				-
	Type Notification		Stre	-	Ideape		- 11-			2.1		-
Agencies Notified	Type Notification		4	121	10	RLLARI	HIE.			- store		4
☐ 8PA ☐ DSP	Amended		City	y, Stat	e, Zip Co		W NJ.	04135		7		Total Control of the
DOL DOL	Amendment #_	luding	_	UN	110 H	DEATE	1	Telephone Number	Ħ	, /		-
☐ DOH	justification) Cancellation			me of 72 1	Contact	PLACKI	s _ l	1				_
□ DCA	- Carpeilos		-			ORMATION		/	1		55566	
		Bloom (2)	P	ACIL	24 8- Stet -	J. California de la constantia de la con	Type of Facility (()	(=12).			
Name of Facility Where	Abatement is raking	LIGGE (3)					School (K-12)	(Other than K-12				
Street Address /		1	_				Other (i.e., pri	vate & commercia	buildin	gs,		
421 LOR	ILLARD 1	HVE					homes, etc.) Square Feet	# of Floors	Bldg	Age		7
City (5)	BEACH	1 1	11		OXX	135	18:00		1	90		_
UNION	DETT		To	ounty	/ /) (STATE		or if being demolis	hed)			al and a second
County (6) MONT	100 TH		Ŭ	ISE O	MLY)		I was a second and the second and th	ANT				=
Name of Monitoring Fire		wner	AS	CM-No	Q.	Name of Abate	ment Contractor (9)	72/53	INC			
(8)			_			Street Address						7
Street Address						145 M		R.				_
						Oit State Zin	Code	8724	20/00-20			
City, State, Zip Code		20%				BRICK	· NJ. O	V License No.		-		=
Project Manager for M	onitoring Firm	T	elepho	one N	0.	Telephone No.	9 7/90	Closinse No.	06	,		_
1 (0)00		L_				Name of OSHA						-
Start Date (10)		Juled Com	pletto	n Date	(11)	Manie or core						
AUGUST 2				2 9		Street Address	3					
Occupancy Status Du	ated During Entire Pe	eriod of Ab	ateme	ent	8						-	_
Abatement Perform	ed Outside of Norma	i Facility H	ours			City, State, Zip	Code					
Other - Describe:												
Scope of Work (Check	k all that apply)	4	27			☐ Full C	containment with Ne	gative Pressure				
∏≥3 sf or ≥3 lf		Renor	vation				Enclosure bag Procedure	Edeble Description	IFO.			0.1
≥160 sf or ≥260 lf	1000		MUCH			Non-E	Exempted (*) and No	m-Friable Procedu	I A	baten	nent	
		Is Loc			20		-			Тур	e	
Location	on of	Used S	otely t	ру	A alaa	Description stos Containing N	of Asterial (ACM)	Amount		e e e e e e e e e e e e e e e e e e e	ᄪ	m
Asbestos-Containin	g Material (ACM)	Mainte Cust	feibo	4	(i.e	thermal system	is insulation,	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
TO BE AS	aity		aff? 2)			surfacing, VA other miscellar	neous)		oval	alr	sulat	sure
(13)	H		N/A							0	
		Yes	No	NIA	-7	2201 / 111	SULATION	100 LF	V			
THERMAL INS	VLATION		_	V	THE	SWAL IN:	SOLIFIT OF		1			
BASEN	1EN.		_									
		1	-						T			
			TNI	DEP I	/Vaste	Cubic Yards	/ Name of Reg	istered Landfill				275
Name of Registered	Waste Hauler N D .			nder E) No	of Waste	/ - G.	R.O. W	<u>. ک</u>	·	_	
BRICK !	ND: 111-		14	1	602	Disposal Date	City, State	PA.				
City, State BRICK	NJ.	19				9-1-19	4	The same of the sa		_		_
Completed By	Tit	te o				Signature	1.40	Date	7-2	?5	_/	4
ERIC P	LACKIS -	PRE	<u>S .</u>			l4	regress.			, p		

CHECK # 5798

Date of Notification (1) 08-25-14)				Building Owner /First Energy		(2)						
Agencies Notified	Type Notification			Street Ad 300 Ma	ddress adison Avent	ne	ZUR Z.L.						
EPA DEP X DOL	Initial Amended Amendment				te, Zip Code town, NJ 079	160		W 18	1	,,L.			
DOH DCA	Emergency justification) Cancellation				Contact . Grecco			Teleph	one N	umber			
				FACII	LITY INFORMA	TION		1					
Name of Facility When Morristown General					=		Type of Facility (4	2)		~~			
Street Address 300 Madison Ave	nue						Subchapter Other (i.e. pretc.)	8 (Other the sivate & co	han K- ommer	12) cial build	dings,	home	es,
City (5) Morristown		12-110-1-1-1					Square Feet	# of Flo	oors	В	ldg. A	ge	
County (6) Morris				County C	Code (7) JSE ONLY)		Current Use (Prio Commercial	r if being	demoli	shed)			
Name of Monitoring Fit One Source Safe		Owner (8)		ASCM	l No.		of Abatement Contacte Environme					10	
Street Address 140 South Village	Avenue, Suite 1	30		-			Address Broad Street						
City, State, Zip Code Exton, PA 19341		11			-		State, Zip Code stadt, NJ 07072						
Project Manager for M Brian Hoverdon	lonitoring Firm		Telephor	ne No. 19-1021	91000000000000000000000000000000000000	none No. 939-6565	1 1	cense 0756	No.				
Start Date (10) 09-03-14		d Cor	npletion [Date (11)		of OSHA Monitor or Technologies	S						
Occupancy Status Dui			5200			Address 9 Jackson Aver		\forall					
	acated During Entire rmed Outside of Norr :					City, S	State, Zip Code		8				
Scope of Work (Check						LONG	Island City, N	11101					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit			2	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				٥	
	***	T	ocat				14011-Exempled	() and iv	OTH TIE	Die i io	W. 50	emeni	t
Locati	ion of	No	ormal	ly	_	escription	of				Ту	ре	
Asbestos-Containii <u>TO BE A</u> In Fa (1:	ng Material (ACM) ABATED Icility		ntena		Asbestos Co (i.e. therm sur	ntaining N	Material (ACM) s insulation, T, or	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
Telecor	n Shop	165	X	IN/A	С	eiling Ti	les	1,50	00	x			
Microway	ve Room				Firep	roofing l	Debris	1,40	00	х			
		+-+							+	+			
Name of Registered W	aste Hauler		7-55	JDEP W		ic Yards	Name of F	Registered	Landi	fill -			
ATC, Inc. / JBT (50	0071)			lauler ID 4310	TBE		Minerva		rises				
City, State Shirley, New York			Disp TBD	osal Date									
Completed by Joseph Patrick		et Ma	anager		Date 08-25-14								

enech # 11160

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

GAC Project # 060-14												
Date of Notification (1) August 25,	2014				Name of Building Owner/C RUTGERS, THE ST			ERSIT	Y OF I	۱J		
Agencies Notified EPA DCA DOL DEP- No Longer REQUIRED	No EX		lotificat d Notifi ency (ir	ion cation # ncluding	Street Address ENVIRONMENTAL I 27 ROAD 1, BLDG 4 City, State, Zip Code PISCATAWAY, NJ 0	1086, L						
⊠ DOH		Cancel			Name of Contact MICHAEL SMITH, E HEALTH & SAFETY			Teleph	one Num	<u>iber</u>		
				FACILITY INF								
Name of Facility Where Abatement is BISHOP QUAD, MULTIPL STRUCTURES COMMON BLDG#s 3055/3054/3053/3 Street Address COLLEGE AVENUE CAM	E ABO BASEI 3051	VE GRO		ATION		mmercia of Floo	l buildin ors: 4	Bldg.	Age: 8		rs	
City (5) Cour	nty (6)	SEX		Code (7) Jse Only)	Current Use (prior if being	demolis	shed):	ACA	DEMIC			
Name of Monitoring Firm Hired by B	ildg. Own	er (8)	ASCM 0098		Name of Contractor (9) GREENWOOD ABAT	EMEN	т со	NSUL	TANTS	S, INC.		
3 TERRI LANE					Street Address 268 MAIN STREET					-		
City, State, Zip Code BURLINGTON, NJ 08016					City State, ZipCode BUTLER, NJ 07405					F		
Project Manager for Monitoring Firm BRIAN KEARNEY	ct Manager for Monitoring Firm Telepho				<u>Telephone Number</u> 973-492-0477			0084	e Number	<u></u>		
Scheduled Start Date (10) 09/03/14	10	0/03/14		n Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC).		į				
Occupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside	Entire P	eriod of A	batemen	t	20-21 WARGARAW City, State, Zip Code	ROAD				2		
Describe Other - Describe: Shift Hou - Nonconsecutive					FAIRLAWN, NJ					:		
Scope of Work (Check all that apply	()							-	-			
 ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 				☑Renovation ☐ Demolition		Mini-E Glove Von-Exe	Enclosu bag Pre empted	ure –W ocedur (*) and	d Non-Fri	UT able Pr	ocedur	re
Location of Asbestos-Containing Material (ACM) in Facility (13)		ion Normal y Maint./Cu 2) NO			pestos Containing Material nal systems insulation, surfaci icell.)	ing, (S	Amount Specify or LF)	0.046663	Abateme Remove			Enclose
Various Rooms X TSI						<	<9LF		X			
											-	-
Name of Dea Wests Haviles	1 11	JDEP Was	to Havis	ID#	O. biz V. d. etw.	5 CY		Name	of Registe	ered Lar	ndfill	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		Cubic Yards of Waste:	3 C T			D.W.S. 1	North L	.andfi	ill			
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 28969 Hauler #2) S TG – 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990						<u>Dispos</u> 10/03	3/14	≘	10 R 11	ity, State 00 New d. Morr 9067 15-736-	Ford N sville,	
Completed by (Print or Type) RAYMOND C. PEDALINO		NIOR P		т	Signature Reymand C. Per	delin	9	<u>Date</u>	lugust	25, 20	14	

OK 11159 State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1) August 25, 2014					Name of Building Owner/O	Operator (2)				183	
Agencies Notified		Notification Notification	Type al Notifi	ication	Street Address 64 East Midland Ave	enue	9.14	1117.0	į.		
X EPA		The second secon		ncluding	City, State, Zip Code		-			-	
x DCA		justific		lolddirig	Paramus, New Jer	sev 0765	2				
X DOL		□ Cancel			Name of Contact	sey 0705		hone N	umber	. 111	
X DEP		La Carice	ileu		Mark Wagener		Teleb	none is	umber	;	
X DOH		1		FACILITY INF							
Name of Facility Where Abate	mont in To	king Place (2)		FACILITY INF	Type of Facility (4)						
Berkeley College- Lil	brary 2 nd	d Floor			School (K-12) Other (i.e. private & c	oommoroial b	uildinas	homes	etc \		
Street Address 44 Rifle Camp Road				,	Sq. Feet: Unknown 3					year	s
City (5) Woodland Park	County (6			Code (7) Jse Only)	Current Use (prior if being	demolished):				
Name of Monitoring Firm Hire	d by Blda	Owner (8)	ASCM	No. I	Name of Contractor (9)		-				
EnviroVision Cons			0007		GREENWOOD ABAT	EMENT C	ONSU	LTAN	TS, INC		
Street Address	J Dlalar +	# 2FE			Street Address						
20-21 Wagaraw Road	ı, biag f	+ 35⊑			268 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
Fairlawn, NJ 07410					Butler, NJ 07405						
Project Manager for Monitorin	ng Firm	Telephone N			Telephone Number		Licens	se Num	ber		
Fred Larson		973-636	-9145				000				
		101111		- D-4- (44)	973-492-0477		0084	10			
Scheduled Start Date (10)		Scheduled (Name of OSHA Monitor						
September 4, 2014		October	10, 20	14	EMSL inc.						
Occupancy Status During A	batement	(Check only o	ne)		Street Address						
Facility Closed/Vacat				ment							
Abatement Performe					1056 Stelton Road						
Describe					City, State, Zip Code						
Other - Describe: 7	am-6PM				Piscataway, NJ 088	25/					
					riscataway, 145 000	554					
Source of Work (Check all the	at apply)					x Full Cont	ainmen	t with N	legative P	ressur	·e
≥ 3 sf or ≥ 3	If			Renovation		Mini-Enclo					
□≥ 160 sf or ≥				Demolition		Glovebag					
L 100 31 01 2	200			Demondon		Non-Exem			on-Friable	Proce	edure
						Wrap & C	ut	** ***********************************			
Location of Asbestos-Contain		ocation Norma		Description of Ast	bestos Containing Material	Amou		Abate	ment Type	9	
Material (ACM) in Facility (13		lely by Maint./C	ustodiai	VAT, or other mis	nal systems insulation, surfaci	ng, (Spec or LF)		Remo	ve Repair	Encap	Enclose
Staff? (12) VAT				Transcale inte	,	1					
			X	VAT & Masti	С	1,97	5 SF	X			
Name of Reg. Waste Hauler NJDEP Waste				r ID #	Cubic Yards of Waste:		Name	e of Rec	istered La	ndfill	
See Hauler Below # 1 &	2	See Belov				40			l Landfi		
Hauler #1) Greenwood		ement Con	sultan	ts, Inc. – Butle	er, NJ 07405	Disposal D October		014	City, Sta Route 2,	Box 68	
NJ DEP # Hauler #2) Newark C		nc. – Newar	k, NJ 04	4509, NJ DEP #	19551		•		Bridgepo 304-842-		А
Completed by (Print or Type)		Signature		Date			****				
Marin Graure	CT				ust 2	5, 2014					
Mailli Giaule		SENIOR P			Marin Grau	re	9				

GAC # 2014-461





CK 4312

Date of Notification (1) 8/25/14				uilding Or rotta Pri			2)								
Agencies Notified Type Notification EPA Initial		- 1	eet Add 29 Wes	ress st 2nd S	St	ZUI	i film	2.3		5 -					
DEP Amended Amendment #		Cit	y, State each H	, Zip Cod laven N	e IJ 0800	8 -				,L ,					
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding	0.000	me of C am	ontact					Tele	phone N	Numb	er			
Name of Facility Where Abatement is Taking	Diago (3)		FACILI	TY INFO	RMATIO	N	Type of	Facility (4)						-
Sam Sarotta Private Home	riace (3)						☐ Sc	chool (K-12	2)						
Street Address 429 West 2nd St							X O	ubchapter 8 ther (i.e. pr c.)				buildi	ngs, l	ome	s,
City (5) Beach Haven NJ 08008							Square 800	Feet	# of	Floors		35	ig. Ag	je	
County (6) Ocean		Co (S	ounty Co	ode (7) SE ONLY)		_		t Use (Prio ched gar		ng demo	olishe	d)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)	1	ASCM I	No.			of Abate	ement Con	tractor	(9)					
Street Address							Address Sox 32						191		
City, State, Zip Code							tate, Zip	Code NJ 080	91						
Project Manager for Monitoring Firm		Te	elephone	e No.		Teleph	one No	•		Licens			1012		\neg
	Scheduled 9/1/14	Compl	letion Da	ate (11)			of OSH	A Monitor		00727		-			
8/26/14 Occupancy Status During Abatement (Check		,					Address								
Facility Closed/Vacated During Entire Packatement Performed Outside of Normal Other – Describe:	eriod of Aba	ateme	nt		_		tate, Zip						· · ·		
Scope of Work (Check All That Apply)								7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio					Mini	Containme -Enclosure vebag Prod -Exempted	edure						
	le I	ocation					1401	-Lxcmptet	() u.	id Itoli i			Abate	ment	1
Location of	No	rmally			Des	cription	of				-	-	Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custo	enanc	ce/				s insula T, or		(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											Ф	
Exterior Siding			х		Exte	rior Si	ding		7	50 SF		x			
	-	-													
	+	-							lante	-					
Name of Registered Waste Hauler United Containers	Ha	DEP Wa		Cubic of Was			Name of G.R.O.		ered Lar	ndfill					
City, State		22	459		2 Dispos	sal Date	<u> </u>	City, Stat							
Elm NJ			2-24-2-		9/1/1			Morrivi		1906				000	
Completed by Anthony T Perna	Title Presid	ent	107 Spik		S	Signatur		2			Dat - 8/2	e 25/14	1		



School (K-12) Subchapter 8 (Other (i.e. private & etc.)	phone Num	nber:	is!		
Amendment # Long Beach Twp NJ 08008 Emergency (including justification) Cancellation DCA D	r than K-12 commercia	nber:	i.L		
Name of Facility Where Abatement is Taking Place (3) Walsh Private Home Street Address 9 East Marine St (126Th St City (5) Name of Contact Jeff FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other (i.e. private & etc.) Square Feet # of	r than K-12 commercia)			
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Walsh Private Home Street Address 9 East Marine St (126Th St City (5) FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Othe Other (i.e. private & etc.)	commercia				1
Walsh Private Home Street Address 9 East Marine St (126Th St City (5) School (K-12) Subchapter 8 (Other (i.e. private & etc.) Square Feet # of	commercia				
City (5) Square Feet # of	commercia				
	Floors		lings,	home	s,
Long Beach Twp NJ 08008 1000+ 2			ldg. A 5+	ge	
County (6) Ocean County Code (7) (STATE USE ONLY) Current Use (Prior if being Home	g demolish	ed)			
Name of Monitoring Firm Hired by Building Owner (8) N/A ASCM No. Name of Abatement Contractor Pernaco Inc.	(9)		,		
Street Address PO Box 329			-		
City, State, Zip Code City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm Telephone No. Telephone No. 856-753-9800	License No	0.			
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) Street Address				V/0	
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: City, State, Zip Code					_
Scope of Work (Check All That Apply)				2000	
≥3 sf or ≥3 lf				6	
Tron-Examples () and	2 HOIFI HAD	T		emen	t
Is Location Location of Normally Description of			Ty	ре	
Asbestos-Containing Material (ACM) TO BE ABATED Used Solely by Maintenance/ Maintenance/ (i.e. thermal systems insulation,	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
Yes No N/A				fe f	
Exterior Siding x Exterior Siding 18	00 SF	x			
		+			
		1	1		
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Register	ered Landfill	Ī			
United Containers Hauler ID No. 22459 G.R.O.W.S.				-0-7-11-0	
City, State Elm NJ Disposal Date 9/12/14 Disposal Date Oity, State Morriville PA	19067				
Completed by Anthony T Perna President Signature		ate #25/1	4		



CK 4314

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

Date of Notification (1) 8/25/14			me of Building (ederick Prim				- 19					
Agencies Notified Type Notification		1	eet Address			7	IK AUG p	A			<u>.</u>	
EPA Initial Amended			3 Oak Ave y, State, Zip Co	do					_	1 1	19	
X DOL Amendment #			etuchen NJ (3e					2 1	
DOH justification DCA Cancellation	cluding		me of Contact			1	Telephone	Number		1	-	
			FACILITY INFO	DRMATION								
Name of Facility Where Abatement is Taking Frederick Primich Private Home	Place (3)				Туре	of Facility (4)						
Street Address	*					School (K-12) Subchapter 8		<-12)				
28 Oak Ave					×	Other (i.e. priv			ildi	ngs,	home	es,
City (5) Metuchen NJ 08840						e Feet	# of Floors 2		Blo 35	ig. A	ge	
County (6) Middlesex			unty Code (7) FATE USE ONLY)		Curre	nt Use (Prior	if being demo	olished)				
Name of Monitoring Firm Hired by Building Ov N/A	vner (8)	1	ASCM No.		e of Abat naco Ir	tement Contra	actor (9)	*******				
Street Address				Stree	et Addres	ss						
City Out 7: 0					Box 32							
City, State, Zip Code				We		n NJ 0809	1					
Project Manager for Monitoring Firm		Tel	lephone No.	110000000000000000000000000000000000000	hone No -753-9		Licens 0072	0.000				
	Scheduled (9/12/13	Comple	etion Date (11)	Nam San		A Monitor		1		5/155		
Occupancy Status During Abatement (Check	Only One)		2 - X297777 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Stree	t Addres	SS						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:			t	City,	State, Zi	p Code					51763	
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	-	ovation olition	1970		Mir Glo	l Containmen ni-Enclosure vebag Proce	dure					
					△ No	n-Exempted (*) and Non-F	riable P	_	200	ement	
Location of	Non	cation mally		Description	n of				_	Ту		
Asbestos-Containing Material (ACM) TO BE ABATED	Used S Mainte		Asbes	tos Containing thermal syster	Material		Amount (Specify	١,	,		9	m
In Facility	Custodi (1	al Stat	ff? (i.e.	surfacing, V	AT, or	illori,	SF or LF)	Kemova		Repair	Encapsulate	Enclosure
(13)			N/A	other miscella	aneous)			Val	<u>.</u>	¥	ulate	ure
Basement	103	10	X	Floor T	ilo.		292 SF	x	+			
Datomoni		-	^_	110011			232 31	^	+	-		-
		+						-	+			\vdash
		+						-	+			
Name of Registered Waste Hauler	LL_	NJD	EP Waste	Cubic Yards		Name of Re	egistered Lan	ndfill		-		
United Containers		Hau 224	ler ID No. 59	of Waste 2	8	G.R.O.W						
City, State Elm NJ				Disposal Dat 9/12/14	te	City, State Morrisville	e PA 1906	7				
Completed by Anthony T Perna	Title Preside	nt		Signatu	re-)	7		Date 8/25/	14			



Energency

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

CK 4311

									_	101	1				
Date of Notification (1) 8/25/14				Building On Page F							60				
	otification	100	Street Ad 7 Ronn			3000		ZUIs	AUG 2	3	1				
	tial nended nendment #	(City, State	e, Zip Cod awkin No		50					1		11		
Em	nergency (including	_	Vame of				(4)		Telen	hone Nu		٠.		-	
	tification) incellation	1000	Grahan						1, 1,2,0,0	(1.)-1					
Name of Facility Where Abatemer	nt is Taking Place (3)		FACIL	ITY INFO	RMATI	ON	Туре о	of Facility (4)						
Graham Page Private Hom								chool (K-12							
Street Address 7 Ronnie Dr.							X O	ubchapter 8 other (i.e. pr tc.)				lding	s, h	ome	š,
City (5) Manahawkin NJ 08050						22	Square 1000		# of F	loors		Bldg 35+		е	
County (6)			County C	ode (7) SE ONLY)				nt Use (Prio	r if being	demolis	shed)				
Ocean Name of Monitoring Firm Hired by	Puilding Owner (9)	П,	ASCM	- 5		Name		ement Cont	ractor (2)			-		
N/A	Building Owner (6)		ASCIVI	1		19550 W 5555-	aco In			,,			٠		
Street Address			2				Addres 30x 32								
City, State, Zip Code							tate, Zi _l t Berlir	p Code n NJ 0809	91						
Project Manager for Monitoring Fi	irm	T	Telephor	e No.		The state of the s	none No 753-98		1.53	License 00727	No.				
Start Date (10) 8/26/14	Scheduled 9/1/14	Com	npletion D	ate (11)		Name Sam		A Monitor							
Occupancy Status During Abatem	nent (Check Only One	2)	-,			Street	Addres	s				The same			
Facility Closed/Vacated Duri Abatement Performed Outsid Other – Describe:	ing Entire Period of Al de of Normal Facility	batem	ent			City, S	State, Zi	p Code							
Scope of Work (Check All That A	pply)						_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit					Min Glo	Containme i-Enclosure vebag Prod	edure	-			duro		
						<u> </u>	inoi	n-Exempted	() and	NOH-FIL	able Fi		25 - 1/10/2006	nent	
Location of	N	Locati ormal	ly		De	escription	n of				_	-	Тур	e	
Asbestos-Containing Material TO BE ABATED In Facility (13)	Mail	d Sole ntena odial S (12)	nce/		os Con therma surfa	ntaining I d system acing, VA miscella	Material is insula AT, or		(Sp	nount pecify or LF)	Removal		Renair	Encapsulate	Enclosure
	Yes	No	N/A									1		Ф	
Exterior Siding			x		Exte	erior Si	ding		120	00 SF	x	+	-		
"			-							*	+	+	+		
			-									+	+	-	
Name of Registered Waste Haule	er		IJDEP W			Yards		Name of		ed Land	Ifill				
United Containers			lauler ID 2459	NO.	of Wa	asie	,	G.R.O.							
City, State Elm NJ					Dispo 9/1/1	sal Date	9	City, Stat Morrivil		19067					
Completed by Anthony T Perna	Title Presi	Title President					D				Date 8/25/	14			-
						-	_					-			



6 Emergency &

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

ch 4309

Date of Notification (1) 8/25/14					uilding Owner ly Private H		(2)			- X					
Agencies Notified EPA	Type Notification Initial		1		rd Drive			2014 /	UC :	3					
EPA DEP DOL	Amended Amendment				, Zip Code wkin NJ 08	050		*				٠٠٠			
DOH DCA	Emergency (i justification) Cancellation	ncluding		ame of C	Contact				Tala	nhone h) לישטול	133			
Name of Facility Where A Jim Kelly Private H Street Address		Place (3)		FACILI	TY INFORMA	TION	Sc Sc	Facility (4) chool (K-12 ubchapter 8) (Othe	er than K	(-12)				
16 Willard Drive							Square			Floors	ercial b		ngs, h		3,
City (5) Manahawkin NJ 08	050						10004	Н.	2			35	-		
County (6) Ocean				ounty Co	ode (7) SE ONLY)		Home	t Use (Prior	f if bei	ng demo	lished	1)			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM	No.	100000000000000000000000000000000000000	of Abate	ement Cont	ractor	(9)					
Street Address			1				Address Box 329								
City, State, Zip Code							State, Zip	Code NJ 0809	91						
Project Manager for Mon	Project Manager for Monitoring Firm				e No.	A 10000 1700	hone No -753-98			Licens 00727					
Start Date (10)		Scheduled 9/2/14	d Comp	oletion D	eate (11)	Name		A Monitor					· · · · ·		
Occupancy Status Durir	ng Abatement (Chec	k Only One)			Stree	t Address	S							
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire I	Period of Al nal Facility	bateme Hours	ent		City,	State, Zip	Code							
Scope of Work (Check	All That Apply)	Co					-				0.000				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitio				Min Glo	Containme i-Enclosure vebag Prod i-Exempted	edure	= = = = = = = = = = = = = = = = = = =				€	
	¥	Is	Locatio	on T			1100		17				Abate	ment	
Asbestos-Containin TO BE All In Fac	Location of Use Containing Material (ACM) O BE ABATED In Facility (13)				` s	Description Containing mal system urfacing, Vier miscella	Material ns insula AT, or		(Amount Specify F or LF)		Removal	Repair	e Encapsulate	Enclosure
Exterior	Sidina	Yes	No	N/A X	E	xterior S	iding		18	300 SF	:	x			
	Exterior Siding stair landing					Floor T	ile			12 SF		x			
Name of Registered W	Name of Registered Waste Hauler				aste C	ubic Yards		Name of	Regist	ered La	ndfill				L
United Containers	2000	1000	auler ID 2459	No. of	Waste	140	G.R.O.	W.S.							
City, State Elm NJ						sposal Dat 2/14	te	City, Stat Morrivil		1906	7				
Completed by Anthony T Perna		Title Presi	dent			Signati	ue)			_	Date 8/2	e !5/14	1		



CK 4313

Date of Notification (1) 8/25/14		100		Building Ow Dlaniuk Pr		1113755								
Agencies Notified	Type Notification		1 7	Street Add	dress th Spinnal	ker Drive		201, 7,01	328	. 1	1.7			
EPA DEP DOL	Initial Amended Amendment				e, Zip Code gg Harbor	NJ 08087	7		500), 500		، ل			
DOH DCA	Emergency (justification) Cancellation	including		Name of 0	Contact				' Telep	hone Niln	nher			
				FACIL	ITY INFORI	MATION								
Name of Facility Where A		g Place (3)					Тур	se of Facility (4) School (K-12) Subchapter 8)	than K-11	2)			
Street Address 53 South Spinnake	r Drive						×	Other (i.e. pri			al build			s,
City (5) Little Egg Harbor N	J 08087	11		TO STATE OF THE ST				uare Feet 00+	# of F	loors	7,700	dg. A	ge	
County (6) Ocean				County C STATE U	ode (7) SE ONLY)		50,080,00	rrent Use (Prior ome	if being	g demolish	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.	200	e of A	batement Contr Inc.	actor (9	9)				
Street Address							t Add Box							
City, State, Zip Code			11					Zip Code erlin NJ 0809)1			-		
Project Manager for Mon	roject Manager for Monitoring Firm					Telep	ohone	NAME OF THE ASSESSMENT OF THE PARTY OF THE P		License N	lo.			
Start Date (10) 8/26.14		Schedule 9/1/14	d Con	npletion [Date (11)	- 38.	e of O	SHA Monitor						
Occupancy Status Durin	ng Abatement (Chec	200000000000000000000000000000000000000	e)	724-10-0		Stree	et Add	ress						
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of A	batem	nent		City,	State	, Zip Code						
Scope of Work (Check /	All That Apply)		14.000											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				Н	Full Containme Mini-Enclosure Glovebag Proco Non-Exempted	edure				e	8
		ls	Locat	ion								Abate	ement	t
Location	n of	l N	lorma!	lly		Description	on of	500 00 00 00 00 00 00 00 00 00 00 00 00			-	1 1	ре	
Asbestos-Containing TO BE AB In Fac (13)	BATED	d Sole intena codial ((12)	nce/	(i.e. th	s Containing ermal syster surfacing, \ other miscell	ms ins	sulation, or	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure	
Exterior	Cidina	Yes	140			Exterior S	Sidin	,	120	00 SF	x			
Exterior Siding				X		Exterior	oluli i	9	120	70 31				
	-4-111			NJDEP W	/nata	Cubic Yards		Name of F	Pogistor	red Landfi	1	1950		
Name of Registered Wa United Containers	iste Hauler		H	Hauler ID 2459	No.	of Waste 3	•	G.R.O.V		eu Landii				
City, State Elm NJ						Disposal Da 9/1/14	ite	City, State Morrivill		19067				
Completed by Anthony T Perna		Title Presi	ident		1	Signate	ure -	R		0.000	ate 3/25/1	4		

MO#21901446810				N OF AS ant to NJ			TEMENT					1
Date of Notification (1)				ne of Buildi								
	25 / 14	_	Rigo	gie Lucas								
Agencies Notified	Type Notification			et Address				ZUIL HUG E	<u> </u>	3		
□ EPA DOLWD	Nitial		334	Highland	Avenue			7.				
X DHSS	Amended Amendment #			State, Zip							:.6	
□ DCA	Emergency (inc	ludina	Mon	tclair, NJ	07043					:		
(NJAC 5:23-8)	justification)	20.75.75.000. 4 0	Nam	ie of Conta	ct			Telephone				
	Cancellation		Rigg	ie Lucas				20 31				
			F	ACILITY I	NFORMA	TION			1			
Name of Facility Where A	batement is Taking	Place (3)					Type of Facilit	cy (4)	-			
Private home							School (K-	12)				
Street Address							Subchapte	r 8 (Other than k private and con	(-1 2)		ÿ	
334 Highland Avenue							homes, etc	, private and con c.)	nmerciai	Dulle	ungs,	
City (5)							Square Feet	# of Floors		Bidg	, Age	_
Montclair, NJ 07043												
County (6)			Cou	inty Code (7	(STATE U	SE ONLY)	Current Use (Prior if being de	molished	d)		
Essex Name of Monitoring Firm	Uias d'Essión II d'											
Tyshe or Montolling Firm	nited by building U	wner (8)	ASCN	/ No.	1		ent Contractor (9)	1			
Street Address					Gr Tec							
Olider Address						Address						
City State, Zip Code						lley Rd #						
						ate, Zip C					2014 - 110	
Project Manager for Moni	torina Firm	Tal	ephone	No.	Telepho	NJ 0747	70			- verte		
		731	cphone	. 140.	1000			License No) .			
Start Date (10)	Schedu	led Compli	etion D	ate (11)	973-63	8-1/// of OSHA N	Acnier	01127				
09		0 / 0										
Occupancy Status During					Street A		onsultants,Inc					_
X Facility Closed/Vacate	d During Entire Peri	od of Abate	ement		1		2 0 7277200 07 90					
Abatement Performed	Outside of Normal P	adility Hou	rs - De	scribe	20-21 V	Vagaraw ate, Zip Co	Road, Bldg .#	4 35 E				
Time of Abatement:	AMPM	PM		_AM								
Scope of Work (Check all	that apply)				Fair La	wn, NJ 0		ination with neg	oti io o	are area		
⇒3 sf or >3 if		3-			日	Full Cont	tainment with Ne	egative Pressure	auve pre	essur	3	
≥ 160 sf or ≥260 lf	<u> </u>	Renovat Demoliti				Mini-Enc	losure	Tent with Nega		.cour	_	
			.53.0					on-Friable Proc		:55UI	=	
		Is Loca							77	Abate	ment '	Type
Location of Aspestos-Containing N		Norma Used Sol		Acho		scription o				1		1
TO BE ABA	ED	Maintena	ance/	(i.e	sios Conti L., thermal	amıng Mat Svstems i	terial (ACM) insulation,	Amount (Specify	<u> </u>	Remov	ПСа	nck
IN Facility (13)	,	Custodial (12)			surfac	cing, VAT,	or	SIF or LF)	T C L C V C		Ericapsula	Enclosure
(10)	L-			1	other n	niscellane	ous)			-	late	- CO
Basement		Yes No	N/A						-			
Dasement		_	\boxtimes	Pipe ins	ulation			40 LF			JL	
											JIC	
	- x**								TIF	7 7	7:-	
		710		-				-		115		- 닏.
Name of Registered Waste			j U NEP ‱≁	e Hauler ID No.	Cubia V-	rde of the	· 11 · · · · · · · · · · · · · · · · ·		IL		<u> </u>	
	20 m d राज्य मा घरार्थ	1					Name of Regi	stered Landfill				
Gr Tech LLC City, State		1 (003378	85	TBD		T.R.R.F. Inc			and the same of th	-	
					Disposal	Date	City, State				100 TOO	
Vayne, NJ 07470					TBD		Tullytown, P	'A		0/1.	691	28
10 170	e) litte	Title			Sign	nature	0/ 8	1. 1.	Date			
l.Jevtic	Owne	r					ente We	erad	08/25/2	2014		
1AY 11	By (Print or Type) Title Owne		his foru	n for ashesi	os licensu	re exampl	ed activities.					

-	12
10/ 11.	0700
· Cott	1) 192
J. M.	0110.

ate of Notification (1)	113				ding Owner and Final		_	APPRO	OVED		1 .		
8 26 2014	Type Natilication			t Addre	The state of the s		Ni Dept.	विभक्तिकारी	& Senior Si	ervices	1		
gendes Notified	N		1		ridges Ro	ad	Van	V C	NOM	21	1		
EPA	initial .				ip Code		-	To ignit	ture)	-			
DEP	Amended Amendment				NJ 07004		Date: X	12611	Arme: 1:	141	M		
DOL '	Emergency (Ir	cluding		e of Cor				The same of the sa	phone Num	ber	-		-
HOOL	iustlication)		Dav	202	THE STATE OF THE S			1					
. DCA	Cancellation				INFORMA	TOOM							-
ame of Facility Where	At-township Tribing	Diace (9)	. 17	ACILI I	H INT OKIMP	LI BEZON	Type of Facil	ly (4)					
	Anaumonicis raking	riace (o)				1	C School						
House						-	Subcha	nter 8 (Othe	r than K-12)			
Irest Address	1040					- 1	To Other (i.	e. private 8	commercia	d buildle	ıgıs, h	omes	5,
26 Olmstead Ro	ad						EIC.)	1 # -4	The cost	- T DIA	a he		-
ity (5)							Square Feet	10	Floors	0.000	g. An	19	
Viorristown							3000	2		50	+		_
nunty (6)		-		nty Cod			Current Use	(Prior if bei	ng demol lsh	ead)			
Viorris			(STA	ite use	ONLY)		House						
lame of Monitoring Fin	m Hired by Building C	Twner (8)	I A	SCM N	Ď,		of Abatement						
ησ swe or Mercentul the ten	111 - 111-11 - 3 m-min and 38 .		n	√a		· Lozi	nica Manag	ement Ci	oub				
						Street	Address						200
treet Address							roy Lane				33		
1/a							State, Zip Cod	a					-
ity, State, Zip Code							oln Park, N				(2)		
n/a .							The state of the s	0,000	License N	in f			-
roject Manager for Mr	onitaring istm			ephana	No.		hone No.		01183	10.	7		
n/a			n/a				-706-7950		01189		£.		_
Start Date (10)		Scheduled	Comple	ition Da	te (11)		oM AHEO TO				<u>=</u>		
8-27-2014		9-1-201	4			Loz	nica Manag	ement G	onp ,		0.5		
Occupancy Status Dur	ing Abutement (Cher	k Only One)			Stree	t Address		1	•			
						22	Troy Lane		i				
Facility Clopod/Va	acated During Entire rmod Outside of Non	noi Faciliy H	lours	•		City,	State, Zip Cod	е			10		
Other - Describe	9 a/n - 5 b/n					Line	coln Park, N	JJ 07035	:				
							- '"				Tie-		
Scope of Work (Chack	(M) LUST WORMA)	t ime				8	Full Cont	_:_want wit	h Nogetive	-	nets (
⊠ ≥3 of or ≥3 lf	20		nottevon: molition				Mini-Eng		to (dONENTAGE)	. ICSSC	٠.	200 E	
N ≥160 sfor ≥260 b	P.	_aa	monuon				Gloveba	Procedure	7				
			9.65				Non-Exe	mpted (*) a	nd Non-Fria	bie Pro			_
		le l	postion									emen	t
			ormally			Description	an of			-	1 1	рв	Т
	llon of Ing Material (ACM)	Used	Solely I		Asbestos	Containing	Material (ACI)	A)	Amount	1_		m	1
	ARATED		rionance dial Stat		(i.e. the	mal ayabır	ns insulation,	1	(Specify	Reg	Rep	Encapsviale	1
in Fa	acility	Cusio	(12)		-	surfacing, V her miscell	(AI, or recous)	1 '	SF or LF)	BVG	pair	1	1
(3	3)					1101 1111020-1				=		1	
347		Yes	No	N/A							-	-	4
Dane	ement			x	Res	sidue left	on pipes		80 LF	×	1		1
Dase	-											1	
											1-	-	-
						7					-	-	
	***								SS - 98 A				
			D) 10	DEP W	orto /	Subje Yards	Na Na	me of Redi	stered Land	All			-
Name of Registered \	Naste Hauler		Hai	njer ID j		of Waste	941			10000			
Loznica Managm	ent Corp			33137		TBD	G	ROWS L	andilli				_
						Disposal De		y, State					_
City, State						TBD			PA 19067	7			
Lincoln Park, NJ 07035										Dala			_
Completed by		Thie	ar water over a			Signal	(P .	1	1	8-26-	2014		
E. Cirovic		Secr	etary i			161	AM	~					-

CK 23975

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

Date of Notification (1)		- 3			wner/Operator (2						
8 /25 /	14		Com	munity As	set Preservati	ion Corporatio	n Milo co	1		4,	
Agencies Notified Type Notification	on		Street A	Address			7th 1982)	7		
☐ EPA ☐ Initial			108 (Church St	reet						
□ DOLWD □ Amended			City, St	ate, Zip Cod	le		T.				
□ DHSS Amendmen □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			New	Brunswic	k NJ 08901		2 4.0		. 1		
DCA Emergency justification			Name o	of Contact			Telephone Num	nber			
Cancellatio	500		Chris	s Giametta	a		J-7 1-EU	, 4 CXL .	,J~		
	-		FAC	II ITY INFO	ORMATION						
Name of Facility Where Abatement is Ta	king Place (3)	170	in it is it is		Type of Facility (4)				
Residential	Killy I lace (٥,				School (K-12					
		-				☐ Subchapter 8			: - :		
Street Address						Other (i.e., pr homes, etc.)	ivate and comme	erciai bu	liaings	5,	
78 Thomas Street						Square Feet	# of Floors	Blo	ig. Ag	e	
City (5)						3,400	3		100		
Bloomfield			Carra	- Codo /7\/0	STATE USE ONLY)	Current Use (Pri					
County (6)			Count	ty Code (7)(3	STATE USE ONLT)	Residential	or it being demo	iionou)			
Essex			100111			ent Contractor (9)					_
Name of Monitoring Firm Hired by Buildin	ng Owner (8	3)	ASCM N		Superior Aba	3805					
Health and Safety Services			0003			itement inc					
Street Address				13	Street Address	Deliver					
318 12th Street					2 Henderson						
City, State, Zip Code				1	City, State, Zip C						
Hammonton NJ 08037					West Caldwe	II, NJ 07006	I Lianna No				
Project Manager for Monitoring Firm			ephone l		Telephone No.	10	License No.				
Jim Proctor			609) 70		(973) 808-161		00117				_
	cheduled Co				Name of OSHA N						
09 /04 /14	09 /	0	8_ / _	14	Superior Aba	atement inc					
Occupancy Status During Abatement (C					Street Address						
□ Facility Closed/Vacated During Entire	e Period of A	Abate	ement		2 Henderson	Drive					
Abatement Performed Outside of No Time of Abatement:AM	rmal Facility PM/	Hou	ırs - Des I	cribe AM	City, State, Zip C West Caldwe						
Scope of Work (Check all that apply)											
Scope of Work (Gricok all that apply)						ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf≥160 sf or >260 lf	⊠ Re	nova molit			☐ Mini-End	a Procedure					
☑ ≥160 St or ≥260 II	Пре	mont	1011		☐ Non-Ex	empted (*) and No	on-Friable Proce	dure			
			ation					Al	oatem	ent T	ype
Location of	11	Norm	ally lely by		Description		Amount	70	R	m	E
Asbestos-Containing Material (ACM			ance/		tos Containing M thermal systems		Amount (Specify	Removal	Repair	icar	clo
TO BE ABATED IN Facility		todia	I Staff?	(1.6.,	surfacing, VAT	Γ, or	SF or LF)	val	-	Encapsulate	Enclosure
(13)		(12		+	other miscellan	eous)				ate	"
	Yes	No	N/A	-					-		-
Kitchen		\boxtimes		Linoleur	n and Adhesiv	re .	259 SF			Ш	
		П				-					
		H		-		*****				П	T
			11255	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Ouble Vanda of	Name of Box	stered Landfill			1	1
Name of Registered Waste Hauler			NJDEP Hauler I		Cubic Yards of Waste	Minerva L					
Service Transport Group, Inc			SW2	227722	3		anum.				
City, State				Disposal Date	City, State	- L O.					
New Castle, DE					9/8/2014	Waynesb	urgh, OH				
Completed By (Print or Type)	Title				Signature	11//	/	Date			
Nick Petrovski	Presid	ent				1/1/1/1	-	8-	2	5-1	14
						01/01/04/	a con				

ASB-41 MAY 11

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

(K 23975

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

Date of Notification (1)					Name of Building Owner/Operator (2)										
8/	Community Asset Preservation Corporation														
Agencies Notified	Street	Address				The state of	1 12 150	50							
☐ EPA				108	Church	Street									
□ DOLWD	☐ Amended			City, S	State, Zip C	Code			U .						
☑ DHSS	Amendme		_	New Brunswick NJ 08901											
DCA (NJAC 5:23-8)	☐ Emergend justification		ing	Name of Contact Telephone Number											
(110/10/0.20-0)	☐ Cancellat				hris Giametta								n. 00-1		
				FA	CILITY IN	FORMATI	ION		1						
Name of Facility Where A	Ahatement is T	aking Pla	ce (3)			Ortion-tri		Type of Facility (4	1)						
Residential		annig i ia	00 (0)					School (K-12)							
Street Address			200					☐ Subchapter 8	(Other than K-	-12)					
544 Broughton Ave	1							Other (i.e., pri homes, etc.)	vate and commercial buildings,						
City (5)								Square Feet	# of Floors	oors Bldg. Age					
Bloomfield								1,500	2		60				
County (6)				Cour	nty Code (7)(STATE USE	ONLY)	Current Use (Price	or if being dem	olished)					
Essex					•	1. Commence (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Residential		•					
Name of Monitoring Firm	Hired by Build	ling Owne	er (8)	ASCM	No.	Name of A	Abateme	ent Contractor (9)							
Health and Safety S		3	/	000		Towns and a second		tement Inc							
Street Address						Street Add						- 5777			
318 12th Street						2 Henc		Drive							
City, State, Zip Code						City, State									
Hammonton NJ 080	037					100	#	II, NJ 07006							
Project Manager for Mon	itorina Firm		Te	elephone	No.	Telephone	SCHOOL SCHOOL	.,	License No.						
Jim Proctor			1	(609) 70		(973) 8		6	00117						
Start Date (10)	15	Scheduled				Name of C				- 1					
09 / 04 /				08 /				tement Inc							
Occupancy Status During						Street Add				-					
☐ Facility Closed/Vacate						2 Henc		Drive							
☐ Abatement Performed					cribe										
Time of Abatement:						City, State									
					West Caldwell, NJ 07006										
Scope of Work (Check al	that apply)					⊠ F	Full Conf	tainment with Nega	ative Pressure						
≥3 sf or ≥3 lf			Renova				viini-End	losure							
≥160 sf or ≥260 lf			Demol	tion			Gloveba	. Eriable Bress	D						
			Is Loc	ation	T	יים	NOTI-EXE	mpted (*) and Non	-Friable Floce						
Location	of		Norn		1	Desc	ription o	of.			atem		1		
Asbestos-Containing	Material (ACM			olely by	Asbe	stos Contai	ning Ma	terial (ACM)	Amount	Rer	Repair	E	Enc		
TO BE ABA				nance/ al Staff?	(i.e	e., thermal s			(Specify	Removal	air	ape	Enclosure		
IN Facili (13)	ty		(1:			other mis	ng, VAT scellane		SF or LF)	<u>a</u>		Encapsulate	ıre		
V2		Ye	s N	o N/A		5.51.51.010		,				fe			
Basement					VAT	2			521 SF						
			10	$\exists \overline{\Box}$							$\overline{\Box}$	П	П		
		-+=			-							-			
										$ \Box$	ш	Ц	Ш		
Name of Registered Was				NJDEP		Cubic Yar	ds of	Name of Registered Landfill							
Service Transport (Group, Inc			Hauler II		Waste 6		Minerva La	ndfill						
City, State						Disposal I	Date	City, State							
New Castle, DE						9/8/201	14	Waynesbur	gh, OH	ОН					
Completed By (Print or T	ype)	Title				Signa	ature	And the state of t							
Nick Petrovski	Sec. 172.50	Presi	dent		•		111	8-25-14							
The second secon		II are a second and a second			101		11/	1-1/1/1	m.	0-0	\sim 7	1	1		

ASB-41 MAY 11

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

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

B & G proj. #: 2014-136

Date of Notification	1 (1)	Na	ame of Build	ing Owne	r/Operator (2)			ZUN AUG	20	AM I.	100					
0 18 1/12 15	1/1141	11	Gail Freel	. 5			,	LUIS NOO	20	NII I*						
Agencies Notified	Type Notification	n St	reet Address	S			,	No.		la	a.L					
☐ EPA	Initial	- 11	634 Rama	apo Ave	nue			o: Lit		om B						
☐ DEP			City, State, Zip Code													
⋉ DOL	Amendm		Pompton Lakes, NJ 07442													
X DOH	Cancella	11	me of Conta	act	epnon	e Number										
☐ DCA	L Cancella		Gail Free	eland			-									
				FACII	LITY INFORM	ATION										
Name of facility w	here abatement is	taking pla	ce (3)					Type of Fa		4) I (K - 12)						
Gail Freeland	Î									apter 8 (O	ther th	an K-	12)			
Street Address											her (Private/Commercial					
634 Ramapo		Square F		Homes, et # of Floor		Blo	lg. Ag	je								
City (5)		nty Code (7)														
	NI 07440	Coun	31 M(E)				e use only)	0. 22. 22		rior if being	dem	olishe	d)			
and the control of the control of the	kes, NJ 07442		saic				Name of Abatement	residen	-							
Name of Monitoria	ng Firm Hired by E	ASCM No.				,										
		B & G Restoration, Inc. Street Address														
Street Address																
City, State, Zip Coo	City, State, Zip Code															
					Lincoln Park,	NJ 07035										
Project Manager fo	er		Telephone Number (973)696-686	69		License Number 00378										
		TCahaal	. Completion	Doto /11		Name of OSHA Monitor										
Scheduled Start D				i Date (1))	B & G Restoration, Inc.										
09/10/2014			1/2014		-	Street Address										
Occupancy Status	During Abatement ed/vacated during			nent		105 Ryerson Road City, State, Zip Code							_			
Abatement p	performed outside						City, State, Zip Cour	•								
Describe: Other-Descri	ribe:					LincolnPark, NJ 07035										
	heck all that apply)														
☐ Demolition	X	Renovation	n			☐ F	ull Containment w/ne	gative pressure Slovebag procedure				ıre				
※ > <u>3</u> sf or > <u>3</u> l	f 🔲 :	≥160 sf or	≥260 If			X N	lini-enclosure			☐ Non-fr	iable	огосе	dure			
Location of		Is location	n normally u	sed solely	/					TO THE PARTY	R	Re	E n	E		
asbestos-co material to b	3.000 (2003) A. L. K. (2003)	staff(12)	enance/custo	odiai	Descripti material		sbestos-containing		ount ecify	SF or	m	p a	С	n		
abated in fa		Yes	No	N/A	materiar	(ACIVI)		ĹF)			V	i	a p	L		
hailar raam				X	pipe ir	nsulat	ion	40 1	f		e	Ó				
boiler room laundry room a	rea			X	pipe i			46			X					
laundry room a	arca															
														10		
Registered Waste B & G Restora	Hauler ation, Inc.		EP Hauler II 19563	O# C	ubic Yards of 1	Waste	Name of Registere Tullytown	ed Landfill n Resource	& R	ecovery	Cen	ter				
City, State Lincoln Park,				Disposal Dis	ate 12/2014		City, State Tullytown	, PA					ý			
Completed by (Pri		Title			Signature		0,0			Date	- 10 -					
Gordana Luna Title Secretary/Treasurer					Gordana Luna 08/25/2014											

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2014-148

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

Date of Notification (1)	I I Name of	Building Own	er/Operator (2)			ruc oB	. 1 12 . 5						
0 8 / 2 5 / 1 4	11	ia Colcloug			261-	Mag 20							
Agencies Notified Type Notification	n Street Ad	dress					1,10	Sec. 1					
EPA Initial	354 1	N 8th Stree	t			- المانات	, ì	15					
DEP Amendm	100 101 200	te, Zip Code	NII 07500										
	1103	pect Park,	NJ U/506			Telephor	ne Number						
■ DOH □ Cancella	Name of		1.7	releption	ic rumbe.								
DCA DCA	Nek Nek	eia Colclou	ghly			=	_						
		FAC	ILITY INFORM	ATION			10						
Name of facility where abatement is	taking place (3)				Ту	pe of Facility School	(4) ol (K - 12)						
Nekeia Colcloughly	W.					Subcl	hapter 8 (Other t	than K-12)					
Street Address							(Private/Comme ./Homes, etc.	ercial					
354 N 8th Street					s	quare Feet	# of Floors	Bldg. A	ge				
City (5)	County (6)		***************************************	County Code (7)									
Prospect Park, NJ 07508	Passaic		10	(State use only)	1 1	urrent Use (F esidential	Prior if being der	nolished)					
Name of Monitoring Firm Hired by E	Bidg, Owner (8)		ASCM No.	Name of Ab	patement Conf								
realite of Monitoring Finite mode by a				B&GR	B & G Restoration, Inc.								
Street Address				Street Addre	Street Address 105 Ryerson Road								
				-		1							
City, State, Zip Code				City, State, Z	zip Code n Park, NJ (07035							
Project Manager for Monitoring Firm		Phone Num	ber	Telephone 1			License Num	iber					
1 Tojooc Managor for Mormoning					896-6869		00378						
Scheduled Start Date (10)	Sched. Com	pletion Date (11)		Name of OSHA Monitor B & G Restoration, Inc.								
09/09/2014	09/10/20	14			Street Address								
Occupancy Status During Abatemen	t (Check only on	e)		105 Rye	105 Ryerson Road								
Facility closed/vacated during	entire period of a	batement.		City, State,	City, State, Zip Code								
Abatement performed outside Describe:	of normal facility	nours-		- Lincoln	LincolnPark, NJ 07035								
Other-Describe:				<u>- 11 </u>					<u> </u>				
Scope of Work (check all that apply Demolition) Renovation			☐ Full Containm	nent w/negativ	e pressure	₩ Glovebag p	rocedure					
	≥160 sf or ≥260 l	f		Mini-enclosur		300. 4 10 700 000 000 000 000 000 000 000 000		procedure					
	Is location norm		ely				R	RE	E				
Location of asbestos-containing	by maintenance staff(12)	/custodial		on of asbestos-con	taining	Amount (Specify	SF or	e n	n				
material to be abated in facility (13)	Yes N	o N/A	- material	(ACM)		LF)	V V	a a	C L				
		×	nino ir	nsulation		36 If	e 🗶		+				
basement				Isulation		30 11			10				
			1										
									10				
						-1611							
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Ha 1956		Cubic Yards of 1	vvaste Name of R	Registered Lar ullytown Re	source & F	Recovery Cer	nter					
City, State Lincoln Park, NJ		Disposal	Date 9/10/2014	City, State	e Ilytown, PA			1					
Completed by (Print or Type)	Title		Signature				Date						
Gordana Luna	Secretary/Tre	easurer		Gordana .	Luna		08/25/20	114					

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

	2014-145	(Pursua	ant to NJAC 8:6	0-7 and		Check # 672			
B & G proj. #:	2014 172		(Operator (2)			eth aug 28	1 1 1 1		=-
Date of Notification (Name of Building Ov	wner/Operator (2)		"2	HIR RUG ZO			
Date of Notification 1	1/11/4	Annemarie & F	dui Casio				:,,	٠.	
Agencies Notified	Type Notification	Street Address	-I. Avenue						
Agencies Notified	X Initial	482 Eagle Ro	CK Avenue						
☐ DEP		City, State, Zip Coo West Orange	NJ 07052			Telephone Nu	ımber		
₩ DOL	Amendment		2, 140				.1		==
₩ DOH		Name of Contact	a Doul Caste	=					
= -04	☐ Cancellation	Annemarie	& Paul Caste	AATION					
☐ DCA			FACILITY INFORM	NATION	TT	Type of Facility (4) School (
1	at ic takir	ng place (3)				C. c. behan	ter 8 (Other th	ian K-12)	
Name of facility	where abatement is takir	.31	2002			CT Other (PI	rivate/Comme	rcial	510
Annemarie	& Paul Caste			10 C		Bldgs./H	omes, etc.	Bldg. Ag	ge
Street Address	5					Square			
482 Eagle	Rock Avenue			County Co	de (7)	Current Use (Pri	or if being der	nolished)	
		County (6)		(State use		residential			
City (5)	11.07052	Essex		I I Name	e of Abatement	Contractor (9)			
West Ora	ange, NJ 07052	Owner (8)	ASCM N	o. R	& G Restorat	ion, Inc.			
Name of Mon	nitoring Firm Hired by Bld	j. C.			* Address				
				1	05 Ryerson F	Road			
Street Addres	SS			City.	State, Zip Code Lincoln Park,	NJ 07035			
	o Code				Lincoln Park,	, 140 0	License Nu	imber 79	
City, State, Zi		IPh	one Number	Tele	ephone Number (973)696-68	69	003	10	-
Project Mana	ager for Monitoring Firm		J., -	Na Na	of OSHA MO	onitor			
Pioject		Sched. Completion	on Date (11)		B & G Restor	ation, Inc.			
Scheduled S	Start Date (10)			St	reet Address	Road	80.02		
100		09/10/2014			105 Ryerson	Road			
		nt (Check only one)	ement.		ty, State, Zip Co				
Occupancy Facili	Status During Abatemer lity closed/vacated during tement performed outside	entire period of about	urs-		LincolnPark	, NJ 07035			
[] Abate	tement performed outside cribe:							bag proced	ure
C7 0440	or Describe:	J.A		□ E::	II Containment v	v/negative pressure	Glove	friable proce	edure
Scope of	Work (check all that app	Renovation			ini-enclosure		☐ Non-i	TRIR	TEI
☐ Der	molition	1 - 4en ef or >260 lf						e e	n
× >3	sf or >3 lf L	ii aarma	lly used solely	Description of as	sbestos-containi	ng (Spe	cify SF or	o a	a
Lo	ocation of	by maintenance/o staff(12)	custodiai	material (ACM)		ĹF)		v i e r	P
	sbestos-containing aterial to be	Yes No	N/A			501	f	N F	
ab	pated in facility (13)	Yes	X	pipe insulat	tion	40 1		M	
Lagam	nent boiler room		×	pipe insula	ition			<u> </u>	井井
garage									計片
garage									
				ic Yards of Wast	e Name of Reg	gistered Landfill ytown Resource	e & Recove	ery Cente	:[
		NJDEP H	aulei ion	ic Yards or Wast	Tull	ytown recours			
Registe	ered Waste Hauler G Restoration, Inc.	1956	IDicnosal Dat	e	City, State Tully	ytown, PA		to.	
	State		09/10	3/2014	_		Da	ste 18/25/201	4
1 inc	coin Park, 185	Title		Signature	Gordana -	Luna	<u>_</u>		
Comp	oleted by (Print or Type)	Secretary/T	reasurer			1			
City, S Linc	G Restoration,	Title Secretary/T		0/2014 Signature	Gordana G		Da 0	te 8/25/2	01

State of NJ

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

B & G proj. #:	2014-149	_	(Pursuant to NJAC 8:60-7 and 12:120-7) <u>Check # 6719</u>													
Date of Notification	1/1141	perator (2)			7814	AUC 29		. ; -	n		=_					
Agencies Notified EPA	Type Notification Initial	24	Street Address 24 South Pearson Road													
DEP DOL	Amendme	nt N	City, State, Zip Code Maplewood, NJ 7040 Telephone Number													
DOH DCA	Cancellation	- 11	e of Contac Mary Eller	<u> </u>												
				FACILIT	Y INFORMA	TION										
Name of facility w Mary Ellen Bo	here abatement is t	aking place	(3)					Туре	Subcha	(K - 12) apter 8 (Oth Private/Con Homes, etc	nmero	n K-1: ial	2)			
24 South Pe	arson Road							Squ	are Feet			Bldg	. Age			
City (5)		County					y Code (7) use only)		rrent Use (Pi sidential	Prior if being demolished)						
Maplewood	E' - Uland by B				ASCM No.	TIN	lame of Abatemen						2011			
Name of Monitor	ing Firm Hired by Bi	lug. Owner	(0)				B & G Restora	ation, I	nc.					_		
Street Address				Street Address 105 Ryerson	Road											
			ity, State, Zip Cod	е												
City, State, Zip Code							Lincoln Park		7035	License	Vumb	lumber				
Project Manager	for Monitoring Firm		Phor	ne Number	(9/3)696-6669					00378						
Scheduled Start [Date (10)	Sched.	Completion	Date (11)		Name of OSHA Monitor B & G Restoration, Inc.										
09/08/2014		09/0	9/2014		1	-	Street Address									
Occupancy Statu	s During Abatemen	t (Check or	ly one)				105 Ryerson									
TET Facility slos	sed/vacated during performed outside	entire perio	d of abatem	ent.		- -	LincolnPark,		035				<u>.</u>			
	check all that apply	Renovation					ull Containment w/ lini-enclosure	negative	e pressure	Gloveb	iable p	oroce	lure	,		
Location of asbestos-	of containing to be	Is location	normally u nance/custo	sed solely odial	Descripti material	ion of a: (ACM)	sbestos-containing		Amount (Specify LF)	SF or	Refor	Repai	Encap	E n c L		
abated in	facility (13)	Yes	No	N/A					12 lf		e X	r	П			
basement bo	iler room			X	-	nsulat			6 lf		X	百				
basement lau	indry room			X		insula: insula			56 If		X					
basement ma	ain room			X	-	insula			6 If		X					
bathroom				X		insula	ition		2 lf		X					
closet Registered Was	te Hauler	INJD	EP Hauler I		ubic Yards of	Waste	Name of Register	ered Lan	idfill source & l	Recovery	Cen	ter				
B & G Resto	oration, Inc.		19563	Disposal D	1 pate		City, State			.000.01						
City, State Lincoln Parl		T=#		09/	10/2014 Signature		Tullytov			Date	E 10.0	4.4				
Completed by (Print or Type) Gordana Luna Title Secretary/Treasurer					Signature Gordana Luna 08/25/2014											

State of NJ Notification of Asbestos Abatement

2014-135

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

B & G proj. #:	2014-135	-	(Pu	irsuant t	0 NJAC 0.0	0-1 ai	10 (2.120)	Che	ck # 6718	3		=	_	
Date of Notification	(1)	I I Nam	e of Buildin	a Owner/	Operator (2)									
0 18 1/12 15		100000000000000000000000000000000000000	state of A					7876 E	11G 28	» :	1.1			
Agencies Notified	Type Notification		et Address											
☐ EPA	Initial		7 N. Wes	tern Ave	enue						بل.			
☐ DEP	[Millian		State, Zip				: -10							
▼ DOL	☐ Amendme		utler, NJ			777	Name of the last o							
DOH	3.	100000000000000000000000000000000000000	Name of Contact Telephone Number											
☐ DCA	☐ Cancellation	on	(aren Ca	rney				<u>i</u> _	<u>_</u>					
				FACIL	ITY INFORMA	TION								
E Sa allife sur	here abatement is t	aking place	(3)					Type of Fac	ility (4) chool (K - 1	12)				
			•					-	ubchapter 8		an K-1	2)		
Estate of Agr	nes Davis							IX O	ther (Private	e/Commer				
Street Address	100 A . C. C							Commence of the second second	dgs./Home		Bldc	. Age	3	
57 N. Weste	rn Avenue						0.12 (7)	Square Fe	# 011	10013				
City (5)		County	(6)				ty Code (7) use only)	Current Us	se (Prior if b	eing dem	olished	1)		
Butler		Morr	is					resident						
Name of Monitori	ng Firm Hired by Bl	dg. Owner	(8)		ASCM No.		Name of Abatement)					
							B & G Restora	tion, Inc.						
Street Address							Street Address 105 Ryerson	Road						
	0.100.7.00.7.00.7.00.7.00.7.00.7.00.7.0						City, State, Zip Code							
City, State, Zip Code							Lincoln Park,	NJ 07035						
Project Manager for Monitoring Firm Phone Nu					er		Telephone Number	60	Lice	nse Numb 00378	er			
Project Manager i	of Mornioning						(973)696-68 Name of OSHA Mo			00370				
Scheduled Start D	Date (10)	Sched.	Completion	n Date (11)		B & G Restora							
09/08/2014		09/0	9/2014			11	Street Address							
	s During Abatemen	(Check or	nly one)	White at a time	Charles Control		105 Ryerson	Road				_		
TX Facility clos	ed/vacated during	entire perio	d of abater	ment.			City, State, Zip Cod	е						
Abatement	performed outside	of normal f	acility hours	S-		_	LincolnPark, I	NJ 07035						
Describe: Other-Describe:						- 1								
	check all that apply					ПЕ	ull Containment w/n	negative press	ure 🗶 G	lovebag p	rocedu	ıre		
☐ Demolition		Renovatio				0.3000	fini-enclosure			lon-friable	ргосе	dure		
>3 sf or >3	if . □	>160 sf or	260 If normally t	ised solel	vl					R	R	Е	E	
Location o		by mainte	nance/cust	todial		ion of a	sbestos-containing	ount ecify SF or	m	p	n	n c		
material to	be	staff(12)		T	material	(ACM)		LF)		v	i	a p	L	
abated in f	facility (13)	Yes	No	N/A				100	15	e X	1	m	h	
basement				X	pipe i	insula	tion	126			恄	后	盲	
				-	 									
				#=	-									
					1	-								
Registered Wast	te Hauler		EP Hauler	ID#	Cubic Yards of	Waste	Name of Register	red Landfill vn Resource	e & Reco	verv Cei	nter			
B & G Resto	oration, Inc.		19563	Disposal	1 1/4 Date		City, State	VII I LOSOUICE	J W 11000					
City, State Lincoln Parl	k NJ			OS Disposal	10/2014		Tullytow	n, PA					1	
		Title		L	Signature		Gordana Lun	a a		oate 08/25/20	14			
Completed by (Print or Type) Gordana Luna Title Secretary/Treasurer					_		Jerumin Schrift			- COLLOIL				