

Date of Notification (1)					f Building O y Board o				755	2615 /10	53/	FI		<u>+</u> /	
Agencies Notified	Type Notification		- 4	Street A	ddress avis Aver	nue			Ŕ	1 - 4		+.17	€:	19	
DEP DOL	Initial Amended Amendment	-			ate, Zip Cod y, NJ 070					+-11	- E/Y	7.70	70.5	(<u>.</u>	
X DOH	Emergency (justification) Cancellation	ncluding			f Contact irk Brucin	0				Telepho	ne Nur	nber			
		. 3		FAC	LITY INFO	RMATI	ON			4					***
Name of Facility Where A Kearny High School		Place (3))						ol (K-1		on V 1'))			
336 Devon Street										rivate & cor			dings	home	os.
City (5) Kearny,New Jersey	07032							Square Fe	et	# of Floo	ors	E.	Bldg. /	\ge	
County (6) Hudson				County (STATE	Code (7) USE ONLY)			Current Us	se (Pric	or if being d	emolish	ned)			
Name of Monitoring Firm Briggs Associates	Hired by Building (Owner (8)		ASC	И No.			of Abateme		tractor (9)					
Street Address 2 Crosswick Street								Address McBride A	Avenu	е					w (4 %) P
City, State, Zip Code Bordentown, NJ 08	505	-						State, Zip Co		07424	·				
Project Manager for Mon Michael Hoodak	itoring Firm			Telepho	ne No. 98-5520	××.	Teleph	none No. 225-8400		Lic	ense N	0.	-		
Start Date (10)		Schedule			Date (11)			of OSHA M			104				sat.
08/27/15 Occupancy Status Durin	n Ahatement (Chec	09/0	3/1					Environm	ental	Labs,LL(2				2002
× Facility Closed/Vac	ated During Entire P	eriod of A	batem	ent		Ì		Route 22	2 Wes	st					
Other - Describe:	ed Outside of Norm	al Facility	Hours			_		state, Zip Co n, New Je		07083					
Scope of Work (Check A	II That Apply)						Г	7							
≥160 sf or ≥260 lf		- Indiana	enova emoliti					Mini-En Gloveba	closure ag Proc	edure	8				
		le	Locati	on				i Non-Ex	empted	(*) and No	n-Friab	le Pro		e ement	
Location		l N	lormall d Solel	у		Des	scription	of					7')	pe	Γ
Asbestos-Containing TO BE AB/ In Facil (13)	ATED	Mai	ntenar odial S (12)	rce/	(i.e. t	hermal surfac	aining N system: cing, VA niscellar		M)	Amou (Speci SF or L	ify	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-		ite	0
schoo		X	52 windo	ows re	emova	l,coking&	co M .	•		x					
													1		
Name of Registered Was	ite Hauler		N	JDEP W	/aste	Cubic	Yards	Na	me of F	Registered I	Landfill				
Lilich Corporation				auler ID 3724	No.	of Was	ste	2000		V.S Land					
City, State Woodland Park,NJ			-			Dispos	al Date	52.00	y, State orrisvi	le, Pensil	lvania				
Completed by Momo Glavatovic	6	Title Vice F	Presid	dent		S	ignature	Gu	D		O. Da	8/2	5/	15	

OK 1157

Date of Notification (1)			Nar	ne of Build	ding Owner/Operator	(0)					
8 1 3/1/	7		0	/_					7		
Agencies Notified Type Notification			Stre	et Addres	-D PANA	GENEUT	CO. C	, j/-	2		
ZEPA Z Initial				123	5 5	TH on	9 TH =	1		3	
☐ DOLWD ☐ Amended Amendment			-	, State, Zi	Code	7/	7 /-	IR		3	
□ DOH Amendment □ DCA □ Emergency			10.00	~ i/	1	.0			-	-	-
(NJAC 5:23-8) Justification)	(IIICIUOI	ng	Nan	ne of Cont	100	17					
☐ Cancellation			<	//	T - 1/	1-1-0	Telephone Nui	mber			
4	100000			ACILITY	INFODRATION	EE/UK		011	- (145	P
Name of Facility Where Abatement is Tak	ng Plac	ce (3)		TOILITI	INFORMATION	Type of Facili	h. (4)				
SOMERS VOINT	787	5				Type of Facili School (K-					
Street Address						□ Subchapte	r 8 (Other than K-1	2)			
City (5)	IMI	7/2	5	RD.		homes, etc	private and commo	ercial	buildir	ngs,	
Samon Par					_	Square Feet	# of Floors	-	Bldg. /	8.00	
County (6)			10.	(08244	5000	12		A	11	
Country (c)			Cou	inty Code	(7)(STATE USE ONLY)	Current Use (F	Prior if being demol	ished)	0 0	1	-
Name of Monitoring Firm Hired by Building	Ouman	(0)	1000			APAR	THENT !	00	PI	EN	ir
GTRATCH CONTINUE OF BUILDING			ASCN	16	Name of Abateme	ent Contractor (9)				
Street Address	76-6	101	1	MA	FOYMAI	R COM	STRUCTI	Och	4		
1634 DELAWARE ST	•				Street Address						
City, State, Zip Code			-		City, State, Zip Co	2X 1152	7/				
Project Manager for Monitoring Firm	81	166			17/2/1/0	Pa	10 111				
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.	1751	License No.				
6D KEEGAN		18	56.4	123.5	1267-784	4694	010-	7/			
Start Date (10)	duled C	ompl	etion Da	ate (11)	Name of OSHA M		10/2/	0			
7 7 7 7	/	1	71	15							
Occupancy Status During Abatement (Chec	k only	one)			Street Address						
Facility Closed/Vacated During Entire Pe	riod of	Abate	ment								
Time of Abatement:AMP	M/	_PM	rs - Des	AM	City, State, Zip Co.	de					
Scope of Work (Check all that apply)											
					☑ Full Conta	ninment with Ne	gative Pressure				
☐ ≥3.sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	☐ Re ☐ De	novat molitic	ion on		LI Mini-Encid	osure	9000011033016				
		····	J11		☐ Glovebag ☐ Non-Exen	Procedure npted (*) and No	on-Friable Procedur	e.			
Location of		Location							atem	ant T	vne
Asbestos-Containing Material (ACM)	Use	d Sole	ely by	Acho	Description of				_		_
TO BE ABATED	Mai	ntena	nce/ Staff?	(i.e	stos Containing Mate ., thermal systems in	enal (ACM) sulation	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	Gust	(12)	otan?		surfacing, VAT, other miscellaneou	or	SF or LF)	laval	=	nsd	Sur
1 APT	Yes	No	N/A		other miscellaneor	us)				ate	ω
DND 1-18 IN 55.56 5.		V		SEAR	STAPE IN	0/1-00		17			
ISTE/B		d		CAC	-1746 /	STEETRO	K / 000 31-	1-/	닏	븨	Ш
		$\overline{\Box}$		9 X9	7115		280 SF		Ш	Ш	
Name of Registered Waste Hauler	니	Ц									
S. P. W P. A.	- 12 -	Au (15335)	JDEP Wauler ID		Cubic Yards of Waste	Name of Regis	tered Landfill				
City, State	PON				100	MINON	EVA				
MIGUICATE DE	91	2			Disposal Date	City, State					
Completed By (Print or Type) Title		7/	30		NA	WAVE	NGBURIA	. /	7/7	10	
EFBAIN DILO	r 1	0			Signature	11)	Date				
SB-41					Thrain	u Se	ren 8.	-31	-/	5	
N 13 *D	o not u	se this	form fo	or asbesto	s licensure exempted	d activities.	- 1 - 1				

CK 14781

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	8/27	114 E			Name of Bui	Iding Owne	er/Operator (2	7215		9	C. F. 194	
	0/2/	/10			Summit S				1.45	91. 9	110	27
Agencies Notified		Notification	Туре		Street Addre	ess						
EPA .		Initial			14 Beekm	— ian Terra	ce				,	(.
∑ DEP		Amend	led #	_	City, State, 2	and the second						
∑ DOL		Emerg	ency (inclu	uding	Summit, N							
☑ DOH		Justinos			Name of Cor			I Tol N	Number			
X DCA		Cancel	lation	7/2	Mr. Louis			1 Tel. I	Idilibei			
Name of Facility Where Abate	ment is T	aking Place (3)	FACILITY	INFORMATION	(±1.74)						
Jefferson Elementary S			<u> </u>		Type of Facil	nty (4)						
Street Address					School	(K-12)						
110 Ashwood Ave					Subcha	pter 8 (Oth	er than K-12)					
	ounty (6)	-	County	Code (7)	Other (i.e., private	& commercia	l buildings	S			
	nion			Jse Only)	homes,							
Name of Monitoring Firm Hired	000000000000000000000000000000000000000	.: Owner (8)	ASCM	No.			- 1		SII	125 125	is I	
Westchester Environme		Owner (b)	00127		Name of Con							
Street Address .	- Treat		00127		MTM Metro		ation					
307 N Walnut Street					Street Address 135-137 M		12					
City, State, Zip Code				-,			ve					
West Chester, PA 19380			W 0	78	City State, Zi		10 Table 10				W	
Project Manager for Monitoring	Firm	Telephone	Vivenber -		Paterson, I			-				
Matt Abraham	9 1 11111	610-996-3			Telephone No				se Ņumb	ber		
Scheduled Start Date (10)					973-742-50			0800	9			
8/28/2015		Scheduled 9/01/2015		n Date (11)	Name of OSF					,		
Occupancy Status During Abat	omont /C				MTM Metro	-	ation					
Occupancy Status During Abat	ement (C	neck only one	<u>e)</u> .		Street Addres							
Facility Closed/Vacated D	Jurina Ent	ire Period of	^ hotomon		135-137 M		venue					
Abatement Performed Ou					City, State, Zi	p Code				14		
	30		Hours		Paterson, N	1107501						
Other-Describe: occupi		er trades					*					
Source of Work (Check all that	apply)					*					_	
> 3 sf or > 3 lf	×	Renovation		. X Ful	l Containment wi	th Negative	Pressure	Mir	ni-Enclo	sure		
> 160 sf or > 260 lf		Demolition		☐ No	n-Exempted(*) &	Non-Friabl	e Procedure	Glo	vebag l	Procedu	re	
Location of Asbestos-	is Loca	tion Normally	Used	Description of	100		(Specify SF o	ELEX T	Abata	ment Ty	200	
Containing Material (ACM) in Facility (13)	Solely to Staff? (by Maint./Cus	todial	thermal syster	ms insulation,	, modine	(opcon) or o	,	Abatel	ment ry	pe	
	YES	NO NO	surfacing, VAT miscell.)	i, or other				Rem.	Rep.	Encan	Enclose	
Media Room		X	VAT,Mastic		2.200 SF			×	Ī	X	1	
Name of Reg. Waste Hauler										-		
MTM Metro Corporation		NJDEP Was	e Hauler	D#	Cubic Yards of	Waste		Name o	of Reg. I	Landfill		
City, State		26552		<u> </u>	25 .		jt.	Tullytow	n			
Paterson, NJ 07501				- ,			Disp. Date			City, Stat	e	
Completed by (Print or Type)		7-71					9/02/2015		Tu	ullytown,	PA	
		Title		*	Signature			Date				
Elizabeth Maslarkov	В	usiness Admi	nistrator		Elizabeth	Masla	rkov	0/07/004	_			
						2,20000		8/27/201	٥ ,			

ASB-41

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

08/26/2015 10:48

HD.783 #882

* Do not use this form for scheetos licensura examples activities.

Physican and

				n of Asbeb nio njac b:0					٠,		79,40	
Date of Novinciation (1) August 25, 2016				of Building Ow		r (2) ck # 2342		<u> </u>			1	
Agenoles Notified Type Notification			Steel	Address	-		<u>i </u>		>	- 1	1_	_
EPA K Initial				dniure Teir		-	į.	/				
DOL Amenoman			Collir	195Wood, N.	J 08108	:	į	~ 1.	11			
DOH Ernargency)	, 10	0.000	of Contact			740	phone Mu	A STATE OF	15 []		· <u>; </u>
DCA Cancellatio	1			Chick			5/4/1		79			··
Name of Facility Winter Absternant is Taki	ng Place	(3)	FAI	CILITY INFOR	MATION	Type of Fedility	•					
Street Address 25 Ardmore Temace						School (K- Subchapto Other (I.4.	or a (Uthar	than K-1: commerci	Z) al bul	lisingi	s, han	les,
City (5) Collingwood						Square Feet 1650	# of F	Floors		Bidg.	Age	
Courry (6)			County	Code (7)		Current Use (Pr		demolish	100		_	
Name of Maniforing Firm Hiras by Building	~	₂₅		USE OHLY) _		Residence						
Management & Enviro. Consulting	Service	6) (B8	ASC	M Na.	Shad	of Abelement Co do Environmen	intractor (E nta), LLC	3) C				
PO 341			:0			Address Cutter Avenue						
City, Bixte, Zip Cods Chesterfield, NJ 08515					Cl(y, 8	State, Zip Code Shade, NJ (-
Project Manager for Manitoring Firm Bill Welsgarber			Telepho 609-2	98-4070	Telepi	765-0099		Lipense N 00842	0,			
Steri Dale (10)				Date (11)		TOUTION AHEO TO						-
August 29, 2015 Dicupancy Status During Absternant (Char		st 30,	2015			L Analytical, I	ng,					
Facility Closed/Vacated During Entire			ment			Address Route 130 Not	rth					
Abatement Parformed Outside of Norm Other - Describe: Residential	nal Facili	ty Houe	5	83		tale, Zip Čedo aminson, NJ (08077				_	
Ecope of Work (Chack All That Apply)	11200000							1,000				_
≥3 61 of ≥3 61 ≥160 6f of ≥260 lf		Rendve Damoli			R	Full Containm Mini-Enclosum Glovebeg Pro- Non-Exemple:	b codula	5.0			'e	
		s Local								Abai	amen	1
Location of Asbestos-Centaining Material (ACM) TO ST ABAYKO In Facility (13)	M	Normal ad Sala almonal stadial 8 (12)	ly by	(i.m. ilnor	Description Junialising M Implessess Interior Life cing. VA Interior	laie/ial (ACM) Insulation, T. or	Amo (Spa SF or	clfy	Remousi	Repair	Encapsu Encapsu	Enclose
	Yes	No	N/A						E.		sulate	ar ne
Attic	XXX		P	pe insulat	llon	10	LF	×				
Basement	-	XXX		Pi	pe Insulai	llon	4 L	.F	X			
Name of Registered Waste Hauter Freehold Cartage		H	IDEP W QUI relue 285		bic Yards - Wests	Nems of I Cumber			ndfill	1		
čity, šiate Preshold, NJ				Y 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	9/2015	City, State		> -				
Completed by Diana Lynch	I file Own	ər			Blandhing	57	K	- B/2	5/20	16		

State of Mark Jaraey



Check#1456

Date of Notification (1)					f Building C			(2)			2 873	j 1).				
8/26/15				Court	and St L	oft LL(0						Ĵ,		16 0	
Agencies Notified	Type Notification			Street A		st 8800 1000						ų.			-	
□ EPA	× Initial				lain Str S							NI.				
DEP	Amended				te, Zip Coo							1	8		- 50	- 4
X DOL	Amendment #		- L	. d-0.77 T.C. 012	son NJ 0	7503										
DOH DCA	justification)	. roice airig		Name of	f Contact					Tele	ephone N	Numb	er			
☐ DCA	Cancellation															
Name of Facility Where	Ahatement is Taking	Place (3)		FACI	LITY INFO	PRMATI	ON	Type	of Facility (4)						
Former Demolition		1 1000 (0)	18					PERSONAL PROPERTY.	34 2449	0785						
Street Address							-		School (K-1 Subchapter		er than K	-12)				
47-57 Camden Str	eet							T (Other (i.e. p				build	ings,	home	s,
City (5)	7.7.3						-		etc.) re Feet	# of	Floors		BI	dg. A	ne	
Paterson								Oqual	01000	" 0	1 10010		1000	0 9. / 1	go	
County (6)			- 10	County (Code (7)		-	Curre	nt Use (Pri	or if bei	na demo	lishe				
Passaic					USE ONLY)				ndoned				•			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCN	/ No.		Name	of Aba	tement Cor	ntractor	(9)		1000			
n/a				n/a			Lozn	ica M	lanagem	ent Co	orp					
Street Address			0 -> 1-				Street	Addres	ss			010000				
n/a							22 T	roy La	ane							
City, State, Zip Code									p Code							
n/a					75 (105 0 112		Linco	oln Pa	ark NJ 07	7035						
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph				License					
n/a				n/a				70679			01193	3				
Start Date (10)				pletion	Date (11)				A Monitor							
8/26/15	- Ab atom ant (Ob a al	8/26/15	<u> </u>					Addres	lanagem	ent Ot)rp					
Occupancy Status Durin								roy La								
	ated During Entire P ned Outside of Norm						1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1/200	ip Code			_		-		
Other – Describe:		ai i dointy	110013	\ 			and the second		ark NJ 07	7035						
Scope of Work (Check A	All That Apply)									-	1000000					
≥3 sf or ≥3 lf	,	Пр	enova	tion] Ful	l Containm	ent with	Negativ	e Pre	estir	P		
≥160 sf or ≥260 lf		-	emolit					Mir	ni-Enclosur	е	rvogaar					
							-		vebag Pro n-Exempte		d Non-Fr	iable	Pro	edur	۵.	
		T .		Logor Control	I		E	2 140	II-Excitipto	u () an	4 11011 11	IGDIC		100	ment	
	700 S 4 8	19.5%	Locati Iormal											Ту	ре	
Location Asbestos-Containing		Used	d Sole	ly by	Asbest	tos Cont	scription aining N	Material	(ACM)	А	mount				ш	
TO BE AB	ATED		ntenar odial S		(i.e.	thermal	systems	s insula	ation,		Specify		Rer	Re	nca	Encl
In Faci (13)	(C. C. 10)	10,7752	(12)				cing, VA niscellar			Si	or LF)		Remova	Repair	Encapsulate	Enclosure
(,,,		Yes	No	N/A	1								<u>a</u>	1	ate	re
		168	140	INIA			<u></u>	D TO				-	_		-	
Post Demo Const		X	ONI	LY ON	E LOA	DIC	BE									
			TAKE	EN OU	TASA	SBE	STOS									
			CONTAI	NING	WAST	ETH	AT WA:									
						LEF	T ONS	ITE								
Name of Registered Wa	ste Hauler		N	JDEP W	Vaste	Cubic	Yards		Name of	Registe	ered Lan	dfill				
Rovic			Н	auler ID	No.	of Was	ste		GROV	VS Lar	ndfill					
(ASSET ASSET)				70.0000		TBD	cal Data		City, Sta							
City, State Riverdale, NJ						TBD	sal Date		1 5.23		A 1906	7				
Completed by					Signature		IVIOITIS	VIIIG I	1 1 3 0 0	Date		-				
E. Cirovic		Title Secre	etanı				GIGHALUIE		•				6/1	5		
L. OHOVIO	(d	0001	orar y			6	-1:47	000				5/2	-1 1	88		

CK Z348

Date of Notification (1)					f Building		perator	(2)					17		
August 27, 2015				James	McCoc	g	Check	(#2	2348 2	15 Au	Λ.				
Agencies Notified X EPA DEP	Type Notification				Hessian		е	7257	£ 1	и л.с. s	631 /	4H 7	: 55		
DEP X DOL	Amended Amendment Emergency		_		ate, Zip Co al Park,		063		- 0	G.L.	lož _k i.		i DL		
DOH DCA	justification) Cancellation				f Contact McCoc	og				Tel	ephone N	umber			
Name of Facility Where A	Abatement is Takir	g Place (3)	FACI	LITY INFO	ORMATI	ON	Ту	rpe of Facility (4)					
Street Address 1203 Hessian Aven	ue							×	School (K-1 Subchapter Other (i.e. p	8 (Oth			ldings	, hom	es,
City (5) National Park	Name of the second seco				13			So	etc.) quare Feet 572	# o	f Floors		Bldg.	Age	
County (6) Gloucester					Code (7) USE ONLY)			urrent Use (Pri esidence	or if be	ing demoli	ished)			
Name of Monitoring Firm Management & Env				ASCN	I No.		0.00		Abatement Cor Environmen			- 1887 / 1821 - 1			
Street Address PO 341							Street 623		dress tler Avenue						
City, State, Zip Code Chesterfield, NJ 085	515						5.50		e, Zip Code Shade, NJ 0	8052					
Project Manager for Mon Bill Weisgarber	itoring Firm		Telepho 609-29	ne No. 98-4070		Teleph 856-		e No. 5-0099		License 00842	No.				
Start Date (10) September 8, 2015	(40)			mpletion 11, 201	Date (11) 5				SHA Monitor Analytical, Ir	ıc.		77.00			
Occupancy Status During							Street 200		dress ute 130 Nor	th					
Facility Closed/Vaca Abatement Perform Other – Describe: F	ed Outside of Norr						City, S	State	, Zip Code iinson, NJ 0						
Scope of Work (Check A	Il That Apply)	100-22-					Oilii	iaiii	1113011, 140 0	0011					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		-	Renova Demoli				>		Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				re	
			Locat							- () u	<i>a</i> , , , , , , , , , , , , , , , , , , ,		Aba	emen	t
Location Asbestos-Containing			Norma ed Sole		Ashaa		scription		rial (ACM)			-	T	уре	
TO BE ABA In Facili (13)	ATED		todial (12)			thermal surface		s ins		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Ericlosure
Kitchen and Dir	aina Poom	No	N/A			oor Til	lo.	4	2/	20.05	77	-	Ф		
Ritchell and Di	iiiig Rooiii	XXX				001 111	ie			00 SF	X				
Name of Registered Was	to Hauler			NJDEP W	lasta	Cubic	Varda		Name of	Dogista	rad Land	EII .			
Freehold Cartage	te naulei		H	lauler ID 2265		of Was			111 2 19	0.00	County		ill =		
City, State Freehold, NJ				1 0		Dispos 9/11/2	sal Date 2015	1	City, State Newbur		1				
Completed by Diana Lynch		Title Own	er			S	ignature	e 77	15	Fa		Date 3/27/2	015		

State of New Jersey APPROVED: NJD 0 L , GEM NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)						lding (Owner / Operator	r (2)		E# 7:5				
8/27/15		_	Ede					£ 12	4000					
Agencies Notified Type Notificat	ion		Stree				an Ctrant		- 12.7	16 7. 0				
				-0.5			se Street	ε		1.	1,	-		
□ DEP □ Initial □ Amend	had		XXXXXXX			Zip C		1						
□ DOH □ Emerg						A 021 ntact	10		****	IT.	elepho	no Ni	ımh	or
DCA Cance		100	Rob	775						- 3:	siebilo	HE IN)	CI
				0.5100.0	875070		ODMATION							
Name of Facility Where Abatemer	at is Taking DI	200 (10	ILII	TINE	Type of Facili	ity (A)						
Princeton Shopping Center -			5)				School (
Street Address								ter 8 (Other	than K-	12)				
301 North Harrison Street								e. private & d			s, hom	es, e	tc.)	
							Square Feet	# of F	Floors	Blo	dg. Ag	е		
City (5)	County (6)	Co	unty	Сс	ode (7)	3000		1			30+		
Princeton	Mercer						Current Use (Prior if being	g demoli	shed)	20		-20-	
							Retail							
Name of Monitoring Firm Hired by	Building Own	er (8)	1		ASC	M No.				3)				
Arcadis						_	Bristol Env		I, Inc.					
Street Address 30 Braintree Hill Office Park,	Suite 105						Street Addres							
City, State & Zip Code	oute 100						City, State &							
Braintree, MA 02184							Bristol, PA	The second secon	\$					
Project Manager for Monitoring Fir	m	Telep				er	Telephone No			License Nu	mber			
Frank Rodrigues		781-		_			(215)788-60			00509				
[174] TO SOUTH TO SOUTH SEED OF THE SOUTH SEED SOUTH SEED SOUTH SOUTH SEED SO	cheduled Con			ate	(11)		Name of OSH		llna					
8/28/15 Occupancy Status During Abatem	ant (Chaok ar	8/28			_		Street Addres		i inc.					
Facility Closed/Vacated D				oat	emei	nt	1123 Beave	65					(5)	
Abatement Performed Out							City, State & 2							
Describe: 7:30 AM to 3	:00 PM						Bristol, PA	19007						
Facility Occupied During A														
Scope of Work (Check all that app	oly)								Containm	nent with Ne	antivo	Droc	curo	
≥3 sf or ≥3 lf		\boxtimes	Re	no	vatio	n			Enclosu		galive	1 103	Suic	e
≥160 sf ≥260 lf					olition					ocedures				
		ш			J	•			_	ed and Non-	Friable	Prod	cedu	ıre
Location of		ls	Loca	tio	n		Description	n of	T	Amount	Aba	ateme	nt T	уре
Asbestos-Containing			mally				Asbestos-Con			(Specify				Τ
Material (ACM)			olely				Material (A		٤ ا	SF or LF)	Z,		Enc	E
TO BE ABATED in Facility		Main				i	(i.e., thermal synthemal synthemal)				Removal	Repair	aps	Enclsoure
(13)		Odot	(12)		٠		or other miscella				val	air	Encapsulate	oure
8 8		Yes	No		N/A								е	
Retail Space						Du	ict wrap - Wra	p and cut		12 LF				
													Ц	
		Ц		1							부	Ц	닏	
	\vdash	닏	+	ᆜ				_		+	님	井	H	
		\vdash	님	+	⊢						井	H	H	ዙ
Name of Registered Waste Haule	-	Ш		ID		Vaste	Cubic Yards	Name of R	agistara	d Landfill			Ш	
Name of Registered Waste Haule	Y		2.00			No.	of Waste	Ivanie or ix	cgistere	a Lanami				
Service Transport Inc.					90		1 yds							
City, State							Disposal Date	City, State						
New Castle, DE							8/28/15							
Completed By (Print or Type)				itle			Signature	0.	1	· n	Date	14 =		
Gino Pizzigoni					ject		Line F.	izzigon	: /-	il	8/27	/15		
			IV	ıdí	nage	er e	None !	1101	11	3				

CL 5785

Date of Notification (1)			Nar		ng Owner/Operator					
8/27/ 15	5			MR.	DAYID	SMITH	2015 /	UC 31 1		
Agency Notified 7	ype Notification		Stre	et Address		0.		-001 /	H	7: 5
□ EPA J	2 Initial			15 G	ARDEN	FL	1 42			1.0
D DEP	2 Amended		City	, State, Zip	Code .		0 0	-1 .,	1	
Z DOL .	Amendment#			CHA	HAM ,	MJ. 07	728	LICOPE	1 -	/1_
Z DOH	Emergency (includ justification)	ing	10000000	me of Conta	ct ,		Telephone Nun	ber	i	
	2 Cancellation			un. 5	SMITH		,	/ 6 =	, ~	
	· · · · · · · · · · · · · · · · · · ·	10	F/	ACILITY INF	ORMATION	8.			1	
Name of Facility Where Ab	atement is Taking Pla	ace (3)				Type of Facility	(4)		-	
	SHITH				48				ì	
Street Address	211111					☐ School (K-1)	2) 8 (Other than K-12			
	GARDEN	81	_		r i		rivate & commercia			
City (5) .					1.2	Square Feet	# of Floors	Bldg. Age	T	115-116-50
CHA	MAHT		750	22		2100.	2	75	7	EN
County (6)			Cor	unty Code () (STATE USE	Current Use (F	rior if being demol	ished)	1	
MOR	rlis			LY)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SIDEN CE			
Name of Monitoring Firm H		or I A	ASCM No		Name of Abates	ment Contractor (-	
(8)	ned by balana Own		WOOM NO	•0					1	
Street Address					Street Address	moval In	.c			
Sueet Address					1					
City, State, Zip Code					450 Sou	th River	St			
Cay, State, Zip Code					City, State, Zip		07601			
Drainet Managar for Manita	ring Eine	1 7-1	h			ack, N.J				
Project Manager for Monito	ing rum	iei	lephone N	10.	Telephone No. 201-329		License No.			
Start Date (10)	Cabadulad		- D-4- /	445	Name of OSHA		00388			
9/11/1	Scheduled C	12		11)						
Occupancy Status During A		1	17		Street Address	Environm	ental			
		• •		Ø.						
☐ Facility Closed/Vacated I	During Entire Period	of Abate	ement			uyler St		1		
Abatement Performed On Al Other - Describe: 740	utside of Normal Fac	any Hou	rs .		City, State, Zip (N T O T	1606		
Scope of Work (Check all the) . na	CREIISACK	,N.J. 07	000		
	mc apply)		10000	_	□ Full	Containment with	Negative Pressur	e		
-21 ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf				Renovation		-Enclosure rebag Procedure				
							d Non-Friable Proc	edure -		
	-	ls L	Location						aten	
. Location			ormally	- :					Тур	2
Asbestos-Containing I			Solely by		Description stos Containing M	Millian a macanasa sa magaza da	Amount	1	r	n
TO BE ABA			ustodial		, thermal systems	insulation,	(Specify	Reg	Repair	Enclosure
IN Facilit	y .	1	Staff?		surfacing, VAT other miscelland		SF or LF)	Removal	Repair	losu
()			(12)		odica misociani	2043)		8	7 0	ITO
	1	Yes	No N	/A	370					
BASELLEN	*			THER	HAL SYSTEH	INSU CATTON	1300	F X		
								1.5		\top
									1	+
	1						-	7	+	+
Name of Registered Waste	Hauler	NJD	EP Wast	e Hauler	Cubic Yards of	Name of Regi	stered Landfill			
Best Remova		ID N		- I received	Waste ,	37.				_
			1710	9	21/204	Intherva	a Enterpr	ises ,	LL(ا د
City, State	· · · · · · · · · · · · · · · · · · ·				Disposal Date	City, State		<u>!</u>		
Hackensack	, N.J. 07	601			9/12/15	Wavnes	burg, Oh	. 44688		
Completed by	Title				Signature		1	Date	,	
J.Maiorano	Est	imat	or		1 60	Poisson	-3	Date 8/27	/15	5
ACD 44	* P	N-1			X	1 1: 1:			-	

CK 5784

Date of Notification (1)	27/15				g Owner/Operator MALK		2515 /	AUG 31		
Agency Notified	Type Notification			Address	MACORI	11 11	A.		·- I	/ •
□ EPA	2 Initial		10			10 100		-1		
D DEP	☐ Amended		City, St	ate, Zip (Code .			DIF.	11	111
Ø DOL	Amendment#		U	155	MICTO	RD. NJ	. 079	80	0.1:	
E DOH	☐ Emergency (including justification)	ng	Name	of Contac			Telephone Nun	nber		
□ DCA	☐ Cancellation		MS	· JA	(N.NE 7W	550	973	· -		
			FACIL	JTY INF	ORMATION					
Name of Facility Where					100	Type of Facility	(4)			
MR.	MARIK MO	o RE				School (K-12	2)			
Street Address						☐ Subchapter	Other than K-12	2) .		
655 H	LACOPIN G	20				Dother (i.e. pr homes, etc.)	ivate & commercia	al buildings,		
City (5) .	5			W	· • • • •	Square Feet		Bldg. Age		
WES	MILFORD			-		2000.	2	95	70	3
County (6)			County	Code (7) (STATE USE		rior if being demol		•	
CASS	214		ONLY)		, (0.7.12,502		105405			
Name of Monitoring Firm		er AS	CM No.		Name of Abaten	nent Contractor (9)			
(8)		1			Best Rei	moval In	c ·	15		
Street Address					Street Address				1	
			55		450 500	th River	C+	25		
City, State, Zip Code					City, State, Zip C		S L			+
Oky, Olake, Zip Oode						ack, N.J	07601			
D-1		1 7.00	-6 M-			ack, N.J	License No.	-		
Project Manager for Mo	nioning ritm	rele	phone No.		Telephone No.	7111				
						-7444 -	00388	10		
Start Date (10)	Scheduled C				Name of OSHA		2			
9/10/1		1111	5			Environm	ental			
Occupancy Status Durir	ng Abatement (Check or	ly one)			Street Address					
☐ Facility Closed/Vacat	ed During Entire Period	of Ahatem	ent	*	280 Ht	uyler St		·		
☐ Abatement Performed	d Outside of Normal Fac				City, State, Zip C	Code				
,2-Other - Describe: 7	on to SPM				S. Had	ckensack	,N.J. 07	7606		
Scope of Work (Check a	all that apply)		190							
Z ≥3 sf or ≥3 lf			P Pan	ovation		Containment with Enclosure	Negative Pressur	re .		
□ ≥ 160 sf or ≥ 260 lf			□ Dem			ebag Procedure		3.50		
				Management of the Control of the Con			d Non-Friable Prod	cedure		
		ls Lo	cation					AL		nent
E .		Nor	mally	-				-	Тур	e T
Locati Asbestos-Containi			Solely by	Acha	Description stos Containing Ma		Amount		١.	
TO BE A			enance/ stocial		thermal systems		(Specify	~ ~	20 3	8 E
IN Fa	and the same of th		aff?	(surfacing, VAT		SF or LF)	mo	Repair	SOIO
(1:	3)		12)		other miscellane	eous)		Removal	air is	Encapsulate
								171	18	9
		Yes	No N/A					- 3	1	+
1. Floor	Kitchen		9	U	ERMIWL	ATE	10 51	FX		
4,						.83				
								·,	T	1
1								100	1	1
Name of Registered Wa	ste Hauler	NJDF	P Waste H	auler	Cubic Yards of	Name of Regis	stered Landfill	1.1		
Best Remo		ID No			Waste /	Winon			тт	C
DOSC ROMO			17109		10/207	Minerva	a Enterpr	ises,	ىلىل	U
City, State	t production and the second				Disposal Date	City, State			-	
	k , N.J. 07	601			9/11/15	. 1	burg, Oh	1,1,600		
Completed by	Title	001			Signature (waynes	purts, ou	Date		
		i m c + -				عمماضية	,	8/2	21	15
J.Maiorano		imato		b 6	1 - 1		<u> </u>	012	1	- 7
ASB-41	* Do no	t use this	form for as	bestos li	censure elempted	activities.				

CH 305

Date of Notification (1) 3/27/2015 8/25/	2015		Name DVL	of Building Ox Kearny Ho	wner/0	Operator LLC	(2) 28/5/	100.21			T.		-	
Agencies Notified Type Notificati	on		1	Address ast 55th Str	eet 7	th floor	. A , .		ritig	7:5	7			
X EPA Initial X DEP X Amended X DOL Amended	ent#_>		City, S	tate, Zip Code York NY10	9		\$ £ /.	$E_{E_{h}}$		hel				
□ DOH □ DCA □ Cancellat		g		of Contact lie Carame	s			Te	elephon	e Nur	nber			
Name of Facility Where Abatement is Ta	kina Dlass	(2)	FAC	CILITY INFOR	ITAMS	ON								
Torch Park	king Place	(3)					Type of Facil	ity (4)				×		
Street Address 160-194 Passaic Ave							School (Subchar Other (i.	(K-12) pter 8 (Ot e. private	her than	n K-12 merci	2) al bu	ildings	s, hor	nes,
City (5) Kearny NJ							etc.) Square Feet 30000		of Floor		Т	Bldg. +50		
County (6) Hudson			County (STATE	Code (7)			Current Use (1 -	eing der	nolish				
Name of Monitoring Firm Hired by Buildin Sky Environmental	g Owner (8	5)	ASC	M No.		Name of Dinag	of Abatement	Contracto nental L	r (9) LC					
Street Address 140 Boulevard							Address afayette St	reet						
City, State, Zip Code Mountain Lake NJ 07046							ate, Zip Code rk NJ 0701		•					
Project Manager for Monitoring Firm Leonid Shereshevsky				88-4821		Telepho 973-4	ne No. 91-0877		Licen 0124).			-
Start Date (10) 3/30/2015	101	30	mpletion 201	Date (11)			f OSHA Monit							
Occupancy Status During Abatement (Christian Facility Closed/Vacated During Entire Abatement Performed Outside of No.	Period of	Ahaten	nent			Street A 2333 f	ddress Route 22 W	/est						
Other – Describe:	mai Facility	/ Hours	s 				te, Zip Code NJ 07083							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit				×	Full Contain Mini-Enclose Glovebag Pr	ure rocedure						
	ls	Locati	on				Non-Exemp	leu () and	I NON-F	паріє		Abate		+
Location of Asbestos-Containing Material (ACM)		iormall d Solel			Desc	ription of	:8			1			ре	
TO BE ABATED In Facility (13)	Mai	intenar odial S (12)	nce/	(i.e. ther	mal s urfacir	ining Mat ystems in ng, VAT, scellaned	erial (ACM) asulation, or ous)	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Endosure
	Yes										=		ate	re
6 floor	6 floor													
0.1001		X		4	dou	ble doc	ors	12)SF		٥			
N (2))			1	-	-	-	-
Name of Registered Waste Hauler reehold Cartage	Ti .	Ha	IDEP Wa Juler ID N 265	50 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	bic Ya Waste			Register n Berks			itv I	andf	ill	
City, State Freehold NJ				Dis	posal	Date	, City, Sta	te						-
Completed by	Title				Sign	ature	Dilusbi	UIU PA	7	Dota				
Carlos Gomes	Presid	ent	- 183 		91		11 (.	1	-	Date 5/5/2	2015	5P		

								10 1						
NO Dept. of Health & Senior Services		2 _p=0	State	o of New Ju	rsey			2015	: NG 3	Check	7:5	98	15	,
Date Date DE IS TIMES HAPM	тои	(Purs	suant to	F ASBEST NJAC 8:60	2nd 12	:120)		8610		CHECK	*-			_
Date of Notification (1)	181,000	Ne	me of E	Suilding Owr	ner/Oper らんん	ator () タル	2)	1 .1 2	-71		1	,		
Agencies Notified Type Notification				6 1174	1276	Æ	AUR		•	LEWIS	-	*		
DEP Amended Amendment#		. Ci	ity, State	CEWAT	EN	N	J	070	120					
Emergancy (ind	aluding	N	ame of 0	Contact -ym 17			MIATER TO		100	nna Klumbe				1
End	7"		FACIL	TY INFORM	MATION								1	
Name of Facility Where Abatement is Taking !	Place (3)							acility (4 lool (IC-12						
Street Address 16 MYETLE AUE		****					Sut Olh	e (i.e. pr	(Other ivate & (than K-12) commercial l	njildir	ngs, h	omes	
City (5) DE ELYATER		(800		0.	-		Square		#of F	Toors		lg. Ag ري سي		
County (6) BERCEN		0	county C	ode (7) SE ONLY)		_	Current	Use (Prio	r If being	demolished	1)		1000	
Name of Monitoring Firm Hired by Building Ov	vner (8)	1	ASCM	No.			of Abater			(i)				
Street Address			1		S	treet.	Address /reelan			1,000				
City, State, Zip Code							late, Zip and Par			-				
Project Manager for Monitoring Firm		17	elephon	e No.	—" T	oteph	one No. 262-584	-		License No. 00156		1		
Start Date (10) 8/25/15	Scheduled	Com	i//J	Qate (11)			of OSHA ga Env	A Land Contraction of the	ntal Se	rvices Ind				
Occupancy Status During Abatement (Check			1				Address Huyler S	treet				*		
Facility Classed/Vacated During Entire Pe Abatement Performed Outside of Norma Other - Describe:	eriod of Ab il Facility H	atem (ours	ent		to	City, S	tate. Zip kensaci	Carla	7606			*		
Scope of Work (Check All That Apply)									-		-			
전 23 sf or 23 lf 급 2160 sf or 2260 lf		novaí moliti		32		CH I L	Mini- Glove	enclosure	edure	Negative Pro				
A. Array		.asatic						- 1					ment	-
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenan	y by	(i,e. th	s Contal	ystem	visterial (/ is insulati \T, or		(\$	nount pacify or LF)	Removal	Repair	Engapsulate	Enclosure
	Yes	No	N/A				ASSAULT ALLE	- 60			=		ate	ď
2 NO FL STAIR LAWS	-		1,77		V	A	7			20 SF	X			
		2000 E					11.50							
			-							***				
Name of Registered Waste Hauler		H	JDEP VI suler ID		Cubic Y of Wast		_			red Landfill I Sanitary	ian	(451)		
Newark Carting, Inc. City, State	0	104	4509		Ø Dispos	r Date		Cily, Sta	le		I-C()	MINI	181	
Newark, N.J. 07105 Completed by	Title				8-1)_5 gnatur	1500	Pen Ar	gyl, P/	A 08072	g /		1-	
R. McDonald	Presi	dent				/	12.5	19.	11		8/	7.5	15	
						u.		E	3.0					

Check#2280

State of New Jersey

State of New Sersey	
NOTIFICATION OF ASBESTOS ABATEMENT	
(Pursuant to NJAC 8:60 and 5:16)	× 9

Date of Notification (1)					Name	of Buildin	g Owner/	Operator (2)					
08/		15				rd O'Neil				8875 Mag				
Agencies Notified EPA DOLWD	Type Notific Initial Amended				Stree 21 M	t Address eadowbro	ok Place	e	in the second se			80 5	1	
☑ DHSS ☐ DCA	Amendm Emergen	ient #_ ncy (incl	uding		Maple	State, Zip (ewood, N	J 07040			- 17:		71 7		
(NJAC 5:23-8)	justificati Cancella	578				of Contac rd O'Neil				Telephone N	umber			
			-			CILITY IN		TION		1	-			-
Name of Facility Where	Abatement is	Taking I	Place	(3)		01211111	11 01(11)	111011	Type of Facility	(4)				
Private house				4			8.		School (K-1		.1 2)			
Street Address 21 Meadowbrook Place	ce								Other (i.e., homes, etc.	private and com	mercial b	uilding	gs,	
City (5)									Square Feet	<u> </u>	E	Bidg. A	ge	
Maplewood, NJ 07040)													
County (6) Essex					Cour	ity Code (7)	(STATE U	ISE ONLY)	Current Use (P	rior if being dem	nolished)			
Name of Monitoring Firm	Hired by Buil	ding Ov	vner (8)	ASCM	No.	Name	of Abateme	ent Contractor (9)				
Street Address								h LLC Address						
0.000.000.000.0000.0000.0000.0000.0000.0000								alley Rd#	283					
City, State, Zip Code								tate, Zip Co						
							Wayne	, NJ 0747	70					
Project Manager for Mor	nitoring Firm			Tei	ephone	No.		one No.		License No.	<u> </u>			
Start Date (10)		0-1	1-10					8-1777		01127				
						ate (11) 15		of OSHA N	nsultants,Inc					
Occupancy Status Durin							-	Address	nountainto, inc				-	
Facility Closed/Vacat	ed During Enti	ire Peri	od of	Abate	ment		20-21	Wagaraw	Road, Bldg .#	35E				
Abatement Performed Time of Abatement:	d Outside of N	ormal F	acility	/ Hou PM	rs - De: 	scribe _AM	City, St	tate, Zip Co wn, NJ 0	ode					
Scope of Work (Check a	II that apply)						ran La	Clean up	and decontami			sure		
>3 sf or >3 lf > 160 sf or >260 lf			Re De	novat moliti	ion on		X	Mini-Enc	tainment with Ne losure g Procedure			sure		
								Non-Exe	mpted (*) and N	on-Friable Proce	edure	1		
Location	ı of		١	Loca Vorma	illy		De	escription o	of		А	batem	ent T	уре
Asbestos-Containing		A)			ely by ance/		stos Con	taining Ma	terial (ACM)	Amount	Rer	Repair	Enc	Enc
TO BE ABA					Staff?	(i.e		al systems i acing, VAT,		(Specify SIF or LF)	Remova	Dair	apsi	Enclosure
(13)				(12)	T	-		miscellane		On or Ery	<u>a</u>		Encapsulate	Гe
D	1)		Yes	No	N/A								_	
Basement					X	Pipe ins	ulation			120 LF	X		Ш	Ш
				Ш										
Name of Desirtant 124	- t - 11 - 1					1	T							
Name of Registered Was	ste Hauler					e Hauler ID No.			e Name of Regi	stered Landfill				
Gr Tech LLC City, State					00337	85	TB: Disposa		T.R.R.F. Inc					
									City, State					
Wayne, NJ 07470 Completed By (Print or T	vpe)	Title					TB	D gnature /	Tullytown, P	'A	Date		-1:-:	
N.Jevtic	11-1		\r				Si	griatule //	which were	d		015		
ASB 41		Owne	21							1907	08/27/2	015		

Check#2281

MAY 11

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

			(PU	rsuar	nt to NJA	C 8:60	and 5:16	5)					
Date of Notification (1)				Name	of Buildin	g Owner/	Operator (2	2)					
08/	27 / 15				Wilman	70		?	EE ALL				
Agencies Notified	Type Notification				t Address	_			2010.3				
☐ EPA	✓ Initial				emberton	Auonus		× 1		ij.	<i>60</i>		
□ DOLWD	Amended				State, Zip (72 1 /20,				-
⊠ DHSS □ DCA	Amendment #			1000 YEAR	field, NJ (4		
(NJAC 5:23-8)	Emergency (in justification)	ciuaing	3		of Contac				Telephone Nu	mher			
	Cancellation			Iohn '	Wilman				Total Train	8			
					CILITY IN	IEO PMA	TION		1 , , , , , , , , , , , , , , , ,	,			
Name of Facility Where A	batement is Taking	Place	(3)	- 1 ^	OILII I II	et Ottials	TION	Type of Facility	(4)				
Private house			(0)					School (K-1					
Street Address			-					Subchapter	8 (Other than K-1	2)			
621 Pemberton Avenue	3							Other (i.e., phomes, etc.	private and comm	ercial bu	ilding	JS,	
City (5)								Square Feet	# of Floors	R	ldg. A	20	
Plainfield, NJ 07060							(4)	Oquare r cer	# 01 1 10013		uy. A	ge	
County (6)				Cour	nty Code (7)	(STATE U	SE ONLY)	Current Use (P	rior if being demo	lished)			
Union				35000000		• • • • • • • • • • • • • • • • • • • •		, , , , , , , , , , , , , , , , , , , ,	nor ir boing doine	nonou)			
Name of Monitoring Firm	Hired by Building (Owner	(8)	ASCM	No.	Name	of Abateme	ent Contractor (9)				
						Gr Tec			5				
Street Address						Street /	Address	7777					
						576 Va	lley Rd#	283					
City, State, Zip Code							ate, Zip Co						
						Wayne	, NJ 0747	70					
Project Manager for Moni	toring Firm		Tele	phone	No.	Telepho	one No.		License No.				- 200
						973-63	8-1777		01127				
Start Date (10)					ate (11)	Name o	of OSHA M	lonitor					
)9/	09	/ _	15	Enviro	vision Co	nsultants,Inc					
Occupancy Status During							Address						
Facility Closed/Vacate	d During Entire Pe	riod of	Abate	ment		20-21 V	Wagaraw	Road, Bldg .#	35E				
Abatement Performed Time of Abatement:	AM- p	Facilit M/	y Hour PM	s - Des	scribe AM	City, St	ate, Zip Co	ode				- 1000	
		-				Fair La	wn, NJ 0'						
Scope of Work (Check all	that apply)						Clean up	and decontami	nation with negati	ve press	sure		
≥ >3 sf or >3 lf		X Re	novati	on		H	Mini-Enc	tainment with Ne losure	gative Pressure				
☐ ≥ 160 sf or ≥260 lf		☐ De	emolitic	n		\boxtimes	Glovebag	Procedure	Tent with Negativ	ve Press	sure		
		le	Locat	ion	T		Non-Exe	mpted (*) and No	on-Friable Proced		ī		
Location	of		Norma			De	scription o	f		Ab	atem	ent T	T .
Asbestos-Containing N			ed Sole		Asbe	stos Cont	taining Mat	terial (ACM)	Amount	Re	Re	Enc	Enc
TO BE ABA IN Facilit		(2000)	todial		(i.e		I systems i cing, VAT,		(Specify	Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other r	miscellane	ous)	SIF or LF)	<u>a</u>		ulat	I.e
		Yes	No	N/A				95				Ф	
Basement				X	Pipe inst	ulation			130 LF		П	П	П
		П	П										
					-					ᆜᆜ			
		Ш	Ш								Ш	Ш	
					-								
Name of Registered Wast	te Hauler		NJE	EP Wast	e Hauler ID No.	Cubic Ya	ards of Waste	Name of Regis	stered Landfill		-		
Gr Tech LLC			0	03378	85	TBI	D	T.R.R.F. Inc					
City, State						Disposa	A CONTRACTOR OF THE PARTY OF TH	City, State					
Wayne, NJ 07470						TBI	D	Tullytown, P	A				
Completed By (Print or Ty	rpe) Title)				1 652550	nature /	1	1	Date			
N.Jevtic	Owi	ner					He	who wena	1	8/27/20)15		
ASB-41	<u> </u>			-				150 to \$ 00 to \$	0	012112	, 10		

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

Check # 10079

Date of Notification (1)							er / Operato	or (2	2)						
	ugust 27, 2015			_	Jersey C	ity			20	te din	: 31 KK				
Agencies Notified	Type Notification	on		Street A	laaress					riUi	31 1H	0	207		
⊠EPA				280 Gro	ove Stree	et			1		1	0- 05			
DEP				200 011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					3/ 1	- 2 F				
DOL	Initial			City, Sta	ate & Zip	Code				**	100	11-1			
25.00	Amend	ded		Jersey	City, NJ	07302	2								
DOH	20070 CONTROL S	dment #													
⊠dca	Cance	llation		Name o	f Contac	t					Te	lephon	e Niii	nher	
				Brian V	Veller, D	ept. of	Administr	atio	n		Ī		• • • •		
	·			FAC	ILITY	NFO	RMATIO	N							
Name of Facility When	re Abatement is	Taking P	lace (3)				Type of Fa								
Street Address	-						1-		ter 8 (Other than	K-12)					
280 Grove Street							E-N		.e., private & c		cial building	s hom	ne e	c)	
200 0.010 0.000							Square Fe		# of Flo			lg. Age	10, 0	,	
City (5)							4 10	0,00		4		9.7.90	80		
Jersey City							Current Us	se (F	Prior if being der	nolished	d)				
							Public Bu	ildi	ng						
County (6) Hudson			unty Code												
Name of Monitoring F	irm Hired by Ru		SE ONLY_		ASCM I	No	Name of A	hat	ement Contracto	r (Q)					_
Partner Engineering			161 (0)		AGGIVIT	140.	Synatech			1 (3)					
Street Address							Street Add	_			articentic entre				
611 Industrial Way W							829 Radio	_							
City, State & Zip Code Eatontown, NJ 0772							City, State		Zip Code rbor, NJ 08087						
Project Manager for M			Te	ephone N	umber		Telephone				License Nun	ber			-
Brian Nemetz	ioniconing i inti		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2-542-356			609-296-6					0081	7		
Scheduled Start Date September 18		Scheduled		on Date (1 ber 21, 20			Name of C Synatech								
Occupancy Status Du			nly one)				Street Add	dres	S						
	erformed Outsid						City, State	-							
Abatement P Other – Desc		de of North	nai riouis						rbor, NJ 08087						
	pied During Aba	tement					Little Lgg	iia	1501, 145 00007						
Scope of Work (Check	25 3.73	atomone.						_		_				_	
Scope of Work (Check	k all that apply)							M	Full Containmer	st with N	logativo Bros	ouro.			
≥3 sf or ≥ 3 lf				Renovatio	n			_	Mini-Enclosure	IL WILLI P	vegative Fies	sure			
2 ≥ 3 1 0 1 ≥ 3 11 2 ≥ 160 sf or ≥ 260	n If		=	Demolition				=	Glovebag Proce	duro					
	0 11			Domonto	•				Non-Exempted		Non Erioblo B	rocodu			
1.00	ation of		le Location	on Normal	ly Head		Desc	_) and i	NOTI-I HADIE F		atem	ent T	vne
Asbestos-Contai	70500000 0 75 Au	CM)		y Maintena			Asbestos			Am	ount (Specify		atomi		,,,,
	ABATED		Custo	dial Staff?	(12)		Mater				SF or LF)	_			
	Facility (13)						(i.e., then		systems acing, VAT	1		_		ᄪ	_
5.1	(13)						or other m					Rer	Re	ıca	nc
										1		Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A							<u>a</u>	_	late	Iге
Mail and Map rooms u	ınder ceramic ti	les			Х		Blac	k Ma	astic		150 SF	X		М	
man and map rooms o	211401 001411110 11	.00								+		7			
Name of Registered V	Vaste Hauler		NJDEP V		Cubic Y	′ards o	f Waste		Name of Regis	tered La	andfill				-
Synatech, Inc.			Hauler ID	429	3				Grows Landfil	ı					
City, State					Disposa	al Date			City, State						
100 100 100 100 100 100 100 100 100 100															
Little Egg Harbor, N.	J 08087				Septen		3, 2015		Morrisville, PA						
Completed By		Title			Signatu	1	· 1	1		Date					
Diane Aloia		Exec. An	lministrat	or	I al	1/A	0 /1 k	17		Augu	st 27, 2015				

Check # 10072

Date of Notification (1)							er / Opera				Officer # 10	012			
					I Wome Address		ority Co	mpany	, Inc.	261	£ 11.				
EPA	туре моннса	tion					/ Avenue	1		7.	⁵ //UG 3/	lΗ,	9:5	5	
DEP						,	, , , , , , , , , , , , , , , , , , , ,				7 - 1			0	
DOL					tate & Zi					ς,	e limpi.	25			
⊠DOH	W. SECONDO			Atlant	ic City, N	IJ 0840	01								
DCA				Name	of Conta	ct					Tel	ephor	ne Ni	mbe	r
	135035			Kathe	rine Pou	leres					1				
				FA	CILITY	INFO	RMATI	ON							
Name of Facility When Residence	e Abatement i	s Taking	Place (3)				Type of								
Street Address							1-	hool (k	ter 8 (Other tha	n K-12)					
409 North Ohio Aven	ue								e., private & c		cial buildings	. hon	ne. e	tc.)	
							Square		# of Flo			. Age		.,	
City (5)	August 27, 2015 Incies Notified Type Notification Type Notification Type Notification Type Notification Type Notification Type Notification Initial Amended Amendment # Cancellation To Cancellation Count USE (10) Scheduled Count USE (10) Scheduled Count Cancellation To Cancellation To Cancellation Count USE (10) Scheduled Count USE (10) Scheduled Count Cancellation To Cancellation To Cancellation Count USE (10) Scheduled Count Cancellation To Cancellation To Cancellation Count USE (10) Scheduled Count Cancellation To Cancellation T							1,310		2		80	0 yea	ars	
Atlantic City							Current		Prior if being de	molished	1)				
County (6) Atlantic			County Cod				riceius								
Name of Monitoring Fi	rm Hired by B				ASCM	No.	Name of		ement Contracto	or (9)					
Street Address							Street A	ddress	S				C		
City State & Zin Code						_ II_ i	829 Rac		ad lip Code						
									rbor, NJ 08087						
Project Manager for M	onitoring Firm		Те	lephone N	lumber		Telepho 609-296		mber		License Numb	oer 0081	7		
		Schedule		on Date (* oer 8, 201			Name of Synated		A Monitor						
	EPA DEP DOL						Street A 829 Rac	ddress	3						
Western Street and the second street	erformed Outs	ide of No	rmal Hours	;			City, Sta	ate & Z	ip Code						
		atement					Little Eq	gg Har	bor, NJ 08087						
													_	_	
	DEP DOL DOH DOH DCA Amended Amendment # Cancellation								Full Containmer	nt with N	legative Pressi	ure			
				Renovation					Mini-Enclosure						
≥160 sf or ≥260	If		Demolitio	n				Glovebag Proce							
Loca	tion of		Ila I acati	on Norma	llu I lood		Dod		Non-Exempted	(*) and N	Non-Friable Pro	_			
		ACM)		on Norma y Mainten				scriptions os-Co	ntaining	Amo	ount (Specify	AD	atem	ent i	ype
			Custo	dial Staff?	? (12)			erial (A	ACM) systems		SF or LF)	<u> </u>	_	_	
	(4000)					i	insulation	i, surfa	icing, VAT			71		Ē	т
							or other	misce	llaneous)			(em	Repair	cap	nclo
			Yes	No	N/A							Remova	air	Encapsulate	Enclosure
	- N	103	140	13073									te	T.	
Kitchen	unty (6) antic me of Monitoring Firm Hired by Building Owner metal Address y, State & Zip Code pject Manager for Monitoring Firm meduled Start Date (10) September 8, 2015 Cupancy Status During Abatement (Check only Facility Closed/Vacated During Entire Pacility Closed/Vacated During Entire Pacility Occupied During Abatement Other – Describe: Facility Occupied During Abatement Ope of Work (Check all that apply) ≥3 sf or ≥ 50 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Chen hroom #2 me of Registered Waste Hauler matech, Inc. y, State le Egg Harbor, NJ mpleted By Title						She	et Floo	oring		275 SF	Х			
Bathroom #2	Depe of Work (Check all that apply) ≥3 sf or ≥ 50 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Chen Chroom #2						She	et Floo	oring	-	65 SF	Х			
Name of Registered W	Abatement Performed Outside of Norma Other — Describe: Facility Occupied During Abatement Other — Describe: Facility Occupied During Abat					ards of	f Waste		Name of Regis	tered La	ındfill				
Synatech, Inc.			Hauler II	No. 429	3				Grows Landfil	ı					
City, State					Dispos	al Date	· · · · · · · · · · · · · · · · · · ·		City, State						
l ittle Egg Harbor M I					Octob	ar 0 20-	15		Morrioville D						
Completed By		Title			Signatu	er 9, 20° ire	10		Morrisville, PA	Date					
Diane Alois		Evacua	iva Ade ! ·				- al	10			07 0045				
Diane Aloia		∟xecuti	ive Admini	strator	IN	rune	- 00	100		August	27, 2015				

MO 225	77431	- 7	1												Pr	int Fo
1110 22)	7 (0) (NOTIF	CATION	tate of New N OF ASB to NJAC	ESTOS	ABATE		г			•		2 52		
Date of Notification (1)					of Building ine Yew		Operator	(2)						-		
Agencies Notified EPA	Type Notification			Street A	Address lizabeth	Ave,					2015	11.16	-	i,	116	: i E
× EPA × DEP × DOL	Amended Amendmen		_	1,5 (5)	ate, Zip Co ord , NJ						Č.	i.h	7	, Total	14	: 11.
DOH DCA	Emergency justification) Cancellation	,		Name o	of Contact				¥	Tele	ephone	Numbe	er			
				FAC	ILITY INFO	ORMAT	ION									
Name of Facility Where Christine Yewaisis	Abatement is Takir	ng Place (3)					Тур	e of Facility						3333	
Street Address 308 Elizabeth Ave								×	School (K- Subchapter Other (i.e. petc.)	8 (Othe	er than l	K-12) ercial b	uild	ings,	home	es,
City (5) Cranford								Squ	are Feet	# of	Floors		В	dg. A	ge	
County (6) Union County					Code (7) USE ONLY			Curr	ent Use (Pri	or if bei	ng demo	olished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.		100000000000000000000000000000000000000		atement Cor	ntractor	(9)					
Street Address							Street	Addre	ess	i.t A						
City, State, Zip Code							City, S	tate, 2	h Street S Zip Code		4					
Desired Manager for M	1 pos	26.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.						0.1117.5124.5	rgen, NJ (07047						
Project Manager for Mor	litoring Firm			Telepho			Teleph 201-		No. 6305		Licens 0122					
Start Date (10) . 09/01/15		Schedul 09/11/		npletion	Date (11)				HA Monitor M CONSU	JLTING	3 LLC					
Occupancy Status During	g Abatement (Che	ck Only Or	ne)				Street									
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of a	Abaten / Hours	nent					UTE EAS Zip Code	T SUI	ΓΕ 107	7				
Scope of Work (Check A	Il That Apply)						UNIC	N NC	IJ 07083	- N						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Mi	ull Containmonini-Enclosure ovebag Procon-Exempted	e cedure					1	
			Locati			7000	77. 22:							Abate Ty	ment	
Location Asbestos-Containing		Use	d Sole	ly by	Asbest		scription taining M		al (ACM)	Ar	mount		П			
TO BE ABA In Facili (13)	ATED	- A.	intenar todial 8 (12)		(i.e.	thermal surfa	systems cing, VA niscellan	insul T, or	ation,	(S	pecify or LF)	Kellioval	Removal	Repair	Encapsulate	Enclosure
Exterio	or	Yes	No	N/A			Siding			1.6	00 SF	x			œ .	
							Ciding			1,0	00 01		+			
Name of Registered Was	te Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Reaiste	red Land	dfill				
SAN TON SERVICE	S	4	H	auler ID 2430		of Wa			MEDO	1000			IMI	SIO	N.	22
City, State KENILWORTH, NJ						Dispos	sal Date		City, State KEARN			3383				
Completed by Bryan Parra		Title Proje	ct Ma	anager		S	ignature				2.1	Date 08/24	1/1	5		

MO 225 72036516

Date of Notification (1) 08/20/15					Building C Koslowe		perator	(2)		21	1 15 AUG	331	P.	1 6	1.5	0
Agencies Notified Typ	pe Notification			Street Ad		•	**			A.					-	-
X EPA	Initial				ghgate T		9				1-41	Sec. 1			F 54.	
EPA DEP DOL	Amended Amendment		_		te, Zip Coo nfield, NJ		1				# []	LIN		iĠ	0.0%	(a)
X DOH X DCA	Emergency (justification) Cancellation	iriciuality		Name of	Contact					Tele	ephone N	lumber				
				FACII	LITY INFO	RMATI	NC									
Name of Facility Where Abat Jamin Koslowe	ement is Taking	g Place (3)					Ту	pe of Facility (4 School (K-12	50. 000						
Street Address									Subchapter (مناما:		homo	
131 Highgate Terrace				-11-12				×	Other (i.e. pr etc.)			rciai bu	iiaii	igs,	nome	:5,
City (5) Bergenfield								Sc	quare Feet	# of	Floors		Bld	g. A	ge	
County (6) Bergen County				County (Code (7) USE ONLY)		_	Cı	urrent Use (Prio	r if bei	ng demol	ished)				
Name of Monitoring Firm Hire	ed by Building (Owner (8)		ASCN	I No.				Abatement Cont	ractor	(9)					
									atement							
Street Address							Street 1009		dress 7th Street Su	ite A	4					
City, State, Zip Code									e, Zip Code							
				- 1 1			Daniel State of the State of th		Bergen, NJ 0	7047		N				
Project Manager for Monitori	ng Firm			Telephor			Teleph 201-		3-6305		License 01223					
Start Date (10) 08/21/15		Schedule 08/31/1		npletion I	Date (11)				OSHA Monitor MM CONSU	LTIN	G LLC					
Occupancy Status During Ab	atement (Chec	k Only On	ie)				Street			AND PROPERTY OF THE PARTY OF TH	Allersen de la					
Facility Closed/Vacated	During Entire F	Period of A	Abaten	nent					OUTE EAST	SUI	TE 107	" ————————————————————————————————————				
Abatement Performed (Other – Describe:	Outside of Norm	nal Facility	Hours	5		_	(1000)		e, Zip Code NJ 07083							
Scope of Work (Check All Th	nat Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			lenova Jemolit				22	×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					2	
		I to	Locat	ion					TVOI-Exchipted	() and	4 14011-1 11	I I I I I I I I I I I I I I I I I I I			ment	
Location of		1	Vorma	lly		Des	scription	n of					_	Ту		
Asbestos-Containing Mat			d Sole intena			os Cont	aining N	Mate	erial (ACM)		mount	-			Ш	т
TO BE ABATE In Facility	D	Cust	odial	Staff?	(i.e.	surfac	cing, VA	AT, C			Specify or LF)	Remova		Repair	caps	Enclosure
(13)			(12)	T		other n	niscella	neo	us)			oval		air	Encapsulate	sure
		Yes	No	N/A			\				77.05		+	-		
Rear Porch		4		-			VAT				87 SF	Х	+	-		
2nd floor (1st ro						*	VAT		-	1000	55 SF	X	+	-		
	2nd floor (2nd room)						VAT				32 SF	X	+			
Bathroom				110==:	<u> </u>	0 11	VAT		1.60		4 SF	X				
Name of Registered Waste H	Hauler			IJDEP W lauler ID		Cubic of Was			Name of F					210		
SAN TON SERVICES				2430			www.c		MEDOV		ICHES	COM	VIIS	SIU	IN	
City, State KENILWORTH, NJ						Dispos	sal Date	9	City, State		J					
Completed by Bryan Parra		Title Proje	ect M	anager	'	S	ignatur	e	ntana		100	Date 08/20	/15	;		

State of New Jersey - Notification of Asbestos Abatement

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

8:

Date of Notification (1)					Name of Building Owne	r/Operator (2)	(c)	-			
August 25, 2015					The Valley Hospit				0010		
Agencies Notified		Notification	Туре		Street Address				1216	100	31 7.7
X EPA		Initial No			223 North Van Die	n Avenue					-1
□ DCA		X Amend			City, State, Zip Code	III A TOITUC				-	
x DOL		Aniena	mem # 2			05450 25					
⊠ DEP					Ridgewood, NJ	0/450-273	36		r.	. 277	
x DOH		Emergen	cy (includ	ing	Name of Contact		Teleph	one Nu	mber	4 10	1.11.
× 5011		justific	ation)		William Stasiak						
							1				
Nome of Facility Manage At 1		5		FACILITY	INFORMATION						
Name of Facility Where Abate	ment is Ta	aking Place (3)			Type of Facility (4)						
The Valley Hospital					School (K-12)						
Cheel 4th Floor Patien	it Roon	ns			Subchapter 8 (other that	an K-12)					
Street Address					Other (i.e. private	& commercial	buildings, h	nomes.	etc.)		
223 North Van Dien A	venue				Sq. Feet: Unknown	# of Floo	rs: 4 Bl	dg. Ag	e: 50	+ yea	ars
City (5)	County (6)	County Co	do (7)							
Ridgewood	Berge	and a second	(State Use		Current Use (prior if beir	ng demolished	i): Hospi	ital			
Magewood	Deige	11	101010 000	Omy							
Name of Monitoring Firm Hired	d by Blda.	Owner (8)	ASCM No.		Name of Contractor (9)						
Colden Corporation		1-1		Lot	GREENWOOD ABA	TEMENT	ONSIII	TANT	SINC		
	1:				OKELIWOOD ADA	TEMENT C	ONOOL	IAIII	J, 114C		
Street Address					Street Address						
28 Washington Street	t				268 MAIN STREET						
City, State, Zip Code	0050500				City State, ZipCode						
Ballston Spa, NY 120					Butler, NJ 07405						
Project Manager for Monitoring	Firm	Telephone N			Telephone Number		License	Numbe	er		
Jim Miades		347.435.	3561		973-492-0477		00840	1			
Scheduled Start Date (10)		Scheduled C			Name of OSHA Monitor						
August 6, 2015		Septemb	er 30, 20	15	EMSL inc.						
Occupancy Status During Ab					Street Address						
Facility Closed/Vacate	d During	Entire Period of	of Abatemer	nt							
Abatement Performed	Outside	of Normal Faci	lity Hours -		1056 Stelton Road						
Describe	2 20	2			City, State, Zip Code						
Other - Describe: 8am	1-5pm & 8	5pm 1AM			Piscataway, NJ 088	854					
Source of Work (Check all that	apply)						5575 8				
						x Full Conta	ainment wi	ith Neg	ative Pr	essure	9
\geq 3 sf or \geq 3 lf				Renovation	on	Mini-Enclo	osure				
$\square \ge 160 \text{ sf or } \ge 26$	60			Demolitio	n	Glovebag I	Procedure	1			
						Non-Exemp	oted (*) an	d Non-	Friable	Proced	dure
Location of Asbestos-Containin	ng	Is Location N			Description of Asbestos	Amou		Abatem	ent Type	2	
Material (ACM) in Facility (13)		by Maint./Cu YES		? (12)	Containing Material (ACM) (i.			Domesso	Repair		Faalass
		123	NO NA	- 1	thermal systems insulation, surfacing, VAT, or other misci	or LF)	1	remove	Kepaii	Tildap	Eliciose
Oi table					surfacing, VAT, or other misch	511.)					
Cheel 4th Floor Patient Roo	ms					li contanana					
					VAT & Mastic	3,000	SF L	X			
Cheel Lower Level OR		 		X	VAT & Mastic	440 S	F 6	X			
Decontamination Room				-	VAT & Mastic	4403					
Cheel Wing 4th Floor Closet	t			X	VAT & Mastic	60 SF	_ E	X			
Phillips Wing1st Floor Volum	nteer			X	VAT & Mastic	400 S		X			
Rm Name of Reg. Waste Hauler		LAUDES	1								
See Hauler Below # 1 & 2		NJDEP Wast	e Hauler ID a	#	Cubic Yards of Waste:	62	Name of	-		ndfill	
						40	Meado		Market State of the Control of the C		
Hauler #1) Greenwood A	bateme	nt Consultar	nts, Inc. –	Butler, NJ	07405	Disposal Da	17.5		ity, Stat		
NJ DEP # 125						Septemb	er 30,		oute 2, ridgepor		
Hauler #2) Newark Cartin	ng, Inc	Newark, NJ	04509, NJ	DEP.# 1955	1	2015			nagepoi 04-842-2		`
Completed by (Print or Type)		<u>Title</u>			Signature		Date				
Marin Graure		SENIOR PR	ROJECT		Marin Graure	,	Augu	st 25.	2015		
		MANAGER			waven graure						74

GAC # 2015-510- Amendment # 2 - Additional 460 sf VAT & Mastic

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

B											
Date of Notification (1) August 26, 201				Name of Building		erator (2) C Management,				02	
	al Notifi	cation		Street Address	10 State (5)	3ox 1013	And Co		11 5	; L	
[x] DOL Ame	ndment rgency	#including		City, State, Zip Co		ship of Washing			Daniel Control		
[A] DOM	fication; cellation			Name of Contact Thon	nas Jones		Telephone Number				
			FAC	CILITY INFORM	MATION	·					
Name of Facility Where Abatement is Taking Residence	Place (3)				Type of Facility (4	School (k-12)				
Street Address 1865 Starboard C	ourt					[] [x]	Subchapter 8 (ot Other (i.e., priva homes, etc.)			ial buik	dings,
City	Cour	nty (6)		County Code (7) (STATE USE ONI	.Y)	Square feet 1500 sf	# of Floors	Bldg	g. Age	50	
Toms River	Oce	57775			**		if being demolished)			, 0	
Name of Monitoring Firm Hired by Building N/A	Owner	(8)		ASCM No.	Name of	Abatement Contract Guard	or (9) dian Contracting,	Inc.			
Street Address					Street A		Route 9, Unit 61				
City, State, Zip Code					City, Sta	te, Zip Code	River, New Jers		755-1	271	
Project Manager for Monitoring Firm		Telephone	Number			ne Number 19-9932	License N 00624		700 1	2/1	
Scheduled Start Date (10) 8/27/15		Scheduled 8/28/		on Date (11)		OSHA Monitor	S.L. Analytical	9			
Occupancy Status During Abatement (Check		e)			Street A						
[X] Facility Closed/Vacate						1056	Stelton Road				
Abatement Performed Other – Describe	Outside	of Normal F	acility Ho	ours	City, Sta	te, Zip Code Piscat	away, New Jerse	y 088	54		
Scope of Work (Check all that apply)					[]	Full Containme	nt with Negative Pres	sure			
[] >2.6>2.16		г 1			[]	Mini-Enclosure					
 >3 sf or ≥3 lf X ≥160 sf or ≥260 lf		[x]	Renova Demoli		[x]	Glovebag Proce	dure (*) and Non-Friable l	DJ	1000		
[]		[A]	Demon	LIOII	[v]	Non-Exempled	(*) and Non-Friable I	тосеаи	re		
								Abat	ement '	Гуре	
Location of		Is Location Normally u		Λ.	Description bestos-Cor			R	R	Е	E
Asbestos-Containing Material (ACM)		Solely by			Material (A		Amount (Specify SF	Е	E	N	N
TO BE ABATED	Mai	ntenance/C			., thermal		or LF)	М	P A	C A	C L
in facility		Staff		ins	ulation, su			0	I	P	0
(13)		(12)		oth	VAT, o			V	R	S	SU
* **	YES	NO	N/A	Oti	ici illiscella	alicous).		A L		L E	R E
Exterior house		X		Asbestos sidii	ıg		1300 sf	X			
				10 10							
											\Box
Name of Registered Waste Hauler		NJDEP Was			ards of Wast		tered Landfill				-
Guardian Contracting, Inc. City, State		2	0223	al Date	City, Sta	T.R.R.F.					
Toms River, New Jersey			8/31/			own, Pennsylvan	ia.				
Completed by (Print or Type) Nicholas Fernicola	Title Proj	ect Manag		Signature	110	11.	P	Date			



& Emergency &

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

CK 5064

Date of Notification (1) 8/26/15				uilding Owi amuso Pr						9815 r.i.			100 40	
Agencies Notified Type Notification		1	reet Add	ress t Hudsor	1	127				Mrs. Cog.	J.,	Y	: j	6.03
EPA Initial Amended Amendment #_ Emergency (inclinity justification)	uding	Li		, Zip Code g Harbor ontact	NJ (08087			1340	phone Numb	4		V.,	6
DOH justification) DCA justification		G	ilen											_
Name of Facility Where Abatement is Taking Pl	ace (3)		FACILI	TY INFORI	MATIC	ON	Туре	e of Facility (4)					
Glen Camuso Private Home								School (K-1						
Street Address			2	9			×	Subchapter Other (i.e. p	8 (Otherivate 8	er than K-12) commercial	buildi	ngs, h	omes	
122 East Hudson	-2260							etc.) are Feet	# of	Floors	Blo	ig. Ag	е	-
City (5) Little Egg Harbor NJ 08087							100	00+	1		35	+		
County (6) Ocean			ounty Co	ode (7) SE ONLY)		_	Cur	rent Use (Pri me	or if bei	ng demolishe	ed)			
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCM I	No.		Name		natement Cor	ntractor	(9)				
N/A Street Address						Street								
1						PO E		329 Zip Code						_
City, State, Zip Code								rlin NJ 080	91					
Project Manager for Monitoring Firm		T	elephone	e No.		Telepa 856-		No. -9800		License No 00727),			
Clari Date (10)	cheduled	Com	pletion D	ate (11)				SHA Monitor			84			
O/LITTO	/31/15					Sarr		1000	A7.58-1.88					
Occupancy Status During Abatement (Check C						Suee	i Auu	1633						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	Facility H	lours	ent		_	City,	State,	, Zip Code						
Scope of Work (Check All That Apply)						Г	_					220		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	novat moliti						Full Containn Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure				è	
	le l	ocatio	on I					TOTAL EXOLUPTION				Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	ormall Solel itenar	y ly by nce/		ns Cor herma surf		Mate ns ins AT, c			Amount Specify F or LF)	Remova	Ty Repair	Encapsulate	Enclosure
	Yes	No	N/A										e	
on slab			х			floor ti	ile		6	800 SF	x			
									-		-	-		
									-		-			-
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cub	ic Yards	3	Name o	of Regis	tered Landfil	I			
United Roll Off		1075	lauler ID 2459	No.	of W	/aste		G.R.C						
City, State Elm NJ						osal Da 1/15	ite	City, St Morris	ate sville F	PA 19067				
Completed by Anthony T Perna	Title Presid	dent				Signati	ure 7	2			ate /26/1	5		

NK 1762

Date of Notification (1) 08/25/15				Building ((2)	1				4 10		
Agencies Notified Type Notification			Street Ad					7	915 A	ÜB 37	112	_		
EPA Initial		1.00	- E.M 182	ard Ave				, t ₁	2	1	11.7	€: f	6	
DEP Amended Amendment	£			te, Zip Co field, Ne		sey 070	03	# "		Toring		5 (5)		
Emergency (i	ncluding	1	Name of	Contact					_	phone Nu	mber :			
DOH justification) Cancellation				nn Colo					Ĭ.					
Name of Facility Where Abatement is Taking	Place (3)		FACIL	LITY INFO	RMATI	ION	Туре	of Facility (4))					
Residence								chool (K-12			10)			
Street Address 21 Willard Avenue							×	ubchapter 8 other (i.e. pri				dings,	home	es,
City (5)							Square		# of	Floors	E	Bldg. A	ge	
Bloomfield, New Jersey 07003							2,500		2			5+		
County (6) Essex			County C STATE L	Code (7) ISE ONLY)			Home	nt Use (Prior e	r if beir	ng demolis	sned)	60		
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	l No.		The state of the state		ement Cont	ractor	(9)				
DVD Environmental, Inc. Street Address						Street A	1550-200	oration						
PO Box 2152								Street						
City, State, Zip Code						City, St			n, 07	E01				
Cliffside Park, New Jersey 07010 Project Manager for Monitoring Firm		Τ.	Telephor	ne No.		Telepho		New Jerse	ey 07	License	No.			
Tim Donohoe				0-9818		973-5				01273	107.70.50			
Start Date (10) 09/05/15	Scheduled 09/07/15		pletion [Date (11)		A. 3552		A Monitor oration						
Occupancy Status During Abatement (Check						Street A								
Facility Closed/Vacated During Entire P	eriod of Ab	atem				10000	1000	Street					20	
Abatement Performed Outside of Norm Other – Describe: 8 AM Start	al Facility F	lours			_	City, St	100	o Code New Jerse	ev 07	501				
Scope of Work (Check All That Apply)						1 ator	0011, 1	1011 00101	-					_
≥3 sf or ≥3 If	The state of the s	novat						Containme	nt with	Negative	Pressu	ire		
≥160 sf or ≥260 lf	De	moliti	on			×	Glov	-Enclosure rebag Proce		750 V230	200 020			
	1 2 2						Non	-Exempted	(*) and	Non-Fria	ible Pro		e ement	
Location of	No	ocation rmall	у		De	scription	of						ре	
Asbestos-Containing Material (ACM)	Used Main				tos Con	taining M I systems	aterial			nount pecify	77		Ē	
TO BE ABATED In Facility	Custo	dial S (12)	staff?	(1.6.	surfa	icing, VAT miscellan	T, or	lion,		or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		No	N/A		otheri	miscellari	eous)				val	=	ılate	ure
Basement	165	X	INIA		Pipe	Insulat	tion		2	5 LF	X	+		
200														
Name of Registered Waste Hauler		1000	JDEP Wauler ID		Cubic of Wa	Yards		Name of R	. S					
Atlantic Carting, LLC		5557	8085	.,	3			Grand C		I Sanita	ry Lar	ndfill		
City, State Wayne, New Jersey 07470					Dispo 09/08	sal Date 3/15		City, State Pen Arg	ył, Pe	nnsylva	nia			
Completed by	Title	es este				Signature	/-	1/2			ate			
Marjan Kasapinov	Presid	ent				1 1	les	-	35	0	8/25/	15		





Date of Notification (1) 8/26/15		Nar Pa	me of Bu	uilding Owr ard Priv	ner/Oper ate Ho	rator (2) ome)	2815	Lino	21 -					
Agencies Notified Type Notification	,	0.5-533.6	eet Addi 3 Way	ress rn Avenu	е			A		31 6.	7 6	: į	7		
EPA Initial Amended Amendment #_				Zip Code ield NJ 0	8033			4	Ŧ.				_		
Emergency (initial justification) DCA Emergency (initial justification) Cancellation	cluding		me of C argare						Tele	phone Nur	nber				
		1	FACILI	TY INFOR	MATION			- "" (4)							-
Name of Facility Where Abatement is Taking I Paul J Ward Private Home	Place (3)					E	7 Sch	Facility (4) nool (K-12)	10 100 100	200				
Street Address 213 Wayn Avenue							Sub Oth etc.	er (i.e. pr	Othe ivate &	r than K-12 commerci	2) ial bu	ildin	gs, h	omes	
City (5) Haddonfield NJ 08033							Square F		# of 1.5	Floors	- 1	Bldg 35-	g. Age F	9	
County (6) camden		Co	ounty Co	ode (7) SE ONLY)				Use (Prio & Gara		ng demolis	hed)				
Name of Monitoring Firm Hired by Building O	wner (8)	4	ASCM I	No.		Name o	f Abater	nent Cont	ractor	(9)					
N/A							co Inc						•		
Street Address					100		Address ox 329								
City, State, Zip Code							ate, Zip Berlin	Code NJ 080	91						
Project Manager for Monitoring Firm		Te	elephon	e No.			one No. '53-980	00		License 1 00727	No.				
Otali Dato (10)	Scheduled 9/15/15	Comp	letion D	ate (11)		Name o		Monitor					8		
Occupancy Status During Abatement (Check		-			-	Street /	Address								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Aba	ateme	ent		_	City, St	tate, Zip	Code							
Scope of Work (Check All That Apply)							_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati				×	Mini- Glov	Enclosure	e cedure	h Negative				•	
							2 14011	Exemple	2 () 4.		T		Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Main Custo	tenan	y by ce/	Asbesto (i.e. t	os Conta hermal surfac	scription aining N system cing, VA niscellar	Naterial (s insulat T, or	(ACM) ion,		Amount (Specify SF or LF)		Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A							200 CE	-	_			
exterior siding			X		exte	rior sid	ding			300 SF	7	C			
				7							+	-			-
											1				\vdash
Name of Registered Waste Hauler			JDEP V			Yards		Name o	f Regis	stered Land	dfill				
United Roll Off		1 22	auler ID 2459	No.	of Wa			G.R.O		•					
City, State Elm NJ					9/15/			City, Sta Morris	ate ville f	PA 1906					
Completed by Anthony T Perna	Title Presid	dent			(Signatur	e			_	Date 8/2		5		



Energency

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

CK 5063

Date of Notification (1)	-	-	Name o	f Building	Ownerl	Inorotor	- /2\	UN		00)				
8/26/15				Batemar				2	E15 8	<u> 116 31</u>					
Agencies Notified Type Notification		- 1	Street A	ddress ns Cour	+					231	Ċ.,	1 8	: 1	9	
EPA Initial DEP Amended			ALDONEO SINGINO	ite, Zip Co				F		10.00				57. 	
DOL Amendment : Emergency (#	_	Little E	gg Harl		08087	7			-105N					
DOH justification) DCA Cancellation	ricidaling	- 1	Name of Eileen	f Contact					Tel	ephone N	Numb	er			
N			FACI	LITY INFO	DRMAT	ION									
Name of Facility Where Abatement is Taking Jean Bateman Private Home	g Place (3)						-	of Facility (
Street Address								School (K-1 Subchapter	8 (Oth	er than K	(-12)				
29 Toms Court								Other (i.e. petc.)	rivate	& comme	ercial	build	ings,	home	es,
City (5) Little Egg Harbor NJ 08087								re Feet	# o	f Floors			ldg. A	ge	
County (6)		T	County (Code (7)				ent Use (Pri		ing demo	lishe				
Ocean	W 35	- . 1		USE ONLY			Hom			11					
Name of Monitoring Firm Hired by Building C N/A	Owner (8)		ASCN	l No.			of Aba naco li	itement Cor	tractor	(9)					
Street Address						100000000000000000000000000000000000000	Addres								
City, State, Zip Code						City, S	State, Z	ip Code	04						
Project Manager for Monitoring Firm		Τ.	Telepho	ne No.		Telep	hone N		91	License	e No.				
Start Date (10)	0-1-11		1.0	5 1 (11)			753-9			00727	7				
8/27/15	Scheduled 8/31/15	Com	ipletion	Date (11)		Sam		HA Monitor							
Occupancy Status During Abatement (Check	k Only One	2)				Street	Addres	SS							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of Al	batem	ent			City S	State 7	ip Code							
Other – Describe:	ar r domity	louis				City, c	otate, Z	ip Code							
Scope of Work (Check All That Apply)															-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	georgeous .	enova						II Containme		n Negativ	e Pre	essu	re		
2100 31 01 2200 11		emoliti	OH				Glo	ni-Enclosure ovebag Prod	cedure						
	1		25250			12	≦ No	n-Exempted	d (*) an	d Non-Fr	iable	Pro	C. TAN. 370	e ement	+
Location of	No	ocation or mall	у		De	scription	n of	6						ре	
Asbestos-Containing Material (ACM) TO BE ABATED		Sole		Asbes	tos Con		Material	(ACM)		mount		TI		m	Ш
In Facility	Custo	dial S (12)	staff?	(1.6.	surfa	cing, VA	AT, or	ation,		Specify F or LF)		Remova	Repair	caps	Enclosure
(13)	V	20 20	T		other r	miscella	neous)					oval	air	Encapsulate	sure
Exterior Siding	Yes	No	N/A		F. 4	. 0:			- 40		-				
Exterior Siding	-		X		EXTE	rior Si	aing		10	000 SF	-	x			
3											4				
	-										4	_			
Name of Registered Waste Hauler		IN	JDEP W	laste	Cubic	Yards		Name of	Penista	ared Land	1611				
United Roll Off		Н	auler ID		of Wa			G.R.O.		J. OG LGITC	a1111				
City, State Elm NJ					Dispo 8/31/	sal Date)	City, State Morrisv		A 19067	7				
Completed by	Title			-		Signatun	೯				Date				
Anthony T Perna	Presid	lent			/						8/2	6/15	5		

State of New Jersey APPROVED! NJOOH NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	*					Owner / Operato		Ore.					
Agencies Notified	8/25/2015	ntia n	-			artment of Co	rrection	ons (6/5	1000				
EPA	Type Notifica	ation	2.70.0		ddress				/	60 E	100		
□ DEP			_		11401	Pode .					15		
□ DOL	Amer		1.000000000		te & Zip (
☑ DOH					le, NJ 08 Contact	3620				T 1 1			
DCA		gency ellation	1000000						1	Telepho	ne N	umb	er
	ound	Cilation			E. May								
Name of Facility VA/I	AL - 1	T D		ACIL	LITY INF	ORMATION							
Name of Facility Wh		ent is Taking Pl	lace (3)			Type of Facil							
Garden State Co Street Address	rrectional					School (
							100	Other than K	10.5	Maderia I			
55 Hogback Road	α							ate & comme				tc.)	
07 (5)			12			Square Feet		# of Floors	E	3ldg. Ag	е		
City (5)		County (6)	County	y Coo	de (7)								
Crosswicks		Mercer				Current Use	(Prior i	if being demo	olished)				
						Correction	al						**
Name of Monitoring		y Building Own	ner (8)	A	ASCM No	18			(9)	* * * * * * * * * * * * * * * * * * * 			
Environmental C	onnection					Bristol Env	ironn	nental, Inc.					
Street Address						Street Addre	3350						
120 N. Warren St						1123 Beave		22.00					
City, State & Zip Co						City, State &							
Trenton, NJ 0860		•				Bristol, PA			Texas				
Project Manager for	Monitoring F	irm	Telephor			Telephone N			License N	Number			
Rollie Jones			609-392			(215)788-60			00509				
Scheduled Start Dat 8/25/201		Scheduled Con	npletion D 8/25/201		(11)	Name of OSI Bristol Env							
Occupancy Status D						Street Addres		iciitai iiic.					
		During Entire P		bate	ment	1123 Beave		eet					
		utside of Norma				City, State &							_
	4 PM to 11:					Bristol, PA							
	upied During												
Scope of Work (Che													
		. ,,						Full Contain	ment with N	legative	Pres	sure	
≥3 sf or ≥3 lf	f		⊠ R	enova	ation		\boxtimes	Mini-Enclosi	ure				
≥160 sf ≥260	O If			emoli	ition			Glove Bag F	Procedures				
			1. W. C. C.					Non-Exemp	ted and Nor	n-Friable	Prod	edu	re
Lo	cation of		Is Loc	ation		Description	n of		Amount	Aba	iteme	nt T	уре
	os-Containing	g	Normally		ed	Asbestos-Con		3	(Specify	-			
	erial (ACM)		Solely	-		Material (A			SF or LF)	R	_	En	m
	BE ABATED Facility		Maintena Custodia		TOTAL	i.e., thermal s) insulation, surface				Remova	Repair	Encapsulate	Enclsoure
	(13)	-	(12			or other miscell				ova	<u>a</u> .	sula	our
	()		Yes No		/A					-		e l	ω
Kitchen/dining ar	ea			1	7	Ceiling pla	ster		10 SF			П	
reconomidaning at	- Cu				i	ooming pro	.0.01		10 01		H	H	H
			HH	117	=					ᅥᆏ	H	Ħ	H
			HIF	╅┼	=					ᅥ片	H	H	Ħ
			HH	1	=					ᅱᅱ	H	H	H
			HH	1+	=					ᅥH	H	H	H
Name of Registered	Waste Haule	2r		1 I L	P Waste	Cubic Yards	Name	e of Register	ed Landfill				
ivallie of registered	vvaste i laute	-1	100		r ID No.	of Waste	Ivaiii	c of register	oa Lanaiiii				
Bristol Environm	ental, Inc.			870		2	G.R.	O.W.S Lan	dfill				
City, State						Disposal Date		State					
Bristol, PA						8/25/2015	Mori	risville, PA					
Completed By (Print	or Type)	29	Т	itle		Signature	.227		1	Date	/	/	2.2
Gino Pizzigoni			F	roje	ect	29' /) .		1.0	11/	251	15	5
3.51			N N	Mana	ager	Leno P	un	caoni 1	TH	1 4/0	- 1		

· CK 4047

Date of Notification (1)			Name	of Building	Owner!	Inorator	(2)			7,			
08/24/2015			Failei	gh Dickin	son U	operator Iniversi	(2) ty						
Agencies Notified Type Notification EPA I Initial			Street A	Address River Ro	ad		<i>2</i>		7815	i.UE	3/	711	۲.
X DEP Amended DOL Amended		_		ate, Zip Co eck, NJ 0					411			1.21	(,-
DOH justification) DCA Cancellation			Name o	of Contact Gorczyc				I Te	lephone Nu	mber	- 13		7 : /3 / :
			- Table	ILITY INFO		ION							
Name of Facility Where Abatement is Takir		3)			21300231		Type of Facility	(4)				-	
Street Address HAL	<u>L</u>						School (K	-12)					
City (5)	40						Other (i.e. etc.)	private	ner than K-1 & commerc	2) ial bui	ldings	, hom	es,
TEANECH							Square Feet	# 0	of Floors		Bldg. /	Age	
County (6) REDGEN			County (STATE	Code (7) USE ONLY)			Current Use (P	rior if be	ing demolis	hed)			
Name of Monitoring Firm Hired by Building Environmental Design, Inc.	Owner (8)		ASCI 0095	M No.		Name	of Abatement Co Company, Ir	ontracto	r (9)				
Street Address 5434 King Avenue					+	Street	Address	10					
City, State, Zip Code		15 31			1		Piaget Ave						
Pennsauken, NJ 08109 Project Manager for Monitoring Firm							tate, Zip Code n, NJ 07011						
Tom Pruno		•	Telepho 856-6	ne No. 16-9516			one No. 253-8828		License N 00704	lo.			
Start Date (10) OS 25 2015	140	25	npletion	Date (11)		Name of VMC	of OSHA Monito	٢	,				
Occupancy Status During Abatement (Chec	ck Only On	ne)		k-3	+		Address	**					
Eacility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of A	Hours	nent			City, St	ate, Zip Code	-					
Scope of Work (Check All That Apply)					_								
\(\times\) \times 3 sf or ≥3 lf \(\times\) \times 160 sf or ≥260 lf		lenova emolit				. IX	Full Containn Mini-Enclosu Glovebag Pro	re ocedure					
		Locati			-		Non-Exempte	Ju () ar	iu ivori-rriat	T Pro	12152	emeni	l
Location of Asbestos-Containing Material (ACM)	Use	lormal d Sole	ly by	Ashast	De	scription	of aterial (ACM)			-	Ty	ре	_
TO BE ABATED In Facility (13)		intenar odial S (12)		(l.e.	thermal surfa	systems cing, VA1 niscellane	insulation, Γ, or	(Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u>a</u>	=	ilate	ure
- MOOS SENIOS	2			PIPE	المح	SOLAT	NON	50	OLF		×		
					- 1					-			
Name of Registered Waste Hauler													
Newark Carting, Inc	•	Н	JDEP W auler ID 5409	1,010,000	Cubic of Was		Name of IESI La		ered Landfill				
City, State , Newark, NJ			. , 50		Dispos	sal Date	City, Sta	te					
Completed by Voytek Roszkowski	Title	1000		1		ignature	Bethlel	nem, F	Da	te ,			
. 0,1011 11002110W3NI	Presid	pent			1	J. 5	toska	Edr		18	24	20	15

OK 3754

Date of Notification (1) 08/26/15					f Building RT BUIL				4 5	10 7.1	13.31	1.,	1 8	: 61	3	
Agencies Notified	Type Notification			Street A	ddress OX 887				1		1					
DEP X DOL	Amended Amendment		_		ate, Zip Co Γ PLEAS		NJ 087	742			16-1	()	.1.	- 1		
▼ DOH DCA	justification) Cancellation			Name of	f Contact					Tel	ephone	Numb	er			
				FACI	LITY INFO	ORMAT	ION					1500				
Name of Facility Where HOME Street Address	Abatement is Takin	g Place (3)						Тур	e of Facility (School (K-1 Subchapter	2)	er than I	K-12)				
116 SANBORN AV	'ENUE							×	Other (i.e. p etc.)	rivate 8	& comm	ercial	build	lings,	home	es,
City (5) POINT PLEASANT	BEACH, NJ				2			Squ	are Feet	# of	Floors		В	ldg. A	ge	
County (6) OCEAN COUNTY					Code (7) USE ONLY				rent Use (Prid IME	or if bei	ng dem	olishe	d)			
Name of Monitoring Firm	1 Hired by Building	Owner (8)		ASCN	/ No.				atement Con AD PROFE							
Street Address							Street 6 WI		ess DOVE CO	DURT				2775-		
City, State, Zip Code									Zip Code OOD, NJ 08	3701						
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph 732-		No. 9078		Licens		.(
Start Date (10) 09/06/15		Schedule 09/07/1		npletion	Date (11)	- T			SHA Monitor AD PROFE	SSIO	NALS					
Occupancy Status Durin	g Abatement (Chec	k Only One	e)				Street	Addr	ess							
× Facility Closed/Vac Abatement Perform									DOVE CO	URT						
Other – Describe:		•				3.00	LAK	EWO	DOD, NJ 0	3701						
Scope of Work (Check A	II That Apply)	42-4	- 25			11			ii .							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				×	N G	ull Containme lini-Enclosure llovebag Proc lon-Exempted	edure					۵	
		ls	Locati	on	4					() ====					ment	t
Location	n of	N	ormal	ly		De	scription	of		+0		-		Ту	pe	-
Asbestos-Containing TO BE AB In Facil (13)	ATED lity	Mai	d Sole ntenar odial S (12)	nce/		thermal surfa	taining M systems cing, VA niscellar	s insu		(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				2					15354		le	10
INTERI	OR				AC	M TILE	EAND	MA	STIC	15	50 SF		X			
									-				Sall			
Name of Registered Was NEWARK CARTING			Н	JDEP W auler ID 1509		of Wa			Name of F	Registe	red Lan	ndfill				
City, State NEWARK, NJ							sal Date		City, State		1 PA					
Completed by JOSEPH PERLSTE	IN	Title	ER			S	Signature	3				Date 08/2		5		



Date of Notification (1) 08/26/15					f Building) ENT	11/0	·UC.	37		1 10	· .	
Agencies Notified	Type Notification			Street A	ddress	нмо	RE AVE							U 1		
EPA DEP X DOL	Initial Amended Amendment Emergency		_	City, Sta	ate, Zip Co WOOD,	de		-18	<u> </u>	- 2	* 10.	L [4	1	11		
DOH DCA	justification) Cancellation	, ,			f Contact NGBER					Tel	ephone	Num	ber			
				FACI	LITY INFO	ORMA	TION	_								
Name of Facility Where HOME	Abatement is Takin	ig Place (3)						T	ype of Facility (4 School (K-1) Subchapter	2)	er than l	K-12)				
613 SEWELL AVE	NUE							×	Other (i.e. p etc.)	rivate 8	& comm		build		960). aminbala	es,
City (5) ATLANTIC CITY, N	11							1	quare Feet 500	2	f Floors		В	ldg. A	\ge	
County (6) ATLANTIC COUNT	ΓΥ	•			Code (7) USE ONLY)		1 3	Current Use (Prior HOME	or if bei	ng demo	olishe	ed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	/I No.				Abatement Con EAD PROFE							
Street Address							Street 6 W		idress TE DOVE CO	DURT						
City, State, Zip Code									te, Zip Code VOOD, NJ 08	3701						
Project Manager for Mor	nitoring Firm		Telepho	ne No.		Teleph 732-		ne No. 8-9078		Licens 1200	e No	,				
Start Date (10) 09/06/15		Schedule 09/06/1		npletion	Date (11)				OSHA Monitor EAD PROFE	SSIO	NALS					
Occupancy Status Durin	ng Abatement (Chec	ck Only One	e)	3			Street	t Ad	Idress							-
Facility Closed/Vac Abatement Perform	cated During Entire	Period of A	baten	nent			30		TE DOVE CO	DURT	8(
Other - Describe:							11 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		VOOD, NJ 0	8701						
Scope of Work (Check A	All That Apply)	[]						_								
≥3 sf or ≥3 if ≥160 sf or ≥260 if		and the same of th	enova emolit					X	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure					· A	
		Is	Locat	ion				=	14011 Exchipted	() (1)	d (voii-i	Habit	7110		ement	
Location	n of	N	ormal	lly		D	escription	n of		*0				Т	ре	
Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) ATED lity	0000	ntena			tos Co therm surf	ntaining N	Mat ns ir AT,	erial (ACM) nsulation, or	A (S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									ä	7	late	Ire
EXTER	IOR						SIDING	3		15	00 SF		X			
										digraps.						
Name of Registered Wa	ste Hauler			JDEP W	177.35	10000000	c Yards		Name of F	Registe	red Lan	dfill			-	
NEWARK CARTING	3			lauler ID 4509	NO.	1	ARDS		IESI							
City, State NEWARK, NJ				I.			osal Date 16/15)	City, State BETHLI		1 PA					
Completed by JOSEPH PERLSTE	IN	Title OWN	ER				Signature	е				Date 08/	e 26/1	15		

NO CK

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

ORIGINAL

Date of Notification (1) August 24, 2015				Building C Care Re				ter	297	5 77		86	-	
Agencies Notified Type Notification		1 2	Street Ad	ddress acific A	venue				<i>(</i> -,	5 415 3	F +1	1 6:	15	
X EPA X Initial Amended Amendment	#			te, Zip Coo		sey 08	3401						44-1	
Emergency (justification) DCA Emergency (justification) Cancellation	ncluding			Contact liam Ma	ılazita				Tele 609	ephone Nur	nber			
			FACIL	ITY INFO	RMATIC	N								
Name of Facility Where Abatement is Taking Atlantic City Medical Center	Place (3)						☐ Sc	Facility (4 chool (K-1)	2)	11 12 di	2)			
Street Address 1925 Pacific Avenue							× Ot	her (i.e. p c.)		er than K-1: commerci	al buik			es,
City (5) Atlantic City							Square 75,00		700000	Floors 10	9505	ldg. A 5 ye:	75.00 mm	
County (6) Atlantic County			County C	Code (7) ISE ONLY)	-	_				ng demolish al/Medica		nter		
Name of Monitoring Firm Hired by Building Quality Environmental Concepts, Ir			ASCM NA	No.				ment Con ironmen		(9) oncepts,	nc.			
Street Address 1053 North Tuckahoe Road							Address North	Tuckah	oe Ro	ad				
City, State, Zip Code Williamstown, New Jersey 08094							tate, Zip imstow		Jerse	y 08094				
Project Manager for Monitoring Firm Edward J. Knorr			Telephor 856-62	ne No. 9-1166			one No. 629-11	66		License N 01086	0.			
Start Date (10) September 04,2015	Schedule							Monitor ironmen	tal Co	ncepts,	nc.			
Occupancy Status During Abatement (Chec			1951				Address North	Tuckah	oe Ro	ad				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Emergency Clean Up	al Facility	batem Hours	ent			City, St	tate, Zip	Code		y 08094	-			
Scope of Work (Check All That Apply)						VVIIII	AITISTON	ni, ivew	Jerse	y 00034				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				× × ×	Mini- Glov	Enclosure ebag Proc	e edure	Negative I			2	
	T					1	I NOII-	Exempled	() all	I NOII-FIIAL	T		ement	
I and the of		Locati ormall			Don	cription	of					Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	d Sole ntenar odial S (12)	ly by nce/ Staff?		tos Conta thermal : surfac	aining M	faterial (s insulati T, or		(8	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No	N/A		Tila min	inc.	ılation	miaa		ГВD	X	X	X	
Various Locations	X	X		Floor	Tile, pip	ean up	and the second second	misc.		IBD	X	X	X	
		-		See	attachr			cific						
	-			000		ormatic		OITIO						
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic		799	Name of I	Registe	red Landfil	1			
Quality Environmental Concepts		Н	auler ID 9710		of Was			Atlantic	Cour	ty Solid		e Co	mple	×
City, State Williamstown, New Jersey					TBD	al Date		City, State Egg Ha		ownship	, NJ			
Completed by Edward J. Knorr	Title Vice F	Presi	dent		Si	ignature	ا المحار	Jal	1		ate ugus	25,	2015	5

NOCK

Date of Notification (1) August 23, 2015				Name	e of Buildi	ng Owner	/Operato	r (2)						
	Type Notification			Stat	e of Ne	w Jerse	y - Vine	r (2) eland Develop	omental Ce	enterly	AL	0.0	, at	
X EPA	× Initial			167	6 East L	andis A				40		-	F 4.	17 6
X DEP X DOL	Amended Amendme Emergend	nt #		Vine	State, Zip eland, N	ew Jers	ey 083	60		r ³	1	55		
▼ DOH ▼ DCA	justification Cancellation	n)	ing		of Conta el Serra				Taleph		mbe	r		- 1
N					CILITY IN		TION		00.					
Name of Facility Where Ab Various Buildings Ea	atement is Tak ast and/or W	ing Place est Car	(3)					Type of Facilit	y (4)					
Street Address East & West Campus								School (k Subchapt Other (i.e	(-12) er 8 (Other th . private & co	han K-1	2) ial bı	uildinc	ıs. hoı	mes
City (5) Vineland								etc.) Square Feet Typically 80	# of Flo	ors	-	Bldg.	. Age	
County (6) Cumberland County					y Code (7 E USE ONL			Current Use (P Medical, ho	rior if being o	demolis	hed)		ears	т
Name of Monitoring Firm H Quality Environmenta	ired by Building I Concepts,	Owner (Inc.	8)	ASC NA	CM No.		Name Qual	of Abatement City Environme	ontractor (9)			;, OIII	ces	
Street Address 1053 North Tuckahoe	Road						Street	Address North Tucka		орю,	1110.			
City, State, Zip Code Williamstown, New Je							City, S	tate, Zip Code mstown, Nev		8094				
Project Manager for Monitor Edward J. Knorr	ring Firm				one No. 329-116	6	Teleph	one No. 329-1166	Lic	ense N	0.			
Start Date (10) August 31, 2015		Augus	st 31,	mpletion 2016	Date (11)		of OSHA Monitor ty Environme		ents I	nc			
Occupancy Status During A	batement (Che	ck Only C	ne)					Address		JP10, 1	110.			
Facility Closed/Vacated Abatement Performed Other – Describe:	d During Entire Outside of Norr	Period of	Abater ty Hour	ment s				North Tuckal	noe Road					
Other – Describe: Scope of Work (Check All Ti	hat Apply)							mstown, Nev	Jersey 08	8094				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoli				X X X	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
			s Locati						a () una 1401	1-1 Habi		Abat	emen	t
Location of Asbestos-Containing Mai	terial (ACM)	Use	Normal ed Sole	ly by	Ashas	Des	cription o	of aterial (ACM)				T 19	уре	
TO BE ABATE In Facility (13)	D		aintenar stodial S (12)		(i.e.	thermal: surfac	systems ing, VAT iscellane	insulation, , or	Amoun (Specif SF or Li	ý	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							a		late	ıre
Various Location		X	X		Floor	Tile, pip	e insul	ation,misc.	TBD		X	X	Χ	
& Buildings							ean up							
					See	attachn	nent for	Specific						
Name of Registered Waste H	aulas						rmatior	1						
Quality Environmental C			Ha	JDEP W auler ID 1710		of Wast	3.000	1	Registered La fand Cour		lid V	Vast	e Co	m.
City, State Villiamstown, New Jerse	еу					Disposa TBD	al Date	City, State						
Completed by Edward J. Knorr		Title Vice I	Presid	lent			nature	20.	J	Date		23	2015	
						- 1	001	E VIII	SARONA	1 Aug	usi	20,	-010	

NO CK

Date of Notification (1)					f Building						·	1 1		0-20020	
August 24, 2015				200 Loo Eve	and the second state	Depart	ment	of J	lustice- Fed	deral C	orrection	nal Ins	stitut	on	
Agencies Notified EPA	Type Notification X Initial			Street A		oad, B	uilding	g 58	314, (Joint	Base I	//dcQuire/	Fort D)ix/L	akeh	ursi
DEP DOL	Amended Amendment	:#			ate, Zip Co		08640	0				70,	200		
	Emergency				f Contact	,				Tel	ephone Nu	mber	- C.P1		8.3
DOH DCA	justification) Cancellation				chael O'	Neill				1	,		100		
				FACI	LITY INFO	ORMATI	ON		New York Control of the Control of t				(C)		
Name of Facility Where Various Buildings								Ту	pe of Facility School (K-		16	N =			1
Street Address East & West Comp	ound Sites							×	Subchapte Other (i.e.	r 8 (Oth	er than K-1 & commerc	2) cial buil	三 dings,	home	es,
City (5)		-						So	etc.) uare Feet	1#0	f Floors	-2 T F	Hđg. A	ne	
Fort Dix								Ту	pically 800	ту Ту	pically 1-	3 6		ars+	
County (6) Burlington County					Code (7) USE ONLY)		_		urrent Use (Pr ederal Priso				strat	ion	
Name of Monitoring Firm Quality Environmer				ASCN NA	/ No.				Abatement Co Environme			Inc			
Street Address				14/3			Street	Add	dress			1110.	-		_
1053 North Tuckah City, State, Zip Code	oe Road								orth Tuckal , Zip Code	noe Ro	oad				
Williamstown, New							Willia	ams	stown, New	/ Jerse	y 08094				
Project Manager for Mon Edward J. Knorr	itoring Firm				29-1166		Teleph 856-6		e No. 9-1166		License N 01086	No.			
Start Date (10) August 31, 2015		Schedule August			Date (11)				SHA Monitor Environme		oncepts,	Inc.		20	
Occupancy Status During	g Abatement (Chec	k Only On	e)				Street	_3_							
			2005-0 1001 - 1001	nent			1053	No	orth Tuckah	noe Ro	ad				
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility				_ [10000		, Zip Code stown, New	/ Jerse	y 08094				
Scope of Work (Check A	II That Apply)														\neg
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Miles Street	enova emolit				××××		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	•			0	
		1	1 1						14011-LXCITIPLE	u () an	u Non-i nai	Jie i io		ement	
Location			Locati Iormal			Das	scription							ре	
Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	Mai	d Sole ntenar odial S (12)	nce/		tos Conta thermal surfac	aining M	Mate s ins	r	(5	mount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								1 32		ate	re
Various Loc		X	X		Floor 7			_	ion,misc.		TBD	X	Х	X	
& Buildi	ngs					cle	ean up	C							
East and/or Wes	t Compound				See				Specific						
							ormatic	on							
Name of Registered Was			100	JDEP Wauler ID		Cubic of Was					red Landfil	I			
Robinson Waste Dis	posal Services		10000	9710		TBD			GROW		dfill				
City, State Voorhees, New Jers	еу					Dispos TBD	al Date		City, Sta Morris		A				
Completed by Edward J. Knorr	20 	Title Vice f	Praci	dent		Si	ignature	9	Chi	/		ate ugust	24	2015	;
Editard C. Miloti		V1001	1031	GOIIL			de	W.	XXX	ner	~ ~	ugust	27,	2010	

PLEASE CREDIT CK NO# 3775 NO CK

ASBESTOS (WOOD SIDING UNDER VIWYL)

NOTIFICATION OF ASBESTOS ABATEMENT

- W			(rui:	suant to MJ	AC 8:60 and 12:1	20)					
Date of Notification (1)	14/15				ilding Owner/Operato					_	
Agencies Notified	Type Notifical				NTHTECH	CONTIL	SCTING				
		ion		Street Addr							_
Ø ⊕A Ø DOL					5 Rr. 5	0	-				
X 001	Amendmen	n!#		City, State, 2		V 2			-	-	
	☐ Emergency		· · ·	_ (>	MEENFIE	LD, N.	5,0823	0			
DOH DOH	_ justificatio	u) ,		Name of Cor	ntact		Telephone Numi)er		7.1	
-	☐ Cancellatio	n	_	15 R.	UCE Bri	EUNIG	1				
				FACILITY	INFORMATION						
Name of Facility Where A		king Place	e (3)			Type of Facilit	y (4)				
RESID	ENCE					School (K-					
Street Address	. 297 KA	VE				Other (i.e.,	r 8 (Other than K-12 private & commercia) al buik	dings.	į	
City (5)						Square Feet	# of Floors	TBI	dg. A	oe.	
LONG	PORT					1000	_ 1		10		
County (6)					e (7) (STATE		nor if being demotis	hed)			
ATL1 in				USE ONLY)		-	ANT				
Name of Monitoring Firm (8)	Hired by Buildin	g Owner	A	SCM No.		nent Contractor (
Street Address	<u></u>		= =		Street Address	1700 1510					_
Street Address					369	5. Spa.	JUE AVE.				
City, State, Zip Code					City State Zio C	Code					_
on, oute, up coor			•	*	MOPE	E SHAI	E, N.J.	80	JZ		
Project Manager for Monit	toring Firm		Teleph	one No.	Telephone No.		License No.				
						71-0472	0044	4			
Stan Date (10)			1	n Date (11)	Name of OSHA						
-8/24/15	1 -1	-131)	-	H KLEV	1 1 1				
Occupancy Status During					Street Address	5 00.1	- 1 -				
Facility Closed/Vacated				ent		. SPRUC	EAVE				
Abatement Performed (Outside of Norm	al Facility	Hours		City, State, Zip C	‰de_	1.5				
Other - Describe:					MAPLE	= DHADE	= , N,J,O	ده ک	12		
Scope of Work (Check all	that apply)										
						ntainment with Ne	egative Pressure				
23 sf or ≥3 lf 2160 sf or ≥260 lf		☑ Ker	novation notition		☐ Mini-End	ciosure ag Procedure					
(X2,000), 01,2200.		(Z)			Non-Ex	empted (*) and N	on-Friable Procedur	e			
			ocation					A	Dater Typ		
Location of			rmally Solely b	y	Description of	ſ		_	176	~	
Asbestos-Containing Ma	tenal (ACM)	Maint	lenanœ/	Asb	estos Containing Mat	terial (ACM)	Amount			E	m
TO BE ABATE		100	stodial taff?	(i.)	e , thermal systems i		(Specify -SF or LF)	Rei	R.	5	3
IN Facility			12)		surfacing, VAT, other miscellaned		·Sracr	Removal	Repair	psu	Enclosure
(13)		-		_		/	•	5	-	Encapsulate	9,7
		Yes	No 1	N/A			~			Ů	
SIDING	-			X	TRANSITE		1600 SF	X			
-											
Name of Registered Waste	Hauler	1		EP Waste	Cubic Yards	Name of Reg	istered Landfill				
KLEMCO J	NC,		Hauk 17	er 110 No. 904	of Waste	1_A,C	. U, A.				
Ciry State		1 -	-		Os∞sal Date	City, State			900 3		
MAPLE	SHADE,	N. 5	١, ١			PLEA	15.2 NTV/LL	. G ,	N	3,	
Completed By	Titk		VER	,	Signature	h Ka	Date	111	1	_	
100 1/16	A	C" W >	V 17	_	1 Daden		1 X -	- 1 (1	-	1	

CK NO \$ 3775

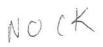
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

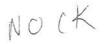
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		ng Owner/Operator	ALE DR	COGETALG	UG 3	3 [AH	8:
Agencies Notified Type Notification Agencies Notified Type Notification	Street Address			R. 15				
DEP Amended Amendment # Emergency (including	City, State, Zip			J 087	210)	11	II.
DOH justification) ☐ DCA ☐ Cancellation	Name of Conta	ict IM		Telephone Numi	oer			
	FAÇILITY IN	FORMATION						
Name of Facility Where Abatement is Taking Place (3)			Type of Facilit					
Street Address 139 W. ANDREW	S AVE			r 8 (Other than K-12 private & commercial c.)		dings	iv.	-
City (5) W1CD W00D			Square Feet	# of Floors	. B	ldg. A	ige)+	
County (6)	County Code (USE ONLY)	7) (STATE	Current Use (F	Prior if being demolis	hed)			
Name of Monitoring Firm Hired by Building Owner	ASCM No.	Name of Abatem	ent Contractor (9)				
(8) N/A		KLU	100 I	INC			_	_
Street Address /		Street Address		PRUCE A	UE	7		_
City, State, Zip Code		City, State, Zip Co		ADE NO	T	08	205	2
Project Manager for Monitoring Firm Tele	phone No.	Telephone No. 856-77	1-0472	License No.	14			
Start Date (10) Scheduled Complet	tion Date (11)	Name of OSHA M	Monitor SEP14	KLENIM				
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abater	ment	Street Address	69 5.	SPRINCE	AL	E		
☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		City, State, Zip Co	xde ADIE SH	ADE ULD	08	70	- >	,
Scope of Work (Check all that apply)		V		200 200	U			=
≥3 sf or ≥3 lf		☐ Mini-Enc ☐ Gloveba	losure g Procedure	egative Pressure on-Friable Procedur	e			
Is Location Normally	70				А	bater Typ		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Used Solety Maintenanc Custodial Staff? (12)	e/ Asbest	Description of os Containing Mate thermal systems in surfacing, VAT, other miscellaneou	sulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
Yes No	N/A				a		ate	Ге
SINNG	XII	RAWSIT	E	4500SF	X		-	-
-					H	-	-	-
					П			
1,12,112	DEP Waste Uler ID No.	Cubic Yards of Waste	Name of Regi	stered Landfill	^	_		\neg
CLEMO THE	7904	_2_	C.M	. C. M. L) A			=
City, State WAPLE SHAPE IN	\mathcal{I}	Disposal Date	City, State	DINE	W	7		
MICHAEL KLOWN Title UP		Signature	10K	Date 0	27	17	_	



Date of Notification (1)					Name	of Building	Owner/Operator	(2)			-		
	3 /	15					Institute of Tec						
			_		-	Address			2818 ALC 91	2		Nº 41	
	/pe Notifica Initial	ation					Luther King Bo	ulovard Fanat		F11	7 7	1 V	
	Amended					State, Zip C		ulevalu - relisi	er nan				
□ DHSS	Amendme								# Line				
] Emergen		cluding	l		vark, NJ					-		
(NJAC 5:23-8)	justification [] [] []				100000000000000000000000000000000000000	of Contact	78		Telephone Numb	er			
	Caricellat	1011	27 70										
					FA	CILITY IN	FORMATION	T					
Name of Facility Where Abat	tement is T	aking	Place	(3)				Type of Facility (0.050				
NJIT								School (K-12)) (Other than K-12)				
Street Address	II. D							Other (i.e., pr	ivate and commerc		ilding	S,	
345-261 Martin Luther	King Bo	uleva	ard					homes, etc.)					
City (5)								Square Feet	# of Floors		dg. A		
Newark, NJ 07102					10			50000	2		+/- 7)	,
County (6)					Coun	ity Code (7)(STATE USE ONLY)		or if being demolish	ned)			
Essex								Vacant					
Name of Monitoring Firm Hire	-0.00 v -0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	141.00	wner ((8)	ASCM	No.	Name of Abatem						
Omega Environmental	Services	S						mental Manage	ement, Inc.				
Street Address							Street Address						
280 Huyler St							8436 Enterpr						
City, State, Zip Code							City, State, Zip C						
South Hackensack, NJ				T= .			Philadelphia	PA 19153					
Project Manager for Monitorin	ng Firm				phone		Telephone No.		License No.				
Geiser Fajardo				15000	1-489		215-365-5810		1156				
Start Date (10)					tion Da		Name of OSHA N						
8/03/1		65		12-11-12	_ / -	15		mental Manage	ment, Inc				
Occupancy Status During Ab			13.50				Street Address						
☐ Facility Closed/Vacated D ☐ Abatement Performed Out						ariba	8436 Enterpr						
Time of Abatement: 7:30						cribe	City, State, Zip Co						
							Philadelphia,	PA 19153					
Scope of Work (Check all tha	it apply)						☐ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			⊠ Re				Mini-Enc	losure					
☐ ≥160 sf or ≥260 lf			☐ De	molitic	n			g Procedure moted (*) and Nor	n-Friable Procedure				
			Is	Locat	ion		Z Non-Exc	Inpica () and Nor	I-I Habie I Toccuur	1	atem	ant T	vne
Location of			1	Norma	lly		Description of	of			_		
Asbestos-Containing Mate)		d Sole intena			stos Containing Ma		Amount	em	Repair	nca	ncl
TO BE ABATED IN Facility	D			todial		(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	₹.	Encapsulate	Enclosure
(13)				(12)	_	-	other miscellane		/	_		late	, e
			Yes	No	N/A								
Gym						Exteriro	Coating on Blo	ock Wall	3600 SF				
			П								П	П	П
				П									
					8 2								
				Щ									
Name of Registered Waste H		1922	_	- 1	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regist					
USA Environmental	I/Service	T	ranpo	ort	32610		40	Minerva La	ndfill				
City, State	50 VOX 0.00	- 1		A. P. Carlotte	*10		Disposal Date	City, State	902000			-	
Philadelphia, PA/New 0	Castle, D	E					8/31/15	Waynesbur	rg, OH				
Completed By (Print or Type))	Title					Signature	1/	Dai	te			
Dilip Kumar		Р	rogra	m Ma	nager		1 Ah U	0 Kum	N 8	21	0-1	5	

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



Date of Notification (1)					Name	of Building	Owner/Operator (2)	<u> </u>				
	13 / _	15	_		Nev	v Jersey	Institute of Tecl	nnology	Mis allo a	A s	0 140		
Agencies Notified	Type Notificat	ion			Street	Address			2015 2015 3	F1.	1	53	
⊠ EPA	L3 Initial				323	1 Martin	Luther King Bo	ulevard - Fenst	er Hall				
□ DOLWD □ □ □ □ □ □ □ □ □	Amended				City, S	tate, Zip C	ode		D 2			11	
□ DHSS	Amendmen	1	udina		Nev	vark, NJ (07102		2.				
☐ DCA (NJAC 5:23-8)	justification		uding		Name	of Contact			Telephone Numb	er			
	☐ Cancellation	on			Ricl	hard Tice	2						
					FAC	CILITY IN	FORMATION						
Name of Facility Where A	Abatement is Ta	aking I	Place	(3)				Type of Facility	(4)				
NJIT								School (K-12					
Street Address									3 (Other than K-12) rivate and commer		ildina	S.	
345-261 Martin Luth	ner King Bou	levar	rd					homes, etc.)			,		
City (5)								Square Feet	# of Floors	Blo	lg. Ag	je	
Newark, NJ 07102								50000	2	-	-/- 70)	
County (6)					Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Essex								Vacant					
Name of Monitoring Firm	technological profits (Section 1994) and the first		vner (8)	ASCM	No.		ent Contractor (9)					
Omega Environmen	ntal Services							mental Manage	ement, Inc.				
Street Address							Street Address	2 121					
280 Huyler St							8436 Enterpr						
City, State, Zip Code							City, State, Zip C						
South Hackensack,				T			Philadelphia	, PA 19153					
Project Manager for Mon	itoring Firm				phone l		Telephone No. 215-365-5810	,	License No.				
Geiser Fajardo		shadu	lad C	24.40	1-489 tion Da		Name of OSHA N		1130				
Start Date (10) 8 / 03 /					(1011 Da		TO SERVICE AND ADDRESS OF THE PROPERTY OF THE	mental Manage	ement, Inc				
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate	N				ment		8436 Enterpr	ise Avenue					
Abatement Performed	Outside of No	rmal F	acility	/ Hour	s - Des	cribe	City, State, Zip C						
Time of Abatement: 7	:30 AM-3:30 P	M/	P	M- <u>5:3</u>	MA <u>0</u>		Philadelphia	PA 19153					
Scope of Work (Check al	I that apply)			HTTE T								- //	
≥3 sf or ≥3 lf		ſ	VI RA	novati	on		☐ Full Con ☐ Mini-End	tainment with Neg	gative Pressure				
\(\geq \geq 160 \text{ sf or \geq 260 lf} \)				molitic			☐ Gloveba	g Procedure					
							⊠ Non-Exe	empted (*) and No	n-Friable Procedu	1			
1 constant	,			Locat Norma			Description			Ab	atem	ent T	уре
Location Asbestos-Containing			Use	d Sole	ely by	Asbe	Description of stos Containing Ma		Amount	Rer	Repair	Enc	Enc
TO BE ABA	ATED			intena todial	ince/ Staff?	(i.e	., thermal systems	insulation,	(Specify	Removal	air	aps	Enclosure
IN Facili	ty		Ous	(12)	Otan:		surfacing, VAT other miscellane		SF or LF)	<u>m</u>		Encapsulate	re
(/			Yes	No	N/A							(D	
Gym					\boxtimes	Exterir	o Coating on Bl	ock Wall	3600 SF				
											П	П	П
		_										П	П
		-			-								
				Ц,			Touble Veeds of	Name of Deal	stored Landfill		ш	ш	Ш
Name of Registered Was		т.		1.	JDEP ' lauler I	3140 (B) (B) (B)	Cubic Yards of Waste	Name of Regis					
Croun	ntal/Service	11	ranp	OFT .	3261		40		anum				_
City, State Philadelphia, PA/N	ew Castle D	F					Disposal Date 8/31/15	City, State Waynesbu	ıra, OH				
		Title					Signature	/		ite			
Completed By (Print or T Dilip Kumar	Ahe)	220/2002		m Ma	nager		Signature	1 / no		- 2.1		_	
Dinp itulial		- 6.1	-91d		agei		1/4/11	N NIIVY	IL/I IX	1/	0-1		

ASB-41 MAY 11

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

1 4		NOTII	ICATIC Pursuar	ON OF ASB	ESTOS 8:60 ar	ABATE nd 12:12	MEN 0)	Т		21.					
Date of Notification (1) 08/27/2015		Name of Building Owner/Operator (2) Wanaque Municipal Township						28	IS AUR) i	- 12	0. 6			
Agencies Notified Type Notifi	cation		Street Address 579 Ringwood Ave.							R AUN	7.1		<u> </u>	Ħ	
EPA Initial DEP Amer	ided idment #1		City, State, Zip Code Wanaque, NJ, 07465						A LIGHT ING						
Emer	gency (includir cation)	ng	Name of Contact					Telephone Number							
DCA Cance		Toni Jovanoski													
Name of Facility Where Abatement is Wanaque Municipal Building	Taking Place	(3)	FAC	CILITY INFO	ORMAT	ION	Тур	e of Facility							
Street Address 579 Ringwood Ave.			Other (i.e. pri				12) r 8 (Other than K-12) orivate & commercial buildings, homes,								
City (5) Wanaque, NJ 07465					Squ 240	etc.) are Feet 000	# o	f Floors		Bldg. Age 90					
County (6) Passaic		County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Municipal Building									
Name of Monitoring Firm Hired by Bu McCabe Environmental Service	8)					me of Abatement Contractor (9) Contractors LLC									
Street Address 464 Valley Brook Ave #3A				Street Address 55 Wanaque Ave Suite 115											
City, State, Zip Code Lyndhurst, NJ 07071							City, State, Zip Code Pompton Lakes, NJ 07442								
Project Manager for Monitoring Firm Ralph Coppola Telephone No. 201 438-4839							Telephone No. License No.								
Start Date (10)		Scheduled Completion Date (11) 09/02/2015					973 513-4245 01236 Name of OSHA Monitor								
08/21/2015		Toni Kocevski													
Occupancy Status During Abatement Facility Closed/Vacated During E		Street Address 55 Wanaque Ave Suite 115													
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:		City, State, Zip Code Pompton Lakes, NJ 07442													
Scope of Work (Check All That Apply)	3					1 0111	JUIT	Lakes, IV	0144	-2					
≥3 sf or ≥3 lf Renovation ⇒160 sf or ≥260 lf Renovation Demolition Full Containment Mini-Enclosure Glovebag Production															
	100	Is Location Normally									Abatement Type				
Location of Asbestos-Containing Material (ACI <u>TO BE ABATED</u> In Facility (13)	M) Us	ed Sole aintenar stodial S (12)	ly by nce/	Aspestos Containing Ma			faterial (ACM) s insulation, T, or		Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A							500			ite	е	
Administration Clerk's Office	е	×				T/Masti	10000		8	00sf	x			х	
Tax Office		X				T/Masti				00sf	x			x	
Conference Room 2nd flr		X				T/Masti			72	25sf	x			x	
Assessor's Office 2nd flr x Name of Registered Waste Hauler							/Mastic			75sf	х			X	
Atlantic Carting LLC	Ha	JDEP Waste Cubic Ya lauler ID No. of Waste 901 #26085 20			Transmitted the second	Name of Registered Landfill Grand Central Sanitary Landfill									
City, State 141 Route 23, Wayne, NJ 074		Disposal Date City,				City, Stat	State Argyl, PA								
Completed by vica Gjorsoski	Title Proje							Na(570	Λ	Da	te 3/27/2	015			
					The same of the sa			Should St. 15	12						

NOCK

Date of Notification (1)					Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.									
8 / 25 /15					MERCK SHARP & DOHME CORP. Street Address AND									
Agencies Notified Type Not		126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414												
EPA Initi	al Notificati ended Notificellation			City, State, Zip Code RAHWAY, NEW JERSEY 07065										
X DOH On	- 1	Name of Contact Telephone Number												
DCAEMI	ERGENCY	ATION	Sandra M	a M. Schenk										
			FACILI	TY INFO	RMATION									
Name of Facility Where Abatement MERCK SHARP & DOHME CORPOR	Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)													
Street Address		X Other (ie. private & commcl. bldgs., homes, etc.) Square Feet # of Floors Bldg. Age												
126 EAST LINCOLN AVENUE -Build		Square Feet 81,285	# of Floor 2	S	Ыü	g. Age 68	'							
							County Code (7) Current Use (Prior if being demolished)							
	- , ,				SE ONLY)	VACANT								
Name of Monitoring Firm Hired by	Building C	wner (8)			ASCM No.	Name of Abate		$\neg \neg$						
ENVIRONMETAL HEALTH INVESTIG	GATIONS,	INC.			17	PAR ENVIRONMENTAL CORPORATION								
Street Address				-		Street Address								
655 WEST SHORE TRAIL	313 SPOOK ROCK ROAD													
City, State, Zip Code	City, State, Zip Code													
553311130730300	NEW JER		1000			SUFFERN, NEW YORK 10901								
Project Manager for Monitoring Firm Telephone Number WILLIAM S. KERBEL. CIH 973-729-5649						Telephone Number License Number								
WILLIAM S. KERBEL, CIH		845-369-7500 1101												
Expected State Date (10) 8 / 24 /15	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480													
Month Day Year	М	8 / onth	Da	25 ay	/15 Year	AMERISCIEAL	ONATORIES	INC	Ħ	11400				
Occupancy Status During Abatement X Facility Closed/Vacated Du Abatement Performed Out X Other - Describe: Mon Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF	uring Entire side of Nor day -Friday	Period of mal Facili	ty Hours		Full Conta	ainment with Neg	Code W YORK, NEV		10016	5				
	l le	Location	1	Dosc	ription of As		T		Abaten	ent T	vna			
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Material (ACM) solely by TO BE ABATED Maint/Custodial					ratems ng, VAT, aneous)	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE			
Building 121	×		Pine I	nsulation	3		30 Ln Ft	X						
Dallaring 12 i			I ipc i	risdiation			OO EITTE	- /	1	+	\vdash			
		 	-					_	-	+-	\vdash			
			1					\neg	\top					
		+	+					_	+-	+	\vdash			
Name of Registered Waste Hauler NJDE			IJDEP Waste Cubic Yard			INIoma of Booist	ristered Landfill							
FREEHOLD CARTAGE, INC.		ler ID No.	Cubic	320		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE								
825 HIGHWAY 33		520	6	447 ALEXANDER DRIVE/ROUTE 15										
					sal Date City, State/									
FREEHOLD, NEW JERSEY 3/9 -0					5 /	MONTGOMERY, PA 17752								
Completed by (Print or Type) BENJAMIN SANCHEZ	nature	Date 8/25/15												