Date of Notification (1) November 26, 2014				Building of Leas			(2) community	DEC 1	2014 Check	# 1	674	7	
Agencies Notified Type Notification  EPA Initial	7/1		Street Ac 1 Medf	ddress ford Lea	is Way		ASS	ESTOS CO	CTROI	. &	j		
DEP Amended Amendment #				te, Zip Co d, NJ 0			L	LIGENSIA	<del>!/</del> -5				
Emergency (ir justification)  DCA  Cancellation	cluding	- 1	Name of John G				8	Telephone	Numbe	er		ē	
Name of Facility Where Abatement is Taking	Place (3)	-	FACIL	LITY INFO	ORMATIC	N	Type of Facility (	4)					
Medford Leas Retirement Communi	ty						School (K-1	0.00					
Street Address 1 Medford Leas Way				1.0			Subchapter	8 (Other than rivate & comm		uilo	lings,	hom	es,
City (5) Medford					77		Square Feet 10,000	# of Floors	Ž	25.00	ldg. A	ge	
County (6) Burlington			County C	Code (7) ISE ONLY)	-		Current Use (Prior Retirement C		olished	)		- 00	
Name of Monitoring Firm Hired by Building On Management & Enviro. Consulting S		 }	ASCM	No.			of Abatement Cor e Environmen						
Street Address PO Box 341							Address Cutler Avenue						
City, State, Zip Code Chesterfield, NJ 08515							tate, Zip Code e Shade, NJ 0	8052					
Project Manager for Monitoring Firm Bill Weisgarber			Telephon	ne No. 8-4070	1	Teleph	one No. 755-0099		se No.				
			npletion E				of OSHA Monitor L Analytical, In	C.			7.5. 12		
Occupancy Status During Abatement (Check	Only One	e)				Street	Address			-		1000	
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of A Facility	batem Hours	ent		-	City, S	Route 130 Nortate, Zip Code		<u> </u>			-	_
Scope of Work (Check All That Apply)						Cinna	aminson, NJ 0	8077					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Processor.	enova emoliti				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure					
	ls l	ocati	on			Rama	1 Non-Exempled	( ) and Non-	Tiable I	-		ment	
Location of		ormali I Solei		10 0 10		cription			-		Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mair Custo	ntenar odial S (12)	ice/ staff?			ystems ng, VA		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Community Duilding (4 Days)	Yes	No	N/A		141 1			0.450.05	_			Ф	
Community Building (4 Rooms)  John Estaugh Building (3 Rooms)	2	XXX			ulti-laye			2,150 SF				-	
John Estaugh Building (3 Rooms)		XXX			Asbesto		g Spray	1,020 SF 865 SF	2				
John Estadgh Building (5 Nooms)		^^^			Aspesii	JS F10	oring	000 SF	- 2	1		-	
Name of Registered Waste Hauler		N	JDEP Wa	aste	Cubic Y	ards	Name of F	Registered Lar	ndfill				
Jack Robinson Waste Disposal			auler ID N 304	No.	of Wast		Westerr	Berks Cor		ty I	Land	Ifill	
City, State Voorhees, NJ					Disposa 12/26/2		City, State Birdsbo						
Completed by Christina Lynch	tions	Manag	ger	SK T	nature	mod		Date 11/26	3/2	014		11	

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Date of Notification (1)	C/14		Na	me of	MCA.	Dwner/Operator (	2) pooting Sp	echolists be	il.	i	U 4	
Agencies Notified	Type Notification				ldroop	nd Avery		ASBES	STOS	CON	THO	&
⊠ DOF □ DEЬ □ Eby	initial Amended Amendment #_ Emergency (incl	udina	-	y Stat	Zip Co	de, on	19426	Telephone Number		E.C.	_	
☐ DCA	justification)  Cancellation		1	200		auhil		Telephone , quint			_	1
	All observation Tolding	Diane (3		FACE	ITY INFO	RMATION	Type of Facility (	4)				
Name of Facility Where							School (K-12) Subchapter 8	) (Other than K-12) ivate & commercial	prijajuć	js,		
	wood Aulnu						homes, etc.) Square Feet	# of Floors	Bldg.	Age		1
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County (6) Somer	set			USE O	NLY)	) (STATE	Mame	<u> </u>			=	4
Name of Monitoring Fin (8)		wner	AS	SCM N	0.	BILL	Indust	ries Inc.			_	4
Street Address						Street Address	x 917					4
City, State, Zip Code						City. State, Zip	h NJ	08123			_	4
Project Manager for Mi	onitoring Firm	T	Telep	hone N	lo.		9-7499	License No.	2 .			_
Start Date (10)	Sched	huled Co	mpleti	on Date	(11)	Name of OSHA	Monitor					_
Occupancy Status Du	ring Abatement (Che	ck only o	ne)		<del>-</del>	Street Address	5					
Facility Closed/Vac  Abatement Perform  Other - Describe:	ated During Entire Pe	riod of P	waten	vent		City, State, Zip	Cade					
Scope of Work (Chec	k all that apply)	凶Re	novatio	on .		☐ Mini-E	Containment with Na Enclosure Bibag Procedure	*				,
≥160 sf or ≥260 lf			ocațio			Non-	Exempted (*) and N	Ion-Friable Procedu	A	batem Type		
Locatio	on of	No Used	soleh	rby		Description stos Containing I	of Veterial (ACM)	Amount	H	T	T	
Asbestos-Containin TO BE AF IN Fac (13	g Material (ACM) BATED Bity	Ct	ntenan ustodia Staff? (12)		ASDE (i.e	thermal system surfacing, V other miscella	ns insulation, AT, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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PUR 10	dustries 1	NC.	_L	216	02	Disposal Dat	e City, State	JA JA				
City, State	. N.	tle (),	_			11/5/12   Signatur			25/1	4		$\dashv$
Completed By	Mis !	17	Wid	en			Mel		rs 11	_	_	

CHECK # C State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 12:120f) Name of Building Owner Operator [2] Date of Notification (1) ONTRACTIO EARTHIEL 76/14 11 Type Holincabon Sveel Address ASBESTOS CONTROL & Agencies Novined ≥ ivea T) EPA Chy. State, Zip Code  $\infty$ 08230 GREEN Amendment # Emergency (including Telephone Humber Name of Contact justification □ 20n BREUNIG BRUCE Cancellacon 2 FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Supprapter 8 (Other than K-12) ESIDENCE Done (i.e., private & commercial pularies Siree: Address nomes, etc.) 5BUAY Bldg Aç FOI FLOORS Souare Foot 40 T 2 UGEAN 6147 Current Use (Prior if being demoushed) County Code VACONT USE ONLY, Hame of Abatement Convegor (9) Name of Mariloring Firm Hired by Building Owner ASCH HO. INC KLEMCO . 8 ; SUBBI ADDIBSS SPRUCE 369 Siet Adoress Cm. State, Zip Coce HO DE MAPL Ciry State Zo Code disprone No elephone No Place Manager for Montoning Firm 56-7 Name of OSHA Monto Screduled Completon Date (11) InsEPI Stan Date 10) Sueel Address Occupancy Status During Abatement (Check only one) 3695, E Facility Closed Vacated During Entire Period of Abatement Cry. State, To Code Abatement Performed Outside of Normal Facility Hours HADE MAPLE Ower - Describe Fut Containment with Negative Pressure Scape of Work (Check all that apply) Min-Enclosure Renovation Glove Dag Procedure Non-Exempted (') and Non-Frizable Procedure 23 51 01 23 II 2: 60 51 01 2260 II ₩ 000majan معنده د · OX is Location Normally. Description of Amount Used Soleh by Aspessos Containing Material (ACM) Specify Halrin li e suemer s'asiems insufation Location of Maintenance! Aspesios Containing Material (ACM) SFOLF Custodia! surtaiong, VAT, or TO BE ABATED Staff? omer miscellane as וא ל שבים 1121 -131 NIA Ho 2000 4 TRADES, TE ×

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Date of Notification (1)	1,4	Name of Building Owner/Operator (2)										
Agencies Notified   Type	Notification											
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		FACILIT	YINFORMATION		<del></del>							
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RESID	ERCE "			School (K								
Street Address				Subchapie	er 8 (Other than K-	12)						
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City (5)				Square Feet	# of Floors	8	Blog A					
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Street Address			Sveet Address		,							
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City, State, Zip Code			City, State, Zip C									
City, State, 21p Code			Mos		DEINJ	· na	057					
				CC 374		, 00						
Project Manager for Monitoring F	irm .Tele	phone No	Telephone No.	4	License No.							
			836 77	9-0472	004	77						
Start Date (10)	Scheduled Comple	ion Date (11)	Name of OSHA									
12/8/14	12/15/	10	505	JPH KI	EMM							
	1		Sueel Address									
Occupancy Status During Abatem				CCA	wat door							
Facility Closed/Vacated During			369		LUCE A UU.							
Abatement Performed Outside	of Normal Facility Hour	S	City, State, Zip C	∞de	1310-1		2000 2000					
Other · Describe:			MA	OLE SI	LODE, N.	J .	080					
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Location of			estos Containing Mate	erial (ACM)	Amount							
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IN Facility	Staff?	X	surfacing, VAT,		SF or LF)	Removal	Repair					
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me of Registered Waste Hauler		EP Waste	Cubic Yards	Name of Regis								
	Hau	ter ID No.	of Waste	C, M	, C, M.U. A							
KLEMCO INC.		7904					==					
y. State	ADDE, NI	J .	Disposal Date	City, State	1	7						
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Date of Notification (1) 11/26/14						Building ( W TUF				CTON			001	T.C.	21.0		
Agencies Notified	Type Notif	ication			Street Ad	idress	34. BUI	LDIN	G C3		ASB	ESTOS LICE	NSIN(	G	UL 0		
EPA DEP  DOL	Initial  Amer				City, Stat	e, Zip Coo TOWNS	de						T				
DOH DCA	Emer justifi	rgency (ir cation) cellation			Name of DECILI	Contact					Te	elephone	Numbe	r			
☐ DCA	L Canc	enation			25-1-00000000000000000000000000000000000	ITY INFO	RMATIC	)N									_
Name of Facility Where	Abatement i	s Taking	Place (3)		TAGE		7 CHATTE	714	Туре	of Facilit	ty (4)					-	
										School (I	K-12)						
Street Address 51 GRAVELLY POI	INT ROAI	D				9			×	Subchap Other (i.e etc.)	ter 8 (Ot e. private	her than h & commo	K-12) ercial b	uild	ings,	home	s,
City (5) HIGHLANDS, NJ	.0			<del></del>		11			ACCUPATION NAMED IN	re Feet	#	of Floors		BI	dg. A	ge	
County (6) MONMOUTH COU	NTY	-			County C	Code (7) ISE ONLY)		_	Curre		Prior if be	eing demo	olished	)			
Name of Monitoring Firm	Hired by B	uilding O	wner (8)		ASCM	No.					Contracto FESSI	or (9) ONALS					
Street Address			13.						Addres		COUR	т					
City, State, Zip Code										ip Code	08701						
Project Manager for Mor	oject Manager for Monitoring Firm							Telepi	none No	0.		Licens 1200	e No.				
Start Date (10) 11/26/14							Completion Date (11) Name of OS AAA LEA					ONALS					
Occupancy Status Durin	g Abatemer	nt (Check	Only One	<del>:</del> )	Street Address												
Facility Closed/Vac Abatement Perform	ated During ed Outside	Entire P	eriod of Al al Facility I	oaten Hours	nent		-	6 WHITE DOVE COURT City, State, Zip Code									
Other – Describe:								LAK	EWO	OD, N	J 08701						
Scope of Work (Check A	II That Appl	y)						part .									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Description .	enova emolit				3	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
			50000	_ocati	27.00277		3 29			•						ement	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)				Sole ntena	ly by nce/		tos Conta thermal s	system ing, VA	Material s insula AT, or			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
INTERIOR Yes					1,0//		FLO	OR T	ILE		-	150 SF		X			
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Name of Registered Was	ste Hauler			IN	JDEP W	aste	Cubic \	Yards		Name	of Regis	tered Lan	ndfill				
NEWARK CARTING					lauler ID 4509		of Was	te		IESI		30000			200		3,000
City, State NEWARK, NJ						v	Dispos 11/26/			City, S BET	State HLEHE	м РА			5000		2 - 6
Completed by JOSEPH PERLSTE	IN	34	Title OWN	ER			Si	gnatur	е				Date 11/1	7/1	4		
		DSEPH PERESTEIN OWN										-	-				

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Date of Notification (1)			Na	ame of B	uilding O	wner/Op	erator (2)		1 + 1		5.50	4	0014		
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EPA DEP DOL	Notification  nitial  Amended  Amendment #  Emergency (in  usification)	cluding	Ci	ame of C	Zip Cod PIC. Contact	ue ( San'	n, r	100 Ja	Are rsty	Tele	050 FC V2 LIC	DENSIN	137.	<del>JE &amp;</del>	
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Street Address 1425 Rul Mi	nent is Taking 25 de sca			FACILI	TY INFO	RMATIO	T	Subc	ol (K-12 hapter 8 r (i.e. pri	) 3 (Othe ivate &	r than K-1 commerc	ial buildi	ngs, h		5,
Pt Placent								1400			1	6	0+		
County (6)			C		SE ONLY)		-	Resi	9510	<i>"</i> ~	g demolis	hed)			
Name of Monitoring Firm Hired	by Building O	wner (8)		ASCM	No.			Abatem			(9)				
Street Address							Street A								
City, State, Zip Code								ite, Zip C Neck, N		722					
Project Manager for Monitoring	Firm		T	elephon	e No.			94-175			00029	No.	1		
Start Pate (10)		Scheduled	TIL		oate (11)		Name of	f OSHA N	Monitor						
Occupancy Status During Aba  Facility Closed/Vacated D Abatement Performed Occupancy Status During Aba  Abatement Performed Occupancy Scope of Work (Check All That  ≥3 sf or ≥3 if ≥160 sf or ≥260 lf	During Entire Potside of Norm	Period of Ab al Facility F	atem	ion			City, Sta	Mini-E	ontainme nclosure pag Proc	e edure	Negative				
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Name of Registered Waste Ha	auler		Н	JDEP W lauier ID 2086		Cubic of Wa	Yards ste	10.0	lame of	Regist	ered Land	fill			
City, State Colts Neck, New Jersey		0				l il	sal Date	4 .	City, Stat Easton						
Completed by Bree McGuire		Title Secre	tary	Treasu	ırer	8	Signature	w				Date	114	_	

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

Date of Notification (1)							02		11	- 1				
11125/14				Name	of Building	Owner/Op	erator	(2)			DEC	1	20	11
Agencies Notified Type Notifi	ication	-		Street	Address	31 h	1			4	ULU		_20	14
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Emen	gency (in		g		28951	00 1	HC. C	int) New	(J)61	Serg				-
	cation)			Name	of Contact				I	elephone I	Vumber			
Cance	ellation				ine									
Name of Facility Where Abatement is	s Taking i	Place	(3)	FAC	ILITY INFO	PRMATIO	N	T (F 111	745					
			(3)					Type of Facility	y (4)					
Street Address	100 CC	<u> </u>						School (K	(-12)					
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1-1 10000+	MK	J						etc.)	. private	a comme	rciai bu	laings	, non	nes
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County (6)			-	County	Code (7)	Y		Current Use (P	rior if be	ing demo	lished)	(V		
Dan					USE ONLY)		+ 1	165100V	L					
Name of Monitoring Firm Hired by Bu	ilding Ow	mer (8	3)	ASC	vi No.			of Abatement C		r (9)				100
		5-00-00						Insulation Co						
Street Address		22.2007						Address						
						1	95 M	ontrose Roa	d					
City, State, Zip Code								ate, Zip Code						
			100					Neck, N.J. C	7722					
Project Manager for Monitoring Firm				Telepho	ne No.			one No.		License	No			
						4 10		294-1757		00029	INU.			
Start Date (10)	S	chequ	led Co	mpletion	Date (11)			of OSHA Monito	r	00020				
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Occupancy Status During Abatement	(Check C	Only O	ne)		-	S	treet /	Address						
Facility Closed/Vacated During E	ntire Per	ind of	Ahate	ment										
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Other - Describe: - + An	11-75	m	11			_   "	.,, 00							
Scope of Work (Check All That Apply)		_					-					-		
≥3 sf or ≥3 lf	j		Renova	ation			П	Full C		772.2	7 <u></u> 777			
≥160 sf or ≥260 lf	Ì	Section 1	Demoli					Full Containm Mini-Enclosur	tent with e	Negative	Pressu	re		
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TO BE ABATED	VI)	Ma	intena	nce/	Asbesto	s Containi	ng Ma	iterial (ACM)		mount			m	
In Facility			todial		(i.e. th	ermal sys surfacing	. VAT	nsulation,		pecify	Re	Z.	пса	Enclosure
(13)			(12)		c	other misc			QF	or LF)	Removal	Repair	Encapsulate	SOK
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ce Insulation Co., Inc.			H	auler ID N	lo.	Cubic Yard of Waste Disposal D	3	Chrins		red Landfi				
ice Insulation Co., Inc.			H	auler ID N	lo.	of Waste	3	Chrins City, State	e	red Landfi	I'			
Jame of Registered Waste Hauler ace Insulation Co., Inc. City, State Colts Neck, New Jersey Completed by		itle	H	auler ID N 2086	Jo. c	of Waste	3 late	Chrins	e	1				
ice Insulation Co., Inc. City, State Colts Neck, New Jersey			H	auler ID N	Jo. c	Disposal D	3 late	Chrins City, State	e	1	ate	),,,		
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	I	NOTIFICATION	State of New Jen ON OF ASBESTO nt to NJAC 8:60 a	S ABAT	EMENT 20)		<u> 5 G</u>		1	y
Date of Notification (1)		Name	of Building Owne	r/Operato	or (2)		DEC	-	1 71	)14
Agencies Notified Type Notification			connie =	20011	M	1 20 201	520			21:1:
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DOL Amendme Emergency justification DCA Cancellati	y (including n)		of Contact	yc, 17	arbon, ju	Telephor	2 1 O∮ ne Mumbe	ir T	7	
Name of Facility Where Abatement is Tal	cina Place (3)	FAC	CILITY INFORMA	TION						
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County (6)	16-	0			Square Feet	# of Floor	-		Age	
Olan		County (STATE	Code (7) USE ONLY)		Current Use (	Prior if being der	nolished)	<i>\(\psi\)</i>		
Name of Monitoring Firm Hired by Building	g Owner (8)	ASC	M No.	Name	of Abatement (	Contractor (9)				
Street Address				Street	Address			-		
City, State, Zip Code	1				Montrose Ro	ad			_	
Project Manager for Monitoring Firm		Telepho	ne No		Neck, N.J.			aras		
Start Date (10)	ra				294-1757	0002	ise No. 29			
12/1/11	113/2	Completion	Date (11)	Name	of OSHA Monito	or				
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of Ab	atomont			Address					
Scope of Work (Check All That Apply)	to m			City, S	tate, Zip Code					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	The same of the sa	novation molition			Glovebag Pr	ment with Negati ire ocedure ed (*) and Non-F			ro.	
Location of	No	ocation mally	Des	scription		7 4114 110111	TIABLE   10	Abat	emen ype	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Maint Custod	Solely by enance/ lial Staff? 12)	Asbestos Cont (i.e. thermal surface	aining Ma	aterial (ACM) insulation, . or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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				200						
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City, State Colts Neck, New Jersey			Disposa ()		City, Star Easton			~		
Completed by Bree McGuire	Title Secreta	rv Treasur	Sig	nature 12	\ \		Date	720 8		$\dashv$

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Da, of Notification	November 26, 20	)14			Name of Buildin		erator (2) Waste & 1	Recycling	Inc. DEC	21	Sont	7,3	+
Agencies Notified  [ X ] EPA  [ ] DEP  [ X ] DOL	[ ] Ame	l Notific	tification		Street Address  City, State, Zip C		3ox 188		ASBESTO			OL &	
[x]DOH []DCA	[x] Emer		ncluding		Name of Contact		g Lake, N.		elephone Number	ZENO	ind		
	[ ] Cano	ellation	2 and 10 At N		Rich	ard Hyde			•				
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	There Abatement is Taking Residence	Place (3	)	2			Type of F	Facility (4)	School (k-12)	41	- I- 10\		
Street Address	112 13 <sup>th</sup> Avenue							[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			ial build	lings,
City		Count			County Code (7) (STATE USE ON	LY)		00 sf	# of Floors		g. Age	30	
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Name of Monitorin	g Firm Hired by Building N/A	Owner (8	3)		ASCM No.		f Abatement	Contractor	NOTE:	Inc.			
Street Address						Street A	.ddress	1889 R	oute 9, Unit 61				
City, State, Zip Coo						City, Sta	ate, Zip Code	:	liver, New Jerse	ev 08	755-1	271	
Project Manager fo				e Number		License N 00624	-						
Scheduled Start Da 11	te (10) /28/14		Scheduler 12/3		on Date (11)	Name of	f OSHA Mor		L. Analytical	75			
	Ouring Abatement (Check of Facility Closed/Vacated	During	) Entire Per	iod of Abar		Street A	ddress		elton Road				
[ ]	Abatement Performed ( Other – Describe	Outside o	of Normal	Facility Ho	urs	City, Sta	ate, Zip Code		way, New Jerse	y 088	54		
Scope of Work (Ch	eck all that apply)				i i	[ ]	2	ontainment Enclosure	with Negative Pres	sure			
[ x ]	>3 sf or ≥3 lf ≥160 sf or ≥260 lf		[ ] [x]	Renova Demoli		[ x ]	] Glovel	bag Procedu	re ) and Non-Friable F	rocedu	ıre		
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Asbestos-Contai <u>TO BE</u> in	cation of ning Material (ACM)  ABATED facility  (13)		Is Locati Formally Solely bettenance/C Staff (12)	used by	(i.	Description Shestos-Con Material (A e., thermal sulation, su VAT, o her miscell	ntaining ACM) systems orfacing, or		Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) November 26, 2014 Lynx Waste & Recycling, Inc. 201436 Agencies Notified Type of Notification Street Address [X] EPA Initial Notification P O Box 188 ASBESTOS CONTROL & ] DEP Amended Notification City, State, Zip Code LICENSING [x] DOL Amendment #\_ Spring Lake, NJ 07762 [x]Emergency (including X DOH justification) 1 DCA Name of Contact Telephone Number Cancellation Richard Hyde **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Subchapter 8 (other than k-12) Street Address 110 13th Avenue [x] Other (i.e., private & commercial buildings, homes, etc.) City County (6) County Code (7) # of Floors Square feet Bldg. Age (STATE USE ONLY) 3000 sf 80 Belmar Monmouth Current Use (Prior if being demolished) Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/28/14 12/3/14 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Scope of Work (Check all that apply) Full Containment with Negative Pressure [ ] Mini-Enclosure >3 sf or ≥3 lf Renovation [ ] Glovebag Procedure [x] ≥160 sf or ≥260 lf [x]Demolition [x]Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Description of R E Location of Asbestos-Containing Normally used Amount E E N N Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF C C P M TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) A A L in facility 0 Staff insulation, surfacing, P 0 (13)(12)٧ S U VAT, or S U other miscellaneous) A L R YES NO N/A L F E Exterior X Asbestos siding 3500 sf X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Guardian Contracting, Inc. 20223 T.R.R.F. City, State Disposal Date City, State Toms River, New Jersey 12/4/14 Tullytown Pennsylvania Completed by (Print or Type) Title Signature Date Nicholas Fernicola Project Manager 11/26/2014

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

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Project Manager for Mo	nitoring Firm		Те	lephone N	No.	100000000000000000000000000000000000000	one No		Licens 1200	e No.			
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Other – Describe:  e of Work (Check All That  \$3 sf or ≥3 if  ≥160 sf or ≥260 if  Location of sbestos-Containing Mate  TO BE ABATED in Facility  (13)	at Apply)	is Use Cusi	Benova Demoli Locati Normal ed Sole Intenatiodial S (12)	ation tion lion ly ly by nce/ staff?	Asbestos Conti (i.e. thermal surfac other m	cription of alining Matessystems in:	Full Containm Mini-Enclosus Glovebag Pro Non-Exempte	e cedure d (*) and Non-Friabl - Amount (Specify	e Pro	Abat Ty	emen ype	Enciosure
Other – Describe:  le of Work (Check All That  \$3 sf or ≥3 if  ≥160 sf or ≥260 if  Location of sbestos-Containing Mater  TO BE ABATED In Facility (13)	at Apply)	is Use Cusi	Benova Demoli Locati Normal ed Sole Intenatiodial S (12)	ation tion lion ly ly by nce/ staff?	Asbestos Conti (i.e. thermal surfac other m	scription of alning Mate systems ins ing, VAT, o iscellaneou	Full Containm Mini-Enclosus Glovebag Pro Non-Exempte	e ocedure d (*) and Non-Friabl - Amount (Specify SF or LF)	e Pro	Abat Ty	emen ype	Γ
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Other - Describe:  De of Work (Check All The  S of or ≥3 if ≥160 of or ≥260 if  Location of sbestos-Containing Mater  TO BE ABATED  In Facility  (13)  BUTSIDE  BUTS	at Apply)	is Use Cusi	Benova Demoli Local Normal d Sole intena todial S (12)	ation lion ly ly by nce/ Staff?	Asbestos Conti (I.e. thermal surfac other m	scription of alining Mate systems in: ing, VAT, or iscellaneous	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e ocedure d (*) and Non-Friabl  Amount (Specify SF or LF)	e Pro	Abat Ty	emen ype	Γ
Other - Describe:  pe of Work (Check All That  ≥3 sf or ≥3 if ≥160 sf or ≥260 if  Location of Asbestos-Containing Mater  TO BE ABATED  In Facility  (13)	at Apply)	is Use Cusi	Benova Demoli Local Normal do Sole Intena todial S (12)	ation lion ly ly by nce/ Staff?	Asbestos Conti	acciption of plaining Mates systems in: iscellaneous Siding.	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e ocedure d (*) and Non-Friabl - Amount (Specify SF or LF)	e Pro	Abat Ty	emen ype	Γ
Other - Describe:  pe of Work (Check All That ≥3 sf or ≥3 if ≥160 sf or ≥260 if  Location of asbestos-Containing Mater  In Facility  (13)  OUTSIDE  of Registered Waste Hau	at Apply)	is Use Cusi	Benova Demoli Local Normal dd Sole Intena todial S (12)	ation lion ly ly by nce/ Staff?	Asbestos Conti (I.e. thermal surface other m	ards	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte  rial (ACM) sulation, or us)  Name of F	e ocedure d (*) and Non-Friabl  Amount (Specify SF or LF)	e Pro	Abat Ty	emen ype	Γ
Other - Describe: De of Work (Check All That 23 sf or ≥3 if ≥160 sf or ≥260 if  Location of sbestos-Containing Material In Facility (13)  Outside  Of Registered Waste Haw Am Am Am Luc	at Apply)	is Use Cusi	Benova Demoli Local Normal dd Sole Intena todial S (12)	ation lion lion ly ly local staff?  N/A  DEP Wa	Asbestos Conti (I.e. thermal surface other m	ards	Full Containm Mini-Enclosus Glovebag Pro Non-Exempte  enal (ACM) sulation, or us)  Name of F	e ocedure d (*) and Non-Friabl  Amount (Specify SF or LF)	e Pro	Abat Ty	emen ype	Γ
Other - Describe:  le of Work (Check All That  3 sf or ≥3 if  ≥160 sf or ≥260 if  Location of sbestos-Containing Mater  TO BE ABATED In Facility (13)  DUFSIDE  Of Registered Waste Hau ate	at Apply)  stiel (ACM)	Is Use Ma Cus	Benova Demoli Local Normal dd Sole Intena todial S (12)	ation lion lion ly ly local staff?  N/A  DEP Wa	Asbestos Conti (I.e. thermal surface other m	ards	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte  rial (ACM) sulation, or us)  Name of F	e ocedure d (*) and Non-Friabl  Amount (Specify SF or LF)	e Pro	Abat Ty	emen ype	Γ
Control of the contr	at Apply)  stiel (ACM)	is Use Cusi	Benova Demoli Local Normal dd Sole Intena todial S (12)	ation lion lion ly ly local staff?  N/A  DEP Wa	Asbestos Conti (I.e. thermal surface other m	ards	Full Containm Mini-Enclosus Glovebag Pro Non-Exempte  enal (ACM) sulation, or us)  Name of F	e ocedure d (*) and Non-Friabl  Amount (Specify SF or LF)	Removal	Abat Ty	emen gpe Encapsulate	Enclosure

City, State Lincoln Park, NJ	6-1		+102			isposal Date /5/15	City, State Waynesbur	g, OH			100-42	
Name of Registered W Jupiter Environn		es Hai	DEP Vuler ID	Vaste No.	1.870	ubic Yards f Waste	Name of Regist					
Mechanical Room K	(-100	X			Pipe ii	nsulation		2	250 LF	X		
In Faci (13)		Yes	No	N/A			iscellaneous)		25015	A L	R	SSU
Location Asbestos – C Material ( TO BE Facility	ontaining ACM) · ATED	Norn		Jsed by e/Cus		Asbestos Mater (i.e., ther insulation, s	ription of  - Containing ial (ACM) mal systems surfacing, VAT, iiscellaneous)		Amount (Specify SF or LF)	1.846 1.859	P A	E E N N C C A L P C
Scope of Work (Check  [ ] Demolition [x] ≥3 sf or ≥3 lf [ ] ≥160 sf or ≥26				[]	Renov	ation	[x] Mini [x] Glov	Containment v – Enclosure rebag Procedu – Friable Proce	re	-6-		
[] Abatement Pe Desc [] Other – Desc	ribe: partially vaca	of Normal	riod o	of Abater ty Hours	ment –	City, State, Zip C	2333 Route 22 Code Union, NJ 070					-
12/26/2 Occupancy Status Dur	14 ing Abatement (C	12/3 heck only	31/1- one)	4		Street Address	J & S Environ		oratories	LL	2	
Project Manager for M John Lutz Scheduled Start Date			386	Number -8800 Date (11		Telephone Numi	973-709-0200		License No		r 085	52
3 Terri Lane City, State, Zip Code Burlington, NJ 0						City, State, Zip C	Lincoln Park, I	NJ 07035	90			
Name of Monitoring Fit Cardno A Street Address		ng Owner		SCM No 0098	).		nent Contractor (9) Jupiter Environ	mental Se	rvices, In	D		
City (5) Galloway		County (6 Atlanti				unty Code (7) FATE USE ONLY)	Square Feet 150000 Current Use (Price college	# of Floors 3 or if being dem	~60	g. Age		
Street Address 101 Vera King F	e – K Building		= (3)				[ ] School (	(K-12) oter 8 (Other the .e. private and etc.)			000.0	sagge
Name of Facility Where	. Ab store out is To	kias Dias	- /2\		FACILIT	Y INFORMATION	Type of Facility (	4)		8		
[X] DOH	Notification [] Cancellation	Na		Contact t Chitr			Te	elephone Numb				
[] DEP	Notification [] Amended	City		te, Zip C vay, N		05		ASE	LICENSIN		754	<u> </u>
Agencies Notified [ ] EPA	Type of Notificat  [X] Initial			<sup>ddress</sup> era Kir	ng Fei	rris Drive	P		, ,	LU 17	· Andrew Lab	
Date of Notification (1)	11/26/14					Operator (2) College of NJ			NEC 1	2014		

	NC			ASBESTOS AE AC 8:60-7 and 12:		11D)-LE			<u> </u>		
Date of Notification (1)			g Owner/C ghubar	Operator (2)			DEC 1	2014	#	16 1	]
Agencies Notified Type of Notification  [ ] EPA [X] Initial	Street A	Address	ster Pla				SESTOS CO	NTRO	)L 8		_
[ ] DEP Notification  [X] DOL  [X] DOH  [] Amended  Notification		ate, Zip C le Broc	ode ok, NJ (	)7663			LICENSII	43			
[] DCA [] Cancellation		of Contact nraj Ra	t ghubar	ns		Telephone Nur	nber				
Name of Facility Where Abatement is Takir	ng Place (3)		FACILITY	INFORMATION	Type of Facili	itv (4)					
Residence Street Address					School Subo	ool (K-12) chapter 8 (Other er (i.e. private an nes, etc.)	than K-12) d commercia	l buildi	ngs,	0 18	
81 Westminster Place  City (5)   C	ounty (6)		Cour	nty Code (7)	Square Feet	# of Floor	rs Blo	dg. Ag	е	<u>. ×</u>	
Saddle Brook B	ergen			TE USE ONLY)	No. 2010-10100-	(Prior if being der		3			
Name of Monitoring Firm Hired by Building n/a	Owner	ASCM No	D	Name of Abatem		<sup>(9)</sup> ronmental S	ervices Ir	nc.			
Street Address				Street Address	B Lynn Cour		0, 1,000, 11				ACT.
City, State, Zip Code				City, State, Zip C	ode	k, NJ 07035					
Project Manager for Monitoring Firm	Telephone	Number		Telephone Numb			License N		r 085	 52	
Scheduled Start Date (10) Sched. 12/6/14	Completion 12/15/1		)	Name of OSHA	Monitor	onmental La	boratories		7, 100	-	
Occupancy Status During Abatement (Che [X] Facility Closed/Vacated During Er [] Abatement Performed Outside of N	ntire Period	of Abater		Street Address	2333 Route	22W					
Describe:  Other – Describe: partially vacant	oman aci	ity i louis		City, State, Zip C	ode Union, NJ 0	7083					
Scope of Work (Check all that apply)		-			rı =	ull Containment	with Negative	Droco			
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		[]	Renovat	ion	[] M [] G	dir Containment Mini – Enclosure Blovebag Procedt Non – Friable Pro	ıre .	riess	uie		
	Is Loca Normally			Descr	ription of			Ab Ty		men	t
Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility	Solely Maintenan todial Sta	by ce/Cus		Asbestos Materi (i.e., them insulation, s	- Containing al (ACM) mal systems urfacing, VAT, iscellaneous)		Amount (Specify SF or LF)	R E M O	R E P A	N C A	N C L
(13)	Yes No	N/A		or other m	iscellaneous)			V A L	R	P S U	O S U
exterior		х	Shingle	siding			800 SF	х			
Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Hauler II	D No.		oic Yards Vaste 3	Name of Re	gistered Landfill Landfill					
City, State Lincoln Park, NJ	1 21102			posal Date /18/14	City, State Waynesh	oura. OH					
Completed By (Print or Type)	Title General	Manag		Signature	' C		Date 11/26	/14			
ASB-41 IUN 95					(4)			BI STATE			2011

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		NO		CATION	OF ASB	ESTOS	ABATE			E C		0 7	$\mathbb{V}$			
Date of Notification (1) 11/24/2014					Building tirling S			(2)	TIMI	n F	C	1 2	014			
Agencies Notified	Type Notification		- 5	Street Ac						— UE	<u>.</u>	1 /	1/14			T
DEP DOL	Initial Amended Amendmen	t#			te, Zip Co		7920		1 7	ASBES	TOS C	SON SINC	TRO 3	L&		Ţ
DOH DCA	Emergency justification Cancellation	)	1	Name of Wendi	Contact					Tele	phone I	Numb	er			
<u> </u>	Cariocidate				ITY INF	ORMATI	ION									
Name of Facility Where Lord Stirling School		ng Place (3)		17,010		O COLOR COLOR		-	of Facility (4							-
Street Address 99 Lord Stirling Ro	ad							S O	ubchapter ther (i.e. p tc.)				build	lings,	home	es,
City (5) Basking Ridge								Square 1700	Feet	# of 2	Floors			dg. A	ge	•
County (6) Somerset	-	<del>y</del>		County C	ode (7) ISE ONLY	)		Curren	t Use (Pric	r if beir	g demo	olishe	d)	****		
Name of Monitoring Firm RK Occupational &	Hired by Building Environmenta	Owner (8) I Analysis,	Inc.	ASCM 0090	No.				ement Con truction &			n, In	ic.			
Street Address 403 St. James Ave	nue		HAGE.	-			3500000000	Address Route	46 Suite	3D						
City, State, Zip Code Phillipsburg, NJ 08	865		•					State, Zip wa, NJ	Code 07512							
Project Manager for Mor Jon Gilbert	nitoring Firm			Telephon 908 45	ne No. 4 6316			none No 256 70			Licens 00666		8			
Start Date (10) 11/25/14		Scheduled 11/25/14		pletion [	)ate (11)				A Monitor truction &	Res	toratio	n, In	IC.	-		
Occupancy Status Durin	7.57			ent				Address Route	46 Suite	3D						
Abatement Perform Other – Describe:	ned Outside of Nor	mal Facility H					105.0	State, Zip wa, NJ	Code J 07512							
Scope of Work (Check A	II That Apply)		***				L			•			113 113		-tuonii	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Desiration of the last of th	novat molitic				Z X X	Mini Glov	Containme Enclosure ebag Proc Exempted	edure					e	
Location	o of	3186677	ocatio	2000	1	Do	scription							Abate Ty	ment	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) <u>ATED</u> ity	Main Custo	Solely tenan dial St (12)	ce/		tos Con thermal surfa	taining N	Aaterial ( s insulat T, or		(S	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
Ctair I	lall	Yes	No	N/A		D:		4:							ife	е
Stair H			Х				Insula				LF		X			
Boiler R	oom	X				Pipe	Insula	ition		3	LF	-  2	X			
Name of Registered Was	ste Hauler		N	IDEP Wa	aste	Cubic	Yards		Name of F	Peniste	ne I her	dfill				
Bako Construction 8		nc.	Ha	ouler ID N 889		of Wa			G.R.O.V			omi				
City, State Totowa, NJ				4		Dispo: 11/26	sal Date 5/14		City, State Morrisvi		١					-
Completed by Goran Kolic		Title	t Mar	naner		S	Signature		50-	S-1	2	Date	24/2	014		

11/24/2014 13	973	325673	144				BAKO CO	ONSTR	SUCTION	) E	S E		Vac	
			NO	TIFICA" (Pum	non of	of New Je ASBEST( LIAC 8:80	TABA SY	(20) (20)	7		EC	1 2	2014	
Date of Notification (1) 11/24/2014				Nan	ne of Bu	liding Own ng Schoo	MOperato	or (2)	<del></del>		क्रीत्रा	IV.	TPO	10
Agencies Nothies  EPA	Type Notificati	on		Sire	et Addre					Oncord		Tive in	110	
DEF DOL	Amended	wht #		City	Stale, Z	Zip Code Ridge, NJ			4-	To Vand	-		-	+
DCA DCA	Emergen justification Cancellat	(מנ	Sing	Nen	e of Cor	ntact			1112	Telepho	na 61:	-	<u> </u>	1-
Nama of Facility Where Lord Stirling Schoo	Abmement is Ta	hing Plac	<b>111</b> (3)	F	ACILITY	INFORM	TION	Турк	of Facility (		Alex - 200 - 1			اليو
Street Address							2		School (K-1	2)				
99 Lard Stirling Ros	ad	1						В	Other (i.e. p	8 (Other the dvale & com	n K-12) Ymercie(	buildir	igo, he	me
Pasking Ridge Jounly (8)								9qui 170	re Feet	s of Floor	ns.	Brd	Age	,
Somarset				Cour (\$74	ly Code IE USE o	(7) MLV)		Cum	oni Use (Prio	if being de	nollaher	1		_
ame of Monkoring Firm K Occupational &	Hired by Buildin Environment	Anel	(8) /8is.ir	AS 00	CM No.		Name	of Aba	Samen Con	rector (9)	-			
reat Address 03 St. James Aven				0,100	-		Street	Addres	45	Restorat	ion, In	C. :		
ly, State, Zip Code hillipsburg, NJ 088					-				46 Suite	3D		- [ ]	6	
ajed Manager for Monk		<u>.</u>		Talan	none No		Tolov	Na, N	J 07512					
on Gilbert art Date (10)		I Research	of-d A	908	454 63	18	973 2	66 70	010	009	84 No.			1
1/25/14 Supancy Status During	Abelem - JOh	1 11/2:	5/74	mpietko	n Date (	11)	Name o Bako	Cons	A Manitor fruction &	Restores	on lac			
Fedlin Classed Arange	nd Danier Cont	_		maint			Stroet A	dd/es	s 48 Suite 3		-17, 1110			_
Other - Describer: Tu	auday 1pm - 11p		lty Hou	75			City, Sta	ste, Zip	Code	- · · · · · · · · · · · · · · · · · · ·				
ope of Work (Check All	That Apply)				-		TOTOW	A, N.	07512					
23 of or 23 if 2160 at or 2260 if			Renov	idan ilon	,	4	K	Glove	Than Prome	l with Negati lure 1) and Non-F				
Location of			B Locat Nonna	ly	65					A SHIP IN IN IN	TREDIE P	Aba	temen	R
Asbance-Continent M	alerial (ACM)	M.	ed Sole aintena	ncm/	Asb	estos Conti	cription of pining Mar	toriot #	ACM)	Amount	-	T	уре	Г
in Facility (12)		Lus	focial 3 (12)	SIMIT?	(1,	a. thermal surfec	ing, VAT. Isosilanso	DE	on,	(Specify SF or LF)	Removal	Repair	Encap	Enco
Stair Hall		Yes	No	N/A		-14/gr (1)		vvis)			BAB	季	Encapandate	Endosure
Boiler Roor	n	×	×				nsulatio			3 LF	K	+-	-	
						Pipe	nsulatio	חו		3 LF	X			-
of Registered Waste F	au lax							-						
Construction & Re	storation, inc	i.	) Ke	DEP W	este Vo.	Cubic V		N	ame of Regi	stered Land	fili			
Statu NB. NJ		<del></del>	20	208		TBD	Date		.R.O.W.S	Inc.				
leted by		Tèle				11/28/1	4	M	lty. State Iorrisville,	PA				
, , while		Projec	t Man	ager		Sign	THU PHONE	2	200		1/24/2	D		$\dashv$
(A-08-08)				Alexander of the second						1	1/24/2	014		

						(0)			250	1	DIVIR	
Date of Notification (1) 11/26/14			11000	lame of Buil RTL Servi	ding Owner/C	perator (2)			DEC	1	2014	
Agencies Notified	Type Notification		S	Street Addres	Participation of the control of the	120		ASI	ESTO	s co	KTRO	)L {
EPA DEP	Initial Amended		1336	City, State, Z		120		1	LIC	ENSH	4G	
DOL	Amendment #			Kearny, N								
☑ DOH	Emergency (i justification)	ncluding	N	lame of Con	tact			Telephone	Number			
DCA	Cancellation			Jay Zimm	ern							
Name of Facility Where	Abstament is Taking	Dloop (2)		FACILITY	INFORMATI		ype of Facility (	(4)				
Building 99, Building		Place (3)					•					
Street Address	.g							r 8 (Other than I				
77 South Hackens	ack Avenue/AKA	14 Car	npus	Drive		×	Other (i.e. ) etc.)	private & comm	ercial bu	ildings,	, home	es,
City (5)						S	quare Feet	# of Floors		Bldg. A	Age	
Kearny				- 1			23,000	1		50+-		
County (6) Hudson				County Code STATE USE			urrent Use (Pri /acant	ior if being dem	olished)			
Name of Monitoring Firm N/A	Hired by Building C	wner (8)		ASCM No.			Abatement Co ark Contrac	95 50				
Street Address					2	Street Ad 27 Eds	dress sall Drive		5,650			
City, State, Zip Code						City, Stat	e, Zip Code	0		1881 - 48-4		
						200000000000000000000000000000000000000	x, NJ 07461					-
Project Manager for Mon	nitoring Firm		1	elephone N	0.	Telephon 973-86	e No. 64-2022	Licens 0113				
Start Date (10) 12/09/14		Schedule 12/16/1		pletion Date	(11)	Name of Ameris	OSHA Monitor Sci					
Occupancy Status Durin	ng Abatement (Check	Only One	e)			Street Ad	dress					
	ated During Entire P			ent			ast 30th Stre	eet				
Abatement Perform Other – Describe:	ned Outside of Norm	al Facility	Hours				e, Zip Code	010				
Scope of Work (Check A	All That Apply)					New 1	ork, NY 100	710				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti	377.51		XXXX	Mini-Enclosur Glovebag Pro				ге	
		ls	Locatio	on						Abat	ement	t
Locatio Asbestos-Containing		Used	lormally d Solel	y by	De Asbestos Con	scription of		Amount	-	T	уре	
TO BE AE In Faci (13)	SATED lity	5 To 10 To 1	ntenan odial S (12)	ice/	(i.e. thermal surfa		nsulation, or	(Specify SF or LF)	Kemova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							fe	
Building 99-wareh	ouse bathroom		х		floor ti	les & ma	stic	160 S.F.	x			
Building 9	99-roof		х		f	lashing		700 S.F.	x			
Building 99 r	north side		х		pipe	insulatio	n	45 L.F.	x			
Building 130	upper floor		х		fle	oor tiles		3,200 S.F	. х			
Name of Registered Wa	ste Hauler			JDEP Waste	35000000	Yards	Name of	Registered Lar	ndfill			-
Pro-Tech			100000	auler ID No. 90713	of Wa	ste 40	G.R.O	).W.S.				
City, State						sal Date	City, Sta	ite	-			
27/20					on co	ompletion	Morris	ville, PA				
New Haven, CT												

Date of Notification (1)				T	Name	of Buildi	ng Owner/Operato	r (2)	DEC 1 20	)14	111	1	-	
November 24, 20	14				New	ark Bo	ard of Educat	ion	1 20	<sup>/14</sup>   L				
Agency Notified	Type	Notification			Street	Address			Service was a service of service of			Ť		_
□ EPA	⊠ Init	al			2 Ce	dar Str	eet	ASE	ESTOS CONT	ROL&				
Not equired per State Reg. 10-2004	□ Am	201 (V. 10)		Ī	City, S	State, Zip	Code		LICENSING			i		
☑ DOL	The same of the same	endment #			New	ark, NJ	07112							
⊠ DOH		ergency (including tification)	g	1	Name	of Conta	ct		Telephone N	umber				
□ DCA		ncellation			Benj	amin C	Dlagadeya							
			W-1557-0-		FACI	ILITY INF	ORMATION		1					
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Street Address	ingii (	2011001		-	/# = 1 / B			School (K-12     Subchapter 8		1.2)				
The state of the s	44							Other (i.e. pr	ivate & commercial		gs,			
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City (5)								Square Feet	# of Floors	Bldg.	Age			
Newark, NJ 07102	2													
County (6)					County ONLY)		) (STATE USE	Current Use (Pr	lor if being dem	olished)				
Essex					ONLI			Education						
Name of Monitoring Firm				ASCM	No.		Name of Abater	nent Contractor (9	))					
TI Environmenta	ıl, Inco	rporated		0000	3		B&N&K Res	storation Co.,	Inc.					
Street Address	W		-				Street Address							_
1253 North Churc	h Stree	et					223 Randol	ph Avenue						
City, State, Zip Code							City, State, Zip (	Code						
Moorestown, NJ 0	8057-1	136					Clifton, NJ	07011	85					
Project Manager for Mor	nitoring F	irm	Te	lepho	ne No.		Telephone No.		License No.		-			
Jim Guilardi			8	56-84	10-880	00	973-478-468	31	00120					
Start Date (10)		Scheduled Con	npleti	on Da	te (11)		Name of OSHA	Monitor						
November 26, 201	4	November	30,	2014			McCabe En	vironmental S	Services, L.L	C.				
Occupancy Status Durin	g Abater	nent (Check only	one)		3 TO 10 TO 1		Street Address		Let Let Let				- 20.	-
☑ Facility Closed/Vacate	od Durine	Entire Period of	A hat	omont			464 Valley E	Brook Avenue						
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☐ Other - Describe:			500 XXXXX				Lyndhurst,	NJ 07071-199	8					
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$\square \ge 3$ sf or $\ge 3$ If					⊠ Ren	ovation	☐ Full	Containment with Enclosure	Negative Pressi	ure				
≥ 160 sf or ≥ 260 lf					☐ Dem	olition	☐ Glov	ebag Procedure						
							⊠ Non-	Exempted (*) and	Non-Friable Pro	ocedure				
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Tri-State Transfer	Assoc	iates, Inc.	12	095	2A4	56	6	Minerva En	terprises, In	ic.		3		
City, State							Disposal Date	City, State						
Clifton, NJ 07011 /	Bronx	, NY					11/28/2014 - 12/05/14	Waynesbur	rg, OH					
Completed by		Title					Signature	21/		Date				
G. Roger Woodma	ın	Safety Office	er				111			11/24	/20	14		

Safety Officer

ASB-41

11/24/2014

page 1 11/24/2814 13:32 9734785883 B&N&K RESTORATION CÓ PAGE 02/83 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12-120) Date of Notification (1) Name of Building Owner/Operator (2) November 24, 2014 Newark Board of Education Agency Notfied Type Notification Street Address 2 Cedar Street O EPA @ Inklat DO DOL (記名 単年世界の対対の対対 Amended City, State, Zie Code Amendment # Newark, NJ 07112 ☐ Emergency (including DOH Name of Contact ustification) Telephone Number D DCA ☐ Cancellation Benjamin Olagadaya FACILITY INFORMATION Name of Facility Where Abatement is Talling Place (3) Type of Pacifity (4) American History High School 園 School (K-12) Street Address Subchapter 8 (Other than K-1 2) 74 Montgomery Street Other (i.e. private & commercial (iii) homas, etc.) City (8) Square Foat # of Floors Age Newark, NJ 07102 County (6) County Code (7) (STATE USE Current Use (Prior If being demolts ad) ONLY) Essex Education Name of Monkoring Firm Hired by Building Owner ASCM No. Name of Abstement Contractor (9) TI Environmental, Incorporated 00003 B&N&K Restoration Co., Inc. Street Address Street Address 1253 North Church Street 223 Randolph Avenue City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057-1136 Clifton, NJ 07011 Project Manager for Monitoring Firm Telephone No. Telephone No. License Na. Jim Guilardi 856-840-B800 973-478-4681 00120 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor November 26, 2014 November 30, 2014 McCabe Environmental Services, L.L.C. Occupancy Status During Abatement (Check only one) Street Address 即 Pacifity Closed/Vacated During Entire Period of Abelement 464 Valley Brook Avenue ☐ Abstement Performed Outside of Normal Facility Hours
☐ Other - Describe; City, State, Zip Code Lyndhurat, NJ 07071-1998 Scope of Work (Check all that apply) ☐ Full Containment with Megative Pressure ☐ Mini-Enclosure ☐ Glovebag Fracedure ☐ Non-Exampted (\*) and Non-Friable Pracedure Renovation ☐ Damailting la Location Abatement Mormally Type Location of Asbestas-Conteining Material (ACM) Used Solely by Description of Asbestos Containing Material (ACM) Maintenance/ Amount TO BE ABATED Encapsula (i.e., trermal systems insulation, Custodial (Specify IN Facilib Staff? surfacing, VAT, or SF or LF) (13) (12) other miscellaneous) **Room 213** VAT & Mantic 1000 sa (1) Name of Registered Weste Hauter NUDEP Waste Haulet Cubic Yards of Name of Reptstered Landfill BANAK Restoration Co., Inc., ID NA 12695 / 24456 Tri-State Transfer Associates, Inc. Minerva Enterprises, Inc. City, State Disposal Date City, State Clifton, NJ 07011 / Bronx, NY 17/20/2014 - 12/06/14 Waynesburg, OH Completed by Tirle Signature G. Roger Woodman

Do not use this form for aspostos licensura exempted activities.

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Date of Notification (1)			4/		Nam	ne of Build	ing Owner/Operato	or (2)	DEC 1 20		U	1		
November 25, 201	14				Da	niel P. S	Simpson as Gu	uardian for G	eneva Parke	r				
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□ EPA	☑ Initial				150	Glenn	wood Rd.	ASB	ESTOS CONTR	30L&				
Not required per State Reg. 10-2004	☐ Amen				City	State, Zip	Code		LICENSING			_		
<b>⊠</b> DOL		dment # jency (inclu	ıdina		En	gelwood	d, NJ 07631							
<b>⊠</b> DOH	justifi	cation)	ading			e of Conta			Telephone N	umber				
□ DCA	☐ Cance	llation			Dai	niel P. S	Simpson							
					FA	CILITY IN	FORMATION							
Name of Facility Where	Abatement	is Taking F	Place (	3)				Type of Facilit	y (4)			1000	-	
N/A								☐ School (K-1	2)					
Street Address								☐ Subchapter	8 (Other than K-1	2)				
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City (5)				-		-		homes, etc.	# of Floors	Bldg	An	Θ.		
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Project Manager for Mon				Telepho	one No		Telephone No.	7011	Lisana Na			_		-
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Date of Notification (1)			· 	Name of	Building Owne	er/Operat	or (2)	11	MIG	FC D	1	701		<u> </u>
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Berkeley Seafood								School (K-1	•					
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County (6) Ocean				County C	ode (7) SE ONLY)			urrent Use (Pric Lestaurant	or if being dem	nolished	)			
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Street Address						75.12.00		dress oute 23	W (		0			
City, State, Zip Code					-	50 0.27		e, Zip Code , NJ 07470						
Project Manager for Mo	onitoring Firm			Telephor	e No.	74508-001659	phon 3-62	e No. 8-9200	Licen 0040	se No. )8				
Start Date (10) 11/26/14		Scheduled 12/01/14		pletion E	Date (11)			OSHA Monitor Vision Consu	ultants, Inc.					
Occupancy Status Duri	ng Abatement (Chec	k Only One	:)			7.00		dress	. 5					
Abatement Perform	cated During Entire med Outside of Norn Hours: Mon - Fri - 7	nal Facility I	Hours			City	State	Vagaraw Ro		34A				
Scope of Work (Check		,00 d.iii. 0	.00 р.:		7	Fa	ir La	wn, NJ 0741	0					
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City, State Wayne, New Jerse			3   17	010	2.00	sposal Da	ite	City, State	e ille, Pennsy	/Ivania				The same
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Date of Notification (1) 11/25/14					Building O Triolo, F		erator	(2)		DEC	1 201	4	U	
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Street Address								Address Gate Di	rive, PO E	3ox 483				
City, State, Zip Code	1.							tate, Zip wood,	Code NJ 0741	8				
Project Manager for Monitor	oring Firm			Telephor	ne No.			none No. 583-85		Licens 703	e No.		10	
Start Date (10) 12/9/14		Schedule	ed Con	npletion [	Date (11)		Name	of OSHA	A Monitor			<u> </u>		
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City, State Freehold, NJ						Disposa	al Date		City, State					
Completed by A. Scott Higgins		Title Presi	dent	·		Si	gnature	D		_	Date 11/25	5/14		

Print Form

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Date of Notification (1) 11/25/14			Name of Building Owner/Operator (2)  Jose Agosto  DEC 1 2014														
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City, State, Zip Code						State, Zip Code Iwood, NJ 0											
Project Manager for Mo	nitoring Firm		Telep	hone No.	D 2501153035	hone No. 583-8500		Licens 703	e No.								
Start Date (10) 12/4/14		Scheduled 1/4/15	Completic	Completion Date (11) Name of OSHA Monitor													
Occupancy Status Durin	ng Abatement	(Check Only One	)		Street	Address											
Facility Closed/Val Abatement Perforr X Other – Describe:	ned Outside of																
Scope of Work (Check	All That Apply)	The second															
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City, State Freehold, NJ		-100-100-1-100-1			Disposal Date	e City,	State				are  Abatement Type  Repair  Repair						
Completed by A. Scott Higgins		Title Presid	lent		Signatur	· A			Date 11/25	5/14							
Jook i nggino		1 10310				w				ssure  Procedure Abatement Type Repair  Removal							

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

#### NOTIFICATION OF ASBESTOS ABATEMENT

	(Pursu	ant to NJAC 8:60	and 12:12	20)	NECI	E 11 '	W E	-	7			
Date of Notification (1) November 24, 20	014	Name of Buildin	g Owner/Ope Del C	100	1 2	56	9,	8				
[ ] DEP	l Notification nded Notification	Street Address  City, State, Zip C		ollmore Avenue	ASBESTO	1 2	014		4			
[x] DOH [x] Emer	ndment # gency (including ication)		Waret	own, NJ 08758	LICE	ENSING	HOLE	×				
DCA	ellation	Name of Contact	elPrete	T	elephone Number							
		ACILITY INFOR	MATION	8 3								
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility (4)	School (k-12)		75					
Street Address 110 Whippany Ro	ad	*		[ ] [x]	Subchapter 8 (oth Other (i.e., privat			ouildi	ngs,			
City	County (6)	County Code (7) (STATE USE ON	LY)	Square feet 2000 sf	00 sf 2 60 Use (Prior if being demolished) Residence							
Waretown	Ocean	(0.11.12.002.01.1	/	Current Use (Prior if	being demolished)	1	00	<del>XXXXXX</del>				
Name of Monitoring Firm Hired by Building $N/A$	Owner (8)	ASCM No.	ASCM No. Name of Abatement Contractor (9)  Guardian Contracting, Inc.  Street Address									
Street Address				1889 R	oute 9, Unit 61							
City, State, Zip Code Project Manager for Monitoring Firm	Talankana Numb		300		iver, New Jerse		5-127	1				
Scheduled Start Date (10)	Scheduled Compl		732-34	ne Number 19-9932 OSHA Monitor	License N 00624	umber						
11/25/14	11/26/14	etion Bate (11)	I value of		Analytical							
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Exterior	X	Asbestos sid	ing		2400 sf	X						
						-	+	-				
			A									
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haul 20223	3	Yards of Was	T.R.R.F.	red Landfill							
City, State Toms River, New Jersey	11/	posal Date /28/14	City, St Tullyt	<sup>ate</sup> own, Pehnsylvania	,							
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	ich	1-1	*	Date 11/24	/2014					

<sup>\*</sup>Do not use this form for asbestos licensure exempted activities.

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				(Pursuan	t to NJA	.C 8:60 a	and 12:12	20)		In	) E	C	E	$\mathbb{V}$	E	M		
Date of Notification (1)		*			Name of	Building (	Owner/Oper	rator (2)	_	112	<				7			
	November 24, 20	14					Sally I	Rooney				DES	57	201		U		
Agencies Notified  [ X ] EPA  [ DEP	1	tion I Notificat nded Noti			Street Ad	ldress	22 Pla	za Roa	d	1		ESTO						
[x] DOL	Amer	ndment #_			City, Stat	te, Zip Coo		ers, NJ	07836		AOD	LIC	ENS	NG				
[X] DOH [] DCA	justif	gency (in ication)	cluding		Name of	Contact				Telep	ohone Nu	mber		-	-			
	[ ] Canc	ellation				Sally I	Rooney											
				FAC	ILITY II	NFORM	ATION			J1900					54	102		
Name of Facility When	e Abatement is Taking Residence	Place (3)						Туре о	f Facility (	S	chool (k-1							
Street Address	108 West Sandpip	or Way							[ x		ubchapter ther (i.e.,	CONTRACTOR OF THE		1.50-1.00-50	al build	lings,		
City	108 West Sandpip		(6)		0	1. (7)				ho	omes, etc.	)						
		County	(6)		County Co (STATE U		Y)		000 sf		# of Floor 1		Bldg.		0	ŭ,		
Toms Riv	ver Twp.	Ocean	1					Curren	t Use (Pri	or if bei dence		ished)						
Name of Monitoring Fi	irm Hired by Building ( N/A	Owner (8)			ASCM No	).	Name of	Abateme	nt Contrac	tor (9)	Contrac	tina I						
Street Address	IVA						Street Ac	ldress		510214	an overseason		nc.					
City, State, Zip Code							City, Sta	te, Zip Co		Rout	e 9, Un	it 61						
Project Manager for M	onitoring Firm	Т	Telephone	Number			Telephor	e Numbe		s Rive	er, New	Jerse nse Nu		55-12	271			
T	277.5				D		732-34	9-9932			006							
Scheduled Start Date (1 11/25	5/14		11/26		on Date (11	1)	Name of	OSHA N		.S.L. 2	Analytic	al						
Occupancy Status Duri	ing Abatement (Check of Facility Closed/Vacated		Entire Peri	od of Abat	ement		Street Ac	ldress	1056	Stelt	on Road							
[ ]	Abatement Performed						City, Sta	te, Zip Co			OII ICOU							
L J	Other - Describe									atawa	y, New .	Jersey	0885	54				
Scope of Work (Check	all that apply)					2	- [ ]		Containm		h Negativ	e Press	ure					
[]	>3 sf or ≥3 lf		[ ]	Renovat	tion		[ ]		i-Enclosus vebag Prod									
[x]	≥160 sf or ≥260 lf		[ x ]	Demolit	tion		[ x ]	Non	-Exempte	d (*) an	d Non-Fr	iable Pi	rocedur	e				
					0.85								Abate	ment 7	Гуре			
Locati	on of	•	Is Location				Description of the Description o				Amou	nt	R E	R E	E N	E		
Asbestos-Containin			Solely b	у		N	Material (A	CM)			(Specify	100	M	P	С	N C		
TO BE A in fac		Maint	enance/C Staff	ustodial	-		, thermal lation, su				or LF	)	0	A I	A P	LO		
(13			(12)			11130	VAT, o						V	R	S	S		
		YES	NO	N/A	34	oth	er miscell	aneous)					A L		S S U U L R			
Exterior		125	X	17/72	Achec	tos sidin	or.			-	600 sf		X		Е	E		
Exterior			A	-	Asocs	tos sidii	g			+	300 51		^					
Nome of Dariet 1 1	este Haul-		IDED III	17	ID N':	Out is at	uda cETT	. 137			Louden							
	Contracting, Inc.	l N		te Hauler 20223		Cubic Ya	rds of Was		me of Reg T.R.R.F		Landill			1)				
City, State Toms Riv	er, New Jersey			Dispos 11/28	al Date 3/14		City, St. Tullyt	own, Pe	an ylva	nia								
Completed by (Print or Nicholas I	Type)	Title Projec	et Manag		Signatu	10	1/10	V		1			Date 11/2	4/14				
					ı for asbe	stos licer	sure exen	pted ac	tivities.	/		11/24/14						

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) November 25, 2014 Schweitzer-Mauduit Agencies Notified Type of Notification Street Address [X] EPA [x] Initial Notification 85 Main Street DEP Amended Notification ASBESTOS CONTROL & City, State, Zip Code Amendment #\_ X DOL LICENSING Spotswood, New Jersey 08884-0401 Emergency (including justification) [x] DOH Name of Contact Telephone Number Cancellation ] DCA Hal Bernstein FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Schweitzer-Mauduit-Power House School (k-12) Subchapter 8 (other than k-12) Street Address [x] Other (i.e., private & commercial buildings, 85 Main Street homes, etc.) City County (6) County Code (7) Square feet # of Floors Bldg. Age (STATE USE ONLY) 20,000 sf 2 80 Spotswood Middlesex Current Use (Prior if being demolished) Power House Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Guardian Contracting, Inc. Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, NJ 08755 Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Nicholas Fernicola 732-349-9932 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/10/14 12/19/14 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code [x] Other - Describe\_area we are working in is closed Piscataway, New Jersey 08854 Scope of Work (Check all that apply) Full Containment with Negative Pressure [x]Mini-Enclosure [x]>3 sf or ≥3 lf [x] Renovation ] Glovebag Procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Description of E E R Location of Normally used Asbestos-Containing Amount E E N N Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF P C C M TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) L A in facility 0 Staff insulation, surfacing, P 0 (13)(12)V VAT, or R S S other miscellaneous) U U A R L YES NO N/A L E Main floor -X Tank insulation 150 sf X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Guardian Contracting, Inc. 20223 6 T.R.R.F. City, State Disposal Date City, State Toms River, New Jersey 12/22/14-Tullytown, Pennsylvania Completed by (Print or Type) Title Signature Date Nicholas Fernicola Project Manager 11/25/2014

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

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

							9 E		$\mathbb{V}$	SIF				
Date of Notification (1)  Novemb	per 25, 2014		Name of Buildi		erator (2) ntis Contracting, LI	AKI I	٠) ،	くつ	01	711				
Agencies Notified	of Notification  Initial Notif  Amended N	otification	Street Address	313 F	Halyard Road	JU U DE		1/2	WAY TEN					
[x] DOL [x]		(including	City, State, Zip		y Beach, NJ 08751	ASBE		NSIN(		či				
[ ] DCA [ ]	justification  Cancellation		Name of Contac Fra	nk Disantis		Telephone Number								
			FACILITY INFOR	RMATION		· · · · · · · · · · · · · · · · · · ·			-					
Name of Facility Where Abatemen Residence		(3)			Type of Facility (4)	School (k-12)								
Street Address 240 Bay I	Beach Way				[ ] [x]	Subchapter 8 (of Other (i.e., priva homes, etc.)				dings,				
City	Cou	nty (6)	County Code (7) (STATE USE O	VLY)	Square feet 800 sf	# of Floors	Bld	g. Age	50					
Lavallette	Oce	ean			Current Use (Prior if Resider		)		30					
Name of Monitoring Firm Hired by N/A	y Building Owner	(8)	ASCM No.	Name of	f Abatement Contractor	(9)	Inc							
Street Address				Street A	ddress	an Contracting,								
City, State, Zip Code				City, Sta	ate, Zip Code	oute 9, Unit 61			0.7.					
Project Manager for Monitoring Fit	rm	Telephone Nur	mber	900000000000000000000000000000000000000	ne Number	License N			271					
Scheduled Start Date (10)	ect Manager for Monitoring Firm  Telephone Nu				732-349-9932 00624  on Date (11) Name of OSHA Monitor  E.M.S.L. Analytical									
[X] Facility Clos	sed/Vacated Durin Performed Outside	g Entire Period of		City, Sta	1056 St	telton Road way, New Jerse	ey 088	354		-				
Scope of Work (Check all that appl $\begin{bmatrix} & & \\ & & \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ l}$ $\begin{bmatrix} & X & \end{bmatrix} \qquad \ge 160 \text{ sf or } $	f		enovation emolition	[ ] [ ] [ x ]	Full Containment Mini-Enclosure Glovebag Procedu Non-Exempted (*)			ıre						
							Abat	tement	Туре					
Location of Asbestos-Containing Material TO BE ABATED in facility (13)	Asbestos-Containing Material (ACM)  TO BE ABATED in facility  Solely by Maintenance/Custom Staff				insulation, surfacing, VAT, or other miscellaneous)  O I P V R S U									
Exterior	Asbestos sid	ing		700 sf	X		Е	Е						
2														
Name of Registered Waste Hauler Guardian Contraction		NJDEP Waste Ha		Yards of Wast	te Name of Register T.R.R.F.	ed Landfill								
City, State Toms River, New J		D	bisposal Date   28/14	City, Sta										
Completed by (Print or Type) Nicholas Fernicola	Title	ect Manager	Signature	doct	wii, reinisylvania		Date 11/2	25/201	4					
	*	Do not use this	form for asbestos lic	ensure exem	pted activities.									

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

	(Pursu	ant to NJAC 8:60	and 12:120	))	7 6 6	[ ] \		1		
Date of Notification (1)  November 25, 20	014	Name of Building	[2] [2] [1] [1] [4] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	tor (2) Pierson	D) 3+0	570	014	旭		
[ ] DEP [ ] Ame [x ] DOL Ame [x ] DOH [x ] Eme [ ] DCA justii	ation al Notification ended Notification endment #  rgency (including fication) cellation	Street Address  City, State, Zip Co  Name of Contact  Jenni	ode	hington Street nk, NJ 07701	ASREST L	TOS CON ICENSIN	TROL 8			
	FA	CILITY INFORM	MATION			-				
Name of Facility Where Abatement is Taking Residence Street Address				Type of Facility (4)  [ ]  [ ]  [ x ]	School (k-12) Subchapter 8 (oth Other (i.e., privat			dings		
47 Washington St					homes, etc.)			uings,		
City  Red Bank	County (6)  Monmouth	County Code (7) (STATE USE ONL	.Y)	Square feet 2000 sf Current Use (Prior if Residen			e 100			
Name of Monitoring Firm Hired by Building Guardian Contrac		ASCM No.	Name of A	batement Contractor (		Inc				
Street Address 1889 Rte. 9, Unit			Street Add	ress	oute 9, Unit 61	me.				
City, State, Zip Code			City, State,	Zip Code		424.000000	-200200044			
Toms River, NJ 0 Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Numbe 732-349-9932		Telephone 732-349-	Number	License N 00624		1271			
Scheduled Start Date (10) 11/26/14	Scheduled Comple 11/28/14	etion Date (11)	Name of O	SHA Monitor	. Analytical					
	d During Entire Period of Ab Outside of Normal Facility F	vation	Street Address  1056 Stelton Road  City, State, Zip Code Piscataway, New Jersey 08854  [ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ x ] Glovebag Procedure							
						Abatemen	t Type	_		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A	l (i.e	Description bestos-Conta Material (AC c., thermal sy ulation, surfa VAT, or ner miscellan	uining M) stems acing,	Amount (Specify SF or LF)	R R E E M P A O I V R A L	E N C A P S U L	E N C L O S U R E		
Basement	X	Asbestos pipe	Asbestos pipe insulation 100 lf X							
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey	1 3 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	osal Date	City, State	Name of Registere T.R.R.F.						
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	Tull or by	vp, Pennsylvania	)	Date 11/25/2	014			
	*Do not use this for	m for asbestos licer		ed activities.		11/23/20				

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

Date of Notification (1)				Name	of Building	Owner/Opera	tor (2		(i)			1	
11/26	. / _	14		RO	WAN UN	VERSITY			∐¦ DEC	1	2014		U
Agencies Notified Type   ☐ EPA ☐ Init	Notifica tial	tion		100000000000000000000000000000000000000	Address MULLIC	A HILL ROAI	D	The state of the s		more more garage and			
	nended				State, Zip C				ASBEST	<del>OS COI</del> CENSIN		- G	
	nendme	7.7	J:	-0.5		O, NJ 08028		L	LIC	DEN 211	G		
	nergeno stificatio	y (includ n)	aing	Name	of Contac			13	Telephone Nu	mber			
	ncellati			BL	ASÉ IACO	ONELLI				5			
				FA	CILITY IN	FORMATION	1						
Name of Facility Where Abatem	ent is T	aking Pl	ace (3)					Type of Facility (4)		911111111111111111111111111111111111111			
CAMDEN- BLOCK 189 (V	ACAN	T TOW	NHON	IES)				School (K-12)					
Street Address 510- 518 BENSON STREE	T & 4	02 - 420	0 S. 5 <sup>T</sup>	H STRE	ET (EVEN	NUMBERE	D)	☐ Subchapter 8 ( ☑ Other (i.e., priv homes, etc.)			uilding	s,	
City (5)								Square Feet	# of Floors	В	ldg. Ag	e	
CAMDEN				į.				1,200 SF	3	2	60+		
County (6)				Cou	nty Code (7	)(STATE USE ON	ILY)	Current Use (Prior		olished)			
Name of Monitoring Firm Hired	oy Build	ing Owr	ner (8)	ASCM	No.	Name of Aba	teme	ent Contractor (9)					-
TTI ENVIRONMENTAL CO		J				Company of the Company		ENVIRONMENTA	\L				
Street Address				4		Street Addres	ss						
1253 N. CHURCH STREE	Т					923 HAW	S A	VENUE					
City, State, Zip Code						City, State, Z	ip Co	ode					
MOORESTOWN, NJ 0805	7					NORRIST	OW	N, PA 19401					
Project Manager for Monitoring	Firm		T	elephone	No.	Telephone N	0.		License No.				
JIM GUILAREI					10-8800	610-662-4			00398				
Start Date (10)12 /3 /14				pletion Da 28 /	C. L. C.	Name of OSI PLYMOU		Ionitor ENVIRONMENT	AL				
Occupancy Status During Abate	ment (0	Check or	nly one	)		Street Addres	ss	11 A A 11 A 11		100			-
☐ Facility Closed/Vacated Duri						923 HAW	SA	VENUE .	0				
Abatement Performed Outsic						City, State, Z NORRIST		ode N, PA 19041					
Scope of Work (Check all that a	pply)		~~~	157								77 -	
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		_	Renov Demo	State Control of the		☐ Mini ☐ Glov	-Enc	tainment with Nega llosure g Procedure mpted (*) and Non-					
			Is Lo	cation				,,,p.e.c ( ) and i tem			batem	ent Ty	vpe
Location of Asbestos-Containing Materia TO BE ABATED IN Facility	al (ACM	'	Used S Mainte Custod	mally Solely by enance/ ial Staff? 12)		Descript estos Containin e., thermal syste surfacing,	g Ma ems VAT	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Y		No N/A	4	other misce	llane	ous)				ate	
SEE ATTACHED			] [										
			] [										
		Г	7   [	П						TF		П	П
Name of Registered Waste Hau	ler		_   _	NJDEP	Waste	Cubic Yards	of	Name of Registe	ered Landfill				
SERVICE TRANSPORT O		•		Hauler		Waste		MINERVA L					
City, State						Disposal Dat	е	City, State					
58 PYLES LANE, NEW C	ASTL	E, DE 1	9720			1/28/15		WAYNESBU	IRG, OH				
Completed By (Print or Type)		Title				Signatu	re <sub>7</sub>			Date			
RUSSELL KING		PM				10 11 11 11 11 11 11 11 11 11 11 11 11 1							

ASB-41 JAN 13

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Continued				
Used by Maint. (12)	Description of material	Location of material (13)	Quantity of ACM	Abatement Type
N/A- VACANT	BUILT-UP ROOFING	ROOFS- 510, 512, 514, 518 BENSON STREET & 402, 404, 406, 408, 410, 412, 414, 416 S.	-	Removal
N/A- VACANT	ROOF FLASHING/ MASTIC	STH STREET	/,/85.5F	Removal
N/A- VACANT	CHIMNEY MASTIC	512, 514, 518 BENSON STREET & 404, 410, 412, 418, 420 S. 5TH STREET	270 SF	Removal
N/A- VACANT	SEAM MASTIC	518 BENSON STREET	25 SF	Removal
N/A- VACANT	WALL MASTIC	518 BENSON STREET	25 SF	Removal
N/A- VACANT	EXT. WINDOW/ DOOR CAULKING	510, 516, 518 BENSON STREET & 406, 414 S. 5TH STREET	1,569 LF	Removal
N/A- VACANT	WINDOW CAULKING GLAZING PUTTY	418 S. 5TH STREET	500 LF	Removal
N/A- VACANT	VAT/ FLOOR COVERING	510, 514, 516, 518 BENSON STREET & 404, 406, 408, 410, 412, 414, 418 S. 5TH STREET	3,240 SF	Removal
N/A- VACANT	FLOORING FELT/ MASTIC	418 S. 5TH STREET	110 SF	Removal
N/A- VACANT	PAPER ON METAL DUCTS	516 BENSON STREET & 406, 408, 410, 412, 416, 418 S. 5TH STREET	1,795 SF	Removal
N/A- VACANT	PIPE INSULATION (CUT/WRAP)	514 BENSON STREET	130 LF	Removal
N/A- VACANT	PANELING GLUE	512 BENSON STREET & 408 S. 5TH STREET	1,550 SF	Removal
N/A- VACANT	EXTERIOR ASPHALT SIDING	404 S. 5TH STREET	500 SF	Removal
N/A- VACANT	FLUE PACKING (BOILER)	408 S. 5TH STREET	4 SF	Removal
N/A- VACANT	TRANSITE PANEL (ABOVR BOILER)	418 S. 5TH STREET	25 SF	Removal

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

				(Pui	suani	to NJA	C 6:60 and 5:10	")	111-17				
Date of Notification (1)	26 /	14					Owner/Operator (2 Iniversity	2)	加山	DEC	1	2014	1
Agencies Notified T	ype Notifica	ation		-	Street	Address			111111				
	nitial				400	Cedar A	venue		5AS	DESTO	300	thi R	\$ TE
	Amended			-	City, St	ate, Zip C	ode		103	W WC	NSI	ر طال	
□ DHSS     □	Amendme		-r:		Wes	t Long E	Branch, NJ 0776	4					
□ DCA	☐ Emergen justification		aing	1	Name	of Contact			Telephone Nu	mber			
	☐ Cancellat				Rob	ert Corn	ero		2.				
					FAC	ILITY IN	FORMATION						
Name of Facility Where Ab	atement is 1	Taking P	lace (	3)				Type of Facility (		03010-2			
Monmouth University	y, Birch H	all						<ul><li>☐ School (K-12)</li><li>☑ Subchapter 8</li></ul>		12)			
Street Address								Other (i.e., pr	ivate and comm	nercial bu	ilding	s,	
400 Cedar Avenue	9	- 83			-			homes, etc.)					
City (5)		Teedbee						Square Feet	# of Floors		dg. A	je	
West Long Branch, N	lew Jerse	y 07764	4		Ι.α.		VOTATE LIGE ON N	20,000	2		55+	10	
County (6)					Coun	ty Code (/	)(STATE USE ONLY)	Current Use (Pri-	or it being demo	olisnea)			
Monmouth  Name of Monitoring Firm H	ired by Buil	ding Own	ner /8	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ASCM I	No	Name of Abateme						
AHERA Consultants		ung Owi	1161 (0	'   '	NOCIVI I	<b>VO</b> .	Lilich Corpor						
Street Address					•	m <del>-</del>	Street Address	1	(a) (a) (b) (b) (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b				
PO Box 385							606 McBride	Avenue					
City, State, Zip Code		8)50.25.—			City, State, Zip Co	ode							
Oceanville, New Jers					Woodland Pa	ark, New Jersey	07424						
Project Manager for Monito		Tele	phone I	No.	Telephone No.		License No.			10			
John Smoyer					9-652		973-225-8400	*	01104				
Start Date (10)		Schedule					Name of OSHA N						
///	14	12	_ /	15	_ / _	14	J&S Environ	mental Laborat	tories Inc.				
Occupancy Status During					00000000		Street Address						
☐ Facility Closed/Vacated ☐ Abatement Performed (						cribe	2333 Route 2						
Time of Abatement: Mo							City, State, Zip C						
Sat & Sun 7AM-3:30		1/28 Or	nly 12	PM-	7:30P	M) AM-	Union, New .	ersey 07063					-
Scope of Work (Check all t  ≥3 sf or ≥3 lf	пат арріу)		Ren	ovati	on		☐ Full Con	tainment with Neg Josure	gative Pressure				
≥160 sf or ≥260 lf			] Den	nolitic	n			g Procedure empted (*) and No	n-Friable Proce	dure			
		T	ls l	ocat	ion			impled ( ) and 140	THE HADIO T TOOL		atem	ent Ty	vpe
Location o	f		N	orma	lly		Description of	of			1	1	T
Asbestos-Containing M		VI)		i Sole itena	ely by nce/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility				dial	Staff?	(1.6	surfacing, VAT		SF or LF)	oval	=	lusq	Sure
(13)			, [	(12)	T NUA		other miscellane	eous)				ate	w
D. II			Yes	No	N/A	0	- De els les sulsti		360 SF		+		
					12		on Deck Insulati				12		
					닏		on Deck Insulati	on	50 SF		닏	닏	
Birch Hall (Varous Locations)						<u> </u>	on Fireproofing		1500 SF				Ш
Birch Hall (Various Locations)					$\boxtimes$		Block Wall Part		4850 SF				Ш
Name of Registered Waste	Hauler			2559	JDEP \ lauler II		Cubic Yards of Waste	Name of Regis					
Lilich Corporation						I	20	G.R.O.W.S	Lanoriii				
City, State					Disposal Date	City, State	D						
Woodland Park, New					12/16/14	Worrisville	, Pennsylvar						
Completed By (Print or Type	oe)	Title					Signature	~11		Date //	10	11	11

Momo Glavatovic

Vice President

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 11 22 14 Monmouth University DEC Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 400 Cedar Avenue ASSESTOS CONTROL & □ DOLWD City, State, Zip Code LICENSING **⊠** DHSS Amendment #1 West Long Branch, NJ 07764 **⊠** DCA ☐ Emergency (including justification) (NJAC 5:23-8) Name of Contact Telephone Number Cancellation Robert Cornero **FACILITY INFORMATION** Name of Facility Where Abatement Is Taking Place (3) Type of Facility (4) Monmouth University, Birch Hall School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 400 Cedar Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age West Long Branch, New Jersey 07764 20,000 2 55+ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Monmouth University Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AHERA Consultants, Inc. Lilich Corporation Street Address Street Address PO Box 385 606 McBride Avenue City, State, Zip Code City, State, Zip Code Oceanville, New Jersey 08231 Woodland Park, New Jersey 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. John Smoyer 609-652-1833 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 21 / 14 12 / 15 / 14 J&S Environmental Laboratories Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: Mon-Thu 7Pm-7AM, Fri 5PM-7AM, Sat & Union, New Jersey 07083 Sun 7AM-5PM AM-PM/ Scope of Work (Check all that apply) PM- □ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☐ Mini-Enclosure ≥3 \$1 \$1 £5 ... ≥160 \$1 \$2 ≥260 \$1 □ Renovation ☐ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Enclosure Removal Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Bathrooms 87-B12 X Spray-on Deck Insulation 360 SF X Custodial Closet CC $\boxtimes$ Spray-on Deck Insulation 50 SF $\boxtimes$ Birch Hall (Varous Locations) $\boxtimes$ Spary-on Fireproofing X 1500 SF Birch Hall (Various Locations) Cinder Block Wall Particlans $\boxtimes$ 4850 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Lilich Corporation G.R.O.W.S Landfill 18724 20 City, State Disposal Date City, State Woodland Park, New Jersey 07424 12/16/14 Morrisville, Pennsylvania

Signature

Completed By (Print or Type)

Momo Glavatovic

SB-41 AAY 11 Title

Vice President

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities,

# State of NJ Notification of Asbestos Abatement

			Notific		Asbestos	Ahai	teme	ent		a man I i	e transie				
	2014-220		(Pursuar	nt to NJA	ASDESIOS AC 8:60-7	and	12:1	20-7)	RCh	eck # 69	50		=-	_	
B & G proj. #:					or (2)			9	MA NE	:-1	開 12: 5	8			
ate of Notification		Name of B	Health S	System										_	
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gencies Notified	Type Notification		adison A	venue					21	. ICE.W	S4例1:				
☐ EPA ☐ DEP	X Initial		, Zip Code												
_	☐ Amendment	Morris	stown, N.	07960					Te	lephone N	lumber				
X DOL		Name of C	Contact												
X DOH	Cancellation	Pete	Palmer	1					<u></u> L						
☐ DCA				ACILITY IN	NFORMATI	ON		T	Tuno of F	acility (4)					
		king place (3)							Type or .	School	(K - 12)		40\		
Name of facility v	vhere abatement is ta	King place (o)									pter 8 (Othe	er than K	-12)		
MMC, Frank	din 1st floor East	(non sub 8)				-			X	Other (F Bldgs./F	rivate/Com lomes, etc.				_
Street Address									Square		# of Floors	B	ldg. A	.ge	
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City (5)		County (6)				(State	use o	only)	Currer	nt Use (Pr nital (nor	n sub 8)	401110			_
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T&M Asso	ociates			01	45	=   =	treet	Address							
Street Address							10	5 Ryerson F							
11 Tindal	I Road					- 1	City, S	State, Zip Code incoln Park,	N.I.070	35					
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Middleto	WII, 145 077 15			Number			relep	973)696-68	69		0(	)378			=
Project Manag Kevin Bu	er for Monitoring Firm			76-4000	)	_	Nam	e of OSHA Mo	nitor						
Scheduled Sta	The second secon	Sched. Co	ompletion D	ate (11)				& G Restor	ation, if	IC.					
11/05/01	014	11/26/					Stre	<sub>et Address</sub> 05 Ryerson	Road						
	- Abotome	nt (Check only	one)			1	City	State, Zip Coo	de						
Occupancy S	closed/vacated during	entire period	of abateme	ent.		1	1			135					
						=1	L	incolnPark,	143 07 0						
Other-	pe: Describe: work shif	t 4:00 pm -	12.00 ar						l-cative	nressure	<b>⋉</b> Glov	ebag pr	cedu	re	
Scope of W	ork (check all that app	oly) ] Renovation						Containment w	negative	pressure	☐ Nor	n-friable (	roce	dure	
☐ Demo		] ≥160 sf or ≥	260 If			X	Mini-	-enclosure				TR e	R	E	E
<b>✗</b> > <u>3</u> sf	or > <u>3</u> If L_	Ti- leastion	normally us	sed solely				estos containin	a \	Amou	int cify SF or	m	p	С	n
Locat	ion of stos-containing	by mainter staff(12)	ance/custo	odiai	Descri	ption of al (ACI	rasbe M)	estos-containin		LF)	my Or or	o v	i	p	L
mate	rial to be	Yes	No	N/A								e X	10	10	TE
abate	ed in facility (13)	100		X	pipe ins	sulation	n			20 lf					
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				10# 10	Cubic Yards	s of Wa	ste	Name of Regis	stered La	ndfill SOurce	& Recov	ery Ce	nter		
Registered	Waste Hauler	NJD	EP Hauler 19563	1011	1/2			City State							
B&GF	Restoration, me.			Disposal	Date 1/26/2014			Tullyt	own, P	4		ate			-
City, State Lincoln	Park, NJ			<u></u>	Signatu		=	Gordana D	O uma			ate 11/24/2	014		
Complete	ed by (Print or Type)	Title	ary/Treas	surer				Gordana L							
Gorda	na Luna	Secret			-1	TA .									

#### MO#22302809166

MAY 11

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant	to	NJAC	8:60	and	5:16)

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Date of Notification (1)					Name of	Building (	Owner/O	perator (2	)		U Line	6 🐇	Lina	40	
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Agencies Notified T	ype Notifica	ation			Street A					- cutt UE	6-1	A	412	: 5	8
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NZ 200-1110	Amended			12		ate, Zip Co				A55_	1 1000			to	L
DHSS     DHS	Amendme	-		1	Inion	NJ 07083	1			€.	LILLA	131	MG		700
	_ Emergeni justification		ding	- F		f Contact				Telephone Nu				-	
(NJAC 5:23-8)	☐ Cancellat			- 1	Rarhara	Finacch	io								
				!		ILITY INF		TION							
1	stamped in 7	Takina Di	lana /	31	FAU	121111111	OKWA	101	Type of Facility	(4)					
Name of Facility Where Aba	atement is i	iakiliy F	iace (	٥)					School (K-12						
Private house									Subchapter 8	Other than K-	1 2)			24	
Street Address									Other (i.e., p		mercial b	uildi	ngs.		
2019 Gless Avenue									homes, etc.) Square Feet	# of Floors	TE	tido	Age		-
City (5)									Square reet	# 01 1 10013	-	nog.	. 190		
Union, NJ 07083	*				1		OTATE 110	SE 0411.10	Current Use (Pr	ior if hoing dem	olished)	_		_	_
County (6)					County	Code (7) (	STATE US	SE UNLT)	Current Use (F)	ioi ii bellig deit	ionancaj				
Union					<u></u>							-			_
Name of Monitoring Firm H	ired by Buil	Iding Ow	ner (8	)	ASCM N	lo.	Name o	f Abateme	ent Contractor (9)						
							Gr Tech			* 1	1000				
Street Address							Street A	ddress							
								lley Rd#	The state of the s					-	
City, State, Zip Code		20,000					City, Sta	ate, Zip C	ode						
								NJ 0747	70						
Project Manager for Monito	oring Firm			Tele	phone h	10.	Telepho	ne No		License No	-				
							973-638	8-1777	B)	01127					
Start Date (10)		Schedul	ed Co	mple	tion Dat	e (11)	Name o	of OSHA N	<b>Monitor</b>						
12 / 05 /	14	_12	/	_ 06	5_/_	14	Enviro	ision Co	onsultants,Inc						
Occupancy Status During	Abatement (	(Check o	only o	ne)			Street A							40.00	-
▼ Facility Closed/Vacated					ment		20-21 X	Vagaraw	Road, Bldg .#	35 E					
Abatement Performed	Outside of N	Normal F	acility	Hou	rs - Des	cribe		ate, Zip C				00.10			
Time of Abatement:	AM	PM/		_PM_		AM		wn, NJ 0							
Scope of Work (Check all t	hat apply)						T T		p and decontami	nation with neg	ative pre	ssui	re	=11116	
			_				日	Full Cor	tainment with Ne						
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☐ ≥ 150 Si Oi ≥200 II		L	] 56	nonti-	JII			Non-Exe	empted (*) and N	on-Friable Proc	cedure		í.		
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							CARROLL STATE								
Name of Registered Wast	e Hauler			N.	JDEP Wast	e Hauler ID No	. Cubic Y	ards of Wa	ste Name of Reg	istered Landfill		-		-	-
	11				003378		TB		T.R.R.F. Inc						
Gr Tech LLC					0033/	3.5		al Date	City, State					category 22	
City, State										2.4					
Wayne, NJ 07470							TB		Tullytown, I		Tp-4-				_
Completed By (Print or Ty	rpe)	Title					S	ignature	leute ve	0 8	Date				
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UiA O.S. MAil

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

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In or Notified  Type Profit patient  Dep Control (1)		(Pursuant to NJAC 8:60 and 1	10. 0
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DOP OF Agreement of Particular Section of Pa		Street Address	a I roman AUL
DOLD DOCH DOCH DOCH DOCH DOCH DOCH DOCH DOC	CEPA Diminal	City, State, Zip Code	
DOPA  Baselficinition  BACELITY INPORNANTION  FRACELITY INPORNANTION  Type of Facility (4)  Cischool (4-12)	DOL Amendment#	urismo Construct	Telephone Number
The of Particle (4)  Section (4-12)  Section (4-12)  State Address  CONTINE OAKS OVAL  Section (4-12)  State Address  Square Field  Country Code (7) (STATE USE  Square Field  Country Code (7) (STATE USE  Square Field  Country Code (7) (STATE USE  Code (7) (STATE USE  Code (7) (STATE USE  Code (7) (STATE USE  Code (7) (STATE USE  Code (7) (STATE USE  Code (7) (STATE USE  Code (7) (STATE USE  Code (7) (STATE USE  Code (7) (STATE USE  Code (7) (STATE USE  CODE (7) (STATE USE  CODE (7) (STATE USE  CODE (7) (STATE USE  CODE (7) (STATE USE  CODE (7) (STATE USE  CODE (7) (STATE USE  CODE (7) (STATE USE  CODE (7) (STATE USE  CODE (7) (STATE USE  CODE (7) (STATE USE  CODE (7) (STATE	instification)	HE KONGIGS!	BERG I
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Telephone No.  Teleph	reet Address C . A	ini	Cother (i.e. private & commercial dummages,
Country (6)  Country (7)  Country (8)  Country (8)  Country (10)  Countr		NAI-	Cont #of Plents   Blog. Age
Trend Address  Trend	Springfield DIC	).	E   Current Use (Prior if being demolished)
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Telephone No.  Teleph	) .	Street Arich	ress
itert Date (10)    Comparison	treat Address :	City, State,	To Code
test Date (10)  Survival Date (10)  Survival Date (10)  Survival Date (10)  Survival Date (10)  Survival Date (10)  Survival Date (11)  Nume of OSSA Monitor  No. 26 S. M. (11)  Nume of OSSA Monitor  No. 26 S. M. (11)  Nume of OSSA Monitor  No. 26 S. M. (11)  Nume of OSSA Monitor  No. 26 S. M. (11)  Nume of OSSA Monitor  No. 26 S. M. (11)  Nume of OSSA Monitor  No. 26 S. M. (11)  Nume of OSSA Monitor  No. 26 S. M. (11)  Nume of OSSA Monitor  No. 26 S. M. (11)  Nume of OSSA Monitor  No. 26 S. M. (11)  Nume of OSSA Monitor  No. 26 S. M. (11)  Nume of OSSA Monitor  No. 26 S. M. (11)  Nume of OSSA Monitor  No. 26 S. M. (11)  Nume of Ossa Monitor  Nume of OS	ity, State, Zip Coda	1 aio	BRIDGE NO TOOT
Scheduled Complement Feet (1)    Complement Design Abstrament (Check only one)   Street Address	reject Manager for Monitoring Firm-	7-33	238x 15001 00000
Comment   Check only one   Check one	Coborne	of Company in the Cris	STECV INC
Pacific Cinsert/Variated During Entire Period of Abetement PAbatement Performed Outside of Normal Partity Hours  20ther - Describer  Scope of Work (Check all time apply)  22 3 st or ≥ 3 if  23 250 if  24 250 if  25 160 st or ≥ 260 if  26 Location of Asbestos-Containing Matarial (ACM)  17 DE ABATED  1N Facility  (13)  Yes No NBA  Name of Registered Waste Haufer  NAME of Registered Lendfill  NAME of	10 14 14 1	I I I I I I A A	ties RIV
Scope of Work (Check all that sophy)    2 3 st or ≥ 3 st   2 160 st or ≥ 260 st   2 160 st or ≥ 260 st   2 160 st or ≥ 260 st   2 160 st or ≥ 260 st   3 st or ≥ 3 st   4 160 st or ≥ 260 st   5 160 st or ≥	Designatory Status Gurang Puston Entire Per	ind of Absternant City, State	
Part   Content and the spoky	Paciny Cosen volcade Outside of Normal Paletement Performed Outside of Normal Other - Describe:	Facility Hours 010	BRIDGE IVIJ: 00001
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Name of Registered Waste Hearter  NOVATECH INC  OID BRIDGE NID 088ST  Signature  Signatu	TELEPHONE CONTRACTOR	(JESUMA)	ng, VAT. or SFOTET)
Name of Registered Weste Hauter  NOVATECH INC.  NIDEP Waste Hauter  Waste 8  G.R.O.W.S. P.A.  Disposed Date Sty. State  OID BRIDGE NID 68857  Signature  S	(13)	(12)	
Name of Registered Washe Hauter  NUDEP Waste Hauter  NUDEP Waste Hauter  D No.  12501  Disposed Date  City, State  OID BRIDGE NID 088ST  Signature  Signature  Signature  Signature		150 10	- 6/19 / 150 UF X
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NOVATECH INC. 18501 Disposed Date Cary, State City, State OID BRIDGE NID 08857  Signature Signature OID BRIDGE NID 08857	A Bookstored Waste Haufer	Millian shake remain	
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	CANOS AMEIDA ! !	At No. 101	premitted activities.

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

Date of Notification (1	)		dalu	Name of	f Building Ow	ner/Operato	r (2)		OHIL-YOU	Ŋ.I	n o'		
Nove	November 24, 2014			Morris C	Catholic C	onvent ,	MA DEC - I A	M 12: 55					
Agencies Notified	November 24, 2014  Notified Type Notification  Initial Amended			Street A	ddress	- 2	ELE DEC - I P	HI 15. 00					
⊠ EPA	Initial		- 2	200 Moi	rris Ave	AW		. ₹01					
DEP DOL					ite, Zip Code	ķ	& LICEN	SHIC					
⊠ DOL	Amendment Emergency		- 1		, NJ 0783	4	& FIGURE	31310					
DOH	justification)	2		Name of	f Contact			Telephon	eNumbe	er			
DCA	Cancellation			Dan Ste	empert			1			. chosen		
Name of Facility Whe	ra Abatament is Takin	a Place /2	1	FACI	LITY INFOR	MATION	Tune of English /	4)			36000		
		y Flace (3	)				Type of Facility (						
Morris Catholic Co Street Address	onvent				-		School (K-1		V 42V				
								8 (Other than rivate & comr		uilo	dings	, hom	es.
200 Morris Ave		<u> </u>					etc.)			-			
City (5)							Square Feet	# of Floor:	S	В	ldg.	\ge	
Denville, NJ 07834	1												
County (6)				County C	Code (7) USE ONLY)		Current Use (Price			)			
Morris		- 141						Buildi	ing				
Name of Monitoring F	irm Hired by Building	Owner (8)		ASCN	No.	100	of Abatement Con						
AET				0021			MACK Group, L	LC.					
Street Address							t Address						
222 Church Road			7				Kings HWY N,	STE 209					
City, State, Zip Code						100000	State, Zip Code						
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I THE CONTRACTOR SECTION AND ADMINISTRATION OF THE CONTRACTOR OF T					ne No.	100	hone No.	. Surveyes	nse No.				
	ric Houseknecht				5-1132		759 - MACK	0078	1				
Start Date (10) Schedule							e of OSHA Monitor						
12/9			·Vines	2/5/15	) 		MACK Group, L	LC.					
Occupancy Status Du	ring Abatement (Chec	ck Only Or	ie)				t Address						
	acated During Entire					-	Kings HWY N,	STE 209					
Other - Describe	rmed Outside of Norn	nai Facility	Hour	S		and the same of th	Cherry Hill N I 08034						
						Cherr	Cherry Hill, NJ 08034						
Scope of Work (Check	K All That Apply)	5-2											
≥3 sf or ≥3 lf ≥160 sf or ≥260 l	ıf	The state of the s	Renova Demoli				Full Containment with Negative Pressure						
△ =100 01 01 =200 1		П,	emon	UOII			Mini-Enclosure  Glovebag Prod						
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	ing Material (ACM) ABATED	22772268	intena		A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A		Material (ACM)	Amount	65 11 6	_		ш	l m
	acility	Cus		Staff?		surfacing, V	ns insulation, AT, or	(Specify SF or LF	)	Remova	Repair	Encapsulate	Enclosure
(1	13)		(12)	w I	0	ther miscella	ineous)			100	pai	sula	DSUI
		Yes	No	N/A						<u>m</u>	7	ate	Ф
lat flanca		162	V	IN/A				0000		/		1	
ist floor ar	Ist floor and 2d floor					popcorn c	eiling	8000 s/	<sup>/†</sup> (	$\stackrel{\wedge}{\Rightarrow}$		-	
Basement, 1st floor & 2nd floor			X			Vat/Mas	stic	9500 s/	/f /	X			
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Basement					firen		r sailines			_		V	
Name of Registered Waste Hauler				NJ DEP W	1	eproof/plaster ceilings 1500 s/f Cubic Yards Name of Registered Landfill					$\triangle$		
Name of Registered Waste Hauler			1 779	Hauler ID	March and the same	of Waste	Ivalie of t	registered La	mann				
Freehold / Newark / ATC				450	09	191.5 Cumberland Co./ BFI / GROWS / TRR			RF				
City, State						Disposal Date City, State							
Freehold / Newark, NJ			2/5			2/5/15 Newburg / Imperial / Morrisville, PA							
Completed by Title						Signature Date							
Mike Cooper Presiden						11/24/14							

ASB-41 (R-06-08)

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

		Is	Location Normall	on v				Abat	ement ype	1
Asbestos	Location of -Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Solel aintenan stodial S (12)	y by ice/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
		Yes	No	N/A			-	ļ	0	L
	Basement	$\perp X$			pipe	1200 l/f			X	-
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CK 2621

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

RECEIVED

Date of Notification (1	) 11/24/1	14			Name	of Bu	ilding Owne	er/Op	perator (2)	TATIONDEC		Production of	J			
Agency Notified . X EPA	Type Notif		7		Stree	t Addres	sses 1199 P	leasa	nt Valley	Way	-1 AF	112:	55			
X DEP	Amer	nded			City,	State, 2	Zip	-	100 100	A5a_			١٥.			
X DOL X DOH	20000000	nded# gency (in	cluding	ý			e, NJ 07052	2		& L11	FWSI	10	tol			
DCA	Justif	ication)		,	Name	e of Co	ntact		Tal	mhana Numh	-1007	6.0				
	Canc	ellation				am O'C			210	# 10 U/U2						
					_	TY IN	FORMATIO			-						
Name of Facility Where Kesler Institute for Re			Taking	g Plac	e (3)			Ту	pe of Facilit School (K-	12)						
Street Addresses 1199 Pleasant Valley	Wav							x		8 (Other than private & com		Buil	ding	s,		
City(5)	1, 4,					-5:		Sc	uare Feet	# of Floors	BI	dg.	Age			
West Orange, NJ 0705	52								200.00 SF	& Ceiling		N/A				
County (6)				Count	y Code	(7) (ST.	ATE USE		Current U	Jse (Prior if be	ing dem	olisł	ied)			
Essex				ONLY	7)											
Name of Monitoring Fig. (8)\- PARTNER ENG					ASC	CM No.	Name of . Pezo Inc	Abat	ement Cont	ractor (9)						
Street Address							Street Add									
611 Industrial Way W	.,						THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		Rd., #150							
City, State, Zip Code							City, State	The contract of	(1) ♣(T) (2001년 1일 : 10 (10 (10 (10 (10 (10 (10 (10 (10 (10							
Eatontown NJ 07724					N.T.		Lincoln Pa			17.	T .		- 5	0.00		
Project Manager for Mo Patrick Lorimer							Telephone 973-628-7	License N 01141	10							
Start Date (10)	S	chedule	d Cor	mpleti	on Dat	a (11)			A Monitor							
12/08/14	12/08/14 12/28/14							S Environmental Laboratories, LLC								
Occupancy Status Durin							Street Add		2 117							
x Facility Closed/Vaca							2333 Rout									
Abatement Performe Other -Describe	ea Outsia	e of No	rmai .	racilit	у нош	rs .	City, State, Union NJ	070	183							
Scope of Work (Check al	l apply)									ent with Negati	ve Pressu	re				
> 3 sf or > 3 lf					TOT D	enovation		Mini-Enclosure Glovebag Procedure								
xx > 160  sf or > 260  lf					12.120.120 BBS	emolition	Glovebag Procedure Non-Exempted (*) and No				Friable pr	oced	ure			
XX - 100 31 01 - 200 11			Is	Locat								aten				
Location	of		1	Normal	ly	1/2	Descriptio	n of				T	ype			
Asbestos-Containing n	naterial (A	CM)		ed Sole			os Containing			Amount	R	R	E	E		
TO BE ABA			100000000	aintena		( i.e.,	thermal syste Surfacing, V			(Specify SF or LF)	lemoval	Repair	ncapsulate	nclosure		
IN Facil	ity			Custodi Staff?			Other miscel			Sr OI Lr)	val	7	luse	sur		
(13)				(12)			· ·	imic	(43)				ate	(0		
				3												
0.40.20			Yes	No	N/A											
Pharmacy. 3 Rooms				x		Floor	Tiles, Masti	c & .	Adhesive		x					
				-	-						-	+	+			
				-	-							-	-	-		
						1	0.11 **		) T. C.		16.13					
Name of registered W	aste Haul	er	7.55		Waste !	Huler	Cubic Yard	s of		egistered Land		nio		Į.		
Pezo Inc. CS 6224				6224			Waste		waste Ma	nagement of P	emisy iva	ша				
City State							6 y Disposal Da	ate	City/ State	,			-			
City, State Lincoln Park, NJ 0703	35						12/24/14	110	1-8	e Pennsylvania	1	i				
Completed by	Tit	le					Signature 4	,	//	Data		,,,	1.	,		
Ike Pezic		esident					Signature	ny	/	100	11/2	4	114	r		
			not U	se this	form fo	r asbestos	s licensure exe		/			11	201-255			

CK 1334

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



Data of Malifernia (4)				8:60 and 12:12			2814 DE	C-1	A	112	SI
Date of Notification (1) 11/20/14	87		Peneria	Owner/Operato	or (2)		ASS		* 40	169	4
Agencies Notified Type Notification			Address th Street	Irvington				ICEN	lall	is is	OL
EPA Initial Amended Amendment		1 1000	ate, Zip Co	- N							
Emergency (in justification)  DCA  Emergency (in justification)  Cancellation	ncluding	100	of Contact Peneria				Telephone N	lumber			
		FAC	ILITY INFO	ORMATION	T = -						
Name of Facility Where Abatement is Taking N/A	Place (3)				Туре	of Facility (4) School (K-12)					
Street Address 43 40th Irvington			t)			Subchapter 8	(Other than K vate & comme	-12) rcial buil	dings,	home	es,
City (5) Irvington					160		# of Floors 2	8	ildg. A	ge	
County (6) ESSEX		County (STATE	Code (7) USE ONLY)			ent Use (Prior sidential	if being demo	lished)			
Name of Monitoring Firm Hired by Building C Divine Environmental	wner (8)	ASC	M No.			atement Contraction of the Contr					
Street Address 358 Broadway				10.200.000	et Addre Berkel	ess ley Terrace		**********			
City, State, Zip Code Newark NJ						Zip Code NJ 07111	19		99		
Project Manager for Monitoring Firm Chinyelu Oraegbunam		Telepho 201-4	one No. 83-9788	100000000000000000000000000000000000000	phone N 3-372-2		License 01238				
Start Date (10) 12/2/14	Scheduled ( 12/5/14	Completion	Date (11)			HA Monitor ronmental,	Inc				
Occupancy Status During Abatement (Check				100000000000000000000000000000000000000	et Addre	ess 25th Street					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other - Describe:						Zip Code 10007	į.	4			
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if		ovation polition			⊥ M ⊠ G	ini-Enclosure lovebag Proce	nt with Negativedure (*) and Non-Fr		cédu	e	
Location of	Non	cation mally solely by		Description			14 F7952100 F	- 1		pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mainte Custodi (1	enance/ al Staff?		tos Containing thermal syster surfacing, V other miscella	ms insu /AT, or	lation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement		x X	1	Pipe Insul	lation		30LF	x			
									<del> -</del>		
Name of Registered Waste Hauler		NJDEP V	Vaste.	Cubic Yards		Name of R	egistered Land	ifill	L	L	
Newark Carter Inc		1100			of Waste Tullytown Refer		n Refacility				
City, State Newark NJ 07102		•		Disposal Dat	City, State Tully town PA					,	
Completed by Emeka Okeke	Title Preside	nt		Signatu	Signature Date 11/20/14						

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) BEESE 11-25-16 2814 BEC - 1 Street Address Type Notification Agency Notified 150YD STREET أجتاؤها 🚳 D EPA City, State, Zip Code □ Amended D DEP N Amendment # A DOL □ Emergency (including Telephone Number iustification) ODH BEESE ☐ Cancellation D DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) BEESE School (K-12) Q Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) # of Floors Bldg. Age Square Feet City (5) . .... 80 YRS 900 .. LOD Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) RESIDENCE ONLY) BERGER Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 201-329-7444 00388 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 12-5-14 Omega Environmental 17-6-14 Street Address Occupancy Status During Abatement (Check only one) 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours S. Hackensack , N.J. 07606 Other - Describe: 8 AM Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation \* 23 sf or ≥ 3 lf ✓ Glovebag Procedure □ Demolition □ ≥ 160 sf or ≥ 260 F ☐ Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Containing Material (ACM) Maintenance/ Removal Rephir (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial SF or LF) surfacing, VAT, or .... IN Facility Shaff? (13)other miscellaneous) (12)No N/A INSU(ATION THERMAL SEMENT

Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Waste Best Removal Inc ID No. Minerva Enterprises ,LLC 3/4 40 17109 City, State City, State Oh, 44688 Hackensack , N.J. 07601 Waynesburg, Completed by 11-25-14 R. VELDRAN Estimator Do not use this form for asbestos licensure exempted activities. ASB-41

### MO#22302818177

**MAY 11** 

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

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Date of Notification (1)	24 /	14			Name Chris I		Owner/Operator (2	)	294 DEC -	- I AP			2	
Agencies Notified  EPA	Type Notificat				Street	Address ickory Av	enue		ASS. E LIC					
☑ DOLWD ☑ DHSS	Amended Amendme				City, S	tate, Zip Co	ode		ě LIC	ENSH	G		-	
DCA (NJAC 5:23-8)	Emergenc	y (includ	ing			of Contact			Telephone N	umber		_		
	Cancellation	on			Chris I	Rauth			,					
					FAC	CILITY IN	FORMATION		17					
Name of Facility Where	Abatement is Ta	aking Pla	ace (	3)				Type of Facility	(4)					
Private house								School (K-12						
Street Address								Subchapter i	3 (Other than K-		mild	inas		
128 Hickory Avenue		-111-211						homes, etc.				. Ag		
								oquare reet			J 9	9		
Bergenfield, NJ 0762	21				T Coun	ty Code (7) (	STATE USE ONLY)	Current Use (Pr	ior if being dem	olished)	i i			-
County (6)					Coun	ly code (1) (	STATE OSE ONET	Carrette Gae (11	ior ii beilig acri	.00//04/				
Bergen Name of Monitoring Fire	rm Hired by Build	lina Own	er i F	(i [	ASCM	No	Name of Abateme	ant Contractor (9	Y		_	-		
Name of Monttoring Fil	in filled by bolid	ang Own	ei (c	"	ASCIVI		STATE AND ADDRESS OF THE PROPERTY OF THE	ant Contractor (a	Lŝ					
Otrock Address							Gr Tech LLC							
Street Address							Street Address							
Oli Chata Tia Cada							576 Valley Rd #					_		
City, State, Zip Code							City, State, Zip Co							
							Wayne, NJ 0747	70 -	I Charles No					
Project Manager for Me	onitoring Firm			lele	phone		Telephone No.		License No.					
							973-638-1777		01127					
Start Date (10)		Schedule					Name of OSHA N	Tonitor						
12 /04				32	_ / .	14	Envirovision Co	nsultants,Inc						
Occupancy Status Dur	5						Street Address							
Facility Closed/Vac							20-21 Wagaraw		35 E					
Abatement Perform Time of Abatement							City, State, Zip C	ode						
						2.021	Fair Lawn, NJ 0				o secon	TLUMBO	to transferin	- 1-10
Scope of Work (Check	all that apply)							o and decontami tainment with Ne			ssur	e		
>3 sf or >3 lf > 160 sf or 260 lf		X	Rer Der	novati molitic	on on		Mini-End Gloveba		Tent with Nega	ative Pre	ssur	re		
		T	Is	Locat	ion	T				F	bate	eme	nt Ty	rpe
Locati Asbestos-Containir		n		lorma d Sole	lly ely by	Anhay	Description of the Containing Ma		Amount	2	, ]	R	m	m =
TO BE A		° 1		ntena			., thermal systems		(Specify	Nelliova	2	Renair	Encapsulate	Enclosure
IN Fa	37.4.34.75	,	Just	(12)	Staff?		surfacing, VAT		SIF or LF)	2		7	sula	ure
(13	9)		,		1	1	other miscellane	ious)					ē	
Docomont		I Y	es 7	No	N/A	Pipe inst	ulation		110 LF	2	7 [	7	П	П
Basement		1000			-	Pipe inst	паноп		I I U LF		1 1	=		,
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				L							1		<u>i l</u>	Ш
		<u> </u> [									][[			
Name of Registered V	Vaste Hauler			NJ	DEP Wast	e Hauler ID No.	Cubic Yards of Was	te Name of Reg	stered Landfill					
Gr Tech LLC					00337	85	TBD	T.R.R.F. Inc				-	ada daga ware	a separa
City, State		A CONTRACTOR OF STREET					Disposal Date	City. State						
Wayne, NJ 07470							TBD	Tullytown, F	PA					
Completed By (Print o	r Type)	Title					Signature	1 1 1	A.	Date				
10 10 10 10 10 10 10 10 10 10 10 10 10 1	S 84 E 54	1,00=79-80					19/	the ver	ad		201	1		
N.Jevtic ASB-41		Owner	r				1/20	J. 4. 0(0%)		11/24/	20 I	4		
MAY 11		* De	o no	use i	his for	n for ashes	ios licensure <b>J</b> exem <sub>l</sub>	oted activities.						

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

Date of Notification (1)  11 / 25 /	14		Name Mo	of Building ntclair Kir	Owner/Operator ( mberly Academ	2)  MU NFC Che		\$200				
Agencies Notified	ion		Street 201	Valley Ro		ASS & LIGEN						
<ul><li>☑ DOLWD</li><li>☑ Amended</li><li>☑ DHSS</li><li>Amendmer</li></ul>	nt#			State, Zip C	ode	& LIGEN	ISING T					8
☑ DCA ☐ Emergency		g		Contraction of the Contract	ew Jersey 0704.	2	gg				S. Seekel ayes	
(NJAC 5:23-8) justification	1)			of Contact			Telephone N	umber				
☐ Cancellation	on .		Dr	Randy Kle	einman							
			FA	CILITY IN	FORMATION							
Name of Facility Where Abatement is Ta Middle School	king Place	(3)				Type of Facility  ⊠ School (K-12	2)					
Street Address 201 Valley Road						Subchapter 8 Other (i.e., p homes, etc.)	rivate and com		l bu	ilding	s,	
City (5)						Square Feet	# of Floors		Blo	ig. A	ge	==
Montclair, New Jersey 07042						15,000	2		5	55+		
County (6) Essex			Cour	nty Code (7)	(STATE USE ONLY)	Current Use (Pr Middle Sch		nolishe	d)			
Name of Monitoring Firm Hired by Buildi	ng Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)						
DAI Environmental Services					Lilich Corpo	ration						
Street Address					Street Address	treet Address						
300 Grand Avenue					606 McBride	606 McBride Avenue						
City, State, Zip Code				City, State, Zip C	City, State, Zip Code						-10-108	
Englewood, New Jersey 07631				Woodland Pa	y 07424							
Project Manager for Monitoring Firm	Tele	ephone	No.	Telephone No.	License No							
Stephen Jaraczewski			01-569		973-225-8400 01104							
	heduled C				Name of OSHA N J & S Enviro	<sup>nonitor</sup> nmental Labor	atories, LLC					
Occupancy Status During Abatement (C	heck only	one)			Street Address							
☐ Facility Closed/Vacated During Entire					2333 Route 22 West							
Abatement Performed Outside of Nor Time of Abatement: Fri 6PM-2AM,					City, State, Zip Code							
3:30PM StartAM- PM/ Scope of Work (Check all that apply)	PM-	AM	& Sui	1 / AIVI-	Union, New							
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		enovat emoliti			<ul> <li>         ⊠ Full Containment with Negative Pressure         <ul> <li>Mini-Enclosure</li> <li>Glovebag Procedure</li> <li>Non-Exempted (*) and Non-Friable Procedure</li> </ul> </li> </ul>							
		s Loca							Aba	atem	ent T	уре
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	Norma ed Sol aintena stodial (12)	ely by ance/ Staff?		Description of stos Containing Ma , thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
80 80 11	Yes	No	N/A		Reference to the same of the second						10	
2nd Floor Hallway Outside Rm 20	5 🗆	$\boxtimes$		Floor Ti	le & Mastic		250 SF					
										П		
						1.						
		In							П	П	П	П
Name of Registered Waste Hauler				Waste	Cubic Yards of	Name of Regis	stered Landfill					
				D No. 4	Waste 5	G.R.O.W.S						
City, State				*	Disposal Date	al Date City, State  Morrisville, Pennsylvania						
Woodland Park, New Jersey 07424						//	, . J.IIIJyivai					
Completed By (Print or Type)  Momo Glavatovic	Title Vice P	resid	ent		Signature	5/15		Date ///	1/2	5/	14	

B & G proj. #: 2014-219

## State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)	FL ( Check #6052	
	Check # 6952	_

Date of Notification (1)	11			Operator (2)		<i>2.3</i>	DEC-1 AM	3: 25,				
Agencies Notified Type Notification		lichael So et Address	DDON -									
EPA Initial	1	02 Oval F	Road			C	LICENSON	, · · · · L.				
DEP Amendme		, State, Zip Essex Fel		7021							-	
DOH X	Nar	ne of Contai	ct				Telephor	e Number				
☐ DCA ☐ Cancellati	on	Michael S	Sobon									=
			FACILI	TY INFORMA	TION		T= (F-30)	(4)				
Name of facility where abatement is	taking plac	e (3)					Type of Facility School	ol (K - 12)				
Michael Sobon								napter 8 (Of (Private/Co			2)	
Street Address							Bldgs	./Homes, et	c.			
102 Oval Road							Square Feet	# of Floor:	5	Bld	g. Ag	e
City (5)	Count	y (6)				y Code (7) use only)	Current Use (I	Prior if being	demo	lished	i)	
Essex Fells	Ess	ex			0.80		residential					
Name of Monitoring Firm Hired by B	ldg. Owner	(8)		ASCM No.	11	Name of Abatemen	nt Contractor (9)					
n/a					_  _	B & G Restora	ation, Inc.			_=		
Street Address			-			Street Address 105 Ryerson	Road					
						ity, State, Zip Cod	e					
City, State, Zip Code						Lincoln Park	k, NJ 07035					
Project Manager for Monitoring Firm		Pho	ne Numbe	er		Telephone Number (973)696-6869 License Number 00378						
Scheduled Start Date (10)	ISched	Completion	n Date (11	)		Name of OSHA Mo						
12/08/2014		0/2014			11	Street Address	ation, mc.					- A
Occupancy Status During Abatemer						105 Ryerson	Road					
★ Facility closed/vacated during Abatement performed outside Describe:	entire perio	od of abaten	nent. S-		_	City, State, Zip Coo LincolnPark,						
Other-Describe:	Δ.											
Scope of Work (check all that apply	Renovatio	n			X F	ull Containment w/	negative pressure	<b>✗</b> Glove				
☐ > <u>3</u> sf or > <u>3</u> If	>160 sf or	≥260 lf			X N	lini-enclosure		Non-1	riable p			
Location of asbestos-containing	ls location by mainter staff(12)	n normally ù enance/cust	sed solely odial		on of as	sbestos-containing	Amoun (Specif	t y SF or	e m o	Repa	E n c a	E n c
material to be abated in facility (13)	Yes	No	N/A	Material	(AON)		LF)		v e	i	p	L
entire bsmt & 2 crawlspaces			X	pipe insul	ation		242 lf		N.	片	片	井
attic area			X	pipe insu	lation		350 lf		X	H	片	
									#	H	片	计
	L		-					10000	古	宣	冒	
Decimal Maria Havior	INID	EP Hauler I	D# 1 C	ubic Yards of	Waste	Name of Registe	red Landfill					
Registered Waste Hauler B & G Restoration, Inc.		19563		8		Tullytov	wn Resource &	Recover	/ Cen	ter		<del></del>
City, State Lincoln Park, NJ			Disposal Dis	11/2014		Tullytow	m, PA	I Data				<u> </u>
Completed by (Print or Type) Gordana Luna  Title Secretary/Treasurer					Gordana Suna Date 11/24/2014							

## State of NJ

B & G proj. #: 2014-215

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

B & G proj. #:	2014-215	-	(F	oursuan'	t to NJAC 8:	:60-7 8	and 12:120-7)	A Cch	eck # 6953	3			
Date of Notification (1	)	I I Nar	ne of Build	ling Owne	r/Operator (2)	- A - CARRONNA			2 5	. 3 /			
111/12/4/	114		ed & Ca					2011 DEC -	1 143	١			
	Type Notificatio	n Stre	et Addres	s			É,	1.7.6		CÜ			
EPA	X Initial	3	2 Beech	wood A	venue			E Lion		279,		_	
☐ DEP	Amendm	Control of the Contro	State, Zi Bogota,		3		-	-101	"SING	, C L.			
DOH		Nan	e of Cont	act				Telep	hone Numb	er			-
☐ DCA	Cancellat	ion .	red & C	arol Wa	gner								
				FACI	LITY INFORM	ATION							
Name of facility when	e abatement is	taking place	: (3)					Type of Fac	ility (4) chool (K - 1	2)			
Ted & Carol Wa	agner								ubchapter 8	neers H	an K-	12)	
Street Address								X O	her (Private	/Comme		/	
32 Beechwood	Avenue							Square Fee	dgs./Homes		Blo	ig. Ag	ge
City (5)		County	(6)			Coun	ty Code (7)	Dquaro i or					
Bogota, NJ 076	603	Berg	en			(State	use only)	Current Us residenti	e (Prior if be	eing dem	olishe	d)	
Name of Monitoring	Firm Hired by B	ldg. Öwner	(8)		ASCM No.	1	Name of Abatement	Contractor (9)					
N/A							B & G Restora	tion, Inc.					
Street Address							Street Address 105 Ryerson I	Road		2			
City, State, Zip Code						_	ity, State, Zip Code						
						_  _	Lincoln Park,	NJ 07035	LLicon	se Numb	NOT.		
Project Manager for N	Nonitoring Firm		Pho	one Numb	er		(973)696-686			00378	ei ———		
Scheduled Start Date	(10)	Sched.	Completio	n Date (1	1)		Name of OSHA Mon B & G Restora						
12/09/2014		12/10	/2014				Street Address	ition, me.					
Occupancy Status Du				**********			105 Ryerson F	Road					
Facility closed/							City, State, Zip Code					2,000	
Describe:		or Hormania	Sinty Hour			-	LincolnPark, N	J 07035					
Other-Describe						$=$ $\square$							
Demolition		Renovation				Fu	II Containment w/ne	egative pressu	e 🗶 Glo	vebag pr	ocedu	ге	
<b>✗</b> >3 sf or >3 lf	Π,	160 sf or ≥	260 If			X M	ini-enclosure		☐ No	n-friable	ргосе	dure	
Location of		Is location			/					R	R	E	E
asbestos-conta material to be	ining	by mainten staff(12)	ance/cust	odial	Description material		bestos-containing	Amo (Spe	unt cify SF or	m	р	С	n
abated in facilit	y (13)	Yes	No	N/A	materiari	(ACIVI)		ĹF)		v	i	a p	L
basement				X	pipe & elb	oow ins	sulation	180	f	e	Ó		
Datomoni												$\Box$	
										ᆜᆜ	무	片	14
								_		ᆛ	片	븜	쓔
Registered Waste Ha	uler	INIDE	P Hauler II	D# 10	Cubic Yards of	Waste	Name of Registere	d Landfill		_		Щ	1-
B & G Restoration			9563		3		Tullytown	Resource	& Recove	ry Cen	ter		
City, State Lincoln Park, N.	ı			Disposal [ 12/	Date 111/2014		City, State Tullytown	, PA					6
Completed by (Print of		Title			Signature				Date			,	
Gordana Luna	,, ,	Secretary	/Treasu	irer			Gordana Luna		11	/24/201	14		

### State of NJ Notification of Asbestos Abatement

B & G proj. #: 2014-214	_	(P		to NJAC 8:		and 12:120-7)		# 6951		*1.		
Date of Notification (1)	- 11	ame of Buildi Sachi Trip	1.50	/Operator (2)			8	M DEC	-1	RM .	3: 2	5
Agencies Notified Type Notificat		reet Address 8 Waterbu		<u> </u>		-	And of	& LIC				
DEP Amenda		ty, State, Zip Montclair	Code						, spe	1110		<u> </u>
DOH Cancell		ame of Conta					Telepho	ne Number				
			FACIL	ITY INFORMA	ATION		*****					
Name of facility where abatement Sachi Tripp Street Address	s taking pla	ce (3)					Subo	(4) ool (K - 12) hapter 8 (C r (Private/C s./Homes, e	omme		12)	
8 Waterbury Road							Square Feet	# of Floor	rs	Blo	g. Ag	е
City (5)  Montclair, NJ 07042	Ess	ity (6) sex			(State	ty Code (7) e use only)	Current Use ( residential	Prior if bein	g dem	olishe	d)	
Name of Monitoring Firm Hired by n/a	Bldg. Owne	er (8)		ASCM No.		Name of Abatement C B & G Restorati						
Street Address						Street Address 105 Ryerson R	oad					
City, State, Zip Code						City, State, Zip Code Lincoln Park, N	NJ 07035					
Project Manager for Monitoring Firm	n	Pho	ne Numbe	er		(973)696-6869		License 00	Numb 0378	er ——		
Scheduled Start Date (10) 12/08/2014	2 20 200	. Completion 09/2014	Date (11	)		Name of OSHA Monit B & G Restorati Street Address						
Cocupancy Status During Abateme  Facility closed/vacated during Abatement performed outside Describe:	entire peri	od of abatem	nent.			105 Ryerson Ro City, State, Zip Code LincolnPark, No						
Other-Describe: Scope of Work (check all that app Demolition:   State   Renovation ≥160 sf or	≥260 lf				ull Containment w/neg	ative pressure		bag pr riable		dure		
Location of asbestos-containing material to be abated in facility (13)		n normally usenance/custo		Description material (		sbestos-containing	Amount (Specify LF)		e m o v e	epair	Encap	EncL
1st fl sun room			X	radiator co	overs	(wrap & dispose)	5 sf			Ù		
1st fl dining room			X			(wrap & dispose)	3 sf		10			H
2nd fl bedroom			X	radiator co	overs	(wrap & dispose)	3 sf		岩			
Registered Waste Hauler B & G Restoration, Inc.		EP Hauler ID 19563		ubic Yards of \	Waste		Landfill Resource & I	Recovery	Cen	ter	Ш,	
City, State Lincoln Park, NJ			Disposal D 12/0	09/2014		City, State Tullytown,	PA				Υ.	

Gordana Luna

Signature

Title Secretary/Treasurer

Completed by (Print or Type) Gordana Luna

Date

11/24/2014

B & G proj. #: 2014-218

## State of NJ

Notification of Asbestos Abatement	
(Pursuant to NJAC 8:60-7 and 12:120-7) ECE/	· - 1 / -451
	Check# (/   ) V

Date of Notification	(1)	Na	me of Build	ding Owne	r/Operator (2)		CEM DEC	-1					
1 1 1 1/12 15	1/114		Richard F	Harrison			A c -	-1 AM 3: 2	<u>:</u> 5				
Agencies Notified	Type Notification	on Str	eet Addres	s			6	DENSILLA RO					
¥ EPA	Initial		7 Forest	Drive			€ LI	DENSIL 30	L			7	
☐ DEP	Amenda		y, State, Zi Florham		J 07932								
X DOH	11	Na	me of Cont	act		-		Telephor	ne Number			-	DONORIUS.
DCA	Cancella Cancella	ition	Richard	Harrisor	)								
				FACII	LITY INFORM	ATION							
Name of facility wi	here abatement is	s taking place	ce (3)					Type of Facility	(4) ol (K - 12)				
Richard Harri	son								napter 8 (Ot	ther th	an K-	12)	
Street Address									(Private/Co		rcial		
7 Forest Driv	е					1		Square Feet	# of Floors		Blo	ig. Ag	ge
City (5)		Coun	ty (6)				nty Code (7)						
Florham Par		(Stat	current Use (Prior if being demolishe residential										
Name of Monitorin	ng Firm Hired by I	Bldg. Owne	r (8)	100000	ASCM No.		Name of Abatement						
n/a							B & G Restora	tion, Inc.				_	
Street Address							Street Address 105 Ryerson F	Road					
City, State, Zip Coo	de						City, State, Zip Code		-				
							Lincoln Park,	NJ 07035					
Project Manager fo		Pho	one Numb	er		Telephone Number (973)696-686	69	License 00	Numb	er			
Scheduled Start Da	ate (10)	Sched	Completio	n Date (11	)	-	Name of OSHA Mor			90503			
12/11/2014	,		5/2014				B & G Restora	tion, inc.					
Occupancy Status	During Abatemer						105 Ryerson F	Road					
Facility close	d/vacated during	entire perio	d of abater	ment.			City, State, Zip Code	)					
Abatement p Describe:	erformed outside	of normal f	acility hour	S-		_	LincolnPark, N	11.07035					
Other-Descri						- 1	LINCOINF ark, IV	07033				-	
Scope of Work (cl	heck all that apply	/) Renovatio	n			XF	ull Containment w/ne	egative pressure	Gloveb	ag pr	ocedi	ıre	
10-10		>160 sf or					/lini-enclosure	gauvo processo	☐ Non-fr				
>3 sf or >3 lf		TEST	normally u	sed solely				-1	7	R	R	E	1_
Location of asbestos-co	ntaining	by mainte	nance/cust			on of a	sbestos-containing	Amount		e m	e p	n	n E
material to b abated in fac		staff(12)	Ne	T	material	(ACM)		(Specify LF)	SF or	O V	a	а	C
dodles iii ide	Sincy (10)	Yes	No	N/A						е	r	р	1-
Upper attic area	a			X	vermiculit	e		525 sf		X	님	븜	쓔
										片	금	믐	旹
										H	片	H	卌
	-									Ħ	Ħ	一	T
Registered Waste I B & G Restora	Hauler		P Hauler I 9563	D# C	ubic Yards of \ 8	Vaste	Name of Registere	d Landfill n Resource & R	ecovery	Cent	er		
City, State Lincoln Park,				Disposal D			City, State Tullytown						
Completed by (Prir		Title			Signature				Date			ν.	
Gordana Luna			y/Treasu	rer		3	Gordana Luna		11/24	4/201	4		

(K005718

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

D&S Proj. #: 2014-489

Das Froj.	m. 2014-469	_		(, 0.00			,		REC	Elve	12						
Date of Notification				lding Own	er/Operator (2)			201	14 DEC 1	64	IJ						
Agencies Notified EPA		on Str	eet Addre			45	RECI MDEC-1	<del>- 647 G</del>	- देप								
DEP	Amendment #:	1	y, State, Z					a Licht	131KG	1 UL.							
☑ DOL			BLOOM	FIELD, I	NJ 07003			-		,			7.250				
☑ DOH	(including justification)	Na	me of Con	tact					Telephor	e Number							
DCA	☐ Cancellation		Josephin	e Di Lau	ri				=1=								
	•		- Albanon	FAC	ILITY INFORM	IATION											
Name of facility w		taking plac	e (3)					Тур		ol (K - 12)							
Josephine Di L	auri							4		apter 8 (C			12)				
Street Address									Bldgs.	/Homes, e	tc.						
58 Mc Arthur	Avenue							Sq	uare Feet	# of Floo	rs	Blo	g. Ag	је			
City (5)		Count	y (6)			-07/55/25/27/2	ty Code (7) e use only)	_	urrent Use (F	rior if hair	g dem	oliehe	d)				
BLOOMFIEL	D	ESS	EX			(State	s use only)		irrent Ose (F	TIOI II Dell'	ig delli	JIISHE	u,				
	ng Firm Hired by B				ASCM No.	<u>'                                    </u>	Name of Abateme	nt Contr	actor (9)								
							D & S RESTO	RATIO	ON, INC.								
Street Address							Street Address										
							20 California City, State, Zip Coo	-		-			-	and the second			
City, State, Zip Coo	de						Paterson, NJ										
Project Manager for Monitoring Firm Phone Number							Telephone Numbe		-	License	Numb	er					
Project Manager for Monitoring Firm							973-345-802	20			1169						
Start Date (10)		Sched.	Completio	on Date (1	1)		Name of OSHA M										
12/01/14		12/30					D & S Restor	ation, I	nc.								
Occupancy Status	During Abatemer		-			-	20 California	Avenue	2								
Facility close	ed/vacated during performed outside	entire perio	d of abate				City, State, Zip Co										
Other-Descri	ribe: NORMAL H	OURS					Paterson, NJ			_							
Scope of Work (c		() Renovation Demolition					[ [ [	Mini- Glov	Containment enclosure ebag proced Exempted (*	ure			edure	e			
Location of		Is location	normally	used sole	ly		<u> </u>				R	R	Ε	Е			
asbestos-co		by mainte staff(12)	nance/cus	stodial			sbestos-containing	,	Amount (Specify	SF or	m	р	n c	n			
material (ac abated in fa		Yes	No	N/A	- material		и)		LF)		o v e	a i r	a p	Ľ			
BASEMENT			X		BOILER I	NSUL	ATION		40 SQ FT			님	붜	+			
					4						┼┼	片	片	붐			
				-	-						井	片	片	卄			
			_		+						片	H	冒	古			
Registered Waste D & S RESTO		NJDE 135	P Hauler 06	ID#	Cubic Yards of 1 yd	Waste	Name of Registe TULLYTOW	red Lan	dfill SOURCE F	ECOVE	RY		_				
City, State				Disposal	Date		City, State							Hall Water			
				12/02/	14 Signature		TULLYTOW	VN, PA		Date	1001	1					
BOGDAN JO		PRESID		for achor	tos licensura e	vemnte	empted activities.					11/25/ 2014					

(K005716

D&S Proj. #: 2014-486

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

2017-100						15	R	Ene	٠.					
Date of Notification (1)		ame of Build		er/Operator (2)			2214 NF	r ,	E 1	= <i>D</i>				
Agencies Notified Type Notificati		reet Address 6 GLEN C ty, State, Zip	OURT											
Amendment #:		William Control		o, NJ 07060			GE (	IUEH34	NG	. W				
DOH (including justification)		me of Conta					Telephone	Number						
Cancellation		KACIE		LITY INFORM	ATION		<del></del>	_	_					
Name of facility where abatement is	s taking pla	ce (3)					Type of Facility (4	)						
RACHEL FORD							☐ Subcha	pter 8 (Oth			12)			
Street Address							Bldgs./H	lomes, etc						
6 GLEN COURT	L Cour	h. (6)			Cour	h, Codo (7)	Square Feet #	f of Floors	1	Bld	g. Ag	je		
City (5)	Coun					ty Code (7) e use only)	Current Use (Pri	or if being	demo	olishe	d)			
NO. PLAINFIELD  Name of Monitoring Firm Hired by	UNI Bldg Owne			ASCM No.	<u> </u>	Name of Abatemer	nt Contractor (9)							
Name of Monitoring Firm Fined by	blug. Owne	(0)		ASOMINO.		D & S RESTO		1						
Street Address						Street Address	A				7.550	eraballewi		
Dity, State, Zip Code					_	20 California 2 City, State, Zip Cod				de				
						Paterson, NJ								
Project Manager for Monitoring Firm	1	Pho	ne Numb	er		Telephone Number 973-345-802				er		24.78		
Start Date (10)	ISched	. Completion	Date (11	1)		Name of OSHA Monitor								
90. MO		W 0		.,		D & S Restora	ation, Inc.				_			
11/26/14 Occupancy Status During Abateme	12/22 nt (Check o				-	20 California Avenue								
Facility closed/vacated during Abatement performed outside	entire perio	od of abaten	nent. s-		_	City, State, Zip Coo	de <sup>.</sup>							
Other-Describe: NORMAL F					=11	Taterson, 143		/negative r	ress	ure				
Scope of Work (check all that appl	Renovatio  Demolitior						Mini-enclosure Glovebag procedur	е	iable	proce	edure	ł		
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location by mainte staff(12)	normally unance/custo	sed solely odial N/A	1		sbestos-containing	Amount (Specify S LF)	F or	remov	Repai	n c a	E n c L		
DACEMENT (S LOCATIONS)				DUCT IN:	SULAI	TON	Telephone Number  Type of Facility (4) School (K - 12) Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc.  Square Feet # of Floors Bldg. Age  Current Use (Prior if being demolished)  ATION, INC.  Telephone Number # of Floors Bldg. Age  Current Use (Prior if being demolished)  ATION, INC.  Telephone Number # of Floors Bldg. Age  Current Use (Prior if being demolished)  Telephone Number # of Floors Bldg. Age  Current Use (Prior if being demolished)  Telephone Number # of Floors Bldg. Age  Current Use (Prior if being demolished)  Telephone Number # of Floors Bldg. Age  Current Use (Prior if being demolished)  Telephone Number # of Floors Bldg. Age  Current Use (Prior if being demolished)  Telephone Number # of Floors Bldg. Age  Current Use (Prior if being demolished)  Telephone Number # of Floors Bldg. Age  Current Use (Prior if being demolished)  Telephone Number # of Floors Bldg. Age  Current Use (Prior if being demolished)  Telephone Number # of Floors Bldg. Age  Current Use (Prior if being demolished)  Telephone Number # of Floors Bldg. Age  Current Use (Prior if being demolished)  Telephone Number # of Floors Bldg. Age  Current Use (Prior if being demolished)  Telephone Number # of Floors Bldg. Age  Current Use (Prior if being demolished)  Telephone Number # of Floors Bldg. Age  Current Use (Prior if being demolished)  Telephone Number # of Floors Bldg. Age  Current Use (Prior if being demolished)  Telephone Number # of Floors Bldg. Age  Telephone Number # of Floors Bldg. Age  Telephone Number # of Floors # of Floors Bldg. Age  Telephone Number # of Floors # of							
BASEMENT (5 LOCATIONS)														
									무.		무	1		
Registered Waste Hauler	INJDI	EP Hauler II	D#   C	Cubic Yards of	Waste	Name of Register	red Landfill		<u>Ц</u>		Ш			
D & S RESTORATION, INC. City, State		06	200	l yd Date		TULLYTOWI	N, RESOURCE RE	COVER	Y	-				
PATERSON, NJ 07503			11/27/1		0	TULLYTOW	N, PA							
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature			2		14					
ASB-41			or asbest	os licensure e	xempted	d activities.						-		

CK 605717

D&S Proj. #: 2014-488

State of NJ

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

RECEIVED

					Coa								
Date of Notification (1)  1   1   /   2   5   /   1   4			r/Operator (2)		建议	DEC-1 AM	2. 2.						
Agencies Notified   Type Notifi		E GEORGO	RIO		# 3a	. 454	0.73						
☐ EPA ☑ Initial	Direct Add	D STREET			& LICENTING ROI								
☐ DEP ☐ Amended		with the control of t				CICK WOLLAND	(10)	_					
DOL Amendmen	···					-							
Emerger		BETH, NJ (	07207			TTILL	Niverbau		ol-				
DOH (including justificati		ontact				Telephone	Number						
DCA Cancella	OT TO TO	E GEORGO	ORIO										
		FACIL	LITY INFORMA	ATION									
Name of facility where abateme	ent is taking place (3)					Type of Facility (4	) (K - 12)						
SUE DE GEORGORIO							Agreed Seconds	41-	a	10)			
Street Address							pter 8 (Oti Private/Co			12)			
Street Address							lomes, etc						
45 REID STREET						Square Feet #	of Floors		Blo	lg. Ag	је		
City (5)	County (6)	15.482			ty Code (7)								
				(State	e use only)	Current Use (Pri	or if being	demo	olishe	d)			
ELIZABETH	UNION				Name of About	antropie (C)							
Name of Monitoring Firm Hired	by Bldg. Owner (8)		ASCM No.		Name of Abatement C	Contractor (9)							
				_	D & S RESTORA	TION, INC.							
Street Address					Street Address			70	1,1-23				
					20 California Av	e.							
City, State, Zip Code				-	City, State, Zip Code								
•					Paterson, NJ 075	503							
Project Manager for Monitoring	Phone Number	er		Telephone Number		License N	Numb	er	_				
i roject wanager for workering		THOME TRAINER	J.		973-345-8020			169					
				-	Name of OSHA Monit	or							
Start Date (10)	Sched. Comple	etion Date (11	)		D & S Restoration								
12/08/14	12/31/14				Street Address	), III				-			
Occupancy Status During Abate				-	20 California Av	enue							
Facility closed/vacated du		itement.			City, State, Zip Code	chae		_	-				
Abatement performed out					only, otate, zip code								
Describe: NORMA Other-Describe: NORMA	AT HOURS			-	Paterson, NJ 07:	503							
							/nogative	orocc	uro				
Scope of Work (check all that a						Full Containment w. Mini-enclosure	negative	Diess	ure				
$\ge 3$ sf or $>3$ If	Renovation					Glovebag procedur	e.						
≥160 sf or ≥260 lf	Demolition				Second 1	Non-Exempted (*)		riable	proce	edure	à		
Location of	Is location normal							R	R	E	E		
asbestos-containing	by maintenance/c	ustodial	Description	on of as	bestos-containing	Amount		e m	е	n	n		
material (acm) to be	staff(12)		material (			(Specify S	For	0	a	c a	C		
abated in facility (13)	Yes No	N/A				LF)		۷	į	p	L		
BASEMENT		_	PIPE INSU	ΙΔΤΙ	N	92 l ft		e	1	П			
DASEMENT			THE HISO			72111		=		片	H		
								井	금	Η	計		
					4			井	무	片	+		
								닏	ᆜ	무	11		
									Ш	Ш			
Registered Waste Hauler D & S RESTORATION, IN	NC. NJDEP Haule		ubic Yards of V yd	Vaste	Name of Registered TULLYTOWN,		COVER	Y					
City, State		Disposal D	ate		City, State						Control of		
PATERSON, NJ 07503	2 2	12/08/1	4		TULLYTOWN,	PA							
Completed by (Print or Type)	Title		Signature				Date						
BOGDAN JOLDZIC	PRESIDENT					•	11/25/2	2014					
		m for apposts	os licensure ex	omntec	Lactivities								

CK \$ 24679

RECEIVED

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

Date of Notification (1)	1/26/14			Name	of Building	g Owner/Operato	(2) Edwards	2014 DE	C-1	A	¥ .3	: 2				
Agencies Notified	Type Notification			Street	Address	dress 36 Cranbury Neck Rd										
DEP DOL	Initial Amended Amendment #			City, S	tate, Zip C	ode		<u>~ r</u>	(CEA	041	vG					
DOH DCA	Emergency (in justification)   Cancellation	ncluding		Name	of Contac			nbury, NJ 08512  Telephone Number								
				EAC		ORMATION	3				-					
Name of Facility Where	Abatement is Takin	n Place	(3)	FAC	ALLI I INF	ORIVIATION	Type of Facility	(4)								
The state of the s		dentia					School (K-1)									
Street Address	36 Cranbı	ıry Ne			8 (Other than K-1 private & commerce		dings	ő								
City (5)	Cranbury	v. NJ (	0851	2			Square Feet 2000	# of Floors	BI	dg. A	ge +/-	544.00				
County (6)	iddlesex	y, 113 V	3031	Cour	ity Code (7	7) (STATE		rior if being demoli	-   — ished)	00	.,	_				
Name of Monitoring Fir		Owner	=	ASCM	-		ment Contractor (9	· ·	7 m							
(8)	MECS		_			***************************************	vens Environi	mental Servic	es, In	ıc.						
Street Address	PO Box 34	1				Street Address		30x 322								
City, State, Zip Code	crosswicks, NJ	08513	5			City, State, Zip		n, NJ 08501								
Project Manager for M	onitoring Firm		Tele	phone	No.	Telephone No.		License No.								
Bill W	eisgarber				8-4070	(609) 2	59-9688		00493	3		_				
Start Date (10)	Sche	duled C			te (11)	Name of OSHA		ECS								
12/5/14 Occupancy Status Dur	ring Abatement (Che		2/12/	14		Street Address		ECS				_				
			255 C. C. C.	ment		Otroct / Iddicos		30x 341								
☐ Abatement Perform☐ Other - Describe:	ed Outside of Norma				1100	City, State, Zip		ks, NJ 08515								
Scope of Work (Check																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat molitic			☐ Mini-Er ☐ Gloveb	ontainment with Ne nclosure pag Procedure xempted (*) and No		IFA							
		ls L	ocatio	on		[ ] INOITE	Complete ( ) and 14	on nable i roced	Abatement							
Location	o of		ormally Solel			Description of	of .			Тур	e					
Asbestos-Containing TO BE AB. IN Facil (13)	n Material (ACM) ATED ity	Mair Cu	ntenan ustodia Staff? (12)	ce/		tos Containing Ma thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Liidosdie				
		Yes	No	N/A							ate	α				
Basen	nent		×		Th	ermal Pipe Ir	nsulation	31 LF	×							
					1											
Name of Registered W	/acte Hauler		1.8	JDEP \	Nacte	Cubic Yards	Name of Pos	istered Landfill								
Stevens Enviror		s, Inc	h	lauler IC		of Waste		T.R.R.F., I	nc.							
City, State	Allentown,	NJ				Disposal Date 12/12/14	City, State/	Tullytown,	PA							
Completed By Mahlon E. S	Titk	9	oiec	t Mar	nager	Signature	11	Date	11/2	6/14	<u> </u>	-S-1113				